

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 proposal:** Health Inclusion Team
- 2. What will change as a result of this proposal:** Not a change was a review of service due to permanent post changes
- 3. Briefly describe public involvement in this proposal to date and planned:** We gather feedback from our service users
- 4. Is the proposal considered strategic under the [Fairer Scotland Duty](#):** No
- 5. Date of IIA:** 09/11/23
- 6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. NHS, Council)**

Name	Job Title	Date of IIA training
Jacqueline Kirkland	MLHSCP Public Health Practitioner	Sep 2018
Ruth Flynn	MLHSCP Public Health Practitioner	
Kirsty Barron	Health Inclusion Nurse	
Chloe Farmer	Health Inclusion Nurse	
Jillian Elliot	Womans Aid	
Mark Quillette-Bird	BBV	
Rowena McIntosh	SPRING	

Lucy Bryant	Vocal	
Kelly Scollion	Social Work	

7. Evidence available at the time of the IIA

Population groups / issues	What does the evidence tell us	Source (e.g. published research, consultation & engagement, equality monitoring data)
Age (including care experienced children and young people)	<p>The Midlothian population is currently estimated at 96,600 people. However the population has been growing. Between 2018 and 2028, the population of Midlothian is projected to increase from 91,340 to 103,945. This is an increase of 13.8%, which compares to a projected increase of 1.8% for Scotland as a whole.</p> <p>The largest percentage increase will be in those aged 75 and over.</p> <p>The HIT service is open to anyone over 16+yrs old and is predominately used by those aged 35-44yrs old.</p>	<p>Scottish Census, National Records of Scotland, Boxi reports</p>
Disability	<p>The service does not currently collect/monitor service users living with a disability but the service is open to all. Equalities monitoring is being developed as part of our new evaluation forms.</p>	<p>JSNA, Evaluation reports (once developed)</p>
Gender reassignment (trans)	<p>We do not have reliable local figures for Trans and other gender identities. The Scottish Government does not currently have a recommended survey question to collect information about gender identity. The service also does not have reliable figures for this as TRAK is our reporting system and at this time only male and female are recorded. However our service is open to anyone and locally we are developing equalities monitoring as part of our new evaluation forms.</p>	<p>JSNA, Evaluation reports (once developed)</p>

Population groups / issues	What does the evidence tell us	Source (e.g. published research, consultation & engagement, equality monitoring data)
<p>Pregnancy and maternity</p> <p>Race (colour, nationality, ethnic or national origins)</p> <p>Religion or belief</p> <p>Sex (women and men)</p>	<p>The Midlothian birth rate (births per 1,000 population) is 10.5. This is above the Scottish rate and has been gradually declining for the last three years (2018-20) while Scotland's rate has declined to 8.6.</p> <p>In Midlothian, there were 1,040 births in 2022.</p> <p>The service does not currently collect/monitor this element but the service is open to all. We do also offer pregnancy testing kits as part of our sexual health clinics.</p> <p>The 2011 census provides the most recent view of the ethnic make-up of the population. 1.8% of the population belonged to a Minority Ethnic Community. The service does not currently collect/monitor service users' ethnicity but the service is open to all. Equalities monitoring is being developed as part of our new evaluation forms.</p> <p>The service does not currently collect/monitor service user religion/belief but the service is open to all.</p> <p>The gender split is roughly equal in midlothian however the female proportion of the population increases with age. In terms of the service, we have a slightly higher proportion of men 51% that use the service.</p> <p>Based on the Scottish Surveys Core Questions 2019: 2.3% (+/- 1.5) of Midlothian's population identify as lesbian,</p>	<p>JSNA</p> <p>JSNA, Evaluation (once developed)</p> <p>JSNA, BOXI reports</p>

Population groups / issues	What does the evidence tell us	Source (e.g. published research, consultation & engagement, equality monitoring data)
<p>Sexual orientation (gay men, lesbians, heterosexuals and bisexuals)</p>	<p>gay bisexual or other. The service does not currently collect/monitor service user sexual orientation but the service is open to all. Equalities monitoring is being developed as part of our new evaluation forms.</p> <p>We do also offer some sexual health services and advice.</p>	<p>JSNA, Evaluation (once developed)</p>
<p>Data about people living in poverty and experiencing socio-economic disadvantage</p>	<p>Midlothian operates on an East/West localities basis. There are 10 data zones in the most deprived 20% areas:</p> <ul style="list-style-type: none"> •2 data zone in the most deprived 5% - both in Dalkeith. •1 data zone in the most deprived 5-10% - in Dalkeith •2 data zones in the most deprived 10-15% - in Easthouses and Mayfield •5 data zones in the most deprived 15-20% - in Straiton, Mayfield, Easthouses, North Gorebride and Gorebridge & Middleton. <p>Workers in Midlothian (by place of residence) consistently earn less than the Scottish median earnings per week. Midlothian full-time employed residents in 2022 earned on average £622.90 per week.</p> <p>22.7% of children were in poverty in 2021/22 in Midlothian. This is equal to 4,590 children.</p> <p>Service wise we see on average across 3 years 85% of our service users in their own homes (usually this is the temporary accommodations). We don't currently collect data on employment routinely. This is something we can add to our equalities monitoring in our evaluations.</p>	<p>JSNA, End poverty Report, BOXI reports</p>
<p>Education</p>	<p>94.5% of school leavers in Midlothian enter a positive destination e.g. training, employment, volunteering and further and higher education. This is higher than the national average in 2019/20 (93.3%).</p>	<p>JSNA</p>

Population groups / issues	What does the evidence tell us	Source (e.g. published research, consultation & engagement, equality monitoring data)
<p>Unemployment/ job insecurity</p> <p>Food insecurity</p> <p>Housing</p>	<p>50% of the working age population have a qualification at NVQ level 4 or above, this has increased from 39.6% in 2018 and is similar to Scotland (49.3%).</p> <p>In terms of the service education level is not something we routinely ask/collect.</p> <p>2.2% of Midlothian’s economically active population is unemployed which is roughly 1,100 people.</p> <p>Midlothian Food Bank has been active for 9 years. This is one of several projects providing food to people in crisis locally. The most reported crisis leading to foodbank uses are:</p> <ul style="list-style-type: none"> • Debt (502 visits) • benefits delay (250 visits) • child holiday meals (249 visits). <p>50% of food bank usage is by households with children.</p> <p>From a service point of view our top 5 interventions include healthcare and lifestyle factors and referral to other agency both of which include food insecurity as a potential issue faced by our users.</p> <p>In 20/21 there were 490 homelessness presentations in Midlothian. We are a predominately outreach service and this shows in our service evaluations. On average across 3 years 85% of our service users were seen in their own homes (usually this is the temporary accommodations around Midlothian).</p>	<p>NOMIS</p> <p>JSNA, BOXI reports</p> <p>JSNA, BOXI Reports</p>
<p>Good practice guidance (statutory and non-statutory)</p>		
<p>Carbon emissions generated/reduced data</p>	<p>N/A</p>	

Population groups / issues	What does the evidence tell us	Source (e.g. published research, consultation & engagement, equality monitoring data)
Environmental data	N/A	
Other (please specify)		

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> <p>This is an outreach service which focuses on having a ‘what matters to you’ conversation with anyone wishing to engage with the service. It is open to anyone aged 16+ and predominately focuses on areas of inequalities. The service works with the person to help them address the challenges they may face and also works closely in partnership with other statutory and non-statutory services. The service works with 16+ and doesn’t have an age limit, our data shows that 35-44yr olds are our biggest demographic. The service is an outreach service so doesn’t require the clients to travel to be seen cutting down on costs and time for them. The service also can be self-referral or professional referrals so increases access for those needing the service. The outreach aspect includes temporary accommodations, recovery cafes, foodbanks and local groups. We also provide a dedicated carers clinic in partnership with our local carers organisation. The service also works with SPRING and Women’s Supper, both these groups help support vulnerable women and help them reduce inequalities the women may be facing. The majority of the clients we see have financial difficulty or are on benefits, we work with the person to help them address what is important to them and also link them with other specialist services/organisations which can also provide support. There is great relationships with welfare rights teams both in house and external. The service links with strategic groups and priorities happening locally. This allows them to take a preventative/early intervention approach, an example of this is the A+E frequent attender work, this</p>	<p>All</p> <p>All</p> <p>Those living in poverty</p> <p>Those affected by homelessness, substance use</p> <p>Carers</p> <p>Women</p> <p>Those living in poverty</p> <p>All</p>

<p>pilot allows us to support people locally rather than them attending A+E unnecessarily. The service also support those with low numeracy/literacy and can support them to fill out information and/or help them understand information give to them. The service also have close contacts with CLLE so can support people to access their courses. The service is open to all and as we have good links with CLLE can also signpost to ESOL classes for those with English as second language. One of our nurses in the service also has a sexual health speciality so can provide testing to those at risk. Both nurses can provide information and advice regarding sexual health and pregnancy as well.</p> <p>Negative While the service does outreach there can sometimes be times clients are expected to travel to see the nurse and/or other services which the service has referred too. This can be challenging as most of the services are located in the East of the county and transport can be limited and costly. We do try to do as much outreach as possible but can be difficult for clients. While the service is 16+ majority of our users are 35-44, so we may need to engage with some young adult services to highlight the service to them. There is also new family wellbeing practitioners so good to link with them as well. The service is open to all however we don't monitor the ethnicity of the clients, however through observations we are aware that the majority are predominately white British so we may need to reach out to these communities to ensure they are aware of our service. While we have very established links with community justice through SPRING and community payback these could be strengthened with the justice team overall.</p>	<p>All</p> <p>Low literacy/numeracy</p> <p>Ethnic minority communities</p> <p>Sexual health and pregnancy</p> <p>Those living in poverty</p> <p>Children and young people</p> <p>Minority ethnic groups</p> <p>Those in the justice system</p>
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<p>Environment and Sustainability including climate change emissions and impacts</p> <p>Positive</p> <p>Negative Potential negative impact on carbon footprint as service is outreach so staff required to travel using personal vehicles. There is some mitigation as will try to group appointments/venues together to limit travel if possible.</p>	<p>Affected populations / areas</p> <p>Staff</p>
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<p>Economic including socio-economic disadvantage</p> <p>Positive As this service is predominately outreach it reduces the cost on travel which allows greater access to this service, especially for groups vulnerable to poverty. We have strong established links with welfare rights team in HSCP and CABs in the community to be able to refer people to get specialist support.</p> <p>Negative There still could be a cost to client if accessing other services that HIT has referred them too as will have to travel.</p>	<p>Affected populations / areas</p> <p>All</p> <p>Groups vulnerable to poverty</p> <p>All</p>
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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?

No

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.

This was an internal IIA as there is no change to service provision, therefore there is no need for communications plan at this time.

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.

N/A

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.

N/A

**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
Establish Links with children services such as LAC Nurses, C+YP Social work and other YP services	Jacqueline Kirkland Kirsty Barron Chloe Farmer	14.11.24	30.11.24
Establish links with ethnic minority groups in Midlothian	Kirsty Barron Chloe Farmer	14.11.24	30.11.24
Strengthen links within Community justice	Jacqueline Kirkland Kirsty Barron Chloe Farmer	14.11.24	30.11.24

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

No mitigation for potential increase in carbon admissions as service is outreach so travel must happen.

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

We are currently establishing new evaluation tools and these will include equalities monitoring and will be reviewed at team meetings annually.

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

Name Jacqueline Kirkland

Date 14.11.23

17. Publication

Completed and signed IIAs should be sent to:

impactassessments@nhslothian.scot.nhs.uk to be published on the NHS website <https://www.nhslothian.scot.nhs.uk/YourRights/EqualityDiversity/Pages/ImpactAssessment.aspx> and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.