

Integrated Impact Assessment : Summary Report Template

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

Haddington CAB Action Plan 2019-2020

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

Project has been running for number of years – Provides welfare advice in primary care setting.

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

4. Date of IIA

12/7/19

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
Jacqueline Kirkland (Facilitator and Report Writer)	NHS Lothian Senior Health Promotion Specialist	1.11.18	Jacqueline.kirkland@nhslothian.scot.nhs.uk

Rebecca Dey	NHS Lothian Senior Health Promotion Specialist (Scribe)		Rebecca.dey@nhslothian.scot.nhs.uk
Jemiel Benison	Manager CAB		Jemiel.benison@haddingtoncab.casonline.org.uk
Jacqueline Ormston	Finance and Admin Manager CAB		Jacqueline.Ormston@HaddingtonCAB.casonline.org.uk
Morag Russell	Administration Dunbar Medical Practice		Morag.Russell@nhslothian.scot.nhs.uk
Laura Burnside	Case Worker CAB		Laura.Burnside@HaddingtonCAB.casonline.org.uk

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Dunbar Area Profile (2017) Local Development Plan (2018) East Lothian Resident's Survey (2017) SIMD (2016) End Child Poverty Report (2018)	13.5% of the EL population live in the Dunbar and Linton ward 60.2% aged 16-64 20% aged 65+ More rural ward in EL County with 27% of population residing in rural settlements. 46% of all households are made up solely of working age adults. 28% contain at least one dependent child and 23% are made up entirely of people over 65.

Evidence	Available?	Comments: what does the evidence tell you?
Data on service uptake/access	Client Profiles and Report	<p>48 clients seen in 2017-19</p> <p>Majority were aged between 35-59 years old.</p> <p>The rest of the profile questions asked majority had chosen not to answer so number of responses very limited in information.</p>
Data on equality outcomes	<p>Dunbar Area Profile (2017)</p> <p>Local Development Plan (2018)</p> <p>East Lothian Resident's Survey (2017)</p> <p>SIMD (2016)</p> <p>End Child Poverty Report (2018)</p>	<p>98.3% of the population identifying as white</p> <p>None of the data zones in the ward are in the 20% most deprived in East Lothian.</p> <p>14.24% of children are living in poverty after housing costs in the ward.</p> <p>6.9% of ward population considered to be employment deprived</p> <p>7.4% of ward population considered to be income deprived</p> <p>3.2% of ward population claiming Universal Credit compared with 4.7% East Lothian average.</p> <p>5% of population working in agricultural, forestry, hunting and fishing industry compared with 2% across whole of East Lothian.</p> <p>29% of residents in Ward said they had no savings.</p>
Research/literature evidence	<p>See Lothian NHS Evaluation of previous project</p> <p>https://www.qcph.co.uk/assets/0000/6242/Deep_End_FINAL_WEB.pdf</p> <p>https://www.qcph.co.uk/assets/0000/7293/Advice_workers_in_deep_end_GP_primary_care_setting.pdf</p>	<p>Strong evidence base for welfare/advice services in GP/Primary care settings</p> <p>Evaluation and other national work support.</p>
Public/patient/client experience information	Client Satisfaction Survey 2018	<p>100% of clients felt the advisor understood the problem</p> <p>90% of clients were very satisfied with the service 10% were satisfied</p> <p>100% would use the service again</p>

Evidence	Available?	Comments: what does the evidence tell you?
		100% would recommend the service
Evidence of inclusive engagement of service users and involvement findings	GP Referral basis all patients included	
Evidence of unmet need		
Good practice guidelines	SNSIAP Accreditation and competences	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		Lots of housing developments happening in the Dunbar ward – this will have impacts on the demographics of the population.
Additional evidence required		

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

<p>Equality, Health and Wellbeing and Human Rights Positive</p> <p>This service is based on GP referral and is located in the Dunbar GP practice. This practice is the only practice which serves Dunbar and the Eastward and Souther Villages of East Lothian; therefore this service is accessible to everyone living in the Dunbar, South and the areas South and East of it up to the Scottish Borders Area. This service is very beneficial to all but specifically</p>	<p>Affected populations</p> <p>All</p> <p>Disabled People</p>
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to people with a disability, this is often a population which can have more welfare and benefits issues so having this accessible service available to them is very positive. The workers are also able to help with any forms/ paperwork that might need filled out (either paper or online) which is often a challenge for the disability populations . Also the clients can be seen with family members as well so this can provide benefits particularly for the carers population. The majority of clients seen are working age so is having a positive impact on adults, but also a benefit for children and young people by proxy as by sorting any family issues the children will also benefit from this service. There is also a positive impact for older adults and pensioners as this service is provided close to them and is more accessible and as stated before the worker is able to help with filling out information which can often be online platforms which can present challenges for the elderly population. All of the GP surgeries in Dunbar share premises therefore this service is inclusive of everyone in the community. This ward within the county is also semi-rural and having a service in the local area is a huge benefit otherwise people would have to travel to Haddington which can be expensive and challenging for certain populations. Home service is also available for those that are extremely rural or unable to travel for any particular reason – this may need to be highlighted more to the GPs as was not something the practice staff members was aware of. The service is also open to anyone regardless of ethnicity, gender, sexual orientation or race, as it is based on GP referral no restrictions have been put on who can attend he service. Also as this is GP referral basis there is not a reliance on the client filling out forms/paperwork to access the service, which is a positive impact for those populations that can struggle with numeracy and literacy issues. There is obviously a huge positive impact for the populations vulnerable to poverty and while the Dunbar and Linton Ward is particularly affluent there is still deprivation that exists. Since the introduction of universal credit the majority of cases saw by the worker concern benefits issues, rather than more generalised advice needs. This is the benefit of having CAB in the practice as they have the skills and expertise to deal with a variety of welfare and advice

Carers

Adults

Children and Young people

Older Adults

All

Rural Communities

All

Numeracy and Literacy Issues

Populations Vulnerable to Poverty

All

Staff

<p>issues. The service is also open to any practice staff as well so can provide benefit to them as much as the patients themselves. The service improves access for people living in this ward to welfare advice services, this in turn helps promote clients to have more control over their choices and lives. The service also fosters good relationships between clients, statutory services and 3rd sector. This promotes better working and builds networks of support for the clients. The fact that the service is based in the GP surgery means this is a trusted, safe and familiar place where most clients know they can access help which makes the service feel more accessible to the client as they feel safe in this environment.</p> <p>Negative</p> <p>The materials advertising the service are only in English therefore for non-English speaking patients they might not be aware of the service. However as this is a GP referral based service the GPs will explain the service to the patients. Also the East Lothian County does not have a high prevalence of other ethnicities living in the county so this may not have a detrimental impact.</p> <p>As this service is a GP referral system there is possibly some communities that might not be accessible such as the homeless population, gypsy travellers and refugees, however this service does not have the capacity for outreach at this time and often these vulnerable populations will have access to other services which will be able to link them directly with the CAB services.</p>	<p>All</p> <p>Non-English Speaking Refugees Homeless Ethnic Minorities</p>
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<p>Environment and Sustainability</p> <p>Positive</p> <p>Outreach nature of service being based in Dunbar means that less people will be having to travel to Haddington, which can be challenging on public transport so most people would use personal cars. By having the service located locally this can reduce car usage.</p> <p>Negative None</p>	<p>Affected populations</p> <p>All</p>
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<p>Economic Positive</p>	<p>Affected populations</p>
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<p>Huge positive benefits in increasing income and reducing the inequalities between populations. Improving access to services by having this service in the local area rather than out with ward</p> <p>Negative None</p>	<p>All</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?**

N/A

- 9. 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.**

Service is not changing continuation of project – GPs aware of service

- 10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.**

N/A

- 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.

N/A

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

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
Ensure all GPs are aware of the Home Visits options	Laura Burnside Morag Russell	December 2019	
Ensure if needed Non-English speaking clients could access translation services or translated materials	Jemiel Benson	April 2020	

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

Quarterly reporting and monitoring of clients

15. Sign off by Head of Service/ Project Lead

Name **Jemiel Benison**

Date **25/07/2019**

16. Publication

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