

# Integrated Impact Assessment – Summary Report

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## 1. Title of proposal

Community Transport Review – Interim IIA

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

As part of the Savings Recovery Programme for 23/24 there will be a review of transport currently being charged to the Edinburgh Health and Social Care Partnership (EHSCP) and where transport is confirmed as unused, it is expected these arrangements will be cancelled, therefore reducing costs to the EHSCP. This is the second savings proposal brought forward, one was approved in March looking at moving away from single use taxis, encouraging people to use public transport, this proposal will build on that work and develop further options.

An internal commissioning plan will be developed, ensuring current and projected future travel demand within EHSCP services is clearly identified and that provision via the Council's Transport Hub is at a level appropriate to need. This aims to optimise any transport provision and therefore costs. This will be supported by the introduction of Flexi Route software (work already underway) within the Transport Hub, which will allow for more effective and efficient fleet scheduling.

As part of this proposal, the existing transport policy will be reviewed and updated to provide clarity for supported people, families and practitioners. Processes for the approval of new transport packages and for the timely and flexible update of any changes in individual requirements will be reviewed and strengthened.

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

There has been no specific public involvement in the development of this proposal however, evidence gathered for the IIA highlights research and engagement with carers through EHSCP commissioned CLEAR project (Carers Landscape Edinburgh Action Research) and EVOC report on 'Getting about and getting a break'. As the proposal evolves there will be planned engagement sessions with key stakeholders and individual conversations with people affected.

## 4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes – Adult Health and Social Care Plan.

## 5. Date of IIA

15<sup>th</sup> May 2023

**6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Louise Disharoon Young Adult with Disabilities Representative	Social Worker - EHSCP	
Maureen Martin Community Representative	Chief Executive – Edinburgh Development Group (EDG)	
Ian Brooke Community Representative	Deputy Chief Executive – Edinburgh Voluntary Organisations Council (EVOC)	
Christine Farquhar Carer Representative	EIJB Carer Representative	
Claire Farquhar Learning Disability Service Provider Representative	Head of Operations – Upward Mobility	
Lewis Hunston Older People Services Representative	Service Manager, Be Able - EHSCP	
Ashleigh Chambers Adults with Learning Disabilities and Complex Needs Representative	Care and Support Manager (Acting) - EHSCP	
Jo Kirkby 3 <sup>rd</sup> Sector Organisation representative (unable to attend IIA meeting – feedback contributed on review of report)	Development Manager - Advice and Inclusion The Action Group	
Rhiannon Virgo IIA Facilitator	Programme Manager - EHSCP	01/02/20
Denise McInerney Minute Taker	Executive Assistant - CEC	22/02/23
Emma Pemberton IIA Report Writer	Disability Strategy Manager (Acting) - EHSCP	28/10/21



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

<b>Evidence</b>	<b>Available – detail source</b>	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
<p>Data on populations in need</p>	<p>Transforming Travel Report (EDG) 2020</p> <p>This report was commissioned by the Chief Executive of the City of Edinburgh Council to investigate the current costs of passenger transport across the council.</p>	<p>The city of Edinburgh is in the second largest city in Scotland and has a population of approximately 520K. It is a compact area measuring approximately 9 miles across (east to west) and a similar distance north to south at the maximum point. The main conurbation to the north and east of the council area is a typically compact city environment, with some less intensely populated and semi-rural areas to the west and south.</p> <p>Edinburgh operates a typical UK local authority passenger transport &amp; related fleet operation. Passenger transport is provided for social care purposes, in the main for people with learning disabilities and older people attending day support and/ or activities such as lunch clubs.</p> <p>The population in Edinburgh is projected to increase faster than any other city in Scotland over the next 20 years. Based on historical trend analysis, the annual population growth for the city is estimated to be between five to six thousand, with those aged 85+ projected to grow by 28% between 2012 and 2022. By 2037, the number of those aged 85+ is set to more than double. The number of people living with Dementia could rise by 61.7% to 11,548 people by 2035.</p> <p>In addition, the proportion of people with two or more long term conditions increases with age. recent study for instance suggests 1/3 (66.3%) of people aged 46-48 years have two or more long term conditions in the 2021 Edinburgh Joint Strategic Needs Assessment.</p> <p>According to the Scottish Government Pupil Census data, there has been a marked increase in the numbers of young people with Additional Support Needs (ASN) in recent years, rising from a little over 4% of the total school roll in 2007 to 25% (primary) and 32% (secondary) in 2018. This has driven a growing need for special school and specialist resource base places.</p> <p>This trend is expected to continue in the future, fueled by a range of factors including:</p>

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	<p>The Scottish Health Survey (2016)  <a href="https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/">https://www.gov.scot/publications/scottish-health-survey-2016-volume-1-main-report/pages/60/</a></p> <p><a href="https://www.edinburghhsc.scot/the-ijb/jsna/">https://www.edinburghhsc.scot/the-ijb/jsna/</a></p> <p>Transforming Travel Report (EDG) 2020</p>	<ul style="list-style-type: none"> <li>– Increased recognition and awareness of certain categories of ASN leading to an increase in the number of children with ‘pupil plans’</li> <li>– Medical advances improving the survival rates of children with very complex medical conditions</li> <li>– Increasing incidence of challenging behavioral issues</li> <li>– Underlying (and as yet unexplained) increases in the incidence of certain conditions (such as autism).</li> </ul> <p>The increases in complexity of conditions outlined above would be expected to be mirrored in the adult population, allied to gradually extending lifespans, which will also impact the overall number of adult’s requiring assisted travel and level of costs. Whilst there has been a gradual managed decline in provision of traditional day care services in favour of the use of personal budgets, there will always be some adult clients for whom a traditional service is required.</p> <p>Independent Travel Training (ITT) is one of the key aspects that supports children and adults with learning disabilities, providing a range of non-tangible benefits to the individual concerned that engender self-confidence, independence and self-esteem, including:</p> <ul style="list-style-type: none"> <li>– Builds confidence and self-belief.</li> <li>– Improves social mobility and enhances prospects for further education, employment and training.</li> <li>– Promotes an understanding of the value of money</li> <li>– Improves focus on personal safety.</li> <li>– Assists in getting a job when leaving school or college by supporting travel to and from the workplace.</li> <li>– Enables independent socialising / visits to family.</li> </ul>

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		<ul style="list-style-type: none"> <li>- and friends as required to be incorporated in each user’s care plan.</li> <li>- Supports family integration by developing the capacity to undertake simple tasks such as visiting the local shops, hence reducing dependency on other family members.</li> <li>- Provides an important ‘enabler’ in allowing adult clients with learning difficulties to find and retain work.</li> </ul> <p>The key benefit to CEC is the capacity that ITT has to reduce the cost burden of providing bespoke transport for clients with learning disabilities. In addition, a travel training programme can assist in fulfilling wider council policies and priorities relating to young people and adults.</p>
Data on service uptake/access	<p>Transforming Travel Report (EDG) 2020</p> <p><a href="#">Assisted travel and Transport Policy</a></p> <p><a href="#">Public Bodies (Joint Working) (Scotland) Bill - Parliamentary Business : Scottish Parliament</a></p>	<p>Transport operations are managed in the main by the Transport Hub (TH) incorporating management of externally contracted passenger transport, along with some internally operated vehicles and drivers / passenger assistants (PA’s / Escorts).</p> <p>Costs of transport in Health and Social Care have increased by 90% over the last 4 years (2016-2020).</p> <p>A robust policy that has all the processes and procedures in place will ensure that only travel that is required is provided and users will have a set expectation of what that provision is.</p> <p>Adult social care services face considerable challenges in order to address identified current and future demographic pressures. Transport / travel is integral to the delivery of preventative and proactive care services that enable people to participate in their community and neighbourhood.</p> <p>The way that the Council provides services has changed and will continue to develop and evolve with the impact of adult health and social care integration (as</p>

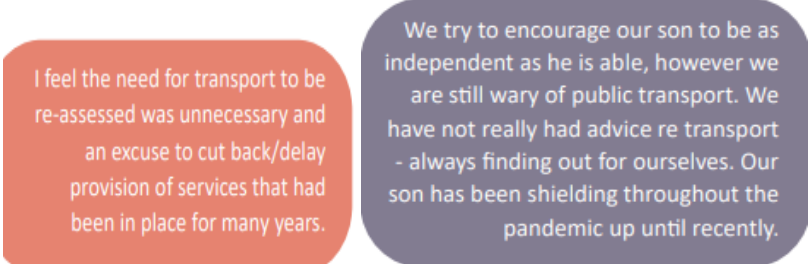
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	<p><a href="#">Adult day services and respite services survey: follow-up letter - gov.scot (www.gov.scot)</a></p> <p><a href="#">Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf (evoc.org.uk)</a></p>	<p>set out in the Public Bodies (Joint Working) (Scotland) Bill 2013) and implementation of the Self-Directed Support (Scotland) Act 2013.</p> <p>Day opportunities for people with disabilities and older adults were in the main suspended as a result of the pandemic. Whilst a high number are now operational, not all are fully operational to pre-pandemic numbers.</p> <p>A review of support with travel and respite for adults with disabilities or additional support needs and those that care for them. December 2021.</p> <p><b>Feedback from respondents of survey on benefits and impacts:</b></p> <table border="1" data-bbox="976 699 1485 956"> <thead> <tr> <th>Benefits of Transport</th> <th>No of Respondents</th> </tr> </thead> <tbody> <tr> <td>Would not be able to attend day care without transport</td> <td>29</td> </tr> <tr> <td>Allows carer to work</td> <td>15</td> </tr> <tr> <td>Carer respite</td> <td>12</td> </tr> <tr> <td>Ability to access social activities</td> <td>12</td> </tr> <tr> <td>Independence</td> <td>10</td> </tr> <tr> <td>Safety</td> <td>8</td> </tr> <tr> <td>Reduces carer worry/stress</td> <td>5</td> </tr> </tbody> </table> <table border="1" data-bbox="976 995 1485 1390"> <thead> <tr> <th>Changes in Transport Provision Impacts</th> <th>No of Respondents</th> </tr> </thead> <tbody> <tr> <td>Financial impact</td> <td>10</td> </tr> <tr> <td>Loss of activities</td> <td>10</td> </tr> <tr> <td>Delays in reassessment</td> <td>9</td> </tr> <tr> <td>Ability for carer to work</td> <td>8</td> </tr> <tr> <td>Negative mental wellbeing</td> <td>6</td> </tr> <tr> <td>Stress of dealing with the system</td> <td>6</td> </tr> <tr> <td>Loss of social contact</td> <td>5</td> </tr> <tr> <td>Constant changes of drivers</td> <td>4</td> </tr> <tr> <td>Negative physical health</td> <td>3</td> </tr> </tbody> </table>	Benefits of Transport	No of Respondents	Would not be able to attend day care without transport	29	Allows carer to work	15	Carer respite	12	Ability to access social activities	12	Independence	10	Safety	8	Reduces carer worry/stress	5	Changes in Transport Provision Impacts	No of Respondents	Financial impact	10	Loss of activities	10	Delays in reassessment	9	Ability for carer to work	8	Negative mental wellbeing	6	Stress of dealing with the system	6	Loss of social contact	5	Constant changes of drivers	4	Negative physical health	3
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		<p><b>Awareness of Assisted Transport Policy:</b> Current Council/EHSCP Assisted Travel/Transport Policy</p> <table border="1" data-bbox="981 355 1944 541"> <thead> <tr> <th data-bbox="981 355 1361 427">Are you aware of the policy?</th> <th data-bbox="1361 355 1624 427">Have a copy.</th> <th data-bbox="1624 355 1944 427">Don't have a copy.</th> </tr> </thead> <tbody> <tr> <td data-bbox="981 427 1361 485">Yes</td> <td data-bbox="1361 427 1624 485">15</td> <td data-bbox="1624 427 1944 485">6</td> </tr> <tr> <td data-bbox="981 485 1361 541">No</td> <td data-bbox="1361 485 1624 541">62</td> <td data-bbox="1624 485 1944 541">69</td> </tr> </tbody> </table> <p>We asked the organisations about their understanding of the impacts of transport changes on people using services and their unpaid carers:</p> <ul data-bbox="981 667 1624 898" style="list-style-type: none"> <li>• Delays in reassessment</li> <li>• Safety concerns</li> <li>• Financial impact on organisation</li> <li>• Financial impact on carer</li> <li>• Restricts choice of activities</li> <li>• Carers with a disability are required to provide the transport</li> <li>• Stress on unpaid carers</li> </ul>	Are you aware of the policy?	Have a copy.	Don't have a copy.	Yes	15	6	No	62	69
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<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p> covid-19-in-scotland-poster Research Impa</p> <p> covid-19-in-scotland Impact Research on U</p>	<p>Women are known to be disproportionately affected by their Unpaid Caring role, with a greater impact for those over 50. Nationally women carers represent 60% of carers compared to men who represent 40%. Many Unpaid Carers give up work to carry out their caring role and can struggle to re-enter the workforce.</p> <p>The Covid-19 Pandemic has had a significant impact on unpaid carers, therefore disproportionately women.</p>									
<p>Data on equality outcomes</p>	<p><a href="#">Transport help for older or disabled people - mygov.scot</a></p> <p><a href="#">Assisted Travel Transport Policy (CEC)</a></p>	<p>If you're over 60, or have a disability, you can travel for free on nearly all local bus services.</p> <p>Eligibility - Assisted travel / transport should be considered after all other options have been exhausted and the person has no other support (this must be evidenced in an application for funding of transport costs). 4) Generally, assisted</p>									

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	<p><a href="#">Chapter 4: Health Boards (Part 4 Chapter 1) - Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice Volume 1 - gov.scot (www.gov.scot)</a></p> <p>Transforming Travel Report (EDG) 2020</p> <p><a href="#">Assisted Travel Transport Policy (CEC)</a></p> <p><a href="#">Assisted Travel Transport Procedure (CEC)</a></p>	<p>travel / transport will be provided if: • statutory powers are in place and a person is attending a service as per an agreed care programme approach (Mental Health Care and Treatment (Scotland) Act 2003 (s27) • statutory powers are in place to address risk issues and ensure compliance with a care and support plan (Mental Health Care and Treatment (Scotland) Act 2003 (s27) • there is no other appropriate transport alternative, due to specific health and safety issues identified by the service (Mental Health Care and Treatment (Scotland) Act 2003 (s27).</p> <p>Correct travel provision and a clear, robust policy to manage user expectation will reduce usage and therefore costs.</p> <p>It is widely recognised that there are problems with the application of transport provision within Health &amp; Social Care within CEC. The Policy is written on the basis of ‘travel assistance’ being provided. The document clearly states that travel assistance will only be provided where it is clear that such assistance is essential in enabling the client to access care services and no other travel options (such as transport by carers, public transport or mobility vehicles) are available or viable.</p>
Research/literature evidence	<a href="#">Keys to Life</a>	<p>It is recognised that for people with more complex needs and people with profound and multiple learning disabilities, day centres will continue to be an important part of their overall support arrangements. However, it is essential that services and staff continue to develop person-centred approaches that enable people to make choices and follow activities that are meaningful to them. In this context, services should continue to make progress towards community-based models of care and to support people currently dependent on buildings-based care to graduate into alternative opportunities.</p>



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	<p><a href="#">Health and Social Care Strategy for Older People - Scottish Government - Citizen Space (consult.gov.scot)</a></p>	<p>Scottish Ministers recognise the important role community transport services play as part of the transport network in Scotland and that they play a major part in reducing isolation and increasing social inclusio.</p> <p>Local authorities are provided with resources for the support of community transport services through the local government finance settlement.</p> <p>The Scottish Government continues to provide grant funding to the Community Transport Association Scotland to develop the community transport sector in Scotland and to provide advice and support on issues affecting it.</p>
Public/patient/client experience information	<p><a href="#">Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf (evoc.org.uk)</a></p>	<p>A review of support with travel and respite for adults with disabilities or additional support needs and those that care for them. Carried out by EVOC and published in December 2021.</p> <p><b>Feedback from Unpaid Carers (additional feedback within report):</b></p> <div style="display: flex; justify-content: space-between;"> <div style="background-color: #fce4d6; padding: 10px; border-radius: 10px; width: 45%;"> <p>I couldn't sum up the awful experience of trying to secure transport arrangements for my son in just one paragraph. In 2018 I had no option but to raise a complaint with local Councillors before transport was eventually provided for my son to attend a day care service. This was at a time when both parents were physically and mentally exhausted. The whole process took a toll on our health.</p> </div> <div style="background-color: #e0e0e0; padding: 10px; border-radius: 10px; width: 45%;"> <p>Transport removed during pandemic - no discussion with families. Huge impact on the mental health and wellbeing of myself and my son. Had to be reassessed for transport. Impacted on my ability to earn a living as a full-time working single parent. Transport eventually reinstated. New person for my son to get used to - more negative impact on his mental health. New provider not consistent, lots of 'no shows', turning up late, not informing when there was a change of driver. Transport provider not informed of our day support calendar, assumed they closed when schools did so again didn't turn up on several occasions.</p> </div> </div>

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		 <p>I feel the need for transport to be re-assessed was unnecessary and an excuse to cut back/delay provision of services that had been in place for many years.</p> <p>We try to encourage our son to be as independent as he is able, however we are still wary of public transport. We have not really had advice re transport - always finding out for ourselves. Our son has been shielding throughout the pandemic up until recently.</p>
Evidence of inclusive engagement of people who use the service and involvement findings		
Evidence of unmet need	<a href="#">Getting-About-Getting-A-Break-Phase-1-DEC-2021.pdf</a> <a href="http://evoc.org.uk">evoc.org.uk</a>	A review of support with travel and respite for adults with disabilities or additional support needs and those that care for them. Carried out by EVOC and published in December 2021.
Good practice guidelines	<a href="#">Keys to Life</a>  <a href="#">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</a>  <a href="#">Social Work (Scotland) Act 1968 (legislation.gov.uk)</a>	<p><i>The keys to life</i> strategy recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government’s ambition for all citizens.</p> <p>Self-directed support is the way that all social care must be delivered in Scotland. The Social Care (Self-directed Support) (Scotland) Act 2013 and detailed Practitioner Guidance set out the principles and policy for delivering Self-directed Support (SDS). However, since the legislation was enacted, Care Inspectorate and Audit Scotland scrutiny has found that SDS has been implemented partially and inconsistently across Scotland. Evidence shows that some local areas have</p>

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	<p><a href="http://www.gov.scot">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</a></p>	<p>embedded SDS well, while others are challenged to make the changes required for successful SDS implementation.</p> <p>There are a wide range of people, organisations and authority functions with responsibilities concerning the assessment of needs or the provision of Self-Directed Support (SDS). The supported person’s voice and wishes must be at the centre of all conversations and decision-making about their support, taking into account relevant factors such as their disability, age and the potential for another person to assist them, for example to help meet communication and accessibility needs.</p> <p>Authorities should therefore consider how their functions relating to social care provision work together to facilitate the key stages in a supported person’s pathway from initial contact through to the provision and review of support. Authorities should also take steps to provide the relevant training, support and processes each function needs to be able to take a person-centred and human rights-based approach to fulfilling the duties described in the 2013 Act.</p> <p>Good quality assessment continues to be central to achieving better outcomes with and for people with social care needs, and to ensuring consistency and transparency in decision making. Section 12A of the Social Work (Scotland) Act 1968 places a duty on local authorities to assess any person who appears to need “community care services” and then to decide whether the assessed needs “call for the provision” of such services. Eligibility criteria provide guidance as to the circumstances that the local authority regards as requiring the provision of services. In reaching such decisions, the Council requires its staff to have regard to its eligibility criteria.</p> <p><b>Unpaid Carers</b> - The unpaid carer provides care and support to a family member or friend, and may be an adult or a child. They may provide a wealth of information, expertise and guidance. Carers may be guardians or attorneys for</p>

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	<p data-bbox="490 363 853 427"><a href="http://legislation.gov.uk">Carers (Scotland) Act 2016 (legislation.gov.uk)</a></p> <p data-bbox="490 836 949 938"><a href="http://www.gov.scot">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</a></p>	<p data-bbox="976 264 1951 328">the individuals they support, or friends helping them to access the statutory support they need.</p> <p data-bbox="976 371 1559 403"><b>27Duty to involve carers in carer services</b></p> <p data-bbox="976 464 1980 587">(1)Each local authority must take such steps as it considers appropriate to involve the persons mentioned in subsection (3) in carer services of that local authority.</p> <p data-bbox="976 611 2018 675">(2)Each health board must take such steps as it considers appropriate to involve the persons mentioned in subsection (3) in carer services of that health board</p> <p data-bbox="976 754 2029 1193"><b>Practitioners</b> - The social worker should take steps to ensure that assessment is conducted in line with social work legislation. They should consider any wider legal duties beyond the duties provided in social work legislation for instance, in a crisis situation or where the person’s safety is at risk. Practitioners should ensure that the person’s support plan is comprehensive and that the support plan meets the identified needs of the supported person. They may arrange for some additional assistance so that the supported person can play a full part in the assessment or support planning process. They must ensure the supported person is involved as far as is possible, and their voice and wishes respected. The practitioner or local area team should be provided with the appropriate support and guidance from their organisation to ensure that they are empowered to use their professional judgement to apply appropriate discretion in line with Standard 8 (Worker Autonomy) in the SDS Framework of Standards 43.</p> <p data-bbox="976 1233 2018 1401"><b>Decision Makers</b> - Senior decision makers shape the culture and conditions in which important decisions are made about a supported person’s care and support, including positive approaches to risk enablement and management. They should therefore take steps to ensure that guidance, training and culture of the organisation is consistent with the spirit and statutory principles of the 2013</p>

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	The Three Conversations	<p>Act. They should support front line professionals and providers to work closely with individuals in a flexible, autonomous and innovative way. The relevant authority and/or Health Board should ensure that their staff are made aware of their duties and powers in relation to assessment functions.</p> <p><b>Commissioning</b> - The Audit Scotland Social Care Briefing<sup>114</sup> and the IRASC discuss the need to improve the impact of commissioning and procurement, including the need for ethical commissioning that routinely involves peoples with lived experience, carers, local communities, providers and other professionals in the co-design and redesign, as well as the monitoring of services and supports. This is the basis of a collaborative, rights-based and participative approach, which also takes into account factors beyond price, including fair work, terms and conditions and trade union recognition. The authority should view its commissioning role as being a facilitator of service design and provision, that provides choice. This involves both providing information about choices and commissioning and putting in place a range of sourcing models and (where appropriate) procurement processes that allow people as much choice of type of support and provider as possible. The authority should adopt a person-centred approach based on the principles of involvement and co-production. It should be transparent and should publish its approach either as a separate document or as part of its commissioning strategy.</p> <p>It is important that social workers and duty bearers consider the impact of decisions on people across all protected characteristics (including those not covered by the 2012 Equality Impact Assessment).</p> <p>The <i>Three Conversations</i> approach aims to facilitate conversations, support people who need help and empower staff. The approach offers three clear and precise ways of interacting with people focusing on what matters to them. It</p>

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	<p data-bbox="490 336 712 363"><a href="#">Eligibility Criteria</a></p> <p data-bbox="490 1257 952 1353"><a href="#">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</a></p>	<p data-bbox="976 264 2022 325">recognises the power of connecting people to the strengths and assets of community networks, and the necessity to work dynamically with people in crisis.</p> <p data-bbox="976 448 2033 884">Eligibility criteria are used by local authorities to deploy resources in a transparent way that ensures that those resources are targeted to adults in greatest need.. A national framework for eligibility criteria for social care for older people was agreed by the Scottish Government and COSLA in 2009.<sup>98</sup> This framework is used by local authorities to determine whether an adult assessed as needing social care support requires resources to be provided in order to meet those needs. The criteria are not required by statute, but most local authorities have used them as a method of allocating resources. As part of the Joint Statement of Intent, Scottish Government and COSLA both recognised the need to ensure that the use of eligibility criteria adequately enables an early intervention and preventative approach to social care, and subsequently agreed to overhaul the current mechanism of eligibility criteria. This work continues to develop.</p> <p data-bbox="976 935 2033 1198">Eligibility guidance states as a key principle, that ‘the prioritisation process should target resources towards responding to adults at critical or substantial risk as regards independent living or wellbeing, whilst not excluding consideration of the benefits of preventative support and less intensive care services for people at less risk’. The authority’s approach to making decisions about a person’s access to support – whether it applies formal eligibility criteria or not – plays a key role in the subsequent assessment, the provision of choice under the 2013 Act and the provision of support following that choice</p> <p data-bbox="976 1246 2016 1406">The SDS Framework of Standards (Standard 2: Early Help and Support; 6: Risk Enablement and Standard 11: Consistency of Practice), which emphasises the importance of a positive and preventative approach that shifts focus from crisis intervention towards what matters to the person and their quality of life. Social workers, when carrying out an assessment, should consider the whole</p>

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	<p data-bbox="490 533 954 632"><a href="#">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance (www.gov.scot)</a></p> <p data-bbox="490 884 931 1015"><a href="#">Self-directed Support Framework of Standards, including practice statements and core components (www.gov.scot)</a></p>	<p data-bbox="976 264 2029 564">experience of the supported person. The assessment should consider the needs and the outcomes of the person, approaching decision-making in a way that manages risks in an enabling and positive way. In addition, it should consider human rights as part of its development of the relevant strategies, protocols, procedures and guidance associated with social care provision Under Sections 6 and 17 of the 2013 Act, the authority must take reasonable steps to help the supported person to play a full part in their assessment, to understand the various choices available to them and to decide how and what ways they would like to arrange their support</p> <p data-bbox="976 612 1984 708">Assessment, support, planning and review systems and processes should be personalised, recognising people’s strengths, assets and existing community supports, and result in agreed personal outcomes.</p> <p data-bbox="976 756 2029 1123">Funding, budgeting and flexibility: a new standard, The 2013 Act does not prescribe how authorities should organise their financial systems and processes in meeting their duties under the 2013 Act. However, a new addition to the SDS Framework of Standards (Standard 12: Access to Budgets and Flexibility of Spend)<sup>105</sup> has been developed by Social Work Scotland, COSLA and other sector stakeholders in 2022, and contains useful principles for authorities to follow. The new standard is that people are involved in the development of their budget and have maximum flexibility to use this in the way that they choose to achieve agreed outcomes. The available funding should be allocated in a way that is transparent, fair, equitable and sufficient, across all communities and for all individuals.</p> <p data-bbox="976 1171 2029 1398">Charging for support to the supported person Under Section 87 of the 1968 Act the authority can require adult supported persons to pay a contribution towards the cost of any services which meet the supported person’s assessed needs. Historically charges have tended to be based on service types. Where a supported person’s support is predicated on an identified budget it can be difficult to base any charge on the basis of a service. Where a person has been assessed as eligible for social care support and their Individual Budget has been</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p data-bbox="490 815 904 879"><a href="#">LITRG-factsheet-PA-employed-self-emplyed.pdf</a></p> <p data-bbox="490 1118 936 1254"><a href="#">A National Care Service for Scotland – CTA’s Response   Community Transport Association (ctauk.org)</a></p>	<p data-bbox="976 264 2029 392">calculated, the local authority may apply a charge for some elements of the support. Local charging policies are a matter for the local authority and should be considered in light of the relevant COSLA guidance. Scottish Government Circular CCD3/2018 sets out what services or support cannot be charged for.</p> <p data-bbox="976 440 2029 735">Commissioning in the context of the 2013 Act is not simply about ensuring there is a transaction between a supported person and a provider. It should be set in the wider context of the relevant authority’s strategic planning activity including community capacity-building, prevention and universal services. Strategic commissioning will consider the most appropriate way to arrange for the provision of services and support to meet the needs of the local population. This may result in a decision to deliver services, in-house, via a grant, by putting in place public contracts, or forming an alliance or partnership or a combination of all or some of these.</p> <p data-bbox="976 783 2029 1015"><b>Mileage costs</b> - Payment of mileage costs Mileage is an area of employment law that is reserved to the UK government, and employers are not legally required to pay mileage costs, although some employers offer mileage payments as an additional benefit. Mileage can be paid for from a supported person’s budget as part of meeting their needs – for example where travel to college has been identified within the individual’s support plan<sup>135</sup>. See additional sources of advice on mileage.</p> <p data-bbox="976 1062 2029 1198">Community transport providers are at the heart of their communities, understand the transport needs of local people and should be key partners for the National Care Service’s local delivery boards in the planning, commissioning and delivery of the transport services which people and communities require</p> <p data-bbox="976 1214 2029 1350">Community transport services tackle exclusion, isolation and loneliness and help people to live happier, healthier and more independent lives for longer in their own homes and communities. It also reduces long-term costs for the social care system through prevention and early intervention</p>



Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="490 612 824 676"><a href="http://www.gov.scot/Carers-charter">Carers' charter - gov.scot (www.gov.scot)</a></p> <p data-bbox="490 986 770 1018">Joint Carers Strategy</p>	<p data-bbox="976 264 1995 328">The National Care Service should define high-quality standards for accessible, inclusive transport community health and social care in Scotland</p> <p data-bbox="976 344 2013 408">Accessible, inclusive transport in their local community should be considered an integral part of the holistic care needs of service users and their care packages</p> <p data-bbox="976 424 2002 560">Health, social care and transport services should be aligned. A more joined-up, strategic approach is required, backed by long-term planning, stable public funding and genuine partnership working between the NHS, the National Care Service and the community transport sector.</p> <p data-bbox="976 655 2018 823">The Act extends and enhances the rights of carers in Scotland to help improve their health and wellbeing, so that they can continue to care, if they so wish, and have a life alongside caring. As required by section 36 of the Act the Scottish Ministers have prepared the Carers' charter, setting out the rights of carers in or under the Act.</p> <p data-bbox="976 855 1917 919">Equalities Examples <i>Older carers, Sensory loss &amp; deaf blindness, English not a first language</i></p> <p data-bbox="976 959 1957 1023">Older carers may have to manage their own long-term conditions and frailty which may impact considerably on their ability to provide care.</p> <p data-bbox="976 1054 2036 1326">The Covid 19 pandemic has had a devastating effect on the lives of carers, those they support and the services seeking to support them through extremely challenging times. Closure or significant reduction in support provision for supported people, reduction in the workforce due to workers isolating, and criteria for accessing support becoming available only to those in significant/ critical hardship, have impacted carers in all areas. National groups are hearing of particular challenges for women who care, employment being impacted, and subsequent financial hardship.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="490 448 954 552"><a href="https://scottishtransitions.org.uk/7-principles-of-good-transitions/">https://scottishtransitions.org.uk/7-principles-of-good-transitions/</a></p> <p data-bbox="490 927 954 1031"><a href="#">About - Euan's Guide - Disabled Access Reviews (euansguide.com)</a></p>	<p data-bbox="976 264 1951 328">Principle 6: Families and carers need support (family wellbeing needs to be supported)</p> <p data-bbox="976 352 2018 719">Young people’s relationships with their family can be complex, particularly where parents or carers have an ongoing role in providing personal assistance and where disability related allowances or benefits are an important contribution to the household income. The needs and roles of family members and carers are also likely to change as the young person they care for grows up. Parents and carers are usually central to the continuing care of young people with additional support needs and are the people most likely to provide guidance and support during transitions. Many parents and carers feel they must fight for support and can experience ‘burn out’ as they deal with the many new challenges associated with transitions. Too often, parents and carers describe their experience of supporting a child through transition as like ‘falling off a cliff’ or a ‘black hole’.</p> <p data-bbox="976 799 2029 1102">The charity was founded in 2013 by Euan MacDonald MBE, a powerchair user, and his sister Kiki after Euan was diagnosed with Motor Neuron Disease. They discovered how the lack of disabled access information made everyday experiences stressful and Euan’s Guide was born after discovering that other disabled people experienced the same challenges. EuansGuide.com is the disabled access review website where disabled people, their families, friends and carers can find and share the accessibility of venues around the UK and beyond. The website shares thousands of experiences, including transport and is the go-to tool for many disabled people.</p>
Carbon emissions generated/reduced data		
Environmental data	Transforming Travel Report (EDG) 2020	Edinburgh has recently been identified as a city that suffers from considerable congestion, a situation compounded by the historic city centre and traditional

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		road layouts. This has an impact of the provision of transport services and adds further pressure to the need to be as effective as possible in the delivery of transport services both to minimise costs but environmental impact.
Risk from cumulative impacts		As per environmental data, with continued growth and demand in population, a commissioning plan which understands local need and demand is key to ensuring no cumulative impacts.
Other (please specify)		
Additional evidence required		

**8. 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>Transport provides access to communities, creates opportunities and is integral to equality, health, wellbeing and human rights.</p> <p>Development of a commissioning plan will offer a clear picture of people’s individual needs and current requirements in assisting with travel, project future demand and therefore plan for the most appropriate and person-centred travel solutions.</p> <p>The review and update of the assisted travel policy will provide a clear statement of intention for how the Partnership plan to support people who require assistance, ensuring an equitable approach and bringing our policy in line with updated legislation and good practice guidance, which encompasses equity, health, wellbeing and human rights.</p> <p>On agreement of the Policy further guidance for practitioners will offer clarity on how to apply the policy, improve flexibility and personalisation through self-directed support. This will also provide a framework for practitioners, ensuring equity and consistency in decision making.</p> <p>The policy will mainly benefit adults with health and social care needs who require assistance with travel, by ensuring they are recognised and offered appropriate supports which meet their identified outcomes. This in turn is beneficial to unpaid carers, whom for many view the time people are accessing community activities as a period of respite and enables carers to support their own outcomes. Time away from the caring role is important in preventing ill health.</p> <p>Focussing on outcomes and connecting people with their strengths and assets discourages a service-led approach and encourages early intervention and prevention. This will promote independence and access to support which may be universally available, individually planned, proportionate, and reflective of the diverse needs of the person and any unpaid carers. There is a good opportunity to do things differently and consider shared transport and travel training. Not only does this support access to services and communities, it supports independence and resilience.</p> <p>More individual consideration of people’s needs and intelligent route planning may result in people being more in control of</p>	<p>Primarily older people with health and social care needs, adults and young people with learning and/ or physical disabilities, people with additional support needs (e.g., autism, mental health, sensory needs neurodiversity).</p> <p>Unpaid Carers of Adults and cared for people who cannot manage on their own due to frailty, illness, disability, or addiction. There are a higher proportion of older adults requiring travel assistance and older and middle aged unpaid carers who are female.</p> <p>Women unpaid carers who need to work to prevent family financial hardship and maintain social economic lives.</p> <p>Some people may have additional protective characteristics such as age, gender and race.</p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p>how they access the community, spending less time sitting in transport and offer greater flexibility around timings. Flexibility would help people in terms of timings as inflexibility can impact on home or other support. This may also increase physical activity and enhance independent living skills, which contribute to positive health and wellbeing outcomes.</p> <p>For young people, particularly those in transition, assistance with travel is key to developing skills for independence and being connected with their communities.</p>	<p>Children/ young people leaving school, cared for adults and unpaid carers involved in any transition. Individuals may have additional protected characteristics.</p>
<p><b>Negative</b></p> <p>It is recognised that often people with protected characteristics, particularly those from ethnic minority communities, non-English speakers, asylum seekers and the Gypsy/ Traveller Community face additional barriers to accessing community resources (such as transport) therefore important to highlight the intention of the Partnership in ensuring people with protected characteristics are widely recognised and supported.</p> <p>The cost of living crisis has added an additional burden on many people with health and social care needs, particularly around gas, electricity and food, for people with disabilities or health conditions and those who require medical devices. Families who provide support are more likely to be financially impacted through their unpaid caring role.</p> <p>There may be concern around policy changes or changes to existing arrangements and whether this has a financial or practical impact, e.g., Unpaid carers transporting people to and from activities can impact on things they may or may not be able to do. Lone parents with young adults with a learning disability or people caring for older adults are often trying to get to work whilst trying to support people to services/ accessing the community. Work often starts before services do. This may result in reduced opportunity to work or take a break from care. Carers may have more than one caring role, e.g., caring for a disabled child and an aging parent and this significantly impacts on their ability to assist a cared -for person with transport</p> <p>Some people do not have confidence in using public transport e.g., bus can move off too quickly and can impact on somebody's confidence if they have already had a fall. This may impact on a person's decision to access their community.</p>	<p>Minority ethnic people (including Gypsy/Travellers, migrant workers, non-English speakers)</p> <p>Primarily older people with health and social care needs, adults and young people with learning and/ or physical disabilities, people with additional support needs (e.g., autism, mental health, sensory needs neurodiversity).</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes, lone parents/carers and parents/ carers with multiple caring roles.</p> <p>Primarily older people with health and social care needs, adults and young people with learning and/ or physical disabilities, people with additional</p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p>Some people may find it difficult to travel on shared transport and have specific conditions which require consideration or time to adjust to any change in transport arrangements.</p> <p>Some people may be more vulnerable to hate crime on public transport and some may have legal requirements associated with accessing transport and assisted travel.</p> <p>Transitional periods, whether from children to adult services or at any age is recognised as a stressful period and in line with the Disabled Children and Young people (Transitions to Adulthood) (Scotland) Bill, and the Principles of Good transition practice guide it is important that this is reflected within the Policy, otherwise may lead to unintended negative impacts.</p>	<p>support needs (e.g., autism, mental health, sensory needs neurodiversity). People involved in criminal justice system.</p> <p>Children leaving school, cared for adults and Unpaid Carers involved in any transition. Individuals may have additional protected characteristics.</p>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Vehicle use will be reduced through more intelligent planning in line with local demand and adoption of a more person centred and flexible approach in line with self-directed support. This will promote more sustainable forms of transport and improve a person's journey.</p> <p>Offering a clear commissioning plan allows for better planning around transport options and creates better relations with local transport partners.</p>	<p>Primarily older people with health and social care needs, adults and young people with learning and/or physical disabilities, people with additional support needs (e.g., autism, mental health, sensory needs neurodiversity).</p>
<p><b>Negative</b></p> <p>No negative impacts in relation to Environment or Sustainability are anticipated in relation to assisted travel or community transport. It is not foreseen that any individual will be affected due to any other protected characteristic.</p>	

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p>	<p>Primarily older people with health and social care</p>

<b>Economic</b>	<b>Affected populations</b>
<p>Building on an outcome focussed and asset-based approach, enables people to become more independent and self-sufficient, leading to improved outcomes. This may include accessing community resources and facilities and engaging in employment opportunities.</p> <p>Ensuring access to responsive and planned travel assistance will support wider family and unpaid caring networks as highlighted within Equality, health, Wellbeing and Human Rights section.</p>	<p>needs, adults and young people with learning and/ or physical disabilities, people with additional support needs (e.g., autism, mental health, sensory needs neurodiversity).</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes, people living in rural locations.</p> <p>Women unpaid carers who need to work to prevent family financial hardship and maintain social economic lives.</p>
<p><b>Negative</b></p> <p>For some there may be a financial or practical change which may be viewed as unfair, disproportionate and unrealistic to those who have low incomes and who may be more likely to have ill health or poor social circumstances.</p> <p>Many services are based in Edinburgh, therefore there may be differences of opportunity for people living more rurally (e.g., South Queensferry) where access to public transport may be less frequent or not as practical as a more urban location.</p> <p>High levels of staff vacancy (both CEC and partner organisations) may result in people not accessing services because there are no staff to offer assistance with public transport or learning routes.</p> <p>A reduction of need for corporate transport may impact on staff within CEC.</p> <p>Staff (both CEC and partner organisations) who are supporting with assisted travel may incur additional mileage expenses, may need to travel out with the city and may finish their day in a different location.</p>	<p>Primarily older people with health and social care needs, adults and young people with learning and/ or physical disabilities, people with additional support needs (e.g., autism, mental health, sensory needs neurodiversity).</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes, people living in rural locations.</p> <p>Employees of CEC and partner organisations. Individuals may have individual protected characteristics</p>

Economic	Affected populations

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

Services associated with this Policy, whether in an advisory or supportive context, or through provision of assisted travel, will be provided across CEC, voluntary and/or private sector organisations, most of which are commissioned or purchased by the Partnership. All equality, human rights, environmental and sustainability issues are covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions. Where it is required continued oversight, monitoring and assured sustainability will be provided by the Partnership. Where children/ young people are within scope, they too will be covered as above.

**10. 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.**

This will be explored as part of a communication strategy on completion of further work. This will involve collaboration with planning and commissioning colleagues and partners to ensure a wide range of communication tools, including easy read, large print, alternative language options and online access to information.

**11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

**12. Additional Information and Evidence Required**

Further evidence will be collated, in particular through engagement with key stakeholders and included for final version of IIA. Any additional mitigating actions will also be included.



**13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) 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 job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
<p>Inclusion within policy to recognise:</p> <ul style="list-style-type: none"> <li>• Diversity of people</li> <li>• Multiple caring and complex caring roles</li> <li>• Financial implications, socioeconomic factors</li> <li>• Identifying and supporting people with protected characteristics</li> <li>• Consideration of seasonal impacts</li> <li>• Confidence building (hate crime, physical abilities)</li> <li>• Transition periods (including this being a challenging period and reviewing after transition, e.g., phased approach to independent travel)</li> <li>• Legal requirements associated with a person's support</li> <li>• External factors, e.g., locations and living circumstances</li> <li>• Staff supporting assisted travel</li> </ul>	<p>Emma Pemberton Disability Strategy Manager</p>	<p>Ongoing</p>	
<p>Plan to be developed highlighting unused transport (no impacts on people) and suggested changes where there may be an impact on people, therefore requiring review.</p>	<p>Emma Pemberton Disability Strategy Manager</p>	<p>30/6/23</p>	
<p>Individual practitioner review will be required to understand individual impacts of any changes to current transport arrangements.</p>	<p>Locality teams</p>	<p>Ongoing</p>	
<p>Communication plan to be developed and to include tools to support people who have additional needs.</p>	<p>Emma Pemberton Disability Strategy Manager</p>	<p>Ongoing</p>	

<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 job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Consideration to partnership working with public transport providers and social care providers (around education, moving slowly, allowing people to sit down, positive stories etc.)	Emma Pemberton Disability Strategy Manager	Ongoing	
Ongoing partnership working with corporate transport, including attendance at Travel Demand Programme Board to understand ongoing work within the Transformation Programme, link any co-dependencies and mitigate any identified impacts (including employee impacts).	Emma Pemberton Disability Strategy Manager	Ongoing	
Review current access to travel training and consider solutions to enhance availability.	Emma Pemberton Disability Strategy Manager	Ongoing	
Discuss and clarify position on allocation panels in the context of 3 Conversations	Rhiannon Virgo Programme Manager	20/6/23	

**14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

No

**15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

This proposal has been developed as part of the work from the Partnership's Savings Governance Programme and will continue to be monitored within the wider programme. The impacts on different groups, including those with protected characteristics will be monitored through the programme working group and ongoing review or progress and challenges.

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

**Name: Tony Duncan**

**Date: 31/5/23**

## 17. **Publication**

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care**

[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at [www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)