

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

Planning for the Future of Blood Borne Virus (BBV) Services

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

This proposal intends to take a collaborative approach to streamlining and modernising Edinburgh Health and Social Care Partnership (EHSCP) Blood Borne Virus (BBV) Services to ensure that they take a holistic, consistent approach to supporting people with complex needs.

There are two key strands to this proposal:

1. Review and redesign the internal requirements of BBV Social Work Team

- a. Currently a specialist social work team targeting people undergoing treatment for either/both Hep C or HIV, which may be able to be incorporated within existing teams
- b. There is acknowledgement that people will require some service provision but that this may be provided by existing services or limited increase in care at home (housing support) service
- c. The review will concentrate on HIV only service users as Hep C treatment it being targeted by Public Health as a target to elimination.

2. Review the Waverley Care Contract for Milestone House

- a. Taking learning from recent experiences (e.g. supporting people in different ways during the COVID-19 pandemic and running the Intermediate Care Unit) and those that use and deliver existing services review existing contract to shape and inform new future focused, fit for purpose sustainable approach.

Reviewing both services together provides an opportunity to ensure: a collaborative, joined up approach is adopted; that service users' needs are met through existing services and that any gaps can be covered in the review and implementation of any future BBV contract. This would allow us to address HIV services in line with other long-term chronic conditions services that are currently provided under the EHSCP.

It has been identified that through the completion of the review it will be possible to make efficiencies within core budgets, both as a result of implementing future focused, sustainable service approaches and as a result of anticipated additional investment (drug related deaths & homelessness funding).

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

To date, there has been no public involvement regarding the proposals. However the outputs from the Waverley Care Milestone Review surveys and focus groups due to be completed in March and April 2021 will be used to inform and shape the proposal.

4. Date of IIA

26th February 2021

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
Colin Beck	Lead Officer	Strategy and Quality Manager: Mental Health & Substance Misuse (EHSCP)	
Katie Bryce	Contributor	North West Locality Mental Health & Substance Misuse Manager, (EHSCP)	
Grant Sugden	Stakeholder Representative	Chief Executive (Waverley Care)	
Liz Marr	Stakeholder	Senior East of Scotland Manager,	

	Representative	(Waverley Care)	
Peter Davies	Stakeholder Representative	Senior Social Worker (EHSCP)	
Linda Panton	Stakeholder Representative	Clinical Nurse Specialist in HIV (NHS Lothian)	
Jenny McCann	Facilitator & Report writer	Programme Manager (EHSCP)	16/03/20
Philip Glennie	Time keeper & notes taker	Transformation Project Manager (EHSCP)	16/03/20
Jane Dalrymple*	Contributor	Assistant Programme Manager Strategic Planning and Commissioning, (EHSCP)	
Claire Mackintosh*	Stakeholder Representative	Consultant, Infectious Diseases Unit (NHS Lothian)	

*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 <ul style="list-style-type: none"> • 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> <p><i>HIV in Scotland update to 31 December 2019: Health Protection Scotland (December 2019)</i></p> <p><i>Action plan for the health sector response to HIV in the WHO European Region: World Health Organisation - WHO (2017)</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 EIJB https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <p>In Scotland, as of December 2019, a total of 5,617 individuals have been diagnosed and are living with HIV, 73% (4,024) of whom identified as male and the remaining 27% (1,460) as female. Of these, 1,564 lived in Lothian, representing 27.8% of that total.</p> <p>Key groups in the City of Edinburgh affected by BBVs are gay men, injecting drug users and people from sub-Saharan Africa HPS Website - HIV in Scotland: update to 31 December 2019.</p> <p>Action plan for the health sector response to HIV in the WHO European Region (2017) also references data showing that nearly 80% of new diagnoses in Europe in 2015 were in people from Eastern Europe. It also refers to there being a later diagnosis and under-reporting due to the stigma attached to homosexuality in the area.</p> <p>There are also an increasing number of people from Eastern Europe who are testing positive and accessing services in Lothian. WHO/Europe HIV/AIDS - Action plan for the health sector response to HIV in the WHO European Region (2017)</p>
<p>Data on service uptake/access</p> <p><i>Waverley Care</i></p>	<p>Yes</p>	<p><i>Waverley Care Milestone House Service Data</i></p>

Evidence	Available?	Comments: what does the evidence tell you?																									
<p><i>Milestone House Annual Report 2019: Providing service data: covering the period 2018/19</i></p>		<p>(2018/19)</p> <ul style="list-style-type: none"> - 293 referrals - 27 (9%) of the 293 referrals received did not result in an admission because: <ul style="list-style-type: none"> o The service user declined admission due to conflict with appointments or because alternative support is in place. o The service user did not arrive for admission. This happens mostly on an individual's first admission due to anxiety or not being 'ready' but often is due to poor memory and chaotic lifestyle. - Overall, average occupancy for 2018/19 was 76% - 63 individuals were supported within the residential unit: <ul style="list-style-type: none"> o 40 living with HIV o 20 living with Hepatitis o 3 Co infected (CO) <table border="1" data-bbox="692 949 1401 1375"> <thead> <tr> <th></th> <th>Total no Individuals</th> <th>Total no of admissions</th> <th>Total days used</th> <th>Avg length of stay</th> </tr> </thead> <tbody> <tr> <td>HIV</td> <td>40</td> <td>168</td> <td>1709.5</td> <td>10</td> </tr> <tr> <td>Hep C</td> <td>20</td> <td>89</td> <td>997</td> <td>11</td> </tr> <tr> <td>CO</td> <td>3</td> <td>9</td> <td>99</td> <td>11</td> </tr> <tr> <td>Total</td> <td>63</td> <td>266</td> <td>2805.5</td> <td>11</td> </tr> </tbody> </table> <p>A full annual report for 2019/2020 was not completed as this coincided with implementing the policies and procedures at the start of COVID-19, however high level data for 2019/20 shows there were:</p> <ul style="list-style-type: none"> - 279 referrals - 55 of referrals did not go ahead for various reasons: <ul style="list-style-type: none"> o 22 people Did Not Attend (DNA) o 30 people declined o 3 referrals were not suitable - Overall, average occupancy for 2019/20 was 77% - A total of 71 individuals were supported (26 brand new referrals or re-engaged after several years): <ul style="list-style-type: none"> o 49 living with HIV 		Total no Individuals	Total no of admissions	Total days used	Avg length of stay	HIV	40	168	1709.5	10	Hep C	20	89	997	11	CO	3	9	99	11	Total	63	266	2805.5	11
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Evidence	Available?	Comments: what does the evidence tell you?
		<ul style="list-style-type: none"> ○ 19 living with HepC ○ 3 Co infected (CO)
<p>Data on equality outcomes</p> <p><i>Assessment of health and social care needs of people over the age of 50 who were living with HIV: NHS Lothian (2019)</i></p> <p><i>Surveillance of hepatitis C testing, diagnosis and treatment in Scotland, 2019 update: Health Protection Scotland (23rd July 2019)</i></p> <p>And</p> <p><i>Scotland's Hepatitis C Action Plan: Achievements of the First Decade and Proposals for a Scottish Government Strategy (2019) for the Elimination of</i></p>	<p>Yes</p>	<p><i>Assessment of health and social care needs of people over the age of 50 who were living with HIV was completed with the intention of identifying gaps in local service provision and recommendations for future service development. It reported that:</i></p> <ul style="list-style-type: none"> • 47% of people living with HIV in Lothian are over 50 years old (695); and 25% are 61 or older. • 42% of the people taking part had had an inpatient admission and 45% had had at least one A&E attendance over the last five years. Patients diagnosed prior to 1997 were more likely to have an inpatient admission or A&E attendance compared to those diagnosed after. • The age profile of people living with HIV is increasing and many are experiencing co-morbid mental and physical illness • This emphasises the need for service provision to focus on quality of life and co-ordinated treatment and care across sectors. • Stigma and poor basic knowledge about HIV remain significant challenges and raising awareness that 'undetectable equals untransmittable' is a key message <p><i>There are an estimated 21,000 people living with hepatitis C in Scotland 67% (963) identifying as male and 33% (465) as female. At the time of diagnosis, 13% (185) were aged 20-29 years, 35% (492) were aged 30-39 years, 26% (375) were aged 40-49 years, 17% (236) were aged 50-59 years, and 7% (104) were aged 60+ years. At the end of December 2018, there were 6,058 people diagnosed and living with hepatitis C in Lothian, approximately 28.8% of the national total.</i></p> <p><i>Deprivation, measured in Scottish Index of Multiple Deprivation population-weighted quintiles, was available for 83% (35,973) of all diagnoses since 2009. Among those where deprivation is known, 50% of hepatitis C antibody diagnoses were among individuals residing in the most deprived quintile, 24% resided in quintile 4, 13% in quintile 3, 8% in quintile 2 and only 5% in the least deprived</i></p>

Evidence	Available?	Comments: what does the evidence tell you?
<p><i>both Infection and Disease</i></p> <p><i>Milestone House Service Data (requested)</i></p>		<p>HPS Website - Surveillance of hepatitis C testing, diagnosis and treatment in Scotland, 2019 update</p> <p>https://hps-beta.azurewebsites.net/web-resources-container/hepatitis-c-elimination-in-scotland</p>
<p>Research/literature evidence</p> <p><i>Uncharted Territory Report: Terrence Higgins Trust- THT (2017)</i></p> <p><i>Health Needs Assessment: Ageing with HIV, Chris Stothart, Senior Health Promotion Specialist, NHS Lothian (January 2019)</i></p> <p><i>Sexual Health and Blood Borne Virus Framework (2015 to 2020 Update), Scottish Government</i></p>	<p>Yes</p>	<p><i>Uncharted Territory:</i> Described the disproportionate physical, mental and social impacts experienced by individuals growing older with HIV and highlighted gaps in current health and social care service provision across the UK. Despite it being national in focus, only 10% of respondents and interview participants were from Scotland https://www.tht.org.uk/sites/default/files/2018-02/Uncharted%20Territory.pdf</p> <p><i>Health Needs Assessment: Ageing with HIV: In response to the THT report above the NHS Lothian HIV Care & Treatment Group of the Sexual Health and Blood Borne Virus Programme Board requested that a health needs assessment be undertaken to investigate the local experience of people living with HIV (PLWH) in Lothian. This highlighted that:</i></p> <ul style="list-style-type: none"> - 47% of people living with HIV in Lothian are over 50 years old (695); and 25% are 61 or older. - 86% of service users over 50 years old are of White (Scottish, Irish, other British) ethnic origin; the majority were diagnosed prior to 2005 and 34% were diagnosed prior to the introduction of HAART in 1996. - 42% of the cohort had had an inpatient admission and 45% had had at least one A&E attendance over the last five years. Patients diagnosed prior to 1997 were more likely to have an inpatient admission or A&E attendance compared to those diagnosed after. <p><i>The first Sexual Health and Blood Borne Virus Framework was published by the Scottish Government in 2011. The Framework brought together policy on sexual health and wellbeing, HIV and viral hepatitis for the first time. It set out five high-level outcomes which the Government wished to see</i></p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p><i>delivered, and it sought to strengthen and improve the way in which the NHS, the Third Sector and Local Authorities supported and worked with individuals at risk of poor sexual health or blood borne viruses. This provides an update on the progress made since the original Framework document was published in 2011</i></p> <p>https://www.gov.scot/publications/sexual-health-blood-borne-virus-framework-2015-2020-update/</p>
<p>Public/patient/client experience information</p> <p><i>The Waverley Care Milestone Review - Surveys and Focus Groups (Mar/ Apr 2021)</i></p>	<p>Yes (survey currently being planned/ underway)</p>	<p>The Waverley Care Milestone Review will be a collaborative approach and aims to incorporate the experiences of many stakeholder groups and partners. As part of the review of Milestone House Contract a survey and a number of focus groups are currently underway/ due to start in order to seek as comprehensive and inclusive range of views as possible while also recognising digital poverty. Specifically they seek to understand:</p> <p><i>Service users, carers and families</i></p> <ul style="list-style-type: none"> • how Waverley Care Milestone impacts on their lives • what difference it makes to their health and well-being • what they find helpful and are there things that could be done differently • brief on current position and find out what they think would happen if there were changes to the service • how the service might support them in future <p><i>Wider population with a BBV who have not accessed the Waverley Care Milestone service</i></p> <ul style="list-style-type: none"> • reason why they have not made use of the service • what supports do they have in place instead • how the service might support them in future <p><i>Staff and other key stakeholders</i></p> <ul style="list-style-type: none"> • what they understand the purpose of Waverley Care Milestone to be • what difference do they see it making • what would happen if it didn't exist • how they see Milestone developing in the future and • are there other additional uses/unmet needs that the service could be meeting
<p>Evidence of</p>	<p>Yes (survey</p>	<p>The Waverley Care Milestone Review <i>Surveys and</i></p>

Evidence	Available?	Comments: what does the evidence tell you?
<p>inclusive engagement of service users and involvement findings</p> <p><i>The Waverley Care Milestone Review - Surveys and Focus Groups (Mar/ Apr 2021)</i></p>	<p>currently being planned/ underway)</p>	<p><i>Focus Groups - as above</i></p>
<p>Evidence of unmet need</p>	<p>Yes (requested)</p>	
<p>Good practice guidelines</p> <p><i>Fast Track Cities Initiative</i></p> <p><i>Scottish Government & World Health Organisation (WHO) Commitment to the elimination of Hepatitis C</i></p>	<p>Yes</p>	<p>In November 2019, City of Edinburgh Council signed the Paris Declaration and committed to ending new HIV transmissions by 2030. The Fast Track Cities Initiative is an international programme to help achieve, maintain and exceed the UN 90-90-90 targets:</p> <ul style="list-style-type: none"> • 90% of all people living with HIV knowing their status • 90% of those that know their status being on anti-retroviral drugs • 90% of those on anti-retro-viral drugs having an undetectable viral load and as such, being unable to pass the virus on <p>Most importantly, the Paris Agreement commits cities to work to reduce HIV-related stigma to zero: https://fast-trackcities.org/</p> <p>The Scottish Government has committed to increase the number of people treated for potentially fatal blood-borne virus, hepatitis C to at least 3,000 annually from 2020-21, and by increasing the number of people treated annually, the intention is to eradicate and eliminate the condition by 2024. https://www.gov.scot/news/eliminating-hepatitis-c/</p> <p>The Scottish Government has also committed to achieving zero new HIV infections by 2030. Eliminating HIV transmission by 2030 - gov.scot (www.gov.scot)</p>
<p>Environmental data</p>	<p>No</p>	<p>None identified at this stage</p>
<p>Risk from cumulative impacts</p>	<p>No</p>	<p>None identified at this stage</p>

Evidence	Available?	Comments: what does the evidence tell you?
Other (please specify)	No	None identified at this stage
Additional evidence required	No	None identified at this stage

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><u>Positive</u></p> <p>In the development and provision of a new service model for BBV services there is an opportunity to provide a service using a more flexible and blended model that is not just bed based but that could have greater links into the community and peoples home thereby providing the potential to:</p> <p>Positively Impact on People;</p> <ul style="list-style-type: none"> - Service is more flexible/ responsive to people’s needs e.g. through the provision of care in a variety of settings potentially including peoples own homes - Service is needs led as opposed to disease led: service has a broader scope enabling it to be more inclusive/open, and therefore support a broader range of people with more complex needs - Creation of a more locality/ community-based model has the potential to align with the 20-minute neighbourhoods concept, with opportunities to receive care and support in locations that are easier and quicker to get to, dovetailed with other locality provision and alongside the central support of Milestone. - Opportunities exist to reduce stigma around BBV and personal feelings of guilt by normalising service provision and improving education and awareness. - Retaining some centralised service provision, even in a reimagined way retains social contact and reduces feeling of isolation felt by many existing service users. <i>(It was noted that for many, they don’t have the support networks of friends and family and are often left in a position of delivering self-care.)</i> - Promotion, extension and development of the use of peer 	<p>All people that use the service, but in particular: Older people and people in their middle years; adults with a disability; minority ethnic groups; people who identify as LGBT+; carers, in particular those providing self-care; and people at risk of falling in to poverty.</p>

<p>support under new model provide opportunities for people with lived experience, including the potential to encourage career pathways/ supporting people to stay independent.</p> <p>Positively impact on Staff;</p> <ul style="list-style-type: none"> - Opportunity to build confidence and utilise existing and new skills/knowledge/ expertise to be able to provide support in different settings and via a new service model - Chance to work and deliver services in a different more flexible way, (including those with more complex needs), supporting staff to better meet the needs of those they work with - Opportunity to utilise broad range of connections and relationships developed with Edinburgh Access Practice, Social Work, housing team, Cyrenians and NHS acute colleagues during COVID response (and development of Intermediate Care Unit – ICU) to strengthen the delivery of the service model going forward - Build on new relationships and approach to embrace 20min neighbourhood as a principle, which provides a further chance to consider how people could utilise community services in their own area - Opportunity to use staff knowledge and expertise to promote education and help challenge stigma, across different settings <p><u>Negative</u></p> <p>Impact on People;</p> <ul style="list-style-type: none"> - Potential that if the redesigned service does not meet the needs of people, as generalist staff (e.g. social workers) / service provision are/is unable to emulate the specialist care that people have been used to - This may also lead to a sense of loss from people - Possibility that when looking for support from generic services people face increased discrimination/ stigma as some evidence suggests that a number of agencies providing care can be reluctant to work with people with BBV. Furthermore generic services may not have the knowledge/ expertise to support those with BBV who may have survivors guilt. <i>This would need to be mitigated through increased education and awareness of BBV</i> - There could be enhanced feelings of stigma felt by users if service provision is community-led and delivered door-to-door. However, this allows for improved community education and awareness around BBV. 	<p>Staff</p> <p>All people that use the service, but in particular: Older people and people in their middle years; adults with a disability;</p> <p>All people that use the service, but in particular: Older people and people in their middle years; adults with a disability; minority ethnic groups; people who identify as LGBT+; carers, in particular those providing self-care; and people at risk of falling in to poverty.</p>
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<ul style="list-style-type: none"> - Potential for increased feelings of isolation if new model is unable to emulate the support networks and feeling of a “safety net” currently provided through existing services model. <i>Needs to be a key consideration during service design</i> <p>Staff:</p> <ul style="list-style-type: none"> - Increased pressure/ workload due to case load management issues and possible migration of clients to other service provision and cases being reassessed if redesign does not cover needs of existing people. - Risk of losing experts/ knowledge through a potential move to more generalist services. <i>Need to ensure that this is planned for, with experts valued and supported to share knowledge with others in a sustainable way.</i> 	<p>All people that use the service, but in particular: Older people and people in their middle years and in particular those providing self-care; and people at risk of falling in to poverty.</p> <p>Staff</p>
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<p>Environment and Sustainability</p> <p><u>Positive</u></p> <ul style="list-style-type: none"> - Potential for less travel to central location by people and instead access services in the localities (leading to reduced emissions) - Building on the experiences of supporting people with BBVs through tech/digital options during the COVID- 19 pandemic there is an opportunity to encourage staff to travel sustainably, and where appropriate engage with people through Near Me, etc and other technological and digital options available (leading to reduced emissions) <p>Proposal will provide an opportunity to implement change to culture and working practices and help support the Edinburgh 2030 net-zero carbon target.</p> <p>Any changes proposed should align with the <i>NHS Lothian Sustainable Development Framework and Action Plan</i> and <i>CEC Sustainability Strategies</i>.(CEC strategy to be published in Spring 2021)</p> <p><u>Negative</u></p> <ul style="list-style-type: none"> - There could be an increase in staff travelling (leading to increased emissions) as they deliver more community-based support to people in their own homes instead of centrally. However, a joined up approach will be taken with opportunities provided via locality working optimised 	<p>Affected populations</p> <p>All groups</p> <p>All groups</p> <p>All groups</p>
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Economic	Affected populations
<p><u>Positive</u></p> <ul style="list-style-type: none"> - Service approach will continue to signpost people to the relevant income maximisation supports where applicable - Potential improved health and wellbeing of individuals allow them to be in a better position for looking for and securing work. Flexible respite meeting their needs. - Promotion of the use of peer support under new model could provide opportunities for people with lived experience, including the potential to encourage career pathways/ supporting people to stay independent - Improved access to services by having them based more locally. <p><u>Negative</u></p> <ul style="list-style-type: none"> - Non identified at this stage 	<p>All people that use the service, but in particular: Older people and people in their middle years; adults with a disability; minority ethnic groups; people who identify as LGBT+; carers, in particular those providing self-care; and people at risk of falling into poverty.</p>

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?

Following a collaborative design process the future service will be provided by a contracted Third Sector organisation. Contracts will include requirements to offer services in line with the Equalities Act 2010.

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 project.

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.

No further evidence is required at this stage beyond that which is detailed as requested in section 6

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

The review should take an assets based, not deficit based approach to ensure that future service model is needs led not disease/ health/ condition led

Existing consultation findings have identified that there are different models of care delivered elsewhere which could be tried in Edinburgh and should be considered

Learning from the delivery of services during COVID should be utilised

Information from The Waverley Care Milestone Review - Surveys and Focus Groups should be used to inform redesign, whilst also ensuring ongoing engagement where appropriate and possible.

Consideration must be given to utilising specialist staff and experts to ensure increased and improved education and awareness of BBV across stakeholders and communities to help tackle stigma and provide support networks

Ensure consideration of the use of peer support under new model provide opportunities for people with lived experience, including the potential to encourage career pathways/ supporting people to stay independent

Consideration should be given to how the new service models aligns with 20-minute neighbourhoods concept to support community/ locality based provision

Any changes proposed should align with the *NHS Lothian Sustainable Development Framework and Action Plan* and *CEC Sustainability Strategies*. (CEC strategy to be published in Spring 2021)

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
Complete The Waverley Care Milestone Review - Surveys and Focus Groups	Jane Dalrymple	March 2021	May 2021
Developed a detailed & comprehensive communication plan Including clear briefings for councillors and stakeholders as appropriate	Jane Dalrymple	March 2021	May 2021
Consideration must be given to utilising specialist staff and experts to ensure increased and improved education and awareness of BBV across stakeholders and communities to help tackle stigma and provide support network	Katie Bryce & Grant Sugden	December 2021	January 2021
Ensure consideration of the use of peer support under new model provide opportunities for people with lived experience, including the potential to encourage career pathways/ supporting people to stay independent	Colin Beck	December 2021	January 2021

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

Monitoring of this proposal will be built into the monitoring of the savings and governance programme and the Project Group supporting the Waverley Care Milestone Review.

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

15. Sign off by Head of Service/ Project Lead

Name: Colin Beck (Strategy and Quality Manager. Mental Health & Substance Misuse (EHSCP))

Date: 1st March 2021

Name: Tony Duncan (Head of Strategic Planning EHSCP)



Date: 11th March 2021

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.