

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	✓	Final report	
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(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Home First Edinburgh

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

Background

Home First is a key strategic driver for the EIJB and has been fully embraced as part of the transformation programme. It supports and enables the strategic direction of the IJB is to redesign care to ensure people have the opportunity to be treated at home or in a homely setting wherever possible. This requires a hospital discharge process which is focused on recovery and ensures assessment for long-term care and support needs is undertaken in (a) the most appropriate setting and (b) at the right time for the person.

The Home First model of care is designed to reduce the number of people being delayed leaving hospital and provide opportunity for people to be cared for at home or in a homely setting in their community.

The principles of Home First are; No decision about me, without me; Prevention of Admission and never having to make a decision about long term care in a crisis situation.

Key aspects of the model are

- Discharge to Assess – this process is focused on recovery and ensures that the assessment for long-term care and support needs is undertaken in the most appropriate setting and at the right time for the person. Decisions on long-term care needs are made only after individuals have had a period of recovery and rehabilitation at home or in a homely setting

- The use of a home-first navigator who supports clinicians to think differently, and explore possible alternatives to an extended stay in hospital by using community resources instead.
- Additional intermediate care beds for those who will not be able to return home directly due to the complex nature of orthopaedic rehabilitation.

The change

Through the use of the Home First model the reprofiling of Ward 71 at the Western General and Ward 120 in the Edinburgh Royal Infirmary has been enabled

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

Focus groups were held in 2 day centres in Edinburgh to gather the views and experiences of people who have experience of the hospital discharge process. Core group meetings were held at both the Western General and the Edinburgh Royal Infirmary to discuss future planning around the reduction of beds.

The Partnership hosted a Home First Edinburgh Stakeholder event on 29th January 2020 with presentations from NHS Tayside and Medway Trust. This was a well-attended event with representation from across acute, community and primary care teams including carer representation.

4. Date of IIA 25th June 2020

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	IIA Role	Job Title	Date of IIA training
Jenny McCann	Facilitator	Programme Manager	16/03/20
Fiona Wilson	Lead Officer	Home First Lead	
Hamish Hamilton	Stakeholder rep	Finance Business Partner	
Sarah Bryson	Notes take/ time keeper	Strategic Planning and Commissioning Officer	Nov 2017

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
<p>Data on populations in need:</p> <p><i>Strategic needs Assessment City of Edinburgh HSCP (2015)</i></p> <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i> https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	<p>Yes</p>	<p>Provides supporting information for understanding the demographics of the wider population, the needs of the population and the principles and priorities for the development of services in the City of Edinburgh (https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf)</p> <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). The report includes an overview of the main contributors, from the perspective of people in minority groups and people involved in supporting them. These include: The impact of discrimination and racism Language barriers and literacy issues - affecting access and engagement Poverty and low socio-economic status Social isolation Culture and religion-specific issues which impact on health-seeking behaviours Stigma e.g. of mental health issues Impact of trauma and crisis in home country e.g. asylum seekers Interaction with the health care system – expectations versus reality.</p> <p>Actions highlighted as needed to address these include: Staff training including cultural sensitivity Recognition of the role of the Third Sector Effective community engagement Developing effective approaches to prevention including overcoming isolation.</p> <p>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>
<p>Data on service uptake/access</p> <p><i>Scottish Government Statistics –</i></p>	<p>Yes</p>	<p>Delayed Discharge Monthly Census details the number of delays by length of delay and reason for delay. Data demonstrates that the situation has not</p>

Evidence	Available?	Comments: what does the evidence tell you?
<p><i>Delayed Discharge Monthly Census</i></p> <p><i>Discharge to assess data</i></p> <p><i>Data from prevention team</i></p>	<p>Yes</p> <p>Yes</p>	<p>been made worse by the closure of wards 71 and 120 https://statistics.gov.scot/data/delayed-discharges-monthly-census</p> <p>Discharge to assess data demonstrates that since the scale up of Home First there has been an increase and maintained upward trend in the number of people supported to leave hospital in a timely manner into the most appropriate community setting</p> <p>Data from the prevention team indicates that during 2019/20, 58/78 referrals to Home First met the criteria and were accepted. 55 of these people were prevented from being admitted to hospital with a total of 658 occupied bed days reduced. At the original agreed measurement of c. £500 per night for a hospital bed this equated to £329k in savings.</p>
Data on equality outcomes	No	
<p>Research/literature evidence</p> <p><i>Evidence about positive outcomes achieved through the adoption of a Home First approach in Dundee and Medway</i></p> <p><i>Home First Edinburgh Stakeholder event on 29th January 2020</i></p>	<p>Yes - requested</p>	<p>Home First is not unique to Edinburgh, with similar models have been delivered elsewhere. Learning and evidence of the positive outcomes achieved for people, staff and the system, is available by reviewing reports from other areas include Dundee and Medway. This supports and can inform the delivery of the model in Edinburgh.</p> <p>The Partnership hosted a Home First Edinburgh Stakeholder event on 29th January 2020 with presentations from NHS Tayside and Medway Trust. This was a well-attended event with representation from across acute, community and primary care teams including carer representation. Report summarised that there was significant support for the Home First model.</p>
<p>Public/patient/client experience information</p> <p><i>Evidence about positive patient experience through the adoption of a Home First</i></p>	<p>Yes - requested</p>	<p>User feedback from other areas that have delivered similar models is useful to consider, as it may be transferable to Edinburgh and can help inform the development of the model</p>

Evidence	Available?	Comments: what does the evidence tell you?
<i>approach in Dundee and Medway</i>		
<p>Evidence of inclusive engagement of service users and involvement findings</p> <p><i>Feedback from completed focus groups</i></p>	<p>Yes - requested</p>	<p>Focus groups were held in 2 day centres in Edinburgh to gather the views and experiences of people who have experience of the hospital discharge process. This demonstrated support for the approach</p>
<p>Evidence of unmet need</p> <p><i>Scottish Government Statistics – Delayed Discharge Monthly Census</i></p> <p><i>Data from prevention team</i></p>	<p>Yes</p> <p>Yes</p>	<p>Delayed Discharge Monthly Census details the number of delays by length of delay and reason for delay. Data demonstrates that the situation has not been made worse by the closure of wards 71 and 120</p> <p>https://statistics.gov.scot/data/delayed-discharges-monthly-census</p> <p>Data from the prevention team indicates that during 2019/20, 58/78 referrals to Home First met the criteria and were accepted. 55 of these people were prevented from being admitted to hospital with a total of 658 occupied bed days reduced. At the original agreed measurement of c. £500 per night for a hospital bed this equated to £329k in savings.</p>
<p>Good practice guidelines:</p> <p><i>Scottish Government: Health and Social Care Delivery Plan (Dec 2016)</i></p> <p><i>A Route Map to the 2020 Vision for</i></p>	<p>Yes</p>	<p>Provides Strategic context for the use and promotion of the Home First approach</p> <p>Health and Social Care Delivery Plan Scottish Governments delivery plan that sets out the framework and actions needed to ensure that our health and social care services are fit to meet requirements. Key programme of work ties directly with Home First “ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission”.</p> <p>https://www.gov.scot/publications/health-social-care-delivery-plan/</p> <p>Scottish Government 2020 Vision: <i>Our vision is that by 2020 everyone is able to live longer</i></p>

Evidence	Available?	Comments: what does the evidence tell you?
Health and Social Care		<i>healthier lives at home, or in a homely setting.</i> Emphasises and aligns with the focus of Home First to reduce delayed discharge and provide opportunity for patients to be cared for at home or in a homely setting in their community https://www2.gov.scot/Resource/0042/00423188.pdf
Realistic Medicine		Realistic Medicine is championed by Scottish Government and Chief Medical officer. Aim of Realistic Medicine is for people using healthcare services and their families to feel empowered to discuss their treatment fully with healthcare professionals. Home First is strategically aligned with this approach. https://www.realisticmedicine.scot/ https://www.gov.scot/publications/personalising-realistic-medicine-chief-medical-officer-scotland-annual-report-2017-2018/
Environmental data	No	
Risk from cumulative impacts	No	
Other (please specify)	None	
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> <p>The Home First model will have the following benefits for those who use the service:</p> <ul style="list-style-type: none"> • Be able to return home at an earlier date • Be involved in the decision-making process and have increased choice and control of their care • Be connected back into their community and have more control of their social environment • Be able to participate in a person-centred, strengths based approach to their care • Begin on their optimum pathway at an early stage and be able to influence the pathway • Be assisted to adopt a positive mindset and approach by focussing on what can be done rather than what cannot be done 	<p>All people over 16 who use the service, the majority of which will be older people and those with Long Term Conditions.</p>

<ul style="list-style-type: none"> • Be helped to build family support networks, resilience and community capacity • Be helped to achieve a healthier lifestyle through, for example, advice on physical exercise and diet and nutrition <p>The Home First model will have the following benefits for family members/unpaid carers:</p> <ul style="list-style-type: none"> • their family member will get home or be closer by, sooner • opportunity to be recognised as an unpaid carer through the team approach taken within the Home First model • supports earlier identification of carers who are not coping • opportunity to improve access to carer support • less travel, expense and stress than that associated with hospital visits <p>The Home First model will have the following benefits for staff working within the service:</p> <ul style="list-style-type: none"> • Increased control of their work, more job satisfaction, the ability to ensure discussion takes place with patient and opportunity to explore the role of social work <p>Negative There may be difficulties in accessing care at home in some areas, particular in more remote areas</p> <p>For those that require care at home, the family member may feel that the carer is an intrusion on their family life.</p> <p>The demand for services cannot always be met due to limited capacity:</p> <ul style="list-style-type: none"> • There can be challenges getting a place in local authority care homes. • It can be more challenging to accommodate people under 65, who often have more complex needs, as community resources are often focussed on older people as that is where the majority of demand lies. • Housing can be an issue however there is a growing understanding and recognition of the need and how to evolve. <p>Edinburgh residents who are receiving hospital care at St John's are within scope of Home First, however there is not Home First team operating at this location. Staff at St John's do however adopt the same approach.</p>	<p>Unpaid carers and family members</p> <p>Staff</p> <p>Those that use the service, in particular those in semi-rural areas of Edinburgh</p> <p>Families and unpaid carers</p> <p>All people over 16 who use the service, but in particular older people, those with Long Term Conditions those with complex needs, or people with a physical or learning disability those .</p> <p>All people over 16 who use the service, the majority of which will be older people and those with Long Term Conditions or living in a semi-rural area</p>
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There may be additional stress for staff as workloads and responsibilities may increase.	Staff
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Environment and Sustainability	Affected populations
Positive None	
Negative None	

Economic	Affected populations
Positive None	
Negative None	

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?

Yes. The Home First model will make use of private and voluntary sector provision of services. All equality, human rights, environmental and sustainability issues are/ will be covered by the contracts/framework agreements/funding agreement. Children’s rights are not applicable within the scope of this work.

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.

It will not be necessary to communicate with children and young people within this Home First model. Some service users will require additional communication tools in order to understand and communication will be carried out on an individual basis and as is appropriate.

- 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, a SEA should be completed, and the impacts identified in the IIA should be included in this.

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.

No further evidence required

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

Managers should be alert to signs of increased stress levels of staff as per NHS and CEC policies and good practice.

Ensure that all staff are aware of carer supports available across the system

As the Home First approach expands across Edinburgh, consideration will need to be given to how capacity in the community can grow to deliver what is needed, particularly specialist care packages and care packages in more remote areas. Consideration will also need to be given as to how we can match our housing needs.

The success of the trial of Home First in Edinburgh has influenced East, West and Mid Lothians to broaden their current *discharge to assess* model and adopt the Home First, whole system approach.

The model is also being considered for extension into mental health care in Edinburgh

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 that all staff are aware of carer supports available across the system	Fiona Wilson	August 2020	October 2020

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

Monitoring of activity and spend will be built into the reporting for the savings and governance programme and the Home First Project Board.

Where appropriate there will be ongoing engagement, consultation and communications with people who use the rehabilitation services, carers and staff about any changes.

15. Sign off by Head of Service/ Project Lead

Name: Fiona Wilson

Date: 20th June 2020

16. Publication

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

Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to Strategyandbusinessplanning@edinburgh.gov.uk to be published on the Council website.

- **City of Edinburgh Health and Social Care**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.