

# Integrated Impact Assessment – Summary Report

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Each of the numbered sections below must be completed

## **1. Title of proposal**

Procurement of Milestone house Intermediate care unit

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

This will lead to the continued delivery of Intermediate care at Milestone house Intermediate care unit (MICU).

MICU offers 24/7 care in a ten bedded, registered residential care setting for people who have complex needs and who are homeless. These needs include physical health conditions, poor mental health, readiness for treatment of addiction, treatment of blood borne viruses, treatment of complex drug use associated infections and the need for a trauma informed approach. There are pathways to the unit from in-patient care (step down) and from the community (step up). The components of the service and its associated pathway include:

- 24/7 care and support
- Ongoing clinical assessment and treatment
- Ongoing psychosocial care and links with therapeutic support and engagement with recovery resources
- Assessment and care management input to build a better future

Intermediate care is defined as “A short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or inappropriate admission to hospital or residential care. The care is person-centred, focused on rehabilitation and delivered by a combination of professional groups.” (King’s Fund, 2002).

It provides 10 beds. These are overwhelmingly used for step down from hospital care (in 2023-24, 69 of 79 referrals were from hospital based teams) enabling early discharge and safe completion of treatment alongside a raft of psychosocial interventions. As registered care it is able to provide an effective alternative to hospital care (pre-empting or reducing the length of admission) for patients with a range of conditions.

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

- The development of the commissioning plan has been heavily informed by the reported lived experience of users of the service. Sources of this have included:
- Work by research fellow Anna Gordon, who has undertaken a series of interviews with people experiencing homelessness about their experience of hospital care in Edinburgh (which serendipitously provided a number of comments on the value of MICU)
- Service user surveys undertaken as part of the EVOC evaluation of the unit [which can be found in this MICU-Evaluation-Report V8.pdf](#)
- Systematic gathering of satisfaction information by the current providers (reported annually to the commissioners)
- Further co-production work with PWLE planned includes
- sense checking of the draft specification with current residents of the unit
- The evaluation of tender submissions will include both submission of a formal written bid and verbal presentation to a group of people with lived and living experience of receiving services of this type.



### **5. Date of IIA**


11<sup>th</sup> March 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)**




<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Lorna Watt	Change and Delivery Officer	2023
David Williams (report writer)	Programme Manager, Edinburgh Alcohol and Drug Partnership	


## 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	<p><a href="#">Link to Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a></p> <p><a href="#">Link to the household data</a></p> <p><a href="#">Link to Census 2022</a></p> <div style="text-align: center;">             2024-02 ECF            2023-2024 IMPACT.pc  <hr/>             Alcohol HNA Text            DRAFT 26-02-2024.pc  <hr/>             NHS Lothian Drug            Related Deaths Repor         </div>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>Alcohol harms and overprovision of alcohol have a significant impact on the population of Edinburgh</p> <p>There are ongoing rises in Drug related deaths in Edinburgh and these are contributing to a public health emergency in Scotland.</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>Paper 5 MAT Standards Jan 2024 p</p> <p><a href="#">Health Needs Assessment – 2017 – Harm Reduction Team (nhslothian.scot)</a></p> <p><a href="#">Edinburgh SDCF needs assessment and feasibility study - Executive Summary</a></p>	<p>Aspects of the Medication assisted treatment standards are being met in Edinburgh but there remain significant challenges in sustaining the progress made and in achieving them in primary care and criminal justice settings.</p> <p>Needs assessment for injecting drug users</p> <p>Needs assessment of ongoing drug related harms in edinburgh and evaluation that a Safer drugs consumption facility and a Drug checking service should be funded to extend existing services</p> <p>Housing emergency Needs assessment for SDCF Milestone house development ARBD MAT standards reporting</p>
Data on service uptake/access	This annual report shows current service usage (though this is expected to increase following	<p>In 2023-24, 49 individuals were admitted to MICU. Of these, 41 were men and 8 were Women.</p> <p>Age breakdown was:</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>MICU Annual Report 2023 to 2024 (DW) ed</p> <p>This research paper provides further evidence of the impact of the unit</p>  <p>MICU published paper.msg</p>	<table border="1" data-bbox="1245 427 2119 711"> <thead> <tr> <th>Age breakdown</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td><b>20-29</b></td> <td><b>1 (1m)</b></td> </tr> <tr> <td><b>30-39</b></td> <td><b>9 (2f, 7m)</b></td> </tr> <tr> <td><b>40-49</b></td> <td><b>19 (3f, 16m)</b></td> </tr> <tr> <td><b>50-59</b></td> <td><b>12 (1f, 11m)</b></td> </tr> <tr> <td><b>60-69</b></td> <td><b>7 (2f, 5m)</b></td> </tr> <tr> <td><b>Over 70</b></td> <td><b>1 (1m)</b></td> </tr> </tbody> </table>	Age breakdown	Number	<b>20-29</b>	<b>1 (1m)</b>	<b>30-39</b>	<b>9 (2f, 7m)</b>	<b>40-49</b>	<b>19 (3f, 16m)</b>	<b>50-59</b>	<b>12 (1f, 11m)</b>	<b>60-69</b>	<b>7 (2f, 5m)</b>	<b>Over 70</b>	<b>1 (1m)</b>
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<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p><a href="#">Link to drugs taskforce evidence</a></p> <p><a href="#">Joint strategic needs assessment</a></p> <p><a href="#">Tackling Inequalities to reduce mental health problems – Mental Health Foundation (Jan 2020)</a></p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>Drug use is highly concentrated in areas of deprivation and in groups already vulnerable groups.</p> <p>Actions to end poverty – commitment to end poverty in the city by 2030</p>														

<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><a href="#">Edinburgh poverty commission report</a> – A just capital: Actions to end poverty in Edinburgh</p>  <p>EJJBREPORT2023_202 4 - Copy.docx</p>	
Data on equality outcomes	<p><a href="#">JSNA Health Needs of Minority Ethnic Communities Edinburgh April 2018</a></p>   <p>Equality Progress Report 25 Feb 2020.d Appendix 8 - Informing Equality.pdf</p>	<p>Provides data on demographics of minority ethnic communities</p> <p>Resource documents describing the relationships between equalities and substance use.</p>
Research/literature evidence	<p><a href="#">Hard Edges Report</a> -Scotland</p> <p>Drugs death task force report <a href="#">Drug death task force report - scottish drug deaths taskforce evidence paper</a></p>	<p>Health impact on people experiencing multiple disadvantages</p> <p>Several key points on trends in harm and specific harms to particular groups</p>

<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>
Public/patient/client experience information	 Paper 3d Living Experience Panel - overview	A number of pieces of patient experience information, most of which indicate that the existing system of care is unable to meet a range of their expectations within current resources
Evidence of inclusive engagement of people who use the service and involvement findings		
Evidence of unmet need	Edinburgh Integration Joint Board Strategic Plan (2019-2022)	Details the health needs and priorities for the people of Edinburgh <a href="#">Strategic plan 2019-2022</a>
Good practice guidelines		
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

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

<b>Potential benefits of change</b>	<b>Affected populations</b>
<b>Positive</b>	
<p>As described in the evaluations of Milestone house (above) and in research base for Intermediate care, there is evidence of Intermediate care being an effective and cost effective model of care for those with complex needs.</p>  <p>MICU request for guidance EIJ B EMT Oc</p> <p>The service achieves outcomes in 3 areas for those that it serves:</p> <ul style="list-style-type: none"> <li>a. Improved physical health</li> <li>b. Reduced drug and alcohol related risk and harm</li> <li>c. Improved or sustained accommodation status</li> </ul> <p>In addition to the patient health benefits, the service has a positive impact on the overall health and social system, reducing inappropriate hospital stays and thereby resulting in improved services for other patient groups.</p>	<p>People with multiple and complex needs which include a physical healthcare condition and homelessness/ risk of homelessness. See above for significant demographic factors in the population served</p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<b>Positive:</b>	
As noted in the annual report, most of the people that the service treats use drugs and/ or	People who use substances

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
alcohol and interventions for drugs and alcohol (clinical and psychosocial) are a key part of the work there.	
Not directly affected – as per demographic breakdown only one of the 49 people admitted was 29 or under.	Young people and children
More than 80% of the users of their service are over 40. The compromised health of ageing population of drug users is an established driver of DRD and management of the complex clinical needs of this group is challenging – the retention of the intensive service at MICU is a significant contribution to stabilising and protecting older people with multiple and complex needs <a href="#">Link to Scottish drugs forum</a>	Older people and people in their middle years
The contract for the service will require ERIA of the detail of its practice to ensure that it continues to provide LGBTQ supportive interventions The unit itself has developed from provision for the treatment of HIV and has a significant place in the LGBT history of Edinburgh and the culture within the service is very well developed.  <a href="#">What the Research says about LGBTQ+ People and Substance Use - SFAD</a>	Trans and LGBTQ
Members of BME communities access services at lower rates than the average. However, there are established additional barriers to members of many BME communities using mainstream services (perceived issues of cultural exclusivity, increased stigma in some communities) and low service uptake may well indicate a hidden need.	BME communities
MICU provides primary and secondary prevention of unemployment; stabilisation, treatment and recovery are known to result in increased levels of economic activity.	Unemployed and in receipt of benefits

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p>The ADP, in line with the SG strategy, supports two main areas of development for adult carers of people who use alcohol and drugs:</p> <ul style="list-style-type: none"> <li>- Offering dedicated funded support for them as a group (via VOCAL)</li> <li>- And promoting family inclusive practice (involvement in care plans and their loved ones' support)</li> </ul> <p>This extends to the users of MICU and will be reflected as a requirement within the future contract.</p>	Adult Carers
<p>Low levels of literacy are more common than average in the users of the service. MICU has an ameliorative affect providing support and advocacy on behalf of their clients and removing barriers to access to other systems (housing, benefits etc)</p>	Those with low literacy
<p>Veterans are overrepresented the target group for this intervention and the unit makes a contribution to veterans' wellbeing</p>	Veterans
<p>The existing staff team are protected from adverse impacts of contract changes by Transfer of Undertakings (Protection of Employment)</p>	Staff
<p>MICU provide a high standard of registered care to a group subject to multiple stigmas and limited access to a number of human rights - Both homelessness and Substance use are subject to powerful stigma and those who experience it often are denied a range of rights. The ADP are committed to delivery of rights based care and this will be reflected in the requirements of the contract.</p> <p><a href="#">Charter of Rights for People Affected by Substance Use - gov.scot</a></p>	Human rights and equalities
<p>Treatment and recovery has a known impact on drug related crime. By offering opportunities for stability and recovery, MICU can be inferred to have a positive impact on those in the Justice system</p>	Those involved in the Criminal Justice system and Crime and perception of crime
<p>MICU provides risk reduction activities and promote access to sexual health services</p>	Access to sexual health interventions

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
By Enabling stabilisation and recovery for individuals, MIUC can enable family recovery. Improvements in relationships are a known impact of effective drug and alcohol treatment	Relationships

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	
<b>Negative</b> Reduction in local provision resulting in people having to travel more	<b>All</b>

<b>Economic</b>	<b>Affected populations</b>
<b>Negative</b>	
Untreated substance use has an array of economic costs associated with it including loss of productive capacity, healthcare, criminal justice and other expenditures	Economic
Untreated substance use is strongly correlated with lack of economic activity: only 30% of people at time of assessment are in work (DAISy)  MICU, by providing trusted relationships, advocacy and co-location with/ pathways to income maximisation services, minimises financial exclusion for some of the most excluded and stigmatised groups in the Edinburgh community	Income maximisation, employability and benefits

**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?**

This will depend on the detail of the savings plans but all services are required to complete ERIA. Expected requirements on contract holders include:

**EQUALITY IMPACT ASSESSMENTS**

The Service provider will be required to carry out Equality Impact Assessments, this must include as a minimum:

- Completing and being informed by routine Equalities and Rights Impact Assessment of the overall service and of all changes in service and addressing all barriers to access which these may highlight. Self assessments will be informed by the evidence base for equalities and substance use
- Maintaining differential management information on all groups with protected characteristics and regularly reviewing access to and effectiveness of the service for all of these groups.
- Actively linking to domestic violence services and being is fully accessible to those in the sex industry and all women experiencing violence.
- Delivering a trauma informed service (experience of trauma being a major barrier to women engaging and achieving outcomes in treatment).
- Actively linking to LGBTQ groups and services and ensuring that services are promoted effectively to this population.
- Working with the Council’s translation and interpretation services.
- Actively linking to the eastern European and other BAME groups and work to ensure that these groups needs for recovery services are met.
- Offering a choice of gender of worker and gendered group work options where possible and ensuring that potential clients are aware of this.
- Systematically completing routine enquiry for gender based violence (training will be offered to ensure that this can be implemented effectively)
- Offering services from accessible locations and make all reasonable adjustments for physical and sensory impairment and adhere to the requirements of the Disability Discrimination Act 1995
- Consider the circumstances of all people in need when planning service opening times: The service needs to be

accessible to those who are working and not working and those with and without child care responsibilities.

- Ensuring that all potential clients are fully aware of the confidentiality policy, including the service’s approach to child protection

**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.**

NA

**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.**

**12. Additional Information and Evidence Required**

See above re ongoing activity monitoring

**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>
Ensure that Equalities and rights are considered in the commissioning of the service, including:	David Williams (commissioning manager)	October 2024	October 2024

<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>
Incorporating requirements in the tendering evaluation and the contract that the provider undertake key equalities activity			
Continue to monitor the differential impact of the service on groups with protected characteristics	David Williams (and contracts officer)	Ongoing	

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

NA

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

See above re differential monitoring of the use and effectiveness of the service.

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



**Name**

Christine Lavery

**Date** 26.03.25

**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/)