



Supporting Good Decisions

Integrated Impact Assessment (IIA) Form

Title of Policy/ Proposal	Planning Older People's Services Final Report and Recommendations
IIA Date	3 rd February 2025
Facilitator	Kate Thornback (Equalities and Engagement Officer, ELHSCP)
Lead officer	Andrew Main (Strategic Planning and Commissioning Officer, ELHSCP)
Sign off by Head of Service	Laura Kerr (General Manager – Planning and Performance, ELHSCP)

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Summary of Integrated Impact Assessment

Note to reader: The impacts identified are a reflection of the experiences and knowledge within the room when the assessment was completed. Impacts outside of those identified may exist or arise over time.

Key Protected Characteristic Groups Impacted: **Age** (older people), **disability** (people in older age groups experience higher levels of disability than other population groups e.g. sensory loss, mobility challenges, cognitive decline and cumulative effects of long-term conditions. Indirectly, women (**sex**) will be affected due to their over representation as unpaid carers, particularly in end-of-life care. People from minority **religious/belief** groups and ethnicities (**race**) may be impacted by the way care and support is delivered both in the home and in professional settings due to religious and cultural aspects.

Other Groups: People with **low wealth/low income**, people experiencing **health outcome inequalities** (especially those linked to poverty).

Snapshot (references in the evidence table, Appendix 1): East Lothian has a growing population across demographics with noted increases in the older age groups, specifically the 75+ age group. Age can compound equality impacts such as physical and mental disabilities and challenges, long-term/chronic health conditions, poverty or disadvantage-based outcomes around income, health and employment and impacts linked to gender roles e.g. unpaid caring being done by more women than men, stigma associated with seeking mental health support for men.

With this context at the centre of the discussion, the group identified a number of minor impacts and recommendations related to the Planning for Older People's Services report. Recommendations are listed at the foot of this section.

Conversations were centred around:

- Communicating effectively with the community (including appropriate plain English language use and descriptions)
- Potential impacts to unpaid carers and the third sector of increasing community capacity
- Potential impacts to people with English as a foreign language when increasing community capacity e.g. training for carers, but only in face to face settings in English, limiting translation opportunities

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- The potential positive impacts of this plan on end-of-life care overall
- The opportunities presented by the continuation and support of the Independent Community Panel.
- Service suitability/sensitivity to the needs of minority ethnic groups/beliefs and traditions, especially in end-of-life care
- Support for the reduction of wastage of prescription medicines via a focus on polypharmacy
- The role of services that are not planned by the IJB or delivered by the HSCP in the POPS plan e.g. well adapted, affordable housing's role in the lives of an ageing population in East Lothian.

The group highlighted financial positions throughout the course of the report as a risk with equality impacts potentially arising if demand (the number of people accessing or wanting to access a service) were to exceed capacity (the number of people reasonably able to be supported with the available budget/resources).

Recommendations

The group recommends that:

- The POPS four priority areas and the suggestions for the future/recommendations are accepted. No major equality impacts were identified.
- The Independent Community Panel be supported to continue acting as a valuable conduit for community voice on a broad range of topics and that IJB clarifies its relationship to the group and the expectations each can have of one another.
- Communications related to the POPS plan avoid jargon or terms that are not in common use in the community. A focus on plain English language use and defining terms and concepts was supported e.g. finding a new term or simple explanation for 'intermediate care' when communicating with the public.
- Staff training/familiarisation on faith based/culturally inclusive needs be explored, especially when planning for end-of-life and intermediate care for people belonging to minority faiths and multicultural backgrounds.

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- Technology was recognised as valuable to future service planning and delivery, but alternatives must exist for people that are less confident with technology use to prevent barriers excluding less technologically proficient people.
- The impacts on third sector organisations and unpaid carers should be tracked when building community capacity.

How we will monitor equality impacts:

The group recommends that IJB accepts the four report priority areas (palliative/end of life care, polypharmacy, intermediate care, technology) and recommendations 1 – 6 but monitors:

- The financial landscape over the course of the report e.g. the impacts of reducing or static budgets to serve increasing populations (demand and capacity balance).
- The legislative context, especially Inclusive Communication requirements and any progress of the Assisted Dying Act.

More detail on actions and monitoring can be found on Section 9 of the IIA report.

IIA Report

1. What is this IIA about and what might/will change as a result of this proposal?

This impact assessment intends to consider and assess the report findings and recommendations in terms of their potential impact on people, the environment and the economy. This IIA will build upon previous [Community Hospital and Care Homes Provision Project IIA's](#) and an earlier [POPS IIA](#) (August 2023).

2. Briefly describe public involvement in this proposal (past, ongoing and planned).

From the outset POPS has aimed to work with East Lothian residents, communities, providers and staff to collectively identify possible options and priorities to support the development of high-quality sustainable services for the older people of East Lothian. As part of this

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commitment, an Independent Community Panel (ICP) was formed, featuring a representative cross section of our key stakeholders. This panel met regularly throughout the project, acting as a critical friend by helping us to get our engagement and process right. Members of the panel represented a wide range of views and experience, and they had three main roles:

- 1) Oversee and shape the engagement process.
- 2) Be part of the shortlisting and options appraisal process.
- 3) Engage with their local communities.

The Project began its first round of community engagement events in August 2023, which included a variety of engagement opportunities including online and paper surveys; face-to-face and virtual engagement sessions, held with communities, staff, the third and independent sectors; and individual interviews to gather as many views as possible.

Between August and December 2023, ELHSCP hosted over 44 events, 36 of which were in person, the remaining either virtual or hybrid. These events allowed ELHSCP to directly engage with 702 people. A further 141 took part in our online survey and 11 in printed questionnaires.

In total 2,458 individual pieces of feedback on how to improve or deliver older people's services in East Lothian were collected. Information was also gathered from the feedback and responses obtained from the IJB Strategic Plan Health, Housing and Place Engagement (April – July 2022), the Dementia Strategy and the Planning for and Ageing Population engagement in 2022. The 2,458 pieces of feedback were categorised into 49 separate themes, which were further condensed into the 19 recurring key themes. A copy of our full engagement report for this phase is available [online](#).

Our second engagement and consultation phase took place from 16th September 2024 to 8th December 2024, where we asked stakeholders for their comments and feedback on the identified project priorities and the engagement process. The 12-week engagement period included a variety of engagement opportunities including a series of face-to-face pop-up events; staff engagement sessions; Independent Community

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Panel engagement sessions; online survey and website; e-mail and social media correspondence. A copy of our final engagement and consultation report for the second engagement phase is available [online](#).

3. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes.

4. Participants of the IIA

Name/Role	Job Title
Andrew Main (Lead Officer)	Strategic Planning and Commissioning Officer, ELHSCP
Kate Thornback (Facilitator)	Equalities and Engagement Officer, ELHSCP
Sean Rodger (Notetaker)	Senior Business Support Assistant, ELHSCP
David Hood	Heads of Operations, ELHSCP
Fiona Wilson	Chief Officer, ELHSCP
Ashley Hardy	Strategic Planning and Commissioning Officer – Care Homes, ELHSCP
Carol McFarlane	East Lothian Councillor
Jacquie Bell	Day Centre rep
Hannah Crowe	Housing Strategy Officer, ELC
Sarah Gossner	Chief Nurse, ELHSCP
Rukhsana Ali	Milan Senior Welfare Organisation
Jessica Wade	CEO, Carers of East Lothian
Jennifer Jarvis	Senior Communications Officer, ELHSCP
Sally Egan	Vice Chair, North Berwick Community Council / Health and Wellbeing sub rep
Shannon Leslie	Service Manager – Learning Disability, East Lothian Health and Social Care Partnership
Marilyn McNeil	IJB service user representative

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5. Which impacts were identified and which groups will they affect? Please include suggested mitigations for negative impacts and actions to maximise positive impacts.

Equality, Health and Wellbeing and Human Rights	Affected populations (Equality Act 2010 protected characteristics appear in bold)
<p>Positive</p> <p><u>Plans for end-of-life care</u>: The group identified that suggestions for the future in the Palliative/End of Life Care section could potentially bring positive impacts overall if carried out as presented in the report. There was broad support for supporting individuals with the choice to die at home, with appropriate end of life care and pain management.</p> <p><u>Maximisation</u>: Focus on delivery of services in line with planning, protect resources where possible, improve experiences for people from minority ethnic/belief/cultural groups.</p> <p><u>Technology</u>: Technology was recognised as valuable to future service planning and delivery.</p> <p><u>Maximisation</u>: The group suggested that careful design (for ease of use and translation to different languages) and additional support/training for users could improve uptake of technology and improve choice of management paths and independence. It may also assist people to stay living in their homes for longer.</p>	<p>All, but especially protected characteristics of age and disability.</p> <p>All, but especially those wanting to remain independent in their homes for as long as possible (disability).</p>

Equality, Health and Wellbeing and Human Rights	Affected populations (Equality Act 2010 protected characteristics appear in bold)
<p><u>The formation and co-production achieved via the Independent Community Panel</u>: The group highlighted that the formation of the independent panel had brought community voices to the centre of planning for older people’s services.</p> <p><u>Maximisation</u>: Continue the independent community panel with a broader focus now that the planning for older people’s services project has finished. Establish expectations between the independent community panel and the IJB/HSCP. Incorporate the Independent Community Panel into the revised Communications and Engagement Plan for East Lothian.</p>	<p>All, but especially age and disability.</p> <p>This also supports a human-rights based approach to community engagement, empowering and enabling community voices to participate in the options appraisal and planning of services.</p>
<p>Negative</p> <p><u>Wording/general accessibility</u>: Some word use in the plan was considered a barrier to community understanding e.g intermediate care. It was clarified that the report itself, though viewable to the public, was not directly how the plan or its parts would be communicated.</p> <p><u>Mitigation</u> – A focus on plain English language use and defining terms and concepts was supported (e.g. finding a new term or simple explanation for ‘intermediate care’) when communicating the plan and related services to the public.</p> <p><u>Technology</u> – It was discussed that whilst many older people were proficient with technology, people that were less confident could</p>	<p>All, but especially people with English as a foreign language (indirectly race), people with cognitive impairment, learning disability (disability).</p> <p>Other groups: people with lower levels of literacy or who experienced barriers to education. Lower literacy or education can be related to poverty and socio-economic disadvantage, compounded over time (age), so this mitigation supports the Fairer Scotland Duty also.</p> <p>Age, disability, race (indirectly in relation to people that speak English as a foreign language).</p>

Equality, Health and Wellbeing and Human Rights	Affected populations (Equality Act 2010 protected characteristics appear in bold)
<p>struggle to participate with technology focussed activities, treatment paths of equipment supporting independence in the home.</p> <p><u>Mitigation:</u> The group suggested that careful design (for ease of use and translation to different languages) and additional support/training for users could partially mitigate concerns. Remaining concerns for people that could not use technology effectively was identified to be addressed via a low or no technology approach to ensure equality of access/opportunity for everyone.</p>	

Socio-Economic	Affected populations
<p>Positive</p> <p><u>Building community capacity:</u> The group acknowledged the benefits of support community capacity and third sector organisations.</p>	All.
<p>Negative</p> <p><u>Building community capacity:</u> Though considered positive overall, the group wanted to highlight the barriers faced by some people in the community in relation to travelling across the county for services or third sector support. The group wanted to highlight that this is a</p>	People with physical, mental or sensory impairment that prevents them from travelling for services (disability).

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Socio-Economic	Affected populations
<p>general challenge affecting all parts of life for some people, but disproportionately affecting those on lower incomes or with a lack of support informal.</p> <p>Mitigation (partial): Use commissioning to improve coverage across East Lothian, where possible.</p> <p>Impacts on people from ethnic minorities that do not speak English at a proficient level were identified as potential issue for accessing support or third sector organisations with less resources available for translation. The same could be said for people that use BSL or read with braille but this was not discussed in this IIA.</p>	<p>Other groups: People that are on lower incomes and living in less well-connected areas of East Lothian that need to travel for services (cost of travel, inconvenience or lack of transport connections etc).</p> <p>Race (indirectly through language in some circumstances), disability (D/deaf, blind or partially sighted).</p>

6. Is any part of this policy/ service to be carried out wholly or partly by contractors? If so, how will equality, human rights (including children’s rights) be addressed?

No.

7. Consider how you will communicate information about this policy/ service change to children and young people, those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a foreign language? Please provide a summary of how the changes will be communicated and to which groups.

The Senior Communications Officer will lead on developing community facing publications that meet a wide range of communication needs.

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8. Additional Information and Evidence Required?

N/A

9. What actions will be undertaken?

Actions - These may include financial implications, mitigating actions, actions to maximise positive impacts and risks of cumulative impacts.	Responsible Person	Action due date	Review date
The financial landscape over the course of the report should be monitored and any impacts raised with IJB e.g. the impacts of reducing or static budgets to serve increasing populations (demand and capacity balance).	Mike Porteous, Chief Financial Officer Laura Kerr, General Manager – Strategic Planning and Commissioning	September 2025	February 2026
The legislative context of the plan should be tracked, especially changes to or new requirements related to: <ul style="list-style-type: none"> • Inclusive Communication • Assisted Dying Act 	Jen Jarvis, Senior Communications Officer Sarah Gossner, Chief Nurse	September 2025	February 2026
A focus on plain English language will be taken to defining terms and concepts within any communications produced as a result of this project intended for a community audience e.g a more intuitive wording for ‘intermediate care’ may be helpful when communicating with the public.	Jen Jarvis, Senior Communications Officer	August 2025	February 2026

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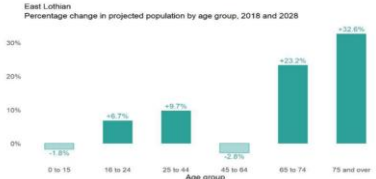
Actions - These may include financial implications, mitigating actions, actions to maximise positive impacts and risks of cumulative impacts.	Responsible Person	Action due date	Review date
Staff training/familiarisation on faith based/culturally inclusive needs will be explored, especially when planning for end of life and intermediate care for people belonging to minority faiths and multicultural backgrounds.	Kate Thornback, Equality and Engagement Officer	August 2025	February 2026
The Independent Community Panel will be supported to continue its positive role in health and social care in East Lothian. This will include clarification of expectations the panel and the IJB can have of one another.	Kate Thornback, Equality and Engagement Officer	July 2025	February 2026
<p>Carer's Of East Lothian (current third sector partner organisation for carers support) may wish to collect information on any impacts to unpaid carers created by building community capacity.</p> <p>Other third sector organisations may wish to track impacts on their services of any changes arising from the POPS plan building community capacity.</p>	Jess Wade, Carers Of East Lothian	September 2025	February 2026

10. Are there any negative impacts in section 5 for which there are no identified mitigating actions?

No.

Appendix

Appendix 1 – Evidence available at the time of the IIA

Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?														
Data on populations in need	East Lothian HSCP JSNA June 2023 East Lothian Council	<p>Our population is changing and people are living longer</p> <p>Population Over the next 10 years, population growth will rise in East Lothian, especially in the over 65 year age group. See Graph 1 below.</p>  <table border="1"> <caption>East Lothian: Percentage change in projected population by age group, 2018 and 2028</caption> <thead> <tr> <th>Age group</th> <th>Percentage change</th> </tr> </thead> <tbody> <tr> <td>0 to 15</td> <td>-1.8%</td> </tr> <tr> <td>16 to 24</td> <td>+6.7%</td> </tr> <tr> <td>25 to 44</td> <td>+8.7%</td> </tr> <tr> <td>45 to 64</td> <td>-2.8%</td> </tr> <tr> <td>65 to 74</td> <td>+23.2%</td> </tr> <tr> <td>75 and over</td> <td>+33.6%</td> </tr> </tbody> </table> <p>From 2018 to 2043, East Lothian’s population is predicted to increase by a further 12.8% reaching a peak of 121,743 and will grow at faster rate than Scotland as a whole. Increases in the population and particularly in the ageing population will mean more informal care is needed.</p>	Age group	Percentage change	0 to 15	-1.8%	16 to 24	+6.7%	25 to 44	+8.7%	45 to 64	-2.8%	65 to 74	+23.2%	75 and over	+33.6%
Age group	Percentage change															
0 to 15	-1.8%															
16 to 24	+6.7%															
25 to 44	+8.7%															
45 to 64	-2.8%															
65 to 74	+23.2%															
75 and over	+33.6%															

Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
	Scotland's Census 2022 - Health, disability and unpaid care Scotland's Census	<p>There were 627,700 unpaid carers in Scotland in 2022, an increase of 27.5% since 2011 Over the same period there was a 15.7% increase in number of people with a health problem or disability. The number of carers in East Lothian was 13,147.</p>
Data on service uptake/access, if applicable	(e.g Contract monitoring data from current provider, service use data, any particular groups (especially protected characteristic groups) that use the service).	
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	East Lothian HSCP JSNA June 2023 East Lothian Council www.gov.scot/publications/carers-strategic-policy-statement-draft-consultation/	<p>East Lothian has 8 data zones within the 20% most deprived areas in Scotland.</p> <p>Our population has grown at a higher rate in areas of higher deprivation, specifically within the 1st quintile (most deprived) to the 3rd quintile while the population has decreased in areas of lowest deprivation (4th and 5th quintiles).</p> <p>Carers are finding it increasingly difficult to afford day to day living costs, with the worry and anxiety of this affecting their mental health and well-being. 28% are cutting back on essentials like food and heating.</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
	State of Caring survey Carers UK	
Data on equality outcomes		
Research/literature/evidence	<p>Planning Older People’s Services Community Briefing Paper (A Case for Change) (September 2023)</p> <p>NHS Lothian Public Health Briefing Paper on Planning Older People’s Services challenge statements (January 2024)</p> <p>Community Hospitals and Care Homes Provision Change Board Final Report 2021-22 (February 2023)</p>	<p>East Lothian is growing: East Lothian’s population increased from 99,717 in 2011 to 112,300 in 2022 (12.6%). Our % increase in population between 2001 and 2022 was over three times higher than the % increase in Scottish population, 7.4% (source)</p> <p>The population is ageing: the 65 to 74 age group has increased by 53.1% from 2001 to 2022 and the 75+ age group by 52.5% during the same period (source)</p> <p>Our health declines as we live longer: generally, health declines as we age, with an increased risk of developing chronic conditions such as dementia, diabetes and arthritis (source). In East Lothian life expectancy for men is 79.3 years, compared to healthy life expectancy of 63.7 years, for women life expectancy is 82.9 years, compared to healthy life expectancy of 65.3 years (source)</p> <p>Health inequality: in the most affluent areas, people live longer in good health, compared to those living in deprived areas. For almost all conditions, there is a</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		<p>gradient of progressively poorer health with rising levels of deprivation. East Lothian consists of 6 wards and 132 data zones, of which 8 are in the 20% most deprived in Scotland (source)</p> <p>We become frail as we age: with reduced physical and mental health capacities making us more vulnerable to multimorbidity (having more than one health condition). Having multiple conditions can reduce quality of life and increase disability (source)</p> <p>Inequality and discrimination accumulate as people age: as our population ages, it is likely that inequality will increase too. Discrimination and structural inequality accumulate throughout people’s lives, meaning that gaps in wealth and health are greatest in later life (source)</p> <p>We face a challenging financial climate: IJB’s face extremely difficult decisions due to the current financial landscape. In setting a balanced budget for 2024/25, savings in excess of £10 million need to be delivered. The current financial climate has resulted in increased financial pressures across the public sector, with the rate of inflation and the costs of goods and</p>

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		<p>services significantly impacting daily operational delivery of services (source)</p> <p>We face a challenging financial climate: IJB’s face extremely difficult decisions due to the current financial landscape. In setting a balanced budget for 2024/25, savings in excess of £10 million need to be delivered. The current financial climate has resulted in increased financial pressures across the public sector, with the rate of inflation and the costs of goods and services significantly impacting daily operational delivery of services (source)</p> <p>Unmet need and access to services: there is currently substantial unmet need in the community which, in turn, is leading to pressure on carers and community services as well as bed-based care (including acute hospitals) as frail older people are admitted in the absence of other support. This has led to increased levels of delayed discharges and longer lengths of stay, adding to the demands on Health and Social Care services (source)</p> <p>Health and social care workforce challenges: we must develop and retain a sustainable, skilled workforce with attractive career choices and fair work where all</p>

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
		are respected and valued for the work they do (source)
Public/patient/client experience information	(Feedback from engagement)	
Evidence of inclusive engagement of people who use the service and involvement findings	Planning for an Ageing Population Feedback Report (April – September 2022) Planning Older People’s Services Communications and Engagement Report (Phase 1 August – December 2023) Planning Older People’s Services Engagement and Consultation Report (Phase 2 September – December 2024) Planning Older People’s Services Engagement Strategy (September 2023) Planning Older People’s Services Communications Plan (August 2023)	
Evidence of unmet need		

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Evidence	Available – detail source	What does the evidence tell you about different individuals and groups who may be affected by your proposal?
Good practice guidelines		
Carbon emissions generated/reduced data		
Risk from cumulative impacts		
Other (please specify)		

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