

# Integrated Impact Assessment – Summary Report

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## 1. Title of proposal

LD services: Moving to a shared overnight support model with technology enabled care (interim)

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

This proposal is one element of a wider programme of work called ‘working-age pathways’, which is focusing on accommodation and support at home for people needing the most intensive services, focusing on adults with life-long conditions of any age who have a condition which limits their ability to live independently (except those who have a main diagnosis of a functional mental illness).

The specific proposal is looking at opportunities to move to a shared overnight support model, utilising technology enabled care, to combine overnight support where it is safe and feasible to do so. This would include co-located support over grouped flats, reduce cost currently spent on overnight sleepover staff per person, and make use of substantial opportunities that technology enabled care can offer.

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

This proposal is the first of a range of proposals under the new ‘working-age pathways’ programme which has required an IIA. Updated IIAs will be held as each proposal within the programme are developed.

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

Yes – health and Social Care Plan

## 5. Date of IIA

27<sup>th</sup> February 2024.


## 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)




Name	Job Title	Date of IIA training
Robert Smith <i>IIA facilitator</i>	Disability Services Manager, EHSCP	15/12/21
Rachael Docking <i>IIA scribe and report writer</i>	Programme Manager, EHSCP	January 2020
Jayne Kemp Learning Disability Representative	Strategic Planning and Commissioning Officer - EHSCP	
Blair Christie 3 <sup>rd</sup> Sector Learning Disability Provider Organisation Representative	Service Manager - The Richmond Fellowship	
Siobhan Murtagh HR representative	Senior HR consultant, EHSCP	
Dr Ganesan Rajagopal	FRCPsych Consultant Psychiatrist	




Name	Job Title	Date of IIA training
	Clinical Director Intellectual (Learning) Disability Service NHS Lothian	
Emma Jowitt	Occupational Therapist, NHSL	
Reed Cappleman	Consultant Clinical Psychologist, Professional Lead for Learning Disabilities Psychology	
Blair Christie	Richmond Fellowship	
Simon Pearce-Madge	Teens Plus	
Catherine Steedman	AIS Scotland	
Elspeth Pike	Consultant Psychiatrist (FAST)	
Anna Duff	Interim North West Locality Manager, EHSCP	
Stuart Millar Adults with Learning Disabilities and Complex Needs Representative	Care and Support Manager (Acting) - EHSCP	
Ashleigh Chambers Adults with Learning Disabilities and Complex Needs Representative	Care and Support Manager (Acting) - EHSCP	
Scott Taylor Adults with Learning Disabilities and Complex Needs Nursing Representative	Nurse Consultant - NHSL	
Laura McLean	Occupational Therapist Learning Disability NHSL	
Stella Morris	Primary Care Liaison Nurse, Learning Disabilities, NHSL	
Annie Strong	Community Learning Disability Charge Nurse	
Rachel Fleming	Head Occupational Therapist, NHSL	
Lisa Graham	Learning Disability Inpatient and Associated services (REAS), NHSL	

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


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
Data on populations in need	<a href="#">2019 Report - SCLD</a>  <a href="#">6.1 Innovation and Sustainability Pipeline - Learning Disability Change Proposals.pdf (edinburgh.gov.uk)</a>  <a href="#">Public Health Scotland (PHS) – Insights in Social</a>	<p>All local authorities in Scotland collect information on the numbers of people with learning disabilities and/or autism in their area. Information is collected about everyone who is known to the local authority – not just the people who are using services. Provides current and projected estimates on the LD population in Scotland and Edinburgh.</p> <p>Provides a summary of how evidence on population in need has fed into the Innovation and sustainability programme.</p> <p>A summary and data on the numbers of people receiving support and the differences in social care support and service types provided.</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><a href="#">Care: Statistics for Scotland (2022/23)</a></p> <p><a href="https://www.gov.scot/publications/summary-statistics-for-schools-in-scotland-2023/">https://www.gov.scot/publications/summary-statistics-for-schools-in-scotland-2023/</a></p> <p><a href="#">Public Bodies (Joint Working) (Scotland) Bill – Parliamentary Business : Scottish Parliament</a></p> <p><a href="#">Social Care (Self-directed Support) (Scotland) Act 2013 (legislation.gov.uk)</a></p> <p><a href="https://www.gov.scot/collections/scottish-household-survey/">https://www.gov.scot/collections/scottish-household-survey/</a></p> <p><a href="#">4. Dynamic Support Register - Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge - gov.scot (www.gov.scot)</a></p> <p><a href="https://publichealthscotland.scot/publications/insights-into-learning-disabilities-and-complex-needs-statistics-for-scotland/insights-into-learning-disabilities-and-complex-needs-statistics-for-scotland-28-november-2023/">https://publichealthscotland.scot/publications/insights-into-learning-disabilities-and-complex-needs-statistics-for-scotland/insights-into-learning-disabilities-and-complex-needs-statistics-for-scotland-28-november-2023/</a></p> <p>  <a href="#">covid-19-in-scotland Impact Research on U Carers (Scotland) Act 2016 (legislation.gov.uk)</a></p> <p><a href="#">Carers' charter - gov.scot (www.gov.scot)</a></p> <p><a href="#">Vocal Carer Survey 2021</a></p>	<p>Demonstrates a marked increase in the numbers of young people with Additional Support Needs (ASN) in recent years, driving a growing need for specialist resources and an impact on future adult service provision.</p> <p>Whilst there has been a gradual managed decline in provision of traditional day care services in favour of the use of personal budgets (SDS), there will continue to be some people who require an environment that is commensurate with their needs. 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 set out in the Public Bodies (Joint Working) (Scotland) Bill 2013) and implementation of the Self-Directed Support (Scotland) Act 2013.</p> <p>Adult social care services face considerable challenges in order to address identified current and future demographic pressures.</p> <p>The Covid 19 pandemic has had a devastating effect on the lives of carers. 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 significantly.</p> <p>The VOCAL (2021) Carers Survey gathers the views of carers looking after people in Edinburgh (approx. 2/3<sup>rds</sup> of respondents) and Midlothian.</p>
Data on service uptake/access	<a href="#">6.1 Innovation and Sustainability Pipeline –</a>	A breakdown of the LD services in Edinburgh is provided in the Innovation and Sustainability paper.

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
	<a href="#">Learning Disability Change Proposals.pdf (edinburgh.gov.uk)</a>  <a href="#">Keep Safe scheme - Police Scotland</a>	<p>Since 2014, Police Scotland has been working in partnership with award winning community charity, I Am Me Scotland. This has been to establish a network of Keep Safe places across Scotland. The initiative works with businesses and community buildings</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	 covid-19-in-scotland-poster Research Impa   covid-19-in-scotland Impact Research on U <a href="#">Vocal Carer Survey 2021</a>  <a href="#">Keys-To-Life-Implementation-Framework. 2019-2021</a>	<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. The Covid-19 Pandemic has had a significant impact on unpaid carers, therefore disproportionately women.</p> <p>Vocal survey highlights 72% of respondents finances were impacted as a result of their caring role with 64% having stopped working completely or reducing their working hours in order to provide unpaid care. The proportion of carers not in employment, education, or receiving a pension has increased from 25% in 2017 to 34% in 2021.</p> <p>Statistics show that people with learning disabilities do not yet enjoy the same life chances as others.</p>
<p>Data on equality outcomes</p>	<a href="#">Keys-To-Life-Implementation-Framework. 2019-2021</a>	<p>As above within ‘socio-economic disadvantage e.g., low income, low wealth, material deprivation, area deprivation.’</p>
<p>Research/literature evidence</p>	 International Journal of PBS State  Bild, International Journal of Positive Behavioural Support, 12, Supplement 1, 2022	<p>The 2013 <i>International Journal of Positive Behavioural Support</i> (IJPBS) special issue acknowledged the evolving nature of positive behavioural support (PBS). It proposes an updated, refined definition of PBS and a guide to future PBS delivery for the UK that captures the developments and issues arising as described below</p>
<p>Public/patient/client experience information</p>	<a href="#">Priorities - The keys to life</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>Evidence of inclusive engagement of people who use the service and</p>	<a href="#">Adult Social Care: independent review - gov.scot (www.gov.scot)</a>	<p>Evidence of significant consultation and engagement on a national level with people with a learning disability, first with ‘The Same As You?’ (2000), and more recently through the ‘Keys to Life’ (2013 &amp; 2019). These documents, combined with the ‘Coming Home Report’ (2018) and recently published ‘Coming Home Implementation Plan’ (2022), clearly lay out the priorities for people with learning disabilities.</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
involvement findings	<p><a href="http://www.gov.scot">A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</a></p> <p><a href="#">The same as you? 2000</a></p> <p><a href="#">The keys to life 2013</a></p> <p><a href="#">Keys-To-Life-Implementation-Framework. 2019-2021</a></p>  <p>Coming Home Complex Care Report</p> <p><a href="#">Coming Home Implementation Report</a></p> <p><a href="#">06839-annual-review-2022.pdf (sclid.org.uk)</a></p>  <p>New Models of Day Support Phases 1-3.docx</p>	<p>The Edinburgh Learning Disability Advisory Group (ELDAG) meet on a monthly basis with membership including people with Learning Disabilities, the Edinburgh HSCP Planning and Commissioning Officer for Learning Disabilities, and advocacy representation. Information on the review of LD services has been regularly shared with the group feeding back valuable lived experiences.</p> <p>Health Improvement Scotland launched a programme in 2021 called New Models of Day Support - this programme was designed to support Partnerships to define and consider approaches to day support for adults who have learning disabilities. This programme is now entering phase 3 and continued engagement with people will further inform the New Models of Day Support programme and the wider Learning Disability Review. Extensive engagement with people impacted and found that demand was high for services that are more flexible, evening and weekend options, and support to access community activities as well as more traditional support.</p>
Evidence of unmet need	<p>Care Inspectorate: Edinburgh Inspection of adult social work and social care services (<a href="#">March 2023</a>)</p>  <p>LD services mapping exercise.docx</p> <p><a href="#">'We deserve better': new report on healthcare barriers (learningdisabilitytoday.co.uk)</a></p> <p><a href="#">RHO-Executive-Summary-LD-Report.pdf (nhsrho.org)</a></p>	<p>The inspection of adult social work and social care (March 2023) identified a number of areas for improvement.</p> <p>A local mapping exercise undertaken across health and social care services and roles to: understand work, tasks and pressures within the Community Learning Disability Teams (CLDT), specialist teams (MHIST, FAST, PBS) and Local Area Co-ordination (LAC); understand areas of duplication, gaps, team capabilities and capacity, with a view to recognising where change is needed.</p> <p>Provides evidence on people with a learning disability from ethnic minority backgrounds, who die at an average age of just 34, compared to an average age of 62 for white people with learning disabilities. This significantly shorter life expectancy is triggered by poorer healthcare access, language barriers, cultural and religious insensitivity, and a lack of information during transitional care in hospital and home.</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
		Literature, which has spanned over two decades, has acknowledged that the intersection of ethnicity and disability, two marginalised identities in society, results in compounded discrimination.
Good practice guidelines	<a href="#">Health and Social Care Standards: My support, my life (careinspectorate.com)</a>  <a href="#">Strategic-Plan-2019-2022-1.pdf (edinburghhsc.scot)</a>  <a href="#">The same as you? 2000</a>  <a href="#">Keys-To-Life-Implementation-Framework. 2019-2021</a>  <a href="#">The keys to life 2013</a>  <a href="#">'Coming Home' Report Published - The keys to life</a>  <a href="#">Coming Home Implementation Report</a>  <a href="#">Adult social care 2022 to 2023: joint statement of intent and next steps - gov.scot (www.gov.scot)</a>  <a href="#">Human Rights Based Approach   Scottish Human Rights Commission</a>  <a href="#">The Panel Principles: Taking a Human Rights Based Approach - YouTube</a>  <a href="#">A Fairer Scotland for Disabled People: delivery plan - gov.scot (www.gov.scot)</a>  <a href="#">The Good Lives Model of Offender Rehabilitation - Information</a>  <a href="#">QNI-and-QNIS-Voluntary-Standards-for-Community-Learning-Disability-Nurse-Education-and-Practice.pdf</a>	<p>These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.</p> <p>The EIJB vision remains to deliver together a 'caring, healthier and safer Edinburgh'. The intent is to further develop integration to deliver an affordable, sustainable and trusted health and social care system for Edinburgh.</p> <p><b>*The EIJB Strategic Plan is currently under development and on completion will continue to inform progression of this work.</b></p> <p>The same as you? was launched by the Scottish Executive in May 2000 and reviewed the services then available to people with learning disabilities and people on the autism spectrum. It said that people with learning disabilities had the right to be included in, and contribute to, society, to have a voice, and to have access, with their families, to support to live the life of their choosing.</p> <p>'Care in the Community' as first mandated in <i>The Same as You</i> (Scottish Executive, 2000) has still not been universally realised and we are failing those who are still delayed in hospital or in inappropriate out-of-area placements through the lack of provision of proactively planned quality care and housing in community.</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><a href="#">Social Care (Self-directed Support) (Scotland) Act 2013: Self Directed Support (SDS) Statutory Guidance (www.gov.scot)</a></p> <p><a href="#">Social Work (Scotland) Act 1968 (legislation.gov.uk)</a></p> <p><a href="#">Positive Behaviour Support (PBS)   bild</a></p> <p>NICE Guidelines: <a href="#">Behaviour that challenges</a></p> <p><a href="#">Challenging behaviour and learning disabilities prevention and interventions</a></p> <p><a href="#">LD and Behaviour that Challenges. Service design and delivery</a></p>  <p>NES Supporting Psychological wellbeir</p>	
Carbon emissions generated/reduced data		
Environmental data		
Risk from cumulative impacts		
Other (please specify)	<p>Independent Adult Social Care Review (IASCR) 2021</p> <p><a href="#">Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)</a></p>	<p>‘(A)...foundation that needs nurturing and strengthening is the social care workforce. For us to achieve the improvements we seek, they need to feel engaged, valued and rewarded for the vitally important work that they do’.</p> <p>Our workforce is the most important asset in the delivery of safe and effective care to the people of Scotland. Our skilled and compassionate health and social care employees make up the largest workforce in Scotland</p> <p>To deliver safe and effective care, we need to ensure there are the right people with the right skills in the right numbers and in the right place at the right time.</p> <p>The introduction of the <a href="#">Health and Care (Staffing) (Scotland) Act 2019</a> provides the statutory basis for the provision of appropriate staffing in health and social care services, This enables safe, high quality</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
	<a href="#">Health and Care Staffing in Scotland   Turas   Learn (nhs.scot)</a>  <a href="#">Framework   Turas   Learn (nhs.scot)</a>	<p>care and improved outcomes for staff as well as people being supported.</p> <p>The Health and Care Staffing in Scotland Knowledge and Skills Framework reflects the guiding principles for health and care staffing. It will support staff in understanding the requirements of their role in the application of the Act.</p> <p>The Health and Care Staffing in Scotland Knowledge and Skills Framework has been developed to reflect the guiding principles for health and care staffing.</p>
Additional evidence required	<a href="#">HSE: Information about health and safety at work</a>	<p>It is the employer’s duty to take every reasonable precaution to ensure the safety of employees, including lone workers and to carefully consider and deal with any health and safety risks for people working.</p>

**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>Questions raised on what the technology would be used to understand the actual impact on people – outcomes as a result could be positive or negative. Social workers will review on a case-by-case basis and undertake a risk assessment approach to identify appropriate technology for each individual’s needs</p> <p>Opportunities for shared accommodation could provide support for those who are less experienced in technology, and sharing a responder can maximise opportunities</p> <p>Some systems will support people to be more connected to their friends and family</p> <p>Where it is appropriate it might be better in a semi-rural area, alternative that is a good fit and connects people</p> <p>Areas where difficult to staff a service technology can better support people to fill that gap</p> <p>Promoting technology can improve equity of access to digital innovations, and provides opportunities to have greater levels of independence in own homes</p>	<p>All</p> <p>All</p> <p>Living in rural areas</p> <p>All</p>



Equality, Health and Wellbeing and Human Rights	Affected populations
<p>If you match people well in shared accommodation, you can foster good relations within and between people who share protected characteristics</p> <p>Initial transition might go well, but longer term can deteriorate and become more costly, how do we factor those things in? Carefully consider background, history, the need for change, and the match of those sharing space – effective post-deployment review processes</p> <p>How is assessment criteria to be maximised? For some people who receive support during the night that might be only person they see – how to protect mental health for those groups of people, and how fast can we respond to people so no one is at risk – be clear this is not just a cost-saving exercise</p> <p>Robust and thorough multiagency review is completed on a case-by-case basis</p> <p>Promoting greater control</p> <p>Assessment to be fully inclusive of person and advocate to ensure all personal views considered</p> <p>Independence increased – challenge with assessment is people have become used to a person being there, we need to manage the transitional arrangements well through this process, control over decision and change in relationship</p> <p>Some people will welcome not having the presence of someone there, and the control over their lives that they get from releasing that presence</p> <p>Recommendation – managing the transition carefully, supporting them on that journey to adjust and take control of their rights</p> <p>Technology can accurately record the level of contact, and could provide additional information to reassure family that people are cared for and supported overnight, and if needs are changing would provide a picture of that</p>	
<p><b>Negative</b></p> <p>Resource and financial crunch, agree we have to look at things to be more efficient and effective – but whatever is offered should be as good as whatever they have</p> <p>Risk of technology failure – what is reasonably practical and our risk tolerance in the assessment of need throughout this process</p>	<p>Older adults</p> <p>People with autism</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Whilst some will adapt well, others will struggle to adapt to significant changes that technology can bring – older adults at increased risk</p> <p>For older adults, assessment on technology has to be very thorough and include consideration of cognition as well as social care need – need to ensure that cognitively someone is able to manage safely with tech</p> <p>For people with autism, significant changes to care packages could lead to deterioration and any change would have to be very carefully considered</p> <p>Potential for changing needs – regular reviews will be required</p> <p>Families who have previously cared for people, might think the new support arrangements are riskier</p> <p>Older carers – someone in the house to support can be a preferred option rather than technology</p> <p>Non-English speaking or non-verbal communication style – need to be aware of any technology that requires spoken instructions</p> <p>Some people might feel that technology is an intrusion in their home, and others may be suspicious of monitoring from government. This can include paranoia for those with a psychotic illness, or paranoia of government for groups including asylum seekers. Will require robust multidisciplinary support and assessment for anyone who might feel they are being surveilled</p> <p>Legalities – courts can be quite reluctant to approve any technology that is linked to electronic monitoring of people under guardianship</p> <p>PTSD – any known trauma history, might impact response and fear on technology and devices, to include as part of MDT assessment</p> <p>Change in care arrangements e.g. 1:1 to shared carers – look at the abilities and attributes of the other person, and a fit for how those people can safely share – one person might be more adept with technology which could help someone who is not (positive), but also negative considerations like protected characteristics that won't fit well for some people and leave some unsafe</p> <p>People who are in transient groups who may have limited ability to make adaptations to their home</p> <p>Vulnerable families and those experiencing domestic abuse – preventing access to devices or fear of access to devices – part of robust risk assessment on the technology, who can access it and be clear that it cannot be accessed by others</p>	<p>Families</p> <p>Carers</p> <p>Non-English speaking</p> <p>Asylum seekers</p> <p>People with PTSD</p> <p>Transient groups</p> <p>Vulnerable families</p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p>Value of technology – stolen or sold</p> <p>More isolated people less able to use technology as less likely to have a concentration of people to share and use support</p> <p>Impact of people who are vulnerable and it becomes known that they are on their own at night – info getting to the wrong people</p> <p>To include in risk assessment, how are people monitored and supported overnight, how far from physical staff are they?</p>	

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Staff may be required to travel less where technology enabled care can better support individuals at home.</p> <p>Resource efficiency – financial resources will be reduced and utilised more efficiently</p> <p>Telecare could increase safety for people in their homes, including tech related safety features</p>	<p>Staff</p> <p>Financial resources of EHSCP</p> <p>People who use our services</p>
<p><b>Negative</b></p> <p>Counter to the point above, staff who would usually go directly onto a sleepover shift will now need to travel home in the evening.</p> <p>Lone workers – if not going to a sleepover staff may now have to travel on public transport later at night once shift ends</p>	<p>Staff</p> <p>Staff</p>

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Improved access to services and digital infrastructure for individuals and their families</p> <p>Could improve working environments by increasing rest periods between shifts and for those that do not want to do night shifts</p>	<p>People who use our services and their family</p> <p>Staff</p>
<p><b>Negative</b></p> <p>Cost of living – staff travelling more and with less shift opportunity to boost income. Lower income staff will lose the opportunity for additional income provided from overnight shifts, and this could cause some recruitment and retention issues.</p> <p>There may be a requirement for some contribution to technology cost from services users, any re-assessment of need would have to have an income maximisation component e.g. line rental and internet provision –</p>	<p>Staff (predominantly female)</p> <p>People who use our services</p>

<b>Economic</b>	<b>Affected populations</b>
will have to consider who pays the bill for tech especially as reducing cost via staff	

**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?**

The purpose of implementing shared overnight support options through technology enabled care is to ensure equity of access to quality support across the city for people and their carers. This includes providing appropriate support options which are sustainable, well-coordinated, accessible, and appropriate at point of need, supporting improved outcomes and maximising independence. All equality, human rights, environmental and sustainability issues will be covered by the appropriate assessment, reviewing, and good practice guidance on supporting people to live independently in shared overnight support with appropriate technology enabled care.

**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 involve ongoing collaboration with communication colleagues and partners to ensure a wide range of communication tools, including easy read, large print, alternative language options and online access to information. We also work closely with FAIR (Family Advice and Information Resource) to continue to produce an easy-read version of any documentation required.

**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**

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.

**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>
To ensure that anyone transitioned from existing overnight care arrangements are well supported into a technology enabled care setting, supporting them on that journey to adjust and take control of their rights and any	Robert Smith Disability Services Manager, EHSCP	On the first transition	

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 job title)	Deadline for progressing	Review date
potential cost implications for them. To be built into a planned transition plan on a case-by-case basis			
Build in a robust and thorough multi-agency review for every person who is transitioned to technology enabled care support overnight and an effective post-deployment review process	Robert Smith Disability Services Manager, EHSCP	On the first transition	
Build into risk assessment a consideration of how far physical staff are	Robert Smith Disability Services Manager, EHSCP	On the first transition	
For anyone with a known trauma history, which might impact response and fear on technology and devices, include significant consideration as part of MDT assessment	Robert Smith Disability Services Manager, EHSCP	On the first transition	
Staff who would usually go directly onto a sleepover shift may now need to travel home in the evening – consideration to be made on staff this impacts and how to support safe travel	Robert Smith Disability Services Manager, EHSCP		

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

Yes – for those staff who might lose the opportunity for additional income provided from overnight shifts. We will continue to look at any impact on staffing and potential ways to mitigate this impact.

**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 Innovation and Sustainability 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 of progress and challenges.

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

**Name**

**Date**

**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/)