Section 4 Integrated Impact Assessment

Summary Report Template

<table>
<thead>
<tr>
<th>Interim report</th>
<th>Final report</th>
<th>✓</th>
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</thead>
</table>

1. Title of plan, policy or strategy being assessed

West Lothian Health and Social Care Partnership Participation and Engagement Strategy

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

The Strategy aims to encourage and enhance public and staff participation and engagement in development and delivery of health and social care services. It should lead to procedures designed to ensure all groups of people have the same information and equal opportunity to engage – particularly those who are seldom heard and have barriers to engagement. The Strategy provides the framework and indicates the Integrated Joint Board (IJB)’s intentions but its effectiveness will depend critically on how well it is implemented and in realising a cultural change in how engagement is viewed and approached. It should lead to actions within other strategies and policies to secure more effective engagement.

Effective public involvement and engagement is particularly important given the scale of change likely to be needed in public services in future years and need to ensure the public support these changes.

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

There has been a public consultation on the strategy. A summary of findings will be given in Section 6.

4. Date of IIA

15 December 2016

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)
<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Douglas</td>
<td>Consultant in Public Health, NHS Lothian</td>
<td><a href="mailto:Margaret.j.douglas@nhslothian.scot.nhs.uk">Margaret.j.douglas@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Steve Field</td>
<td>Head of Service, West Lothian Council</td>
<td><a href="mailto:steve.field@westlothian.gov.uk">steve.field@westlothian.gov.uk</a></td>
</tr>
<tr>
<td>David Murray</td>
<td>Service Development Officer, Commissioning &amp; Programmes Team, Social Policy</td>
<td><a href="mailto:david.murray@westlothian.gov.uk">david.murray@westlothian.gov.uk</a></td>
</tr>
<tr>
<td>Maggie Archibald</td>
<td>HR Advisor - Equality and Diversity West Lothian Council</td>
<td><a href="mailto:maggie.archibald@westlothian.gov.uk">maggie.archibald@westlothian.gov.uk</a></td>
</tr>
<tr>
<td>Ian Buchanan</td>
<td>Chair of Public Partnership Forum</td>
<td><a href="mailto:buchanan.ian@sky.com">buchanan.ian@sky.com</a></td>
</tr>
</tbody>
</table>

6. Evidence available at the time of the IIA

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Available?</th>
<th>Comments: what does the evidence tell you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on populations in need</td>
<td></td>
<td>• Life expectancy has increased steadily in the last ten years in West Lothian and is now 77.5 year for men and 80.2 years for women. However there are differences between geographical areas. Life expectancy for women ranges from 87 years in Linlithgow to only 76.6 years in Dedridge; life expectancy for men ranges from 82.6 years in Linlithgow to 74.9 years in Breich. These reflect wider socio-economic inequalities. It will be important for the Health and</td>
</tr>
<tr>
<td>Evidence</td>
<td>Available?</td>
<td>Comments: what does the evidence tell you?</td>
</tr>
<tr>
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</tbody>
</table>

- Social Care Partnership to engage with other partners to address these.
  - Overall, mortality in West Lothian is higher than Lothian and Scotland.
  - West Lothian is less affluent than many other parts of Lothian and has a higher proportion of people in the most deprived areas. The health of its population reflects the social and economic circumstances of residents.
  - Health is generally poorer in the West locality, but mortality rates have converged over recent years.
  - West Lothian’s population is increasing in all age groups.
  - Projections to 2037 show that within Lothian, West Lothian has the highest rate of increase of older people. This is very likely to mean an increase in demand for health and care. Preventive interventions are important to reduce the impact of increasing multi-morbidity on health and service utilisation.
  - The proportion of single adult households is increasing and will be more than a third of households by 2037. This has potential implications for health and for the provision of care services.
  - Currently 44% of working people in West Lothian commute to work in
<table>
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<th>Evidence</th>
<th>Available?</th>
<th>Comments: what does the evidence tell you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on service uptake/access</td>
<td></td>
<td>• West Lothian has high unplanned admission rates compared with the rest of Lothian. Further analysis is required to understand the reasons for this.</td>
</tr>
<tr>
<td>Data on equality outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research/literature evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public/patient/client experience information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of inclusive engagement of service users and involvement findings</td>
<td></td>
<td>Consultation on the Strategic Plan and draft Participation and Engagement Strategy and establishment of the locality plan development groups.</td>
</tr>
<tr>
<td>Evidence of unmet need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good practice guidelines</td>
<td></td>
<td>The strategy aims to apply good practice from National Standards for Community Engagement and Standards for Staff Engagement. It also shows how the Public Sector Improvement Framework will be used to ensure continuous improvement.</td>
</tr>
<tr>
<td>Environmental data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk from cumulative impacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional evidence required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. In summary, what impacts were identified and which groups will they affect?

<table>
<thead>
<tr>
<th>Equality, Health and Wellbeing and Human Rights</th>
<th>Affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td></td>
</tr>
<tr>
<td>The Strategy has potential for very positive outcomes on equality and human rights if well implemented, as people will have greater opportunities to be involved in service development and delivery.</td>
<td>All residents of West Lothian</td>
</tr>
<tr>
<td>Groups of people who are stigmatised, who face physical or other barriers to participation, and/or who have low levels of health and general literacy, may gain the most benefit if the strategy is well implemented and includes actions to reach them (but also could lose out if it is not well implemented).</td>
<td>Staff of West Lothian Health and Social Partnership</td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td></td>
</tr>
<tr>
<td>People with low levels of access to online services, including those in rural areas with poor transport, may be disadvantaged if there is undue reliance on online methods of consultation and engagement.</td>
<td>People who have a disability, minority ethnic people, refugees, Gypsy/Travellers, LGBTQ people, Transgender people, people in poverty, people with poor health or general literacy.</td>
</tr>
<tr>
<td>The IJB provides services mainly for adults but these may also impact less directly on children – children and young people may be disadvantaged unless efforts are made to include them in participation.</td>
<td>People with low level of online access</td>
</tr>
<tr>
<td>Seldom heard groups such as young men who do not have readily identifiable groups to advocate for them may be disadvantaged if specific efforts are not made to engage them.</td>
<td>People in rural areas</td>
</tr>
<tr>
<td>There will be a significant time and effort needed to support effective participation.</td>
<td>Children and young people</td>
</tr>
<tr>
<td>It may be challenging for some staff to change their ways of working to engage more effectively with people.</td>
<td>Young men</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
</tr>
</tbody>
</table>
### Environment and Sustainability

**Positive**

There may be a small reduction in emissions due to higher use of online communication

**Negative**

None identified

<table>
<thead>
<tr>
<th>Affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole population</td>
</tr>
</tbody>
</table>

### Economic

**Positive**

Better public engagement should improve public protection through greater awareness of protection matters.

Services provided by the Health and Social Care Partnership should be improved due to better engagement of users and the public to inform the way services are accessed, planned and delivered.

**Negative**

None identified

<table>
<thead>
<tr>
<th>Affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole population</td>
</tr>
<tr>
<td>Users of HSP services</td>
</tr>
</tbody>
</table>

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

   Needs assessments may be completed by contracted agencies. They would be required to demonstrate these through the contracting process.

9. **Consider how you will communicate information about this policy/service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**
Appendix 5

Improving communication with a range of groups is the purpose of this Strategy. Issues relating to communication with different groups of people are identified above.

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

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

None.

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

- There should be training, development and support for staff to effect the cultural change needed to ensure effective engagement of people.

- The training should highlight groups who may have difficulty engaging due to sensory impairment, low levels of health literacy or general literacy, difficulty accessing venues etc.

- The training and development should challenge any prejudices about stigmatised groups and link to the equality outcomes.

- The IJB should clarify the issues it wants to engage people on each year.

- Information and engagement activities should use a mix of modes and formats and use different ways to describe and explain the issues. The IJB should not rely solely on on-line methods.

- The IJB should use a wide range of venues to reach seldom heard groups – for example more, and different, people may be reached through work in pubs than in community centres.

- The IJB should recognise the time commitment required to ensure effective engagement and ensure it is adequately resourced.
Appendix 5

- The IJB should take a whole system approach and use its own services to reach a wide range of groups of people.
- The IJB should consider how to engage with the business community.

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

<table>
<thead>
<tr>
<th>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</th>
<th>Who will take them forward (name and contact details)</th>
<th>Deadline for progressing</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text added at S15 and PES 15 to address recommendations on staff training and development.</td>
<td>Head of Health and Head of Social Policy</td>
<td>30 June 2017</td>
<td>31 March 2018</td>
</tr>
<tr>
<td>Text added at S7 to address recommendation on engagement with the business community.</td>
<td>Head of Health and Head of Social Policy</td>
<td>31 March 2017</td>
<td>31 March 2018</td>
</tr>
<tr>
<td>No change proposed in response to rec. on preparing an annual programme of engagement as this is covered by S11 and PES11.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

This is documented in the strategy. The Director will submit an annual report to the IJB on its implementation.

15. Sign off by Head of Service

   Name: Marion Barton, Head of Health.
   Jane Kellock, Head of Social Policy.
   Date: 11 January 2017.

16. Publication

   Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.