

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	✓	Final report	
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(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Purchasing Savings Proposal

2. What will change as a result of this proposal?

To ensure the best use of the purchasing budget and to maximise the benefit to eligible individuals in the most fair and equitable manner possible, within available resources, it is necessary to review and implement appropriate changes. These changes will ensure that the Edinburgh Health and Social Care Partnership (EHSCP) is able to fulfil its statutory obligations in relation to Self-Directed Support (SDS) and that it is aligned with approaches delivered across Scotland, whilst supporting a move away from a dependency model to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions.

The changes also seek to empower staff, by providing opportunities to support and share best practice, create space for learning and development and bring about sustained cultural change.

The proposed Grip and Control, redesign and transformation of the Purchasing Budget will also contribute to the EHSCPS comprehensive Savings Programme, and will therefore support the delivery of a balanced budget for the 2020/21 financial year

Background:

When considering how to implement changes to the purchasing programme of work it is important to recognise the complexity of the system, and layers that exist within it, as shown in Figure 1 below. Furthermore, it is particularly important to understand and be cognisant of the: the interlinkages/ interdependencies between the purchasing workstreams; the mechanisms by which purchasing is delivered and the importance of sharing and embedding

learning and development (from the implementation of the mechanisms) to ensure best practice is applied and cultural change achieved consistently.



Figure 1: Layers of Purchasing Programme workstreams & mechanisms

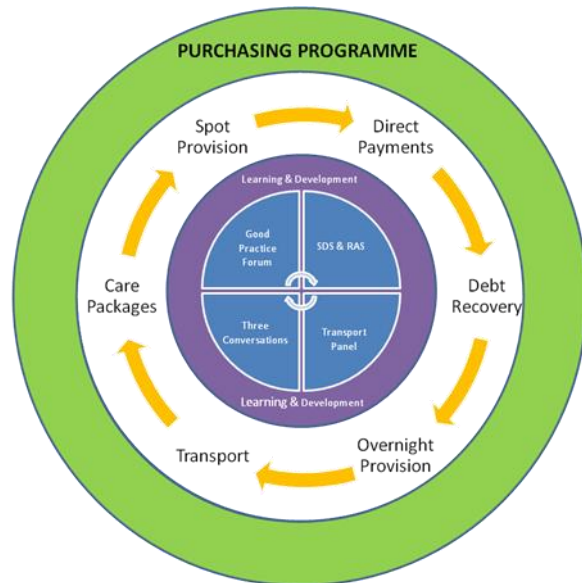


Figure 2: Purchasing Programme

The Change

The purchasing project will facilitate a broad range of operational changes, but current specific proposed changes are:

- a. **Greater Grip & Control** over the purchasing budget and the way that pre-approved policies and procedures are applied to practice. Specifically:
 - *Establish a Good Practice Forum* – This forum will consider requests for all packages of support that are more than £500 per week and care home placements that exceed the national care home contract rate. This forum will enable and promote positive discussion, exploration of options, progress towards consistency and equity and the learning that will be achieved and embedded into practice going forward. There will be clear links to the ongoing implementation of 3 Conversations and the learning and development programme that we are developing to support all front-line staff.
 - Review of purchasing, implementation and monitoring of care packages including
 - *Reviewing smaller packages of care*, taking a more proactive approach to understand how technology or community based services may be used

- *Review large packages of care* – consideration will be given on an individual basis as to whether a package of care at home is appropriate versus care provided in a residential setting’.
 - *Review and ensure equity in process and application of Direct payments*
 - Ensuring equity
 - Ensure best use of resources
 - Equitable application on the process
 - *Review and ensure equity in process and application of Debt recovery*
 - Ensuring equity
 - Ensure best use of resources
 - Equitable application on the process
- b. **Re-introduce the use of a Resource Allocation System (RAS)** for all practitioners within EHSCP to provide a standardised way to produce indicative budgets for those receiving social care. The use of the RAS will be integrated into Three Conversations approach. Through this process people will continue to have their substantial and critical needs met in line with eligibility.
- c. **Maximise personal support systems** - via family friends, community network and services
- d. **Establishment of a Transport Panel** to review the provision of transport to all adults (16+). The panel will reflect the approach currently taken by Children and Families within CEC, thus ensuring a fair and equitable approach is taken across services.

At the point at which a more detailed understanding of what any potential changes will be for the following areas a further IIA will be required for:

- *Overnight service*
- *Out of areas Edinburgh placements (applying the principle of ordinary residents)*
- *Corporate Appointeeship*

3. Briefly describe public involvement in this proposal to date and planned

To date, there has been no public involvement regarding the proposals.

4. Date of IIA

23rd March 2020

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	IIA Role	Job Title	Date of IIA training
Anna Duff	Localities Stakeholder rep	Cluster Manager South East	
Jenny McCann	Report writer	Programme Manager - Savings	16/03/20
Sarah Bryson	Facilitator/ Note taker	Strategic Planning & Commissioning Officer	Nov 2017
Deborah Mackle*	Lead Officer	EHSCP Locality Manager South West	
Nikki Conway*	Lead Officer	EHSCP Locality Manager South East	

*Not present at IIA meeting however contribute to report and process

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
<p>Data on populations in need:</p> <p><i>Strategic needs Assessment City of Edinburgh HSCP (2015)</i></p> <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i></p>	Yes	<p>Provides supporting information for understanding the demographics of the wider population in the City of Edinburgh (https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf)</p> <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). The report includes an overview of the main contributors, from the perspective of people in minority groups and people involved in supporting them. These include:</p> <ul style="list-style-type: none"> The impact of discrimination and racism • Language barriers and literacy issues - affecting access and engagement • Poverty and low socio-economic status • Social isolation • Culture and religion-specific issues which impact on health-seeking behaviours • Stigma e.g. of mental health issues

Evidence	Available?	Comments: what does the evidence tell you?
<p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>		<ul style="list-style-type: none"> • Impact of trauma and crisis in home country e.g. asylum seekers • Interaction with the health care system – expectations versus reality. <p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>
<p>Data on service uptake/access</p> <p><i>EHSCP Care packages data (data as of 30/06/20)</i></p> <p><i>EHSCP Transitions Data</i></p> <p><i>EHSCP Direct Payments Information</i></p> <p><i>EHSCP Debt Recovery Data</i></p>	<p>Yes</p> <p>Yes – requested</p> <p>Yes – requested</p> <p>Yes – requested</p>	<p><i>Care package data</i> provides details of the number of people receiving packages of care, broken down by:</p> <ul style="list-style-type: none"> - Day Services (626) - Residential Services (2,176) - Care at Home (3,926) <p><i>Transitions Data</i> provides details of people coming through transitions, demographic details, relevant diagnosis and care needs</p> <p><i>Direct Payments Information</i> provides details of number of instance where it has been identified as appropriate to request direct payments to be returned because of changes in circumstances. It highlights the reason, amount and locality responsible form approving the claw back.</p> <p><i>Debt Recovery Data</i> provides information about levels of outstanding debt/ status of debt recovery/ debt category and current/needed action</p>
<p>Data on equality outcomes</p> <p><i>Service data</i></p>	<p>Yes</p>	<p><i>Service data broken down by demographic highlights</i></p>

Evidence	Available?	Comments: what does the evidence tell you?																												
<p><i>broken down by demographic (data as of 30/06/20)</i></p>		<p>that of all purchased care :</p> <ul style="list-style-type: none"> - 51% is for older people - 15% for those with a learning disability - 12% for a physical disability - 10% for those with mental health issues - 0.6% for those living with dementia - Not known for 12% <p>The data in the table below highlights that of people receiving purchased care (of any form) 66.31% identify as white, with the ethnicity of individuals not know for 31.78%. The remaining 1.91% are split between other ethnicities as highlighted below:</p> <table border="1" data-bbox="663 712 997 1200"> <thead> <tr> <th></th> <th style="text-align: right;">%</th> </tr> </thead> <tbody> <tr> <td>White</td> <td style="text-align: right;">66.31</td> </tr> <tr> <td>African</td> <td style="text-align: right;">0.23</td> </tr> <tr> <td>Arab</td> <td style="text-align: right;">0.05</td> </tr> <tr> <td>Bangladeshi</td> <td style="text-align: right;">0.06</td> </tr> <tr> <td>Black</td> <td style="text-align: right;">0.12</td> </tr> <tr> <td>Caribbean</td> <td style="text-align: right;">0.06</td> </tr> <tr> <td>Chinese</td> <td style="text-align: right;">0.31</td> </tr> <tr> <td>Indian</td> <td style="text-align: right;">0.06</td> </tr> <tr> <td>Pakistani</td> <td style="text-align: right;">0.43</td> </tr> <tr> <td>Mixed</td> <td style="text-align: right;">0.26</td> </tr> <tr> <td>Other - Any</td> <td style="text-align: right;">0.31</td> </tr> <tr> <td>Not Known</td> <td style="text-align: right;">31.78</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">100</td> </tr> </tbody> </table> <p>This information should be take into consideration when implementing any changes.</p>		%	White	66.31	African	0.23	Arab	0.05	Bangladeshi	0.06	Black	0.12	Caribbean	0.06	Chinese	0.31	Indian	0.06	Pakistani	0.43	Mixed	0.26	Other - Any	0.31	Not Known	31.78	Total	100
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<p>Research/literature evidence</p> <p><i>Social Care Eligibility criteria (CEC 2010)</i></p>	<p>Yes</p>	<p><i>Social Care Eligibility Criteria</i> sets out the Council’s policy on eligibility criteria for community care services for adults. Decisions about who can receive care and support are based on an assessment of need. The EHSCP has to give priority to people who are at the greatest risk.</p> <p>To make sure Health and Social Care’s decisions are fair, an agreed criteria is used to assess people’s eligibility to receive care services and support. The eligibility criteria allow the EHSCP to identify the degree of risk to an individual’s capacity for independent living, or health and wellbeing, taking account of each person's circumstances.</p> <p>The eligibility criteria are based on the Scottish</p>																												

Evidence	Available?	Comments: what does the evidence tell you?
		<p>Government's National Eligibility Framework for Adult Social Care, with some amendments to the wording of the criteria, following extensive consultation with service users, carers and representative organisations.</p> <p>It is intended to assist practitioners to use the eligibility framework</p> <p>Eligibility for Health and Social Care services is decided in terms of the degree of risk to an individual's capacity for independent living, or health and wellbeing if their needs are not met. There are four risk categories:</p> <ol style="list-style-type: none"> 1. Critical risk 2. Substantial risk 3. Moderate risk 4. Low risk <p><i>A summary can be found here:</i> https://www.edinburghhsc.scot/advice-support/eligibility-criteria/</p>
<p>Public/patient/client experience information</p> <p>Draft of Three Conversations Report (yet to published)</p>	Yes	<p>Results from the initial evaluation indicate that overall, the response to the first phase roll out of Three Conversations “ has been really positive, particularly on the early reaction times, the increased quality of conversations between people and staff, and an overarching feeling that there is ‘less bureaucracy, more doing’. The new approach has resulted in more meaningful work and improved job satisfaction”</p>
<p>Evidence of inclusive engagement of service users and involvement findings</p>	No	
<p>Evidence of unmet need</p> <p><i>Waiting lists for packages of care (data as of 30/06/20)</i></p>	Yes	<p>Waiting lists for packages of care identifies total unmet need within the system. This highlights that there are currently 624 people on the waiting list of which:</p> <ul style="list-style-type: none"> - 39% are older people - 11% for a physical disability - 8% have mental health issues - 4% have a learning disability

Evidence	Available?	Comments: what does the evidence tell you?																												
		<ul style="list-style-type: none"> - 1% are living with dementia - Not known for 37% <p>The data in the table below highlights how those on the waiting list are split by ethnicity:</p> <table border="1" data-bbox="663 443 1002 931"> <thead> <tr> <th></th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>374</td> </tr> <tr> <td>African</td> <td></td> </tr> <tr> <td>Arab</td> <td></td> </tr> <tr> <td>Bangladeshi</td> <td>2</td> </tr> <tr> <td>Black</td> <td>1</td> </tr> <tr> <td>Caribbean</td> <td></td> </tr> <tr> <td>Chinese</td> <td>2</td> </tr> <tr> <td>Indian</td> <td></td> </tr> <tr> <td>Pakistani</td> <td>4</td> </tr> <tr> <td>Mixed</td> <td>2</td> </tr> <tr> <td>Other - Any</td> <td></td> </tr> <tr> <td>Not Known</td> <td>239</td> </tr> <tr> <td>Total</td> <td>624</td> </tr> </tbody> </table> <p>This information should be take into consideration when implementing any changes.</p> <p>However, this alone does not provide an understanding of the totality of demand</p> <p>Once the Good Practice Forum is implemented it will be clearer to what extent there may be an impact on those on the waiting list.</p>		Total	White	374	African		Arab		Bangladeshi	2	Black	1	Caribbean		Chinese	2	Indian		Pakistani	4	Mixed	2	Other - Any		Not Known	239	Total	624
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<p>Good practice guidelines:</p> <p><i>Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance</i></p>	<p>Yes</p>	<p><i>Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance</i>, https://www.gov.scot/publications/statutory-guidance-accompany-social-care-self-directed-support-scotland-act-2013/pages/7/</p> <p>Provides guidance statutory guidance on social care assessment and associated process covering adults, children, young carers and adult carers. It includes a framework for SDS and details of how to develop and apply Resources Allocation System (RAS)</p>																												
<p>Environmental data</p>	<p>No</p>																													
<p>Risk from cumulative impacts</p>	<p>No</p>																													
<p>Other (please specify)</p> <p><i>Purchasing Savings Proposal</i></p>		<p><i>Purchasing Savings Proposal</i> Provides further background to the proposal.</p>																												

Evidence	Available?	Comments: what does the evidence tell you?
<i>Purchasing Implementation Plan</i> <i>Purchasing Monitoring Tool</i>		<i>Purchasing Implementation Plan</i> Provides further details about the planned changes detailed within the proposal including actions and timeframes <i>Purchasing Monitoring Tool</i> provides a snapshot of metrics for the whole city and by locality for: Day Services, Residential Services, Free Personal & Nursing Care Services, Care at Home, Direct Payments and Individual Service Fund. Metrics include: forecast spend, total cost per week (net increase./decrease), number of provisions (net increase./decrease), average weekly cost (net increase./decrease).
Additional evidence required <i>Impact of the RAS</i> <i>Impact of Good Practice Forum (GPF) on waiting lists</i>	Yes	Further detail will be required to understand how the implementation of the RAS will impact on different groups once the mechanism has been finalised Once the GPF is implemented it will be clearer to what extent there may be an impact on those on the waiting list

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
a. <u>Grip and Control</u> Positive Improved consistency and equity in practice and application of existing policy Investment in Learning and Development Adverse Perceived negative impact as a result of improved practice, good governance and consistency in application of existing policy Period of inconsistency as new systems and processes are implemented	Anyone that receives social care over the aged of 16 *& Staff Staff Anyone that receives social care over the aged of 16 Anyone that receives social care over the aged of 16

<p>Increase in the number of challenging and complex conversations</p> <p>Change in approach may be anxiety provoking for some</p>	<p>& Staff</p> <p>Staff</p> <p>Staff</p>
<p>b. <u>Reintroduction of RAS</u></p> <p>Positive People will receive a budget that will support them to have greater choice and control about how they receive social care that is most appropriate to them</p> <p>Increasing fairness and consistency in allocation of budgets through a standardised mechanism</p> <p>Adverse Period of inconsistency as we go through transition arrangement from the old system to standard utilisation of the RAS across the board</p>	<p>Anyone that receives social care over the aged of 16</p> <p>Anyone that receives social care over the aged of 16</p> <p>Anyone that receives social care over the aged of 16 and Staff</p>
<p>c. <u>Maximise Personal Support Systems</u></p> <p>Positive Supports self management and ability to access support in own community, based on established relationship sand interests Enhances connections to community, and the feeling of being part of a community as opposed to support being led by services</p> <p>Adverse May see increased on families and carers as people seek support from personal networks</p> <p>Those marginalised in community are less likely to have these networks to draw upon</p>	<p>Anyone that receives social care over the aged of 16 and Staff</p> <p>Unpaid carers</p> <p>Older people, LGBT, those for whom English is not a first language, disabled people, hose living in or at risk of poverty</p>
<p>d. <u>Transport</u></p> <p>Positive Using people's skills and assets encouraging independent travel, via community transport, mobility vehicles or benefits (as appropriate). Encouraging and supporting choice and control over travel, will helping to create independence, increase confidence and acquisition of skills</p> <p>Consistency and fairness to the application of the policy and decision making approach as Standard Operating Procedures</p>	<p>Anyone 16+ that receives a service may be affected, in particularly older adults, adults with a disability, those transitioning into adults services</p> <p>Anyone 16+ that receives a service may be affected, in</p>

<p>(SOPs) are consistently applied by all staff members</p> <p>Each individual's circumstances will be considered on their own merit by staff who will apply a fair and consistent approach</p> <p>Equity in provision between different protected groups</p> <p>Opportunity to support and share best practice, and bring about cultural change, supporting a move away from a dependency model where all transport is provided to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions</p> <p>Adverse Some people may no longer receive funding to access transport or have transport provided for them</p> <p>Increase in the number of challenging and complex conversations which may provoke increased levels of stress and anxiety</p> <p>Increase in formal complaints</p>	<p>particularly older adults, adults with a disability, those transitioning into adults services</p> <p>Anyone 16+ that receives a service may be affected, in particularly older adults, adults with a disability, those transitioning into adults services</p> <p>Anyone 16+ that receives a service may be affected, in particularly older adults, adults with a disability, those transitioning into adults services</p> <p>Staff</p> <p>Anyone that receives social care over the aged of 16, in particular anyone at risk of falling into poverty e.g. people with low level of literacy/ numeracy and those in semi-rural/ rural communities</p> <p>Anyone 16+ that receives a service may be affected, Unpaid Carers and Families Staff</p> <p>Staff</p>
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<p>Environment and Sustainability</p> <p>d. <u>Transport</u></p> <p>Positive Potential reduction in the number of single trips and or greater utilisation of public transport. Therefore reducing green house</p>	<p>Affected populations</p> <p>Global</p>
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gas emissions, air pollution, encouraging resource efficiency and promoting sustainable forms of transport	
Adverse N/A	

Economic	Affected populations
<u>Grip and Control/ RAS/ Maximise Personal Support Systems/ Transport:</u>	
Positive	
Maximise income and /or reduce income inequality through consistency of provision (of service and budget) and application of processes	Anyone that receives social care over the aged of 16
Improve quality of and access to services through consistency of provision (of service and budget) and application of processes	Anyone that receives social care over the aged of 16
Adverse N/A	

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

No

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

A communication plan and specific information for people, unpaid carers, councillors and staff will be developed and will include consideration of easy read and dementia friendly versions, BSL, Braille, hearing loop, information on screens, audio signage, and use of Happy to Translate.

Feedback from ongoing communication with stakeholders will continue inform the transformation programme, in particular the Edinburgh Pact and the Three Conversations Model.

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

1. Further detail will be required to understand how the implementation of the RAS will impact on different groups once the mechanism has been finalised
2. Develop a communications and engagement plan

12. Recommendations (these should be drawn from 6 – 11 above)

Ensure training and or communication to staff about support available to people to maximise their income/benefits e.g. welfare rights or citizens advice for support, and where relevant provide details of referral processes

Further detail will be required to understand how the implementation of the RAS will impact on different groups once the mechanism has been finalised

Establish a Good Practice Forum

Develop and implement a Learning & Development Programme for staff

At the point at which a more detailed understanding of what any potential changes will be for the following areas a further IIA will be required for:

- Overnight service
- Out of areas Edinburgh placements (applying the principle of ordinary residents)
- Corporate Appointeeship

Promote access to carers assessment and support for carers

Working with thirds sector and community sector to provide clear pathways to access appropriate services in the community. Build on learning about from response to COVID-19 to understand what and how community care has been

provided differently and how can this be supported to continue to ensure that the self management opportunities are maximised now and in the future

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Provide information to all staff that will support them in assisting people to maximise their benefits and access the right support by signposting to welfare rights and income maximisation services.	Anna Duff	September 2020	Nov 2020
Using statutory powers ensure vulnerable individuals are provided with statutory support to maximise their income and ensure appropriate fiscal management	Anna Duff	September 2020	Nov 2020
Detailed & comprehensive communication plan Including clear briefings for councillors and managing public expectations (link with Edinburgh Pact)	Deborah Mackle	September 2020	Nov 2020
Regular communication and sharing of best practice across staff teams	Deborah Mackle	July 2020	Nov 2020
Ensure appropriate linkages with 3 conversations	Nikki Conway	Aug 2020	Oct 2020
Monitoring of how new approaches are applied to outliers	Nikki Conway	Oct 2020	Dec 2020
Establish a Good Practice Forum	Nikki Conway	July 2020	Sept 2020

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Develop and implement a Learning & Development Programme for staff	Deborah Mackle	Aug 2020	Oct 2020

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

Monitoring of activity and spend will be built into the monitoring of the savings and governance programme. Staff awareness and knowledge will also be monitored via the Good Practice Forum, and Learning & Development Programme.

Where appropriate there will be ongoing consultation with staff, patients, and carers about any changes.

It is currently uncertain what impact COVID-19 will have on social care provision and what contingencies may be required to address current and future waves of COVID-19. It may be that changes are necessary which are not currently quantifiable, and impact on the implementation of the proposal. This will be monitored closely throughout the coming months.

15. Sign off by Head of Service/ Project Lead

Name

Nikki Conway

Date

1st July 2020

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.

Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to Strategyandbusinessplanning@edinburgh.gov.uk to be published on the Council website.

- **City of Edinburgh Health and Social Care**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.