

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed
Please state if the IIA is interim or final

Interim report	<input checked="" type="checkbox"/>	Final report	<input type="checkbox"/>
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 (Tick as appropriate)

1. Title of proposal

Review and Assessment

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

Person-centred, outcome-focused, high-quality assessment and review is one of the basic foundations of effective social work. Recent rises in demand, systems pressures and recruitment challenges mean that there is currently a backlog in Edinburgh of 1500 people awaiting assessment and 7000 overdue reviews. This may be associated with poorer outcomes for individuals, increased levels of unmet need and increased pressure on the workforce, and was highlighted in the recent inspection of adult social care services as a particular cause for concern.

This proposal will strengthen and improve assessment and review processes and embed best practice to support people in Edinburgh. Investment in additional temporary review and assessment resource will address the backlog and support front-line staff. The focus will be on maximising independence and ensuring that packages of care are tailored to meet the needs of individuals. Building on the 3 Conversations approach and maximising early intervention and prevention through strong partnership working with the third and community sector involving local groups and collective, we will embed innovative and creative person-centred care planning. Universal services will be utilised where appropriate and opportunities presented by modern telecare and digital solutions will be harnessed. This will help to manage the risk associated with unmet need and deliver improvements identified by the Care Inspectorate. The identified efficiency relates to estimated release of cost and capacity as a result of right-sizing and tailoring support packages as well as more timely reviews post hospital discharge.

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

No public involvement is planned.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

No

5. Date of IIA

29 May 2023


6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)



Name	Job Title	Date of IIA training
Mike Massaro-Mallinson	Head of Operations	
Nikki Conway	South East Locality Manager	
Deborah Mackle	South West Locality Manager	
Janne Solpark	3C Practice Lead	
Bridie Ashrowan	Chief Executive, EVOG	
Sylvia Latona	Senior Manager Assisted Technology Enabled Care	
Craig O'Donnell	Telecare Manager	
Fiona Steiner	Access and Emergency Social Care Manager	
Catherine Mathieson	Cluster Manager	
Helen FitzGerald	Staffside rep, NHS	
Kirsten Hey	TU rep, CEC	
Jess Brown	Innovation & Sustainability Senior Manager	
Martin Sherry	Programme Manager	
Pete Pawson	Interim Programme Director	March 2023
Rhiannon Virgo	Project Manager	Feb 2020
Denise McInerney	Executive Assistant	March 2023

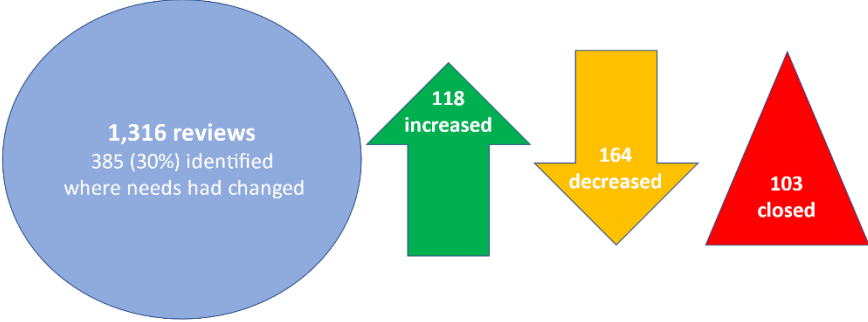
7.




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 and to the environmental impacts of your proposal
Data on populations in need:	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	Provides current and projected data on the wider population in the City of Edinburgh <u>(Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot))</u>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i></p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p> <p><i>Cultural Curiosity Survey 26 May 23 – Edinburgh Children’s Partnership Board</i></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).</p> <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>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</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> <div style="text-align: center;">  <p>Cultural Curiosity Survey- Presentation ;</p> </div> <p>Shows activities that each organisation is undertaking to better understand and support diversity across the city.</p>
Data on service uptake/access	<p>Community Waits</p> <p>Unmet need</p>	<p>Community waits reports are shared weekly and show the number of people awaiting an assessment or review. As at Monday 15th May, there were 7091 reviews outstanding and 1757 assessments.</p>

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	<p>3 Conversations dashboard</p> <p>Telecare use – May 2023</p> <p>Home care review team data</p>	<p>The unmet need list as at the end of April 23, shows that 244 people were awaiting a package of care.</p> <p>The 3 Conversations dashboard (May 23) sets out details of people supported through a 3C approach, including average wait times, length of conversations and numbers of people supported without the need for statutory services.</p> <p> 3Cs Dashboard - v10.8 - NEW - WE_Ma</p> <p>A snapshot of telecare data from May 2023 shows that 8672 people in the city receive a telecare service, with the dashboard splitting this by type.</p> <p> Alarm Types & Peripherals Breakdown</p> <p>Data and information on homecare reviews. Setting out the numbers of reviews and outcomes in relation to increased/decreased packages of care between November 2021 and April 2023.</p> <table border="1" data-bbox="560 1301 1450 2009"> <thead> <tr> <th></th> <th></th> <th>POC Reviewed</th> <th>Hours reviewed</th> <th>Hours closed</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>November</td> <td>5</td> <td>26.25</td> <td>1</td> </tr> <tr> <td></td> <td>December</td> <td>2</td> <td>14</td> <td></td> </tr> <tr> <td>2022</td> <td>January</td> <td>25</td> <td>238.75</td> <td>96</td> </tr> <tr> <td></td> <td>February</td> <td>33</td> <td>183.75</td> <td>16</td> </tr> <tr> <td></td> <td>March</td> <td>86</td> <td>596</td> <td>9</td> </tr> <tr> <td></td> <td>April</td> <td>48</td> <td>572.25</td> <td>130</td> </tr> <tr> <td></td> <td>May</td> <td>39</td> <td>433</td> <td>85</td> </tr> <tr> <td></td> <td>June</td> <td>65</td> <td>1002.75</td> <td>238</td> </tr> <tr> <td></td> <td>July</td> <td>53</td> <td>627.5</td> <td>17</td> </tr> <tr> <td></td> <td>August</td> <td>114</td> <td>1453.50</td> <td>57</td> </tr> <tr> <td></td> <td>September</td> <td>97</td> <td>1310.75</td> <td>4</td> </tr> <tr> <td></td> <td>October</td> <td>170</td> <td>3095.45</td> <td>740</td> </tr> <tr> <td></td> <td>November</td> <td>250</td> <td>4384.35</td> <td>1444</td> </tr> <tr> <td></td> <td>December</td> <td>181</td> <td>2792.75</td> <td>701</td> </tr> </tbody> </table>			POC Reviewed	Hours reviewed	Hours closed	2021	November	5	26.25	1		December	2	14		2022	January	25	238.75	96		February	33	183.75	16		March	86	596	9		April	48	572.25	130		May	39	433	85		June	65	1002.75	238		July	53	627.5	17		August	114	1453.50	57		September	97	1310.75	4		October	170	3095.45	740		November	250	4384.35	1444		December	181	2792.75	701
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Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	Provides current and projected data on the demographics within Edinburgh																																																								

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on equality outcomes	SDS Uptake	Snapshot of SDS uptake as at 19 May 23 shows the client group and ethnicity of those receiving service.  SDS uptake 19 May 2023.xlsx
Research/literature evidence	Iriss – Doing social work and social care differently publication	Doing social work and social care differently Iriss Local Government Benchmarking Framework 2021/22. Local Government Benchmarking
Public/patient/client experience information	Home care survey	Satisfaction with home care services - 2022  Home Care Survey - Citywide Results (July) https://www.careinspectorate.com/images/How_good_is_your_care_-_service_users.pdf https://www.careinspectorate.com/images/How_good_is_your_care_-_relatives_and_carers.pdf
Evidence of inclusive engagement of people who use the service and involvement findings	VOCAL Carer's Survey 2021	Satisfaction with home care services - 2022  Home Care Survey - Citywide Results (July) Insert presentation title here (vocal.org.uk) Views of carers within Edinburgh and Midlothian
Evidence of unmet need	Unmet need and community waits	Community waits reports are shared weekly and show the number of people awaiting an assessment or review. As at Monday 15 th May, there were 7091 reviews outstanding and 1757 assessments.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Public Health Scotland Data</p> <p>The Edinburgh Partnership Digital Inclusion</p>	<p>The unmet need list as at the end of April 23, shows that 244 people were awaiting a package of care.</p> <p>Public Health Scotland – demand for care at home services across Scotland Social care - Demand for Care at Home Services 25 April 2023 - Social care - Demand for Care at Home Services - Publications - Public Health Scotland</p>  <p>Digital Inclusion Paper by EVOC People</p>
Good practice guidelines	Self-Directed Support Statutory Guidance	Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance - gov.scot (www.gov.scot)
Carbon emissions generated/ reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		<p>The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p> <p>Inspection of adult social work and social care services: the City of Edinburgh Inspection of adult social work and social care services March 2023</p>
Additional evidence required		

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> <ul style="list-style-type: none"> • Reduction in the backlog of people awaiting review or assessment will benefit individuals requiring support or advice • Increased promotion of independence through use of telecare, community resources or creative approaches will enable people to stay in their own homes for longer • Increased opportunity for joint working with the third sector to support people locally, tailored to their own interests • Some individuals will benefit from an increase in support identified through the review process if their needs have increased, and some crisis situations may be identified more quickly than would have been the case • The digital front door may increase access to services, ensuring that people can access information quickly, with better and more effective signposting to alternative resources • Opportunity for consolidation of different types of review into one holistic review, and dissemination of best practice. This would minimise the number of times someone has to tell their story to a different staff member, while also benefitting staff. • Increase in consistency of standards, practice and approach (eg, by rolling out and embedding 3C with all assessment and review staff) will benefit both the people we support and staff. • Digital options may provide a less intrusive form of support which may be preferable for some individuals, and may also provide greater levels of confidence and assurance for families • Potential increase in Carer Support Plans as a good holistic review will look at the support available to the individual and their support network • The increase in digital options and the digital front door may be particularly beneficial for young adults or carers as they have higher levels of 	<p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions, mental health issues or sensory loss.</p> <p>Carers (who are predominantly female) and families</p> <p>Staff</p> <p>Carers and families</p> <p>Young adults and carers</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>digital literacy and are more comfortable with digital access</p> <ul style="list-style-type: none"> • An increase in community-based support may be particularly beneficial for younger adults who can feel isolated in traditional day services • Digital services may offer more choice for people who do not have English as a first language, with translation software options • An increase in the number of assessments and reviews offered may benefit people in or at risk of falling into poverty as appropriate support will be provided • Increased use of digital assessment tools like Just Checking may give a more rounded picture of an individual and mitigate against potential good days and bad days, improving the accuracy of assessment. • The temporary review and assessment team would reduce the workload for existing assessment and review staff and associated stress and anxiety. It would also be likely to reduce the number of calls to Social Care Direct (as would the improved digital front door/signposting) as reviews are handled timeously, reducing the number of people who need to contact us to request a review. • A decrease in traditional support packages may result in people being matched to support more quickly and effectively, managing risk and ensuring people can meet their identified outcomes. • Increased levels of participation, inclusion, control over decisions and dignity will be promoted through this proposal as more people are supported quickly and effectively 	<p>Young adults and adults of middle years with a disability Non-English speakers</p> <p>People at risk of poverty, including carers</p> <p>All</p> <p>Staff – assessment and review staff eg in Localities and in SCD</p> <p>All</p> <p>All</p>
<p>Negative</p> <ul style="list-style-type: none"> • The digital front door may exclude people with low levels of digital literacy. Existing means of contact eg telephone will therefore need to be maintained in parallel • Reduction in levels of traditional support provided may increase risk of market destabilisation, as less care is purchased. This could be mitigated through the commissioning workstream. • Potential increase in complaints if people are dissatisfied with changes to support plans. There 	<p>People with low levels of digital literacy</p> <p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions,</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>may be a perception of loss if non-traditional support (eg telecare, community resources) is offered rather than a package of care. This should be mitigated by all assessments and reviews being carried out in a person-centred, asset-based way to build on a person's strengths and interests, continuing to meet assessed needs and by clear communication.</p> <ul style="list-style-type: none"> • Potential concerns from some individuals and their families regarding privacy if use of digital monitoring systems increases. This can be mitigated by clear communication about the purpose and type of monitor provided (eg, that they are blind sensors). • Some staff may feel unskilled in digital options or use of 3C. This can be mitigated through tailored training to ensure that all staff are comfortable in the use of digital and the application of 3C principles. • Carers may feel impacted by this proposal as it aims to right-size support provided. This can be mitigated by a sensitive, person-centred review that considers the needs of the family unit as a whole, including, where appropriate, the use of Carer Support Plans. There may be an increased workload for the Adult Carer Support team as a result, which will be monitored. • There may be an increase in demand for translation services caused by the increased number of assessments and reviews completed. This may impact people who do not have English as a first language as services may be more stretched. • It may be harder to find appropriate community resources for people who do not speak English or who come from specific religious or cultural backgrounds. As women make up the majority of unpaid carers, this may impact more on women than on men. However, this can be mitigated by taking a person-centred approach to reviews and assessments to ensure that a support package is tailored appropriately. • Any reduction in support may impact negatively on people at risk of poverty if it means that they or their carers cannot access work. However, this would be considered as part of the assessment and review process and mitigating supports put into place where appropriate. 	<p>mental health issues or sensory loss.</p> <p>Carers, and particularly women.</p> <p>Staff</p> <p>Carers and families. Staff</p> <p>Non-English speakers</p> <p>Women and non-English speakers, people from minority ethnic communities, people with different religions or beliefs</p> <p>People at risk of poverty, including carers</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • People living in some parts of the city may find it harder to access community resources or may experience longer waiting times for responder services. This can be mitigated by a person-centred conversation to ensure that appropriate supports can be found. • There is a potential that increased numbers of reviews will generate a surge in volume of demand for the brokerage team and SMU. This will be monitored carefully to ensure mitigating actions can be taken. • Increased uptake in telecare installations is likely to affect the workload of the telecare installations team. This will be monitored carefully to ensure mitigating actions can be taken. • 	<p>People in different geographical locations</p> <p>Staff in brokerage and SMU teams</p> <p>Staff in telecare installations</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • Increased use of local options may reduce emissions 	All
<p>Negative</p> <ul style="list-style-type: none"> • None identified 	

Economic	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • Increased access to services as waiting lists are cleared • Increased use of local businesses/charities • Increased potential for providing help with benefits or maximising income 	<p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions and sensory loss.</p> <p>Carers</p> <p>Business community</p>
<p>Negative</p> <ul style="list-style-type: none"> • There is a potential that if formal support is reduced, this may result in carers providing more care, which could have a financial impact. However, as existing criteria for support will be 	Carers

Economic	Affected populations
applied, this is likely to be very small numbers, and will be mitigated by sensitive, holistic reviews which consider the impact on carers as well as the person supported.	

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?

Services associated with this proposal will be provided across CEC, voluntary and/or private sector organisations, most of which are commissioned or purchased by the Partnership. All equality, human rights, environmental and sustainability issues are covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions. Where it is required continued oversight, monitoring and assured sustainability will be provided by the Partnership. Where children/ young people are within scope, they too will be covered as above.

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.

All communications plans/ strategies will be compliant with;

- UK Government guidance on Accessible Communication formats (2021); and
- The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

Consideration will also be given to the use of different mediums and channels for sharing information.

If this proposal is agreed, a full communications plan will be developed as part of the implementation process.

11. Is the plan, programme, strategy or 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. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

None

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
Review of IIA once implementation plan is complete	Mike Massaro-Mallinson, Head of Operations		July 2023
Co-design with community partners around digital front door	Martin Sherry, IT Programme Manager		August 2023
Implementation planning with community partners regarding 3C	Nikki Conway, South East Locality Manager		August 2023

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

Mitigating actions have been identified for all negative impacts.

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

This proposal will continue to be reviewed with ongoing consideration to any impacts that arise.

16. Sign off by Head of Service

Name

Mike Massaro Mallinson, Head of Operations

Date

2 June 2023

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/