

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	X
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(Tick as appropriate)

v1.4S

- 1. Title of proposal: Commissioning of Supported Accommodation and Visiting Support for People with Complex Mental Health Issues.**
- 2. What will change as a result of this proposal?** A new framework agreement and associated service specification will be developed to improve outcomes, consistency and increase flexibility of provision of supported accommodation and visiting support services across the city for adults with complex mental health issues.
- 3. Briefly describe public involvement in this proposal to date and planned** There is a planned consultation underway with people who use these services and unpaid carers. This engagement work will be written up as a report and used to inform the commissioning process and the subsequent development of services.
- 5. Date of IIA: 15 June 2020**

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)

Name	Job Title	Date of IIA training
Sarah Bryson (Facilitator)	Planning and Commissioning Officer, Edinburgh H&SC Partnership	
Gordon Dodds (Lead Officer)	Planning and Commissioning Officer (Mental Health), Edinburgh H&SC Partnership	7 November 2019
Dr Michele Harrison	Research Fellow, Queen Margaret University	
Christina Hinds	Development Worker, Mental Health, EVOC	
Keith Milligan	Service Manager, Carr Gomm	
Debbie McLachlan	Service Manager, Penumbra	
Ian Waitt	South West Mental Health and Substance Misuse Manager, Edinburgh H&SC Partnership	
Simon Porter	Advocacy Project Coordinator, REH Patients Council	
Ruth Rooney	Advocacy Manager, Edinburgh Carers Council.	
Joanna Eceiza	Contracts Officer, Edinburgh H&SC Partnership	
Kirsteen Cameron	Contracts Officer, Edinburgh H&SC 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?
Data on populations in need	<ol style="list-style-type: none"> 1. Thrive Edinburgh (2019)- Mental Health Strategy https://www.edinburghthrive.com/ 2. Scottish Public Health Observatory https://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/key-points/ 3. Mental Health Strategy [2017-2027] https://www.gov.scot/publications/mental-health-strategy-2017-2027/ 4. Public Health Scotland - Quality Indicator Profile for Mental Health https://www.isdscotland.org/Health-Topics/Quality-Indicators/Mental-Health-Quality-Indicator-Profile/Publications/2019-09-17/Introduction/ 5. The Scottish Health and Ethnicity Linkage Study3 (SHELS) - https://www.ed.ac.uk/usher/scottish-health-ethnicity-linkage 6. Joint Strategic Needs Assessment – Health Needs of Minority Ethnic Communities 	<ol style="list-style-type: none"> 1. Rates of physical ill health among those with long-term mental health problems are much higher than the general population. Life expectancy for men with a diagnosis of schizophrenia is 20 years less than the general population and for women is 15 years less. Approximately one-fifth of premature deaths are due to suicide and accidental death; however, a large proportion is due to physical illness. In terms of the Thrive priority- ‘A Place to Live’, we want to ensure that people with mental health problems have a safe place to call home in which they feel safe, receive the support they need and are able to connect to and be part of their local community. 2. In 2018, on the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) that measures mental wellbeing among adults and teenagers, the mean score for Scottish adults aged 16+ was 49.4. This was the lowest value since the time series began in 2008 although the decrease has been slight and gradual. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest). Nineteen percent of those aged 16+ years in Scotland in 2018 reported having a General Health Questionnaire (GHQ) score of 4 or more, an indicator of potential mental health problems. This was the highest level recorded since 2008. In 2016/17, 11% of adults had two or more symptoms of depression and 6% had previously self-harmed. 3. The guiding ambition for mental health is simple but, if realised, will change and save lives - that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems. That means working to improve:

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
		<ul style="list-style-type: none"> • Prevention and early intervention; • Access to treatment, and joined up accessible services; • The physical wellbeing of people with mental health problems; • Rights, information use, and planning. <p>4. There are 14 Quality Indicators measured for people with mental health issues. A key one is - P2 - % of adults with mental health problems supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (Integration indicator 7).</p> <p>5. This study shows varying patterns of psychiatric hospitalisation by ethnic group in Scotland, with the differences only partly explained by socio-economic circumstances. For South Asian and Chinese groups in particular, they suggest under and late utilisation of mental health services. The findings indicate the need for culturally appropriate and sensitive mental health services that will improve access for minority ethnic groups to community and specialist mental health services.</p> <p>6. The report found that suicide rates among the Polish community in Scotland are higher than the Scottish average. The impact of racism and hate crime which contribute to social exclusion and negatively affect mental and physical health.</p>
Data on service uptake/access	1. Reports from SWIFT/AIS outline where people are receiving care and support services and the volumes and cost of service.	1. There are currently 272 supported accommodation places across the city with additional support provided to people across the five Wayfinder grades of support. Currently over 760 people with mental health issues are receiving a care and support spot purchased service which includes visiting support and supported accommodation.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p>1. Scottish Public Health Observatory https://www.scotpho.org.uk/health-wellbeing-and-disease/mental-health/key-points/</p> <p>2a. Killaspy (2016) Clinical outcomes and costs for people with complex psychosis https://doi.org/10.1186/s12888-016-0797-6</p> <p>2b. Cook and Chambers (2009) Occupational therapy for people with psychotic conditions in community settings https://journals.sagepub.com/doi/abs/10.1177/0269215508098898</p>	<p>1. Adult mental health (mental wellbeing and mental health problems) outcomes are distributed unevenly across the Scottish adult population, with inequalities evident for age, gender, deprivation and socioeconomic status.</p> <p>2. People with complex mental health needs make up 10% of all adults requiring mental health services (Killaspy, 2016). They will typically have a diagnosis of schizophrenia, psychotic or bipolar disorder with over a one year duration, which significantly impacts on their self-care, social and cognitive functioning (Cook and Chambers, 2009).</p> <p>As a result, this group of service users have significant difficulty with organising their daily life, being motivated to complete daily living activities and participate in social, work and leisure activities. People frequently have less rights and access to housing and employment and feel marginalised, isolated, and disconnected from society.</p>
<p>Data on equality outcomes</p>	<p>National Evidence Informing Equality Outcomes:</p> <ol style="list-style-type: none"> 1. “Advances equality of opportunity in shaping policy and delivery of services” (Public Sector Equality Duty, Equality Act, 2010). 2. “Improves the physical health of people with severe and enduring mental health problems to address premature mortality” (Mental Health Strategy, 2017-2027). 3. “Inform and support people to manage and maintain their health, and to manage ill-health” (The Healthcare Quality Strategy for NHS Scotland, 2010). 4. “To reduce premature mortality for people with poor mental health” (Charter of Rights and Actions for Change, 2016). 	<p>Actions to deliver equality outcomes and address health inequalities are not mutually exclusive but intrinsically linked i.e. health inequalities reflect the health gaps associated with people’s unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, e.g. age, ethnicity and disability.</p> <p>Therefore, in order to address health inequalities effectively, consideration must be given to the associated implications and complex intersections between people with Protected Characteristics, identified as: age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race and ethnicity, religion and belief, and sexual orientation.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
	<ol style="list-style-type: none"> 5. “Low health literacy leads to poor health outcomes and widens health inequality” (Making it Easy: A Health Literacy Action Plan for Scotland, 2014). 6. “The Act gives all patients the right that the health care they receive will encourage them to take part in decisions about their health and wellbeing, and provide patients with the information and support to do so”. (Patient Rights (Scotland) Act 2011.) 	
Research /literature evidence	<ol style="list-style-type: none"> 1. IRISS- Peer Support in Mental Health Services https://www.iriss.org.uk/resources/insights/peer-support-roles-mental-health-services 2. Kings Fund: Outcomes for mental health services- what really matters? (2019) https://www.kingsfund.org.uk/sites/default/files/2019-03/outcomes-mental-health-services_0.pdf 3. NHS Scotland - Inequalities Briefing No.10- Mental Health (2017) http://www.healthscotland.scot/media/1626/inequalities-briefing-10_mental-health_english_nov_2017.pdf 4. Literature Review: Barriers to Alcohol and Mental Health Support and Services for Vulnerable Groups in Edinburgh (December 2019) 5. Quality of life outcomes for people with serious mental illness living in supported accommodation Harrison M, Singh Roy A, Hultqvist J, Pan A-W, McCartney D, McGuire N, Irvine Fitzpatrick L, Forsyth K. (2020) Quality of life outcomes for people with serious mental illness living in supported accommodation: systematic 	<ol style="list-style-type: none"> 1. Peer support roles are particularly effective in supporting issues identified as central to recovery, including hope, empowerment and social inclusion. There is evidence of an increased focus on recovery; better awareness of the value of lived experience in services and relationships; and a reduction in stigma and a 'them and us' attitude through peer support. 2. This paper highlights the importance and challenges of measuring individual outcomes of people with mental health issues. 3. Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health both in childhood and adulthood. Warmth and energy efficiency interventions have shown improvements in mental health, as well as other health outcomes. While the mechanism that links aspects of poor housing to mental health is unclear, it is possible that either poor-quality housing acts as a direct source of stress or that poor-quality housing is a risk factor that is related to poverty and is therefore associated with other physical and social risk factors.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
	<p>review and meta-analysis. <i>Social Psychiatry and Psychiatric Epidemiology</i> https://doi.org/10.1007/s00127-020-01885-x</p> <p>6. McPherson P, Krotofil J, Killaspy H. Mental health supported accommodation service: a systematic review of mental health and psychosocial outcomes. <i>BMC Psychiatry</i> 2018; 18:28. https://doi.org/10.1186/s12888-018-1725-8</p> <p>7. Provision of supported accommodation Killaspy H, Priebe S, King M, Eldridge S, McCrone P, Shepherd G, et al. Supported accommodation for people with mental health problems: the QuEST research programme with feasibility RCT. <i>Programme Grants Appl Res</i> 2019; 7:7. London: NIHR.</p>	<p>4. Improving access to mental health and alcohol misuse support and services in particular has been identified as a way of helping to address the widening health inequalities faced by people locally. It has been shown that Asian and Eastern European men tend to hide problems, which leads to self-medicating and relying heavily on alcohol to deal with mental ill-health, increasing the demand for crisis services. This can lead to high suicide rates.</p> <p>5. Satisfaction with living conditions was significantly different between high support (Grade 5), supported housing (Grade 4) and floating outreach (Grade 3/2) accommodation. The results suggest there is further work to be done on improving functional and social outcomes for people living in all types of supported accommodation.</p> <p>6. There is some evidence that supported accommodation is effective across a range of psychosocial outcomes. The most robust evidence supports the effectiveness of the permanent supported accommodation model for homeless people with serious mental illness in generating improvements in housing retention and stability, and appropriate use of clinical services over time, and for other forms of supported accommodation for deinstitutionalised populations in reducing hospitalisation rates and improving appropriate service use. The evidence base for general populations with serious mental illness is less developed and requires further research.</p> <p>7. This is the overarching conclusion from the 5 year research programme in England titled Quality and Effectiveness of Supported Tenancies for people with mental health problems (QuEST). The two more intensive models of supported accommodation (residential care (Grade 6 level service provided in community) and supported housing (Grade 4))</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
		<p>were associated with a better quality of life than floating outreach but those in supported housing had more autonomy and supported housing services were cheaper than residential care. Services that promoted human rights and recovery were more successful in supporting service users to move on (or, for floating outreach, manage with less support). The authors concluded that their findings could not provide clear guidance on the most effective model(s) of supported accommodation and recommend that it seems likely that a range of options will continue to be required to provide appropriate support to individuals with differing needs, and that planning of services should be orientated to the needs of local populations.</p>
Public/patient/client experience information	<ol style="list-style-type: none"> 1. Report on engagement with statutory staff on mental health commissioning of supported accommodation and visiting support services in Edinburgh (May 2020) 	<ol style="list-style-type: none"> 1. The report was based on discussions and meetings with several different professional teams in the city including MHO Forums, Community Rehabilitation Team and Forensic Mental Health Team. Over 90 staff took part in the engagement. The report had many findings including the areas that were working well such as the quality of staff and managers from the third sector providers. It found that many support workers were committed to their work supporting people with challenging behaviours. The report also found several areas that need to be improved upon including small packages of care for medication supervision; increasing capacity in parts of the city to meet demand; increasing number of reviews undertaken by statutory staff and increased use of technology enabled care.
Evidence of inclusive engagement of people who use the service	<ol style="list-style-type: none"> 1. Radical Visions: Consultation report on views of Service Users, Carers and Provider staff on current mental health services for supported accommodation and visiting support (2020) 	<ol style="list-style-type: none"> 1. The findings from the report along with any recommendations will inform the commissioning process and development of the new service specification.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
and involvement findings		
Evidence of unmet need		
Good practice guidelines	<ol style="list-style-type: none"> 1. Health and Social Care Standards https://www.gov.scot/publications/health-social-care-standards-support-life/ 2. Mental Welfare Commission Good practice guides- LGBT Inclusive Mental Health Services https://www.mwscot.org.uk/sites/default/files/2019-06/lgbt_inclusive_mental_health_services.pdf 3. Mental Welfare Commission Good practice guides- Human Rights in Mental Health Services https://www.mwscot.org.uk/sites/default/files/2019-06/human_rights_in_mental_health_services.pdf 	<ol style="list-style-type: none"> 1. Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. 2. LGBT people are not a homogenous group but rather a diverse community who at times can share common inequalities and experience prejudice. For services, it is important to create an environment where LGBT people feel safe and able to be themselves. They should not need to hide who they are for fear of negative reactions or harassment. Make sure LGBT friendly posters and leaflets are displayed and local LGBT groups are signposted. 3. The report highlights that that respect for human rights can and should inform decision-making; develop better participation for patients; foster strong working relationships and ensure that care is personalised. The long-term aim is that a robust and widely understood human rights-based approach, and the Rights in Mind pathway itself, influence and become embedded in mental health care delivery, ultimately contributing to a broad cultural change.
Carbon emissions generated/reduced data		

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
Environmental data		
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required	<p>Ethnicity 1. Bansal N, Bhopal R, Netto G, Lyons D, Steiner MFC, Sashidharan SP. (2014) Disparate patterns of hospitalisation reflect unmet needs and persistent ethnic inequalities in mental health care: the Scottish health and ethnicity linkage study. <i>Ethnicity and Health</i>. 19: 217-239. https://www.tandfonline.com/doi/full/10.1080/13557858.2013.814764</p> <p>2. Service user experiences of supported accommodation Krotofil J, McPherson P, Killaspy H. (2019) Service user experiences of specialist mental health supported accommodation: A systematic review of qualitative studies and narrative synthesis. <i>Health and Social Care in the Community</i>. 26:787-800. https://doi.org/10.1111/hsc.12570</p> <p>3. Harrison M, Singh Roy A, Hultqvist J, Pan A-W, McCartney D, McGuire N, Irvine Fitzpatrick L, Forsyth K. (2020) Quality of life outcomes for people with serious mental illness living in supported accommodation: systematic review and meta-analysis. <i>Social Psychiatry and Psychiatric Epidemiology</i> 55(8), 977-988. https://doi.org/10.1007/s00127-020-01885-x</p>	<ol style="list-style-type: none"> 1. This is the only paper published so far from SHELS focused on mental health and ethnicity. Although it focuses on hospitalisation of people from different BAME backgrounds, it indicates that people from South Asian and Chinese communities are under and late users of mental health services. 2. Service user experiences of supported accommodation are influenced by a range of factors, including the characteristics of the service, relationships with staff and other service users, the intensity and nature of support, the physical environment itself, and various social and community factors. Service user narratives are linked by an emphasis on the concept of “home.” 3. Quality of Life outcomes can provide an indication of how satisfied people with serious mental illness are living in different types of supported accommodation. The meta-analysis showed that satisfaction with living conditions was significantly different between the three types of supported accommodation. The results of our study suggest that there is a need to focus on improving social functioning and wellbeing outcomes across supported accommodation types. There is also a need to further identify the factors which create positive living conditions for people which balance managing risk, developing daily living skills and enabling increased choice and autonomy for service users to create supported accommodation that enables recovery for people with serious mental illness.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected?
	<p>Service user perspectives of mental health services in Scotland</p> <p>Larkin A, Simpson F. (2015). 1 in 100: The experience of living with schizophrenia and psychosis in Scotland: Results of the Scottish Schizophrenia Survey. https://www.supportinmindscotland.org.uk/Handlers/Download.ashx?IDMF=2c96a70e-1fd2-4945-9b2d-f12ccee3c721</p> <p>Mental Health Foundation (2016). A review of mental health services in Scotland: perspectives and experiences of service users, carers and professionals. Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015. https://www.mentalhealth.org.uk/publications/review-mental-health-services-scotland</p>	

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <ol style="list-style-type: none"> 1. People with complex mental health issues will get access to quality supported accommodation and visiting support services that meets their needs and personal outcomes. 2. Take account of people living in shared accommodation who have children who may wish to visit. There is a duty to promote the parent /child relationship and allow safe and positive impact. 	<p>Adults with mental health issues</p> <p>Vulnerable families</p>

<p>3. A service provision needs to be developed separately to be able to meet the needs of women (including trans women) with complex needs including personality disorders.</p> <p>4. Services need to take account of people's religious beliefs and providers may be required to provide support or make adjustments to allow that person to undertake their worship.</p> <p>5. Providers should support people with volunteering and employment opportunities who use supported accommodation and visiting support services.</p> <p>6. Adult and young carers to be made aware of their rights including access to a have an adult carer support plan or young carer statement and the associated support services.</p>	<p>Women (including trans women)</p> <p>People with different religious beliefs.</p> <p>Adults with mental health issues</p> <p>Carers</p>
<p><u>Negative:</u></p>	
<p>7. The needs of people growing old in supported accommodation with physical comorbidity can negatively impact on where they can live.</p> <p>8. People can get stuck in hospital because their mental health and physical health needs can't be met in the community.</p> <p>9. Some of the current older properties which are available are not suitable for people who use wheelchairs or people with sensory impairment and have limited options for adaptation.</p> <p>10. If over 65 years old with functional mental health issues, and not already receiving support through mental health services, a different service provision is made available.</p> <p>11. Black and Minority Ethnic people may find it difficult to access these services if communication and promotion of these services is not effective. This includes potential issues for people whose first language is not English.</p> <p>12. Accommodation may not be suitable to meet the needs of all people including lesbian, gay, bisexual and transgender people, specifically in terms of facilities available to accommodate people's personal care and social needs.</p>	<p>Adults with disabilities and mental health issues</p> <p>Adults with disabilities and mental health issues</p> <p>Older People, People with mental health issues.</p> <p>Black and Minority Ethnic people</p> <p>Lesbian, Gay, Bisexual, Transgender people.</p>

<p>13. Impacts of poverty may have disproportionate impact on people with severe complex mental health issues.</p> <p>14. Homeless people may have difficulty accessing supported accommodation services due to complex issues in their lives.</p> <p>15. People who have experienced trauma or survivors of sexual abuse will require additional support by providers of services.</p> <p>16. Access to services can be more difficult in more rural parts of the city and can cause issues with people receiving a service.</p> <p>17. People from black and minority ethnic communities who use support services may require additional risk assessment due to the Covid pandemic.</p> <p>18. Provider staff with protected characteristics including those from black and minority ethnic communities may need additional or readjusted duties due to the Covid pandemic.</p> <p>19. People with complex mental health needs can be located in areas of higher deprivation which can have a significant impact on both their mental and physical health outcomes and can significantly compound recovery for them.</p>	<p>Adults with mental health issues</p> <p>Homeless people</p> <p>People who have experienced trauma/ sexual abuse</p> <p>Rural/Semi-rural communities</p> <p>Black and Minority Ethnic people</p> <p>Black and Minority Ethnic people</p> <p>Adults with mental health issues</p>
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<p>Environment and Sustainability including climate change emissions and impacts</p> <p>Positive</p> <ol style="list-style-type: none"> 1. Through volunteering opportunities, people who use services may be involved in garden projects helping with biodiversity in the city. 2. There should be improvements to physical environment including housing quality for people who use supported accommodation services. <p>Negative n/a</p>	<p>Affected populations</p> <p>People with mental health issues.</p>
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<p>Economic including socio-economic disadvantage</p> <p>Positive</p> <ol style="list-style-type: none"> 1. Opportunities for income maximisation for individuals who are assessed as in need of supported accommodation or visiting support. 2. The provision of these services will continue to provide local employment opportunities for care and support staff both in the third sector and independent sector. <p>Negative n/a</p>	<p>Affected populations</p> <p>People with mental health issues.</p>

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 of 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, environmental and substantiality issues will be addressed in the service specification and in the terms and conditions of the contract with the providers.

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 is still to be developed to support the dissemination of information of these services.

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](#) (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 effects.

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
1. Consider developing a service provision separately to be able to meet the needs of women (including trans women) with complex needs including personality disorders.	Linda Irvine Fitzpatrick, Mental Health and Wellbeing Strategic Programme Manager	August 2020	August 2021
2. Future strategic planning and design of accommodation is required to take account of the needs of people growing old in supported accommodation with physical comorbidity as it can negatively impact on where they can live.	A Place to Live Group – Dr Michele Harrison, Research Fellow, Wayfinder Partnership	August 2020	August 2021
3. Work with providers and housing associations to explore options: <ul style="list-style-type: none"> • of future proofing supported accommodation to address the issues of current older properties which are not suitable for people who use wheelchairs or people with sensory impairment and have limited options for adaptation. • around suitable location of accommodation and accessibility to community resources. 	Dr Michele Harrison, Research Fellow, Wayfinder Partnership	October 2020	September 2021
4. At a strategic level, consideration should be given to provide training to different staff groups to help ensure that:		February 2021	February 2022

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
<ul style="list-style-type: none"> • staff in mental health services have an understanding of physical needs, especially in people who are growing old and will have changing needs. • staff in other fields, especially those working with older people and those with substance misuse can recognise and have an understanding of mental health needs. 	Gordon Dodds, Planning and Commissioning Officer- Mental Health		
5. At a strategic level, a planning discussion is required on the needs of people over 65 years old with functional mental health issues, and the different supported accommodation provision options available.	Linda Irvine Fitzpatrick, Mental Health and Wellbeing Strategic Programme Manager and Gordon Dodds, Planning and Commissioning Officer- Mental Health	January 2021	January 2022
6. 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.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	January 2021	January 2022
7. Give consideration in the service specification to include that providers where possible ensure that their shared accommodation is suitable to meet the needs of lesbian, gay, bisexual and heterosexual people if they wish to bring their partner to visit.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	December 2020	December 2021
8. In the development of the service specification give consideration to the impacts of poverty which may have a disproportionate impact on people with severe complex mental health issues.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	December 2020	December 2021
9. In the service specification take into account that homeless people may have difficulty accessing supported accommodation services due to complex issues in their lives		December 2020	December 2021

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
and are likely to have a different pathway through The Access Point to seek appropriate accommodation.	Gordon Dodds, Planning and Commissioning Officer- Mental Health		
10. Give consideration when developing the service specification, that people who have experienced trauma or survivors of sexual abuse will require additional support by providers of services. This may include signposting to more specialist services for support.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	December 2020	December 2021
11. In the development of the service specification, consider that access to services can be more difficult in more rural parts of the city and can cause issues with people receiving a service.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	December 2020	December 2021
12. In the service specification, add that providers must consider people from black and minority ethnic communities who use their support services may require additional risk assessments to keep them safe and well due to the Covid pandemic.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	December 2020	December 2021
13. Consider in the development of the service specification, how providers take into account any staff with protected characteristics including those from black and minority ethnic communities may need additional or readjusted duties due to the Covid pandemic.	Gordon Dodds, Planning and Commissioning Officer- Mental Health	December 2020	December 2021

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?
The contract monitoring arrangements have still to be developed for these services.

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

Name: Tony Duncan, Head of Strategic Planning, Edinburgh Health and Social Care Partnership

Date: 16/09/20

17. Publication

Completed and signed IIAs should be sent to strategyandbusinessplanning@edinburgh.gov.uk to be published on the IIA directory on the Council website www.edinburgh.gov.uk/impactassessments