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	✔	Final report	

(Tick as appropriate)
I

1. Title of proposal

Brokerage

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

Any approach to how we broker services must deliver not only on the existing and changing needs of the individual, but also on the multiple additional aspects and considerations required to ensure a sustainable, resilient, and collaborative external market for the benefit of all Edinburgh citizens.
'One Edinburgh' is a vision of a city-wide approach to home-based care (and ultimately other support services through expansion of the brokerage model) that maximises all available care at home capacity in the city enabling better economies of scale, that ensure the best use of carer time, minimises travelling time, improves continuity of both care workers supporting people and planned start times of visits, improves communication and information sharing between EHSCP, providers of support services and people being supported or their extended support network of family, friends and other support organisations.
This proposal would see the introduction of a brokerage approach for the EHSCP. Phase 1 will involve the establishment of 4 FTE brokerage officers initially to focus on home based care. Phase 2 will build on research currently underway in partnership with Heriott Watt University to define the model and best-practice for a broader brokerage approach for all support services.
The proposed change is expected to deliver:

- Reduction in hospital and community delays delays both in terms of the numbers of people but also in days delayed
- Increasing flow in the system and enabling more people each year to benefit from reablement
- Improved outcomes for individuals, people living independently for longer at home with appropriate support and reduced formal home based care support arrangements
- Optimisation and maximisation of provider capacity
- Targeted matching of referrals through a Brokerage model will ensure resilience of providers in smaller geographical areas and their ability to maximise contact time of their workforce
- Ultimately a broad approach to Brokerage for a wide range of services and contractual arrangements not just care at home and care and support.

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

24 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
Deborah Mackle	South West Locality Manager	
Caroline Todd	Programme Manager	
Peter Lloyd	Data Analyst	
Sam Kotecki	Business Officer, Service Matching Unit	
Lisa Forbes	Hub Services Manager, South West	
Emma Gunter	Contracts Manager	
Chelsea Silk	Contracts Officer	
David Walker	Principal Accountant	
Pete Pawson	Interim Programme Director	March 2023
Rhiannon Virgo	Project Manager	Feb 2020
Sophie Milner	Project Manager	March 2020
Denise McInerney	Executive Assistant	March 2023

7. Evidence available at the time of the IIA

<table>
<tr><th>Evidence</th><th>Available – detail source</th><th>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</th></tr>
<tr><td>Data on populations in need</td><td>HBC Report (29-05-2023)/Swift</td><td>The majority of clients receiving CAH packages as of the 30th May 2023 are of Unknown ethnic origin (37.32%), followed by White Scottish (35.79%). Combined, all clients of White origins comprise 60.26% of total clients, and 96.14% where Unknowns have been removed. A full breakdown can be found below;

<table>
<tr><th>Ethnic Origin</th><th>Percentage of CAH Clients</th></tr>
<tr><td>African</td><td>0.32%</td></tr>
<tr><td>Arab</td><td>0.02%</td></tr>
<tr><td>Bangladeshi</td><td>0.08%</td></tr>
<tr><td>Black</td><td>0.13%</td></tr>
<tr><td>Caribbean</td><td>0.06%</td></tr>
<tr><td>Chinese</td><td>0.17%</td></tr>
<tr><td>Indian</td><td>0.25%</td></tr>
<tr><td>Mixed</td><td>0.38%</td></tr>
<tr><td>Other Ethnic Background - Any</td><td>0.47%</td></tr>
<tr><td>Pakistani</td><td>0.55%</td></tr>
<tr><td>White - Gypsy/Traveller</td><td>0.02%</td></tr>
<tr><td>White - Irish</td><td>0.25%</td></tr>
<tr><td>White - Other</td><td>1.28%</td></tr>
<tr><td>White - Other British</td><td>7.74%</td></tr>
<tr><td>White - Polish</td><td>0.40%</td></tr>
<tr><td>White - Scottish</td><td>35.79%</td></tr>
<tr><td>White [No further detail]</td><td>14.79%</td></tr>
<tr><td>Unknown/Not Disclosed</td><td>37.32%</td></tr>
</table>

The gender split of this same client base is shown in the table below.

<table>
<tr><th>Gender</th><th>Percentage of CAH Clients</th></tr>
<tr><td>Female</td><td>54.53%</td></tr>
<tr><td>Male</td><td>45.47%</td></tr>
</table>

CAH clients fall into 4 primary Cost Centre categories – Learning Disabilities; Mental Health; Older People with Support Needs; and Physical Disabilities. The majority of clients receiving CAH services fall under Older People with Support Needs; and Physical Disabilities (60.84%), where those with Mental Health Needs are the second most represented (17.78%).</td></tr>
</table>

<table>
<tr><th>Evidence</th><th>Available – detail source</th><th>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th>Client Category</th><th>Percentage of CAH Clients</th></tr>
<tr><td>Learning Disabilities</td><td>12.20%</td></tr>
<tr><td>Mental Health</td><td>17.18%</td></tr>
<tr><td>Older People with Support Needs</td><td>60.84%</td></tr>
<tr><td>Physical Disabilities</td><td>9.79%</td></tr>
</table>
CAH clients tend to be older individuals, as outlined above. 61.97% of clients are aged 65 or over, and a full breakdown of the age ranges of this client base is as follows;
<table>
<tr><th>Age Range</th><th>Percentage of CAH Clients</th></tr>
<tr><td><=18</td><td>0.26%</td></tr>
<tr><td>19-24</td><td>1.87%</td></tr>
<tr><td>25-34</td><td>4.92%</td></tr>
<tr><td>35-44</td><td>6.11%</td></tr>
<tr><td>45-54</td><td>9.99%</td></tr>
<tr><td>55-64</td><td>14.87%</td></tr>
<tr><td>65-74</td><td>14.19%</td></tr>
<tr><td>75-84</td><td>21.09%</td></tr>
<tr><td>85-94</td><td>23.39%</td></tr>
<tr><td>95+</td><td>3.30%</td></tr>
</table>
</td></tr>
<tr><td>Data on service uptake/access</td><td></td><td>
For CAH in the table below this is commissioned hours (not invoiced figures). Historically year on year data trends indicate that somewhere between 10 and 15% of commissioned support will not be delivered for a variety of entirely expected reasons and as a consequence subsequently not invoiced for, where people are receiving Care at Home support. Different contractual arrangements may apply to Care and Support and verification would be required from Finance about what the trend is for Care and Support services commissioned.
<table>
<tr><th colspan="3">DOM CARE TOTALS</th></tr>
<tr><td></td><td>Hours</td><td>Head-Count</td></tr>
<tr><td>External Care at Home and Care and Adult</td><td>72,210</td><td>2,008</td></tr>
</table>
</td></tr>
</table>

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

Support (CAH)	Older	52,588	3,241
	Total	**124,798**	**5,249**
Internal Care at Home and Reablement (HC)	Adult	431	75
	Older	5,721	718
	Total	**6,152**	**793**
CAH + HC	Adult	72,641	2,062
	Older	58,309	3,922
	Total	**130,950**	**5,984**
HC BREAKDOWN			
Main-stream	Adult	300	46
	Older	4,094	486
Hub	Adult	97	18
	Older	1,466	187
Overnight	Adult	19	10
	Older	84	36

Unmet need list – is a daily reminder of the indication that internal services and external providers (private and voluntary) do not have capacity to meet demand and that some people wait for a significant period of time before support can be put in place. This impacts on both older adults and adults for care at home and care and support. Data recorded would indicate a higher proportion of older adults waiting for support on the unmet need list but more analysis would be required to quantify this based on volumes of older adults and all other adults being supported and subsequent unmet need. Also the way that support is arranged needs to be taken into account, many

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
		younger adults have need for specialist providers and often a lot of negotiation takes place long before adding to the unmet need list and therefore does not provide a like for like comparison of time waiting on the unmet need list as often specialist provider requests are only added once provider found and a request is then made to SMU to match to the preferred provider agreed through protracted prior key worker negotiations. Older people are more often added to the unmet need as soon as assessed needs are identified and SMU then begin to search for a provider who as yet is unidentified. There is inequity across the city in accessing support in a timely manner for example on 23 May 2023 of the 45 hospital delays waiting for a package of care - 19 had no package of care arrangements identified as yet. 8 were in South East, 6 in North West Locality, 4 in South West and only 1 in North East indicating a bigger potential capacity challenge in some areas of the city than others for support to be offered either by internal or external care at home provider provision. However, NE had the most number of younger adults waiting on specialist provision which is likely due demography and socio-economic differences experience across different localities and areas of the city as well as specialist provider availability. **Unmet need on 23 May sat at 329 people and 2989.5 hours.** 78 people and 950.hours of this unmet need were people who either had interim EHSCP/NHS interim support in place meeting current needs, an existing provider but reprovision requirement with all care still being supported by current provider or a match agreed through SMU and process being completed through SMU and these people have been excluded from the remaining unmet need to leave only people with no formal support in place for remaining unmet need data breakdown (See end of document for evidence table of remaining unmet need)
Data on socio-economic disadvantage e.g. low income, low		

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
wealth, material deprivation, area deprivation.		
Data on equality outcomes		• As only a small proportion of people requiring care at home services currently benefit from a Reablement assessment period outcomes may be adversely affected due to this. Independence not maximised, alternative less restrictive support solutions not identified, more formal and restrictive care hours than required. Ambition for One Edinburgh is that all people requiring care at home support (if appropriate to individual's circumstances) will come through our internal Reablement service before any long term care at home support options are considered. • Priority for care at home capacity where possible is directed to support hospital discharges which means that people in the community may wait longer with people and carers struggling to cope for longer than those who have become acutely unwell and requiring hospital admission. • Limited interim solutions for people with more specialist or complex needs while waiting for a support package to return home from hospital – most interim services are aimed at older people or younger people who need no specialism and only care at home support. • Some people benefit from commissioning of support via Tier 2 and Locality providers when urgent need for support is identified with EHSCP opting to pay more for support to meet these individuals support needs while others perhaps in similar crisis but not advocating for themselves or with no-one to advocate for them continues to go without or becomes unwell without support and ends up in hospital to then be prioritised for care at home • Younger adults usually receive care and support services and are more likely to be assessed as requiring housing/social/emotional/community support than older adults. Weekly Care at home report 22 May 2023 has 1,983 open records for non-

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
		personal care support totalling 23,106 hours. Of these 1,450 records and 19,654 hours were for younger adults between 17 and 64 years of age.
Research/literature evidence		People who benefit from a reablement service before formal care at home arrangement are put in place have better outcomes in terms of regaining skills, maximised independence and reduced levels of formal care which can otherwise restricting life choices and preferred daily routines by restrictive visit time windows - Reablement: Emerging practice messages | SCIE
Public/patient/client experience information	Survey Results 8th July 2021 without pro	Homebased care consultation survey
Evidence of inclusive engagement of people who use the service and involvement findings		Homebased support consultation : 1057 responses. The consultation ran from 15/03/2021 to 25/05/2021. See report at end of this document for summary report of findings
Evidence of unmet need		
Good practice guidelines		
Carbon emissions generated/reduced data		
Environmental data		
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

Unmet Need Current Status 23/05/23	People	Hours Required	Older Adults	Adults	NE	NW	SE	SW
Bid rec'd from provider and offered to individual	16	189.5	10	6	4	4	2	6
Partial match - some formal support in place	7	80.75	3	4	1	1	0	5
Hospital - not all delayed or medically fit for discharge as this time (45 out of 55 today)	55	694.5	49	6	8	18	17	12
Community - no formal support in place	136	836	95	41	17	39	45	35
Specialist Care and Support provider request	37	238.25	3	34	20	1	7	9
	251	**2039**	**160**	**91**	**50**	**63**	**71**	**67**

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

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive • Support required is identified efficiently and as quickly as possible, enabling people to be more in control of their lives • Likely to be greater sustainability of placement and reduced risk of breakdown due to anticipated provider growth, which benefits both the supported person and families and carers. • This work will help to identify gaps in provision, which can then be prioritised for resolution and incorporated into the Strategic Commissioning Plan. This will improve access to and quality of services and build community capacity and resilience • A reduction in use of Tier 2 and 3 providers and off-contract spend will deliver better value for money	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. Carers People at risk of or in poverty

Equality, Health and Wellbeing and Human Rights	Affected populations
• This proposal will promote understanding of what the options for support are (under SDS) and improve education • Increase in provider availability will mean that people are less likely to pay to cover gaps in provision/unmet need • Increased responsiveness to queries through creation of dedicated team • Increased oversight of providers will positively impact people in more rural areas where it has historically been difficult to source care at home • Increased capacity for achievement of joint objectives for the Service Matching Unit (SMU) and the Brokerage team • Potential career progression for SMU and other staff • Decreased workload for staff in Locality teams and other assessing teams including hospital discharge teams • Increased stability and decreased gaps in provision for vulnerable adults	People with low literacy/numeracy Rural communities Staff Vulnerable adults
Negative • There is likely to be a reduction in choice for people choosing Option 3 as support and care providers are consolidated. The intention is to mitigate this by people having the option for Individual Service Funds (ISF) or Direct Payments (DP)] • Young adults transitioning from Children's Services could be impacted due to decreased choice of provider. This could lead to them needing to either change provider or choose a Direct Payment or ISF to remain with the same provider. • Depending on qualifying criteria to join the contract framework and whether providers request to be part of the framework, there could be a reduced pool of providers who provide specialist services for people from specific ethnic backgrounds. However, this would be mitigated as the individual could choose a Direct Payment or ISF to fund the provider of their choice. • Potential negative impact on the SMU team – there may be anxiety in team over the impact of the Brokerage team on roles and responsibilities. There is concern that the new roles may affect	Older adults and adults of middle years. Adults with physical or learning disabilities, long-term conditions and sensory loss Young adults transitioning from Children's Services Minority ethnic people and people with specific religious beliefs Staff in the Service Matching Unit

Equality, Health and Wellbeing and Human Rights	Affected populations
recruitment and retention in the SMU team who have struggled in these areas recently. However, posts in the SMU will remain in place and the SMU has been involved in transition planning throughout.	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive • More coordination around providers and a smaller pool of providers may decrease journeys/emissions	All
Negative •	All

Economic	Affected populations
Positive • The creation of a dedicated brokerage team strengthens relationships with providers and increases focus on value for money and delivering savings • Positive impact on providers who have joined the framework as it will increase the volume of work they are offered, access to jobs, support for local businesses. • Community benefits for providers to deliver on – measured through Community Benefit Programme.	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. Carers Business community
Negative • Potential negative impact for providers who have not joined the framework as the volume of work they are offered will decrease	Business community

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	Deborah Mackle, South West Locality Manager and SRO – One Edinburgh		July 2023

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
Consult with Rene Rigby, Scottish Care, as a representative for providers	Deborah Mackle, South West Locality Manager and SRO – One Edinburgh		July 2023
Consultation workshop with range of providers, Service Matching Unit and other stakeholders	Deborah Mackle, South West Locality Manager and SRO – One Edinburgh		August 2023
Development of evidence-based brokerage model, informed by Heriot Watt research	Deborah Mackle, South West Locality Manager and SRO – One Edinburgh		

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

26 May 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/