

Section 4 Integrated Impact Assessment

Summary Report Template

Audit Risk level

(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report		Final report	X	(Tick as appropriate)
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1. Title of plan, policy or strategy being assessed

The commissioning and procurement of independent advocacy services in Edinburgh.

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

A new contract(s) will be established for independent advocacy services in Edinburgh.

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

The consultation period was from 15 August to 22 September 2016 and involved using a targeted approach to seek the views from current service users and carers of independent advocacy services in Edinburgh. A semi-structured questionnaire was devised which asked four simple questions. Current providers were also consulted and each had a meeting with officers to discuss their perspectives. In addition, the consultation questions were issued to mental health officers, NHS community mental health teams, CAMHS and social work sector practice teams to seek their feedback.

The total number of service users and carers who responded to the consultation was 133. The total number of staff involved in the consultation meetings or provision of a response was 69.

In total, there were thirteen consultation events held for service users and carers during the period of the consultation. Out of the total, nine were facilitated by Council and NHS officers and four were facilitated by staff of the current providers of independent advocacy. There were also 63 individual responses to the consultation questions from service users and carers.

4. Date of IIA- 30 November 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)

Name	Job Title	Date of IIA training	Email
Gordon Dodds (Facilitator)	Planning and Commissioning Officer, Edinburgh Health and Social Care Partnership (EHSCP)	November 2016	Gordon.dodds@edinburgh.gov.uk
Kirsteen Cameron (Scribe)	Contracts Officer, EHSCP		Kirsteen.cameron@edinburgh.gov.uk
Martin Brownjohn	North East Integrated Practice Manager, EHSCP		Martin.Brownjohn@edinburgh.gov.uk
Susan Shippey	Planning and Commissioning Officer, EHSCP	November 2016	Susan.shippey@edinburgh.gov.uk
Karen Thom	Planning and Commissioning Officer, EHSCP	Nov 2016	Karen.thom@edinburgh.gov.uk
Jane Dalrymple	Planning and Commissioning Officer, EHSCP	November 2016	Jane.Dalrymple@nhslothian.scot.nhs.uk

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes. Edinburgh Strategic Plan JSNA report	That there is a requirement across all four localities in Edinburgh to provide independent advocacy as it is a statutory duty.
Data on service uptake/access	Yes from service monitoring reports	To ensure equity of access to independent advocacy to all Advocacy Partners and to ensure that we meet our statutory duties to

Evidence	Available?	Comments: what does the evidence tell you?
		provide independent advocacy.
Data on equality outcomes	No	
Research/literature evidence	Yes from SIAA website	SIAA (2014) "Without advocacy - I don't want to think about that" Report: The evidence provided in the report on the impact of advocacy outlines that independent advocacy is much needed. Independent advocacy is effective in supporting marginalised people to have their voices heard and in upholding their rights. Such support also has a lasting, positive effect on people's overall health and wellbeing.
Public/patient/client experience information	Yes- consultation report	To make the necessary improvements in the new service specification to take onboard issues raised through consultation.
Evidence of inclusive engagement of service users and involvement findings	Yes- consultation report	To make the necessary improvements in the new service specification to take onboard issues raised through consultation.
Evidence of unmet need	No	
Good practice guidelines	Yes- SIAA Good practice guidelines	That all new providers of the contracts for independent advocacy must adhere to the SIAA Good practice guidelines. This will be written into the service specification.
Environmental data	No	
Risk from cumulative impacts	No	
Other (please specify)		
Additional evidence required	No	

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • All of the people with protected characteristics and people vulnerable to falling into poverty can receive advocacy through the current contracts and the proposal to procure these services will not change this position. There will be no differential impact. • Current contracts are delivering well to older people and to people in their middle years. • There is provision for older people within both lots and they can receive advocacy based on their area of greatest need. • Alternative communication methods are promoted to ensure that people who require this can be included and supported appropriately. This is included in the service specification. • There will be services available for children and young people who have mental health needs and people with learning disability who are ordinarily resident in Edinburgh using REH and CAMHS LD. • The service will continue to be accessible which includes self-referrals from advocacy partners. • The approach promotes the independence of advocacy providers to ensure separation from statutory body and other potential conflicts. • The proposal widens and clarifies for people with different needs that they can receive advocacy and which contract this will be available from e.g. autistic spectrum condition, carers and dementia. • The proposal is promoting greater flexibility and access outwith office hours. • The service specification promotes physical accessibility to buildings and outreach to Advocacy Partners. • The service can be provided to people with no recourse to public funds (e.g. asylum seekers and refugees with care needs). • The service specification promotes the service to provide services to people with protected characteristics. • The specification has a clear definition of a carer and which carers are eligible for the service. • There is a separate contract for people in prison. Other people who are involved in the criminal justice system who have a need for advocacy under the remit of these contracts will be supported by this contract. • People with substance misuse who have a need for advocacy under the remit of these contracts e.g. associated mental health needs will be supported by this contract. 	<p>All people with protected characteristics and wider population groups as identified through the IIA.</p>

<ul style="list-style-type: none"> • Advocacy services works to promote and protect the interests of people who are vulnerable to falling into poverty. • Advocacy partners are not expected to travel to offices to receive advocacy. • City wide service • Locality working should see improved access to service • There is no charge to Advocacy Partners for using the service. • Eliminate discrimination and harassment – the service currently and will continue to contribute to education and awareness raising including hate crime campaigning. The role of both collective and individual advocacy is to challenge decision making and this can help to minimise prejudice and eliminate discrimination. • Advance equality of opportunity – the specification promotes involvement and participation in the advocacy service. The focus of the service is to advance equality. • Foster good relations within and between people with protected characteristics – this is explicitly defined within the service specification both on an individual and collective basis. Collective advocacy particularly allows for opportunities for peer relationships and support. • Enable people to have more control of their social/work environment – the group voice from collective advocacy can promote control and change. Advocacy services currently and will continue to lobby for change e.g. in policy decision making and service delivery. Advocacy services support Advocacy Partners with decision making and representing their wishes to exert control over their lives. • Reduce differences in status between different groups of people – it is possible that people with statutory needs will get prioritised which could be seen as preferential treatment. Also referrals may be assessed on skills of the available advocacy workers which could be unfair. Advocacy provides a voice and opportunity to work towards balancing power in different relationships e.g. Doctors and patients. • Promote participation, inclusion, dignity and control over decisions – this is a priority area and focus for advocacy services. • Build family support networks, resilience and community capacity – links with fostering good relations within and between people with protected characteristics. • Reducing crime and fear of crime – links with eliminating discrimination and harassment. The service specification includes work on hate crime. • Promoting healthier lifestyles – having access to advocacy should have a positive outcome on these areas where they are presented as an issue for advocacy input. 	
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<p>Negative</p> <ul style="list-style-type: none"> • Gypsy/Travellers are a distinct group which can be hard to reach and access services. • New interpretation and translation service contract changes may result in lack of support for some Advocacy Partners. • Should we be using the wording 'long-term conditions' in the service specification? Issue for hidden long-term medication conditions. <p>General impacts</p> <ul style="list-style-type: none"> • It appears that older people are the biggest group, however has the lowest service provision. However, this relates to people remaining with their care group rather than moving to an age based service • Independence of provider when funded by LA and NHS. • Service doesn't include young carers under 18 years old but they are not discriminated by these contract opportunities as no statutory duty to currently provide support and responsibility of Communities and Families. • Staff training is not broken into specific conditions, kept broad to avoid being prescriptive. • The service specification or contract monitoring would benefit from specifying the need for lone working policies for staff as well as the standard good practice policies and procedures. 	
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<p>Environment and Sustainability</p> <p>Positive</p> <ul style="list-style-type: none"> • The new contracts are encouraging providers to minimise travel and spend more time with advocacy partner. • Contract documentation includes sustainability and environment • Public safety – it is a mandatory requirement for staff and volunteers to undergo Adult Protection level 2 and Child Protection training. Appropriate policies and procedures should be in place including PVG, staff supervision and disciplinary procedures either by specifying this through the terms and conditions, service specification or contract monitoring. • Physical environment can be improved where this is a reason for individual advocacy and is represented within some collective advocacy group. • Infection control – advocacy workers are expected to comply with the requirements of controlled environments e.g. hospitals, care homes. 	<p>Affected populations</p> <p>All people with protected characteristics and wider population groups as identified through the IIA</p>
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Negative	
None	

<p>Economic</p> <p>Positive</p> <ul style="list-style-type: none"> • Advocacy supports people to reduce income inequality. They also help Advocacy Partners to challenge decisions around funding and aspect which affect them. Providers signpost Advocacy Partners onto appropriate organisation for income maximisation e.g. for welfare benefit advice. • Volunteering opportunities. • Improve quality of and access to services – advocacy services challenge service availability and funding decision where this is an issue and drive to improve this. • All areas could be positively impacted as a by-product of the advocacy input. <p>Negative</p> <p>None</p>	<p>Affected populations</p> <p>All people with protected characteristics and wider population groups as identified through the IIA.</p>
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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?

This service will be all provided by a third sector provider(s). All equality, human rights including children's rights, environmental and sustainability issues are either in the service specification or the contract terms and conditions.

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.

A communication plan will be developed following this IIA by a steering group which will involve officers who participated in the IIA. Once the new contracts are in place this will be effectively communicated to staff groups and to advocacy partners by the new providers of service.

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.

Follow up actions will be progressed as per the report (see section13).

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

Follow up actions will be progressed as per the report (see section13).

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? 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 contact details)	Deadline for progressing	Review date
Check if lone working policy for staff needs be stated within the service specification and ensure that this covers volunteers.	Gordon Dodds	5 Dec 2016	June 2017
Develop a communication plan to promote the new contracts in particular with frontline staff. Ensure new provider(s) promote new services to advocacy partners.	Gordon Dodds, Kirsteen Cameron and steering group	15 March 2017	June 2017
Explore automation of reporting and refining reporting documentation including how we ensure that equalities data is completed by providers.	Kirsteen Cameron	30 January 2017	June 2017
Separate out data within monitoring returns for different care groups e.g. older people and physical disability.	Kirsteen Cameron	30 Jan 2017	June 2017
Check if there is a requirement to specify long-term conditions as part of lot 2 in service specification.	Gordon Dodds	5 Dec 2016	June 2017
Clarify what are the levels of child protection that staff will be required to undertake. May need to amend service specification.	Gordon Dodds	5 Dec 2016	June 2017

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 contact details)	Deadline for progressing	Review date
Clarify if payment of the living wage stated within the contract terms and conditions.	Kirsteen Cameron	5 Dec 2016	June 2017
Clarify if potential changes to new interpretation and translation service may impact this service.	Gordon Dodds	5 Dec 2016	June 2017
Check if there is a section on sustainability and environment in contract documentation.	Kirsteen Cameron	5 Dec 2016	June 2017

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

The IIA is for the commissioning and procurement of independent advocacy services in Edinburgh. We will have a robust contract monitoring framework in place for the new contracts which will routinely monitor how the service is delivered to the different groups, including people with protected characteristics.

15. Sign off by Head of Service



Name Rob McCulloch-Graham

Date 18.01.17

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.