

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**

Employability Services

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

This savings proposal will reduce budgeted investment in the specialist mental health vocational rehabilitation service (“The Works”) within the EHSCP and focus instead on creating enhanced links with the Capital City Partnership.

The Works delivers a service to adults (18 – 65) with major mental illness including schizophrenia, bipolar disorder, schizoaffective disorder, personality disorder. There are likely to be additional complexities within the individual’s life that impact on ability to easily identify and commence paid work. These are lasting conditions where people are likely to have ongoing symptoms and episodes of more acute distress, potentially leading to periods of hospital care. All are likely to continue to receive ongoing support from psychiatry, mental health nursing, and wider mental health professionals and 3rd sector. The impact of major mental illness on the person means that there is more likelihood of additional inequalities including physical health conditions, social isolation, poverty/ economic deprivation, comorbid substance misuse, longer periods of time in hospital, ongoing support needs, unemployment. People with major mental illness have a shorter life expectancy than other adults. Conversely there is an evidence positive impact of employment in terms of improved physical and mental health, routes out of poverty and decreased reliance on services.

The Works offer is a complex intervention delivered by clinical staff (Occupational Therapists) who have a broader understanding of mental health conditions and treatments including the impact of medication, impact on functioning and how this informs adjustments to a job role. As clinicians The Works staff can monitor and support the individual’s mental health, supporting the person to retain work despite the potential for periods of more acute illness. Aspects of the individual’s engagement with the service include: supporting work readiness; understanding mental state and recommending reasonable adjustments; close working with employers around making the job fit the person and supporting the employer; creation of jobs by helping to reduce stigma; job-seeking skills including CV, interview skills, and how to complete job applications; ongoing in-work support.

Holding hope and respecting the individual's ambition to achieve and sustain paid employment and contribute to society is a core value of the service.

Vocational rehabilitation is part of the core role of Occupational Therapy. Within The Works the Occupational Therapists have specialised to deliver the highest quality, most evidence based intervention to enable people with major mental illness to achieve paid employment. This model is Individual Placement and Support (IPS). The model requires that specialists using this model are able to understand and work closely with mental health teams, ensure vocational rehabilitation is understood and supported by the person's wider team. A graduate level of education is recommended to deliver IPS.

The Works has an annual budget of £500,00 which funds 9 WTE occupational therapy and administrative roles. It has a current caseload of 41 individuals receiving support. The Works has been scaled down over the last three years due to the pandemic (when many people supported by the Works were on furlough) and recruitment and retention difficulties. There are currently 4.00 WTE in post.

This proposal will involve the closure of The Works with existing staff redeployed. £70,000 of investment will be retained to allow for the role of the Lead OT to remain to work with key partners across the city to develop and enhance employment opportunities for people with severe and enduring mental health problems. This would include work with the Capital City Partnership to develop specific opportunities for those with mental health problems (including IPS models). This work will be overseen by a multi- agency and multi professional steering group including people with lived experience and carers.

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?

Yes – Adult Health and Social Care Plan.

5. Date of IIA

23 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	
Cat Young	Assistant Strategic Programme	

Name	Job Title	Date of IIA training
	Manager – MH and Wellbeing	
Tricia Burns	Mental Health & Substance Misuse Manager	
Linda Walker	Head Occupational Therapist & AHP MH Strategic Lead	
Lynn Ritchie	Senior Occupational Therapist	
Helen FitzGerald	Staffside rep – NHS	
Allister McKillop	Service User Representative – EIJB	
Alison May	Edinburgh Carer’s Council	
Rhiannon Virgo	Project Manager	Feb 2020
Jess Brown	Innovation & Sustainability Senior Manager	
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	Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>This service supports people who use the services of mental health teams in the four localities, inpatient teams and psychiatric rehab team such as Royal Edinburgh, Firhill, St Stephen’s Court and Orchard Clinic team. They are people with complex mental health conditions.</p> <p>There are likely to be additional complexities within the individual’s life that impact on ability to easily identify and commence paid work. These are lasting conditions where people are likely to have ongoing symptoms and episodes of more acute distress, potentially leading to periods of hospital care.</p> <p>The impact of major mental illness on the person means that there is more likelihood of additional inequalities including physical health conditions, social isolation, poverty/ economic deprivation, co-morbid substance misuse, longer periods of time in hospital, ongoing support needs, unemployment. People with major mental illness have a shorter life expectancy than other adults.</p> <p>People with major mental illness may also be part of population groups that include protected characteristics and aspects that make people more like to fall into poverty (as identified within the IIA population groups)</p>
Data on service uptake/access	Referral data, staffing information,	<p>Service User Information</p> <p>Referral sources:</p> <ul style="list-style-type: none"> • 4 x EHSCP CMHTs 1300 patients, when fully staffed anticipate about 10 – 15% (130 – 140 people) at any time would be linked with The Works to support identified goal of paid employment • psychiatric rehabilitation – up to 5 people at any time within a 12 month period • Orchard Clinic – up to 5 people at any time within a 12 month

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>period</p> <p>Expected capacity of service with the numbers in post within evidence-based IPS model:</p> <ul style="list-style-type: none"> • 18 paid job outcomes per staff member achieved per year • A full-time staff member will be working with 20 individuals at any time, approximately half of whom are being supported to find work and half to sustain employment • The IPS model indicates that there will be around 10 individuals per full time staff member discharged within a 12 month period, and 10 new referrals taken up. For The Works, at full capacity, this indicates that 60 – 70 individuals will be discharged from The Works in a 12 month period, with an equivalent number of new referrals accepted <p>Current Caseload for The Works</p> <p>Due to the current level of staffing the maximum expected number of people who could be supported by The Works is 40. This reflects that the caseload holders are the Band 5 and Band 6 Occupational Therapists. As one therapist is on long term sickness absence, capacity is reduced (on return the capacity, if no recruitment was to take place, would increase to 56).</p> <p>The current caseload is at full capacity, with 40 people receiving support from The Works. There are a further 9 people currently referred and on the waiting list, with 2 – 3 referrals received on a typical week.</p> <p>The service in Midlothian HSCP is provided by a full-time occupational therapist, with an expected caseload of 20 people.</p> <p>Staffing information</p>

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		Band	WTE	Headcount	Job role	Status
		2	0.29	1	Data assistant	Vacant
		3	0.4	1	Administrator	In post
		4	0.61	1	Vocational Guidance Counsellor	In post
		5	3.0	3	Occupational Therapist	2 staff in post, 1 vacancy
		6	3.71	4	Specialist Occupational Therapist	1 staff in post, 3 vacancies (1 staff member retired March 2023)
		7	1.0	1	Lead Occupational Therapist	In post
		TOTAL	9.01	11		6 staff in post, 5 vacancies
<p>The Works Lead Occupational Therapist has an essential and required wider role within the SE locality, in terms of both operational and professional leadership for the adult mental health occupational therapists working in SE locality. It is proposed that this role is retained.</p> <p>Service Level Agreements</p> <p>The Works also has a Service Level Agreement with Midlothian HSCP to enable the implementation of IPS within Midlothian, which requires weekly support and supervision with other IPS practitioners and a lead practitioner to achieve fidelity to the IPS model. A minimum of 3 IPS-trained specialists – a Lead and at least one additional Specialist for each IPS Specialist – are required in order to deliver IPS. This is achieved by Midlothian through the link with The Works, and they could</p>						

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>not continue to deliver IPS without The Works.</p> <p>The Works also has a longstanding Service Level Agreement with CHAI (Community Health and Advice Initiative), which enables CHAI to deliver Income Maximisation (Welfare) Advice to people who are supported by The Works team.</p> <p>A further Service Level Agreement is held jointly with Lothian Working Health Services with Support@Work to provide Trade Union support to individuals supported by The Works.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	https://www.edinburghhsc.scot/the-ijb/jsna/	Provides current and projected data on the demographics within Edinburgh
Data on equality outcomes		
Research/literature evidence	Evidence of effectiveness of IPS models	<p>Evaluation</p> <p>The Works has been evaluated through external evaluation within the IPS model, most recently just ahead of the pandemic, when the service was rated as exemplary. This indicates that The Works team were achieving a wide range of factors associated with the IPS model including successfully supporting the anticipated number of people into paid employment, job creation roles through developing relationships with employers and reducing stigma and inequity by increasing the opportunities for people with major mental illness within Edinburgh.</p>
Public/patient/client	Patient feedback (Work Wonders)	Outcomes

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
experience information	Complaints/compliments Referrer feedback	<p>In a typical year when fully staffed The Works has supported 70-75 people into paid employment and to achieve significant educational goals and successes.</p> <p>Over the years individuals have shared their experiences of The Works and some have continued to update on ongoing work and personal achievements in the years following their initial support into employment.</p> <p>There have been no complaints made to The Works directly or to the Patient Experience Team from individuals or carers about The Works over the years.</p> <p>During repeated CARE Measure surveys 100% of participants have consistently said that they would recommend The Works to peers.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Patient feedback Complaints/compliments	<p>There have been no complaints made to The Works directly or to the Patient Experience Team from individuals or carers about The Works over the years.</p> <p>During repeated CARE Measure surveys 100% of participants have consistently said that they would recommend The Works to peers.</p>
Evidence of unmet need	Waiting list Vacancies/existing staff numbers	<p>There is a waiting list of 10 people (at 23 May 23).</p> <p>There are currently 6 members of staff (4 WTE) working in the service.</p>
Good practice guidelines		Individual Placement and Support is the most researched and evidence-based approach to supporting people with major mental illness into employment.
Carbon emissions generated/reduced data		
Environmental data		
Risk from cumulative impacts		
Other (please specify)		
Additional evidence		

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
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"> • Existing forms of support eg Thrive, Capital City Partnership may be able to support some individuals impacted by this proposal • Retaining the senior OT offers an opportunity to develop alternative models which will support some individuals, though it is accepted that this will not be to the same level of intensity. 	<p>Adults of working age with complex mental health conditions</p> <p>People with low incomes, unemployed, in receipt of benefits, at risk of falling into poverty or already in poverty</p>
<p>Negative</p> <ul style="list-style-type: none"> • People use this service to develop skills and confidence to achieve their full potential. The removal of the service may impact on individuals' ability to access work, further education or other positive outcomes. • Increased gap in support for people of middle years (ie, over 30s), as this group is often missed by standard support targeted at young people • Moving away from an Individual Placement Support model may decrease effectiveness of support, as this model represents best practice • Increased risk of social isolation and loss of hope for affected individuals • Risk of loss of trust in services for individuals currently supported through the service if it is withdrawn. • Impact on carers as the person they support may not be able to work. This may increase carer stress and potentially have financial implications for families. • Decreased support for people who may have been involved in the criminal justice system, either currently or in the past. • This proposal is likely to negatively impact equality of access to services, as it reduces the Partnership's capacity to work with this group to promote inclusion. • Staff currently working within the service would be redeployed. This impacts on lower-paid staff. As this is a specialised service it may be more difficult to find new roles for these staff than for those in a more generic role. • The Works has a Service Level Agreement with Midlothian HSCP to enable the implementation of IPS 	<p>Adults of working age with complex mental health conditions</p> <p>People with low incomes, unemployed, in receipt of benefits, at risk of falling into poverty or already in poverty</p> <p>Carers</p> <p>People involved in the criminal justice system</p> <p>Staff</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>within Midlothian, which requires weekly support and supervision with other IPS practitioners and a lead practitioner to achieve fidelity to the IPS model. A minimum of 3 IPS-trained specialists – a Lead and at least one additional Specialist for each IPS Specialist – are required in order to deliver IPS. This is achieved by Midlothian through the link with The Works, and they could not continue to deliver IPS without The Works.</p> <ul style="list-style-type: none"> • 	<p>Midlothian staff, adults of working age with complex mental health conditions in Midlothian.</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive None identified</p>	
<p>Negative None identified</p>	

Economic	Affected populations
<p>Positive •</p>	
<p>Negative</p> <ul style="list-style-type: none"> • There is a risk that this proposal may impact on Midlothian’s model of care as the lead OT is shared across Edinburgh and Midlothian. • This service operates a peripatetic model. Other services may require individuals to travel to a central location. • There may be unintended whole system consequences, as this may increase pressure on other MH services 	<p>Adults of working age with complex mental health conditions</p> <p>People with low incomes, unemployed, in receipt of benefits, at risk of falling into poverty or already in poverty</p> <p>All people with mental health conditions</p>

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?

N/A

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	Linda Irvine-Fitzpatrick, Strategic Programme Manager, MH and Well-being		Aug 2023

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

Negative impacts identified above will be mitigated by continuing access to mental health support through existing MH teams and third sector supports. However, this may not fully mitigate all 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/