# Section 4 Integrated Impact Assessment

**Summary Report Template**

Each of the numbered sections below must be completed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Interim report | 29.10.21 | Final report | 7.12.21 | (Tick as appropriate) |

1. **Title of proposal**? Edinburgh Alcohol and Drug Partnership Strategic Plan 2021 - 2024

**2. What will change as a result of this proposal?** The Edinburgh Alcohol and Drug Partnership Strategic Plan 2021- 2024 will seek to ensure we deliver on our ambition to reduce alcohol and drug related harm for the next three years in line with Scottish government national priorities. The Strategy will have implications for a diverse range of groups working across; Prevention and early intervention, Developing Recovery Orientated Systems of Care, Getting it Right for Young People and families, Public Health Approach in Justice, Alcohol Framework 2018. Aiming to achieve changes and outcomes across sectors.

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

No public involvement to date.

**4. Is the proposal considered strategic under the** [**Fairer Scotland Duty**](https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/)**?**

**Yes**

**5. Date of IIA-** 1 September 2021

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

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| --- | --- | --- |
| **Name** | **Job Title** | **Date of IIA training** |
| Lorna Watt | Change and Delivery Officer EADP | 23 June 2021 |
| Neil Stewart | Planning and Commissioning Officer |  |
| Carmen McShane | Service Manager – Turning Point Scotland |  |
| Beverly Hubber | Service Manager – CGL |  |
| **Heriot Philbrick-Smith & ELCA** | Vocal & ELCA forwarded copy of the strategy |  |
| Michaela.Zemachova@edinburgh.gov.uk>; | EH&SCP |  |
| Person with lived experience (Emailed over comment as he did not want to attend in person). | Person in receipt of service. |  |
| Adele Hill | Access to Industry |  |
| Maria Arnold | EVOC |  |

**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?** |
| --- | --- | --- |
| Data on populations in need | * [Suspected drug deaths in Scotland](https://www.gov.scot/publications/suspected-drug-deaths-scotland-april-june-2021/) April 2021 * Alcohol- Related deaths – Edinburgh ADP vs Lothian 1999 -2018 * Drug Related Death * Harm Reduction Indicators * EADP Strategic Plan 2021 – 2024 – Introduction: Purpose and Scope of Document p4 * Population Trends – p5 * [https://www.nrscotland.gov.uk/files//statistics/council-arehttps://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vitalevents/deaths/alcohol-deathsa-data-sheets/city-of-edinburgh-council-profile.html](https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/city-of-edinburgh-council-profile.html) * [Suspected drug deaths in Scotland](https://www.gov.scot/publications/suspected-drug-deaths-scotland-april-june-2021/) April 2021 * EADP Strategic Plan 2021 – 2024 – Introduction: Purpose and Scope of Document p4 * Population Trends - p5 | *Age and Gender* data is evidenced throughout the data provided in the sources.  The data also makes comparisons with other regions within Scotland. To identify *regional variations.*  *Low – Income* is considered with reference to deaths within homelessness services.  All Equalities identified take priority in the EADP Strategic Plan and the Action Plan identified. |
| Data on service uptake/access | * Quarterly Reporting System by the voluntary sector * Data collated on drug related deaths * Data gathered by Chin * Reports from SWIFT/AIS outline | Data giving evidence of those in treatment and those waiting for a service.  Number of drug related deaths in the Lothians  Outlining where individuals are receiving care and support services and the volume and cost of service. |
| Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation. | * Speed of initiation of OST * Assertive Outreach - data on hard to reach and vulnerable groups * More clear evidence –based care in prisons * Reduce isolation-increase in meaningful activities * Increased use of contracts in pharmacies * Access to effective alcohol treatment and ARBD interventions | Giving indications of waiting times, those who are at risk living at home, those who are accessing a service and are less socially isolated and in treatment. |
| Data on equality outcomes |  |  |
| Research/literature evidence | * The 8-point plan in Rights, Respect and Recovery * The Drug Task Force’s priorities. * Staying Alive in Scotland * Quality Principles for Drug and Alcohol Services | Outlining the principles and values which underpin the work carried out by the EADP. Providing a framework which underpins practice and provision. |
| blic/patient/client experience information | * Stakeholder Engagement Feedback 2020 carried out by EADP funded by Corra. Looking at Alcohol Pathway, Service User and Carer Consultations. | Identify areas of practice within the Lothians which are proving successful and gaps in service for future development. |
| Evidence of inclusive engagement of people who use the service and involvement findings | * City Centre Engagement Group. * Advocard feedback to date. * Recovery Community | * Insight and knowledge from individuals with lived experience. |
| Evidence of unmet need | * EADP Review of Hub * Waiting Lists for ORT (Opiate Replacement Therapy) and alcohol detox evident * Data Provided via Chin * Public Health Representation | * which identified unmet need through consultation with a variety of stakeholder groups. * Outlines waiting times and need for additional funding for service delivery * Highlights Post Code Lottery and area of good and bad practice. |
| Good practice guidelines | * NICE guidelines for Alcohol |  |
| Carbon emissions generated/reduced data |  |  |
| Environmental data |  |  |
| Risk from cumulative impacts |  |  |
| Other (please specify) |  |  |
| Additional evidence required |  |  |

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

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| **Equality, Health and Wellbeing and Human Rights**  It was recognised that there are key elements of the Edinburgh Alcohol and Drug Partnership Strategic Plan 2021 – 2024 which have significant benefits to those who receive a service, their families and children effected by substance misuse across a cross section of the population.  Positive  The strategy has a commitment to increase and to reach a higher proportion of the population requiring ORT (Optimum Replacement Therapy) in need by maximising access, engagement and retention. This should have positive implication for a variety of age, socio economic groups, sexual health and orientation, health conditions etc.  Men ( include trans man) Women (include trans women) and non- binary. The strategy has a commitment to take home Naloxone and harm reduction advice; injecting equipment; and screening test and medical treatment.  Mental Health there is reference to Dual Diagnosis. The strategy has a commitment to developing access to harm reduction through outreach, home and street delivery for those with anxiety/mental health  Older People/Mental Health Social Isolation – for those with anxiety and older People. The Strategy has a commitment to Anticipatory Care and Assertive Outreach Dedicated Posts have been funded. There is a positive commitment to encourage preventative care for co-morbidities.  The Vulnerable falling into poverty – Focus on an outreach approach assessed based on risk rather than financial income.  Homelessness Service – The strategy has a defined commitment to the Homelessness Population. With improvement plans for those who are homeless and dependant on drugs and alcohol and to explore the possibility of a managed alcohol programme for homeless drinkers alongside a commitment developing a harm reduction approach to the needs of homeless dependant drinking population.  Children and ‘Families – A focus on the ‘whole family approach’ with a commitment to Reviewing CAPSU services.  Carers – The strategy has a commitment to fund a dedicated service for adult carers of D&A users and to review the Charter of Carer’s Rights.  Young People – Updated ADP and C&F guidance for schools on effective and ineffective approaches interventions in schools based on upcoming guidance form Scottish Government. Robust commissioning of YP services offering more stable secure service provision.  Criminal Justice – all those in contact with the criminal justice agency are provided with the right support. Positive impact on those being led by the DTTO’s Criminal Justice HMP Edinburgh. With strategies in place to support diversion from court and prison. The EADP has also funded additional capacity for peer interventions for those on a DTTO. Funding has been put in place Project 1 & 2 to deliver the 2019 Needs assessment.    Anti-Stigma training and PWLE are a prominent feature in the strategy with the value base of anti-discriminatory/stigma and person-centred practice being central to the strategy based on National Guidance. The strategy aims to identify stimulant use, gaps in the treatment pathway and capacity.  **Negative**   * Lack of reference to women in the strategy. There is no mention of protective factors; women still mixing with those who can exploit them emotionally, financially, or sexually within services. Women also predominantly being the gender with caring responsibilities and services not taking this into account regarding access and support arrangements. * Lone- Parents - There are barriers to services for those who have childcare responsibilities to services such as LEAP. * Disability – There is no specific reference to Disability in the strategy. * Sexuality – No reference to sexual orientation despite their being a high level of self-harm and self -medicating within the LGBT community. There needs to be specific reference to how we address this issue and respond to this need within Edinburgh. The strategy needs to have more detailed response to issues related to Chemsex. * Equality of Access to Addiction services – The Strategy Focus predominately on Drug Related Deaths. Needs to also be equally balanced with Alcohol Related Deaths. * Black and Minority Ethnic people need to reference to those people who English is not their first language to enable equality of access to services and ensure good communication. | **Affected populations**  Those who have problems with their drug use  All sexual orientations  Those who have a dual diagnosis.  Older People/Physical Disabilities/Mental Health issues?  Low Income  Low Income/Vulnerable Groups  .  Children and Young People  Carers  Young People  Individuals within the Criminal Justice Service.  Women  Lone Parents  Disability  Sexual Orientation  Those who need to access a service.  Ethnic/Minority Groups |
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| --- | --- |
| **Environment and Sustainability including climate change emissions and impacts**  **Positive**   1. Through volunteering opportunities, people who use services may be involved in garden projects helping with biodiversity in the city      1. There should be improvement to physical environment including housing quality for people who use supported accommodation services. 2. There is also a commitment to providing services within individuals local community and promoting social inclusion where feasible. This will be in line with the climate change 20 minutes neighbourhoods in a Scottish context   **Negative**  n/a | **Affected populations** |

|  |  |
| --- | --- |
| **Economic including socio-economic disadvantage**  **Positive**   1. As mentioned above the strategy has a commitment to those in the most deprived areas to ensure people get a service based on risk rather than income. 2. Commitment to Assertive Outreach which reduces barriers to transport costs. Commissioned services also provided bus passes 3. Advocacy for people to access services to help maximise income   **Negative**  n/a | **Affected populations**  Low Economic Groups |

**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?**

All the services to be provided will be commissioned, therefore it will be a mixture of third sector and independent sector providers who will undertake the provision of these services. Equality, human rights, children’s rights, environment and substantiality issues will be addressed in the service speciation and in the terms and conditions of the contract with the providers.

By way of illustration, the EADP commissioning services from CGL (Change Grow Live) and Turning Point Scotland were part of this IIA and demonstrated their commitment to these policies within their organisation.

**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.**

A communication plan will be delivered following the IIA to support the dissemination of information.

**11. Is the policy likely to result in significant environmental effects, either positive or negative**? If yes, it is likely that a [Strategic Environmental Assessment](https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/) (SEA) will be required and the impacts identified in the IIA should be included in this.

No, these services will not result in significant environmental effect.

**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:**

| **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** |
| --- | --- | --- | --- |
| ***Services that are accessible for all***  *Improve access to services for lone parents/individuals with child care and other caring commitments (which fall disproportionately on women and thus act as a systematic barrier to access based on gender)*  *Disability Services – ensure that services are accessible for individuals with a disability* | *Commissioning of Rehab/Leap*  *Neil Stewart/Lorna Watt along with national developments from Scottish Government*  *Lorna Watt to attend EVOC disability group. Maria Arnold*  *Lorna Watt has invited LD team to alcohol Harm Group to get views* | June 2022  March 2022 | Dec 2022  October 2022 |
| ***Service specific for women with Multiple and Complex Needs***  ***Lone- Parents***     * *LW to meet with the homelessness services and Womans aid to look at how we ensure the safety of women whilst accessing services* * *Ensuring coordinated interventions between Violence Against women and Substance use services:* * *Focus Groups on Residential Rehab/ Alcohol Harms Group will have a remit of ensuring that services are offered flexibly for those who have caring responsibilities throughout their recovery* * *Encouraging the services to offer choice of gender care where possible and access to same gender supportive/ therapeutic groups. Reviewing availability of these across the system of care.* | *Lorna Watt*  *DW and LW to meet with the VAW partnership and agree a shared plan for joint working*  *Lorna Watt/Neil Stewart* | March 2022  March 2022  March 2022 | October 2022  October 2022  October 2022 |
| *Sexuality*   * *Liaise with LGBT – Waverley Care funded alcohol/drug awareness advice and treatment and talking therapies.* * *Meet with LGBT organisation and find out what joint working might be needed. Identify key things that the EADP could progress. Looking at issues around Chem sex etc.* * *Ensure that the ERIAs of individual services include descriptions of how they are ensuring that they are accessible to the LGBTQ community (by refreshing and reviewing these plans)* | *Lorna Watt* | March 2022 | October 2022 |
| * *The communication plan must take account of Black and Minority Ethnic people who may find it difficult to access these services if communication and promotion of these services is not effective.* * *Ensure that the ERIAs of individual services include descriptions of how they are ensuring that they are accessible to BME communities (by refreshing and reviewing these plans).* * *Consulting BME community organisations to explain and consult on the plan* | *Lorna Watt* |  |  |
| * *Continue to promote the use of services by providers of specific population groups that have been identified and to make this a priority as part of the contract monitoring process.* | *David Williams/Lorna Watt/Neil Stewart* | On-Going  Contract Monitoring | Reviewed through on –going contract monitoring |
| * *Equality of Access across the city - Post-Code Lottery – Speed of initiation of OST is determined by where you live in the city.* * *Data Collection – through Daisy – Make a request that we start to collate Data on equality of access and outcomes* | *MATT standards deadlines outlined expectations around same day starts. Scottish government guidelines in place for throughout the Lothians not based on postcode.*  *LW met with Chin* | March 2022  Jan 2022 | October 2022  July 2022 |

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

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

Part of the findings of this IIA will result in the EADP carrying forward the appropriate action plan which will outlines expectations with regard to gaps and areas of development. Learning from this IIA will be carried forward in contract monitoring arrangements.

**16.** **Sign off by Head of Service/ NHS Project Lead**

**Name** 

**Tony Duncan, Service Director, Strategic Planning**

**Date 16/06/2022**

**17.** **Publication**

Completed and signed IIAs should be sent to

[strategyandbusinessplanning@edinburgh.gov.uk](mailto:strategyandbusinessplanning@edinburgh.gov.uk) to be published on the IIA directory 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 on the [www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)