

## Section 4 Integrated Impact Assessment

### Summary Report Template

Audit Risk level
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(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report		Final report	√	(Tick as appropriate)
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#### 1. Title of plan, policy or strategy being assessed

West Lothian draft Health and Social Care Strategic Plan

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

The Strategic Plan aims to increase wellbeing and reduce health inequalities across all communities in West Lothian. The draft plan focuses on prevention, early intervention and collaborative working. It aims to target resources on those most in need. The group recognised that the Strategic Plan itself is a high level document setting out the overall approach to Strategic Commissioning and key outcomes to be achieved. The detail of delivery plans will be expressed in more detailed commissioning plans for client groups.

There will be more consideration of acute services in commissioning plans than previously; this may involve development of a commissioning plan for acute services or embedding acute services within each of the care group plans.

The Plan identifies two localities within West Lothian, which provides an opportunity to ensure services are appropriate for specific local needs.

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

A public consultation on the Strategic Plan has just ended. An engagement plan for future engagement is being developed.

#### 4. Date of IIA

18 January 2016

**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)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>	<b>Email</b>
Margaret Douglas	Consultant in Public Health (facilitator)	Member of IIA steering group	Margaret.j.douglas@nhslothian.scot.nhs.uk
Robert Naysmith	Clinical Director Public Dental Service		
Ian Buchanan	Chair, Public Partnership Forum		
Martin Murray	Staff side representative		
Robert Telfer	Scottish Care		
Charles Swan	Group Manager, Older People		
Pamela Main	Senior Manager, Community Care		
Marion Christie	Head of Health		
Carol Bebbington	Senior Manager, Primary Care & Business Support		
Alan Bell	Senior Manager, Community Care		
Jane Kellock	Interim Head of Social Policy		
Gillian Amos	Senior Health Promotion Specialist		
Linda Middlemist	Team Manager - Health Improvement		

**6. Evidence available at the time of the IIA**

<b>Evidence</b>	<b>Available?</b>	<b>Comments: what does the evidence tell you?</b>
Data on populations in need		<ul style="list-style-type: none"> <li>Life expectancy has increased steadily in the last ten years in West Lothian and is now 77.5 year for men and 80.2 years for women. However there are differences between geographical</li> </ul>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>areas. Life expectancy for women ranges from 87years in Linlithgow to only 76.6years in Dedridge; life expectancy for men ranges from 82.6 years in Linlithgow to 74.9 years in Breich. These reflect wider socio-economic inequalities. It will be important for the Health and Social Care Partnership to engage with other partners to address these.</p> <ul style="list-style-type: none"> <li>• Overall, mortality in West Lothian is higher than Lothian and Scotland.</li> <li>• West Lothian is less affluent than many other parts of Lothian and has a higher proportion of people in the most deprived areas. The health of its population reflects the social and economic circumstances of residents.</li> <li>• Health is generally poorer in the West locality, but mortality rates have converged over recent years.</li> <li>• West Lothian's population is increasing in all age groups.</li> <li>• Projections to 2037 show that within Lothian, West Lothian has the highest rate of increase of older people. This is very likely to mean an increase in demand for health and care. Preventive interventions are important to reduce the impact of increasing multi-morbidity on health and service utilisation.</li> <li>• The proportion of single adult households is increasing and will be more than a third of households by</li> </ul>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>2037. This has potential implications for health and for the provision of care services.</p> <ul style="list-style-type: none"> <li>• Currently 44% of working people in West Lothian commute to work in other local authority areas.</li> <li>• Some further information is presented below.</li> </ul>
Data on service uptake/access		West Lothian has high unplanned admission rates compared with the rest of Lothian. Further analysis is required to understand the reasons for this.
Data on equality outcomes		
Research/literature evidence		
Public/patient/client experience information		
Evidence of inclusive engagement of service users and involvement findings		An engagement plan is being developed
Evidence of unmet need		
Good practice guidelines		The Strategic Plan has been developed in line with SG guidance for IJBs.
Environmental data		
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><b>Positive</b></p> <p>The detailed commissioning plans will ensure high quality services for client groups, based on evidence of needs.</p> <p>Differential needs of men and women as they age will need to be taken into account.</p>	<p>Identified client groups - include older people, people with disabilities, people with mental health problems and people with substance misuse, carers</p>
<p>The locality and client group needs assessments will enable local intelligence to be used to improve outcomes for vulnerable groups</p> <p>The focus on prevention and health inequalities will support continuing improvements in health</p> <p>Self directed support will increase individuals' control over their own care.</p>	<p>People in localities/client groups</p> <p>Whole population</p> <p>People receiving SDS</p>
<p><b>Negative</b></p> <p>There may be a perceived gap between children's and adult services as the governance for adult services and children's services will be through different structures.</p> <p>Specific consideration may be required for refugees.</p>	<p>Children and young people &amp; families</p> <p>Refugees</p>

Environment and Sustainability	Affected populations
<p><b>Positive</b></p> <p>There may be opportunities for co-location of services which could reduce the need to travel, increase access to services and improve public space.</p> <p>The Plan will include a Housing Contribution Statement,</p>	<p>Staff/clients of co-located services</p>

<p>which could strengthen links between housing, health and social care and support housing provision for vulnerable individuals. In addition, high quality services for some vulnerable clients can help them gain and maintain security of tenure and high quality support services will help to prevent homelessness.</p> <p><b>Negative</b></p> <p>None identified</p>	<p>People at risk of homelessness</p>
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<p><b>Economic</b></p> <p><b>Positive</b></p> <p>There will be development opportunities for staff due to further integration, and the development of the workforce plan.</p> <p>There will be further volunteering opportunities</p> <p>There is potential for greater links between health and social care services and services such as welfare advice, adult education and employability</p> <p><b>Negative</b></p> <p>Redesign may result in changes in roles, which some staff may find challenging.</p>	<p><b>Affected populations</b></p> <p>Staff</p> <p>New volunteers</p> <p>Whole population, particularly those vulnerable to falling into poverty</p> <p>Staff</p>
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**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?**

These will be addressed through the procurement process

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

An engagement plan is being developed.

In addition there may be opportunities to enhance communications with individual patients and clients through use of programmes e.g. 'teachback'.

**10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)**

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.**

No further evidence is thought to be needed for this impact assessment. Further evidence will be collated for commissioning plans and locality plans.

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

- The Plan should make clear that operational responsibilities for children's and adult services remain combined under the same Director, as now.
- There should be clear strategic links made with corresponding plans and governance structures for children's services.
- The Engagement Plan should include actions to engage with the voluntary sector, and with vulnerable groups including, but not only, people with protected characteristics. It should identify ways to engage with people with communication needs.
- The needs assessments for client group and locality plans should include local intelligence to ensure services are best directed to people with the greatest needs.
- There should be training in the use of 'teachback' for health and social care staff.
- The relevant needs assessment should consider differing needs of men and women as they age.
- There should be consideration of the needs of refugees.
- The strategic plan and commissioning plans should continue to focus on prevention and addressing health inequalities.

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

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>

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

The Strategic Plan outlines a performance management framework with high level indicators. This impact assessment has not identified any suggested amendments to these indicators.

**15. Sign off by Head of Service**

**Name**

**Date**

**16. Publication**



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