

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

Edinburgh Health and Social Care Partnership (EHSCP) Savings Programme
2020/21

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

To support the delivery of a balanced budget for the 2020/21 financial year the EHSCP has developed a comprehensive Savings Programme. Included within the programme are twelve different proposals.

These proposals are being developed to help:

- Achieve a balanced budget
- Improve efficiencies in service delivery
- Allow for continuous improvement of services
- Move forward and support the principles of the Strategic Plan
- More effectively target resources

All changes are ultimately driven by the strategic plan, which aims to support the sustainable delivery of services for all in our communities, now and in the future. Through the most efficient and effective use of resources it is anticipated that financial benefits and savings will be realised and an equalisation of services seen.

The Savings Programme and the proposals that sit within it will take on board national guidance as well as feedback from people themselves

This Cumulative IIA provides an opportunity to review collectively, the equality impact of the proposals on the population of Edinburgh. It provides a level of assurance that a robust, interactive consideration of potential impacts has taken place. As well as providing an overarching strategic perspective of how projects link together, this process is helping to ensure that work is not progressing in

silos. The IIA also highlights any interdependencies between projects and work streams, within the savings programme and the EHSCPs wider transformation schemes of work.

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

The proposals align with the intentions and intended strategic direction laid out within the EIJB Strategic Plan 2019-22. Extensive engagement was integral to the Plan’s development, including significant public and stakeholder engagement, consultation and feedback.

There has been no overarching public engagement around budget proposals although several budget proposal workshops involving IJB members, including elected members and non-executive NHS Board members have taken place. Some proposals are in the early stage of development and any project specific engagement which has taken place to date is noted in each IIA report. Proposed future engagement is noted within each IIA and an overarching communication plan will be developed.

4. Date of IIA: 8th April 2020

Following the cumulative IIA meeting on the 8th April, additional IIAs for savings proposal have been completed and relevant information included in the report below.

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
Moira Pringle	Lead Officer	Chief Finance Officer	
Katie McWilliam	Savings Proposal Lead Rep	Strategic Planning & Quality Manager - Older People & Carers	2009
Jenny McCann	Facilitator & Report writer	Programme Manager – Savings	16/03/20
Rachael Docking	Note taker	Programme Manager – Transformation	30/01/20
Sarah Bryson	Note taker	Strategic Planning & 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 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:</p> <ul style="list-style-type: none"> • 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>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • 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>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>

Evidence	Available?	Comments: what does the evidence tell you?
Data on service uptake/access	No	
Data on equality outcomes: <i>Individual Savings Proposals IIAs</i>	Yes	Completed/Interim IIAs for the following savings proposals (will be available here: https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/) provide details of identified impacts that may come from the implementation of the proposed changes: <ol style="list-style-type: none"> 1. Home First 2. Community Equipment 3. Day Services and Be Able 4. Learning Disability Savings (a, b & d) 5. External Housing Support – Older People 6. Purchasing 7. Prescribing 8. Hospital based Rehabilitation Services 9. Sexual Health Services 10. Carers Contracts
Research/literature evidence	No	
Public/patient/client experience information	No	
Evidence of inclusive engagement of service users and involvement findings <i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i>	Yes	Details consultation completed with stakeholders about the EIJB Strategic Plan: https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Evidence of unmet need	Yes	

Evidence	Available?	Comments: what does the evidence tell you?
<i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i>		Details the health needs and priorities for the people of Edinburgh https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Good practice guidelines	No	
Environmental data	No	
Risk from cumulative impacts <i>Savings Programme Cumulative IIA Evidence Document</i>	Yes	Document presents all identified impacts (positive and negative) for all the IIAs together, providing a cumulative overview of the impacts across all the proposals. Highlights that particular attention should be given to the impact on older people, those with a disability and carers.
Other (please specify)	N/A	
Additional evidence required	N/A	

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>An overview of the individual IIAs highlights that the main groups of people who may be impacted by the proposals, both positively and negatively, are older people and people with disabilities.</p> <p>Focus of the proposals are on providing alternative ways in which people's needs can be met to help ensure services are provided in the right place, at the right time and in the right way</p> <p>Positive Opportunities for improvement in services which will focus on better outcomes for people and take a person-centred approach to delivery</p> <p>Move to alternative arrangements/model which may include; encouragement of SDS for example and encouragement of a</p>	<p>Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services, but in particular</p>

<p>person-centred approach</p> <p>More equitable and increased fairness across system which is the correct principal e.g. moving to a mechanism for older people which is already applied to those with mental health issues and those with disabilities (Housing Support and Intensive Housing Management)</p> <p>Changes will provide a level of support which we can afford and so increase sustainability</p> <p>Opportunities for greater choice and independence in-line with policy through increased use of SDS, personalised service and individual approach</p> <p>Opportunities that actively promote life skills and physical activity, which will likely positively impact on individuals independence and confidence</p> <p>Build family support networks, resilience and community capacity</p> <p>Supports the adoption of a whole system approach wherever possible, enabling professionals to identify the breadth of services that may support someone and discouraging silo working facilitating better outcomes for people</p> <p>There may be opportunities for more flexibility of working hours in some settings and skills development/career development opportunities.</p> <p>There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery</p> <p>Clarity of way forward</p> <p>Improved consistency and equity in practice and application of existing policy</p> <p>Negative</p> <p>Perceived loss as a result of change to services, despite many transitioning to different model/approach or provider, for instance, day services for older people being re provided by the third sector.</p> <p>Transitional arrangements have been identified to mitigate any potential negative impact as a result of service changes, however the disruption and change, still have the potential to be anxiety provoking,</p>	<p>Older people and people with disabilities</p> <p>All those that receive services</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>Staff</p> <p>All those that access services</p> <p>Staff</p> <p>Staff</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p>
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<p>Potential increase burden place on carers/women(higher proportion of carers are women)</p> <p>Consultation about changes and or information provided about the changes to services is either not clear to all individuals, is not fully understood or does not reach them</p> <p>People may have to pay for service that previously they did not have to</p> <p>Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access will be considered whilst developing any technology enabled services or any move to a more self-managed care approach.</p> <p>Consideration of digital first approach (in line with Health and Social Care strategic intent Nationally, regionally and locally) may create anxiety for staff for whom this will be a new approach and may not be confident and comfortable with utilising technology within their practice.</p> <p>Changes in approach and an increase in the number of challenging and complex conversations which may provoke increased levels of stress and anxiety and lead to a potential decrease in moral</p>	<p>Women and carers</p> <p>Staff, those with learning disabilities, those with literacy issues and those for whom English is a second language</p> <p>Older people, people with disabilities, those at risk of falling into poverty or those in poorly paid jobs</p> <p>Those with poor literacy skills; those for whom English is not as a first language, and those with less access to digital technology</p> <p>Staff</p> <p>Staff</p>
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<p>Environment and Sustainability</p> <p>The Strategic Plan 2019-22 commits EHSCP to working with its partners to support the development of the city's new sustainability strategy for 2030 – pg 21 - https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <p>Positive None</p> <p>Negative None</p>	<p>Affected populations</p>
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<p>Economic</p> <p>Positive Improved quality and access to services: by implementing efficiencies, service improvements and savings, we are ensuring that those who really need services can continue to</p>	<p>Affected populations</p> <p>All those that access services</p>
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<p>access them</p> <p>Changes ensure the long term sustainability of services. By prioritising resources and maintaining our focus on better outcomes for people, we can ensure we deliver effective and efficient services for all</p> <p>Negative None</p>	<p>All those that access services</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?

Yes, a number of the proposals cover services that will be delivered by contractors. In line with procurement regulations, the formal contracts detail the requirements to comply and adhere to equality, human rights, environmental and sustainability issues. Further detail can be found in the individual IIAs.

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.

A robust overarching communication strategy will be developed and implemented as well as individualised communication plans for each proposal. All communications plans/ strategies will include specific information for patients, unpaid carers, staff and wider stakeholders and will include consideration of easy read and dementia friendly versions, BSL, Braille, hearing loop, information on screens, audio signage, and use of Happy to Translate. Consideration will also be given to health literacy and the use of different mediums and channels for sharing information.

Feedback from ongoing communication with stakeholders will inform the wider Savings Programme as well as the transformation programme (in particular the Edinburgh Pact).

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.

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.

None noted

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

Develop and implement:

- A robust overarching communication strategy for the whole programme*
 - Individualised detailed & comprehensive communication plans for each*
- * Both to include clear briefings for councillors and broader stakeholders (link with Edinburgh Pact)*

Support and manage public expectations through the emerging Edinburgh Pact, encouraging people to help themselves where possible and ensuring there are feedback mechanisms in place for people to inform how things might improve further. Appropriate engagement, involvement, appropriate consultation and feedback processes should be considered and applied prior to any changes being implemented.

Ensure appropriate processes, procedures, support, and where appropriate training are in place to support EHSCP staff, wider staff groups and providers, when they are informed of any decisions or changes.

Support the change, and continuous improvement culture change via:

- Strong leadership
- Supportive, but robust management
- Ensuring consistent approaches to promote the changes and improvement

Ensure training and or communication to staff about support available to people to maximise their income/benefits e.g. welfare rights or citizens advice for support, and where relevant provide details of referral processes.

Monitor expansion of support for carers via the Carers Strategy Implementation Plan, and Performance Framework.

In line with the ongoing work of partnership and as a strategic priority identified within the EHSCP Strategic Plan, more robust consideration must be given to reducing health inequalities.

Ensure ongoing monitoring of the impact of the changes on the market, ensuring two way communication, whilst being cognisant that we are operating in an ever changing environment and that we cannot anticipate the landscape post COVID-19 nor any changes that may be necessary.

Without progressing with these proposals we will not be able to ensure sustainable, effective and efficient delivery of services for all, nor ensure that better outcomes for people will consistently be achieved.

That a digital first approach is considered and implemented where appropriate but that appropriate mitigations are considered to avoid any negative impact for:

- *People*: via the continuation of face to face services where appropriate
- *Staff*: ensure appropriate communication, training, peer support (within and beyond service) and ongoing feedback opportunities are implemented alongside any moves towards a digital first approach

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
Develop and implement a robust overarching communication strategy for the whole programme (including stakeholder briefings where appropriate)	Jenny McCann	July 2020	September 2020
Develop and implement a Individualised detailed & comprehensive communication plans for each proposal. Ensure consultation processes and support during transition and included (including stakeholder briefing)	Savings proposal leads	August 2020	October 2020
Overarching report delivery of the programme to be provided to Savings and Governance Board	Jenny McCann	Monthly	July 2020

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
(SGB) monthly			
Ongoing reporting to EIJB bi-monthly	Moirá Pringle (with support from Jenny McCann)	Bi-monthly	September 2020

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

An overarching view on delivery of the savings programme, including monitoring of activity and spend, will be provided at the monthly Savings Governance Board, chaired by EHSCP's Chief Officer. Bi-monthly reports will also be provided to the EIJB.

Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate.

Where appropriate there will be ongoing engagement, involvement and appropriate consultation with staff, patients, and carers about any changes, allowing for feedback

It is currently uncertain what longer term impact COVID-19 will have on the programme and what contingencies may be required to address. It may be that changes are required which are not currently quantifiable. This will be monitored closely throughout the coming months.

15. Sign off by Head of Service/ Project Lead

Name: 

Date: 2nd July 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 Partnership**

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.