

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"/> |
|----------------|-------------------------------------|--------------|--------------------------|

 (Tick as appropriate)

1. Title of proposal

De-commission remaining interim beds

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

Interim beds provide a temporary solution to enable people who are medically fit to leave hospital but are awaiting some form of additional support, to be looked after in a more homely and appropriate setting. The interim beds were originally intended to provide a solution for people leaving hospital who were awaiting provision of a package of care in their own home. Access to these interim beds, along with the work to improve, redesign and strengthen care at home services through the One Edinburgh approach, have positively impacted unmet need performance over the last 12 months.

55 Interim Beds were commissioned in 2021, utilising funding from the Scottish Government, to assist with system pressures and provide additional bed capacity during the pandemic and to ease flow from hospital through the winter months. This funding ceased from 31 March 2023, with no ongoing funding stream available to meet the cost of continuing to commission this service. Phase 1 of the savings programme, approved by the EIJB in March 23, agreed to reduce interim beds by 10, releasing a saving of £1.6m. This phase 2 proposal would see the de-commissioning of all remaining 45 interim beds from October 23, releasing a further £1.6m in year, with a full year effect of £3.2m. It is recognised that this proposal is likely to have an adverse effect on performance relating to hospital delays, but given the challenging financial context, an alternative funding stream cannot be identified without ongoing support from the Scottish Government.

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

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 | |
| Gail James | Hub Manager South East | |
| Hazel Stewart | Programme Manager | March 2020 |
| Jane Brown | Acting Senior Manager Care Homes | |
| Deborah Mackle | South West Locality Manager | |
| Sarah Hayden | South East Locality Business Manager | |
| Carla Haughey | Senior Information Analyst | Oct 2022 |
| Helen FitzGerald | Staffside Rep - NHS | |
| Heather Tait | Hospital and Hosted Manager | |
| Chris Connolly | Site Manager, RIE | |
| Lyndsay Cameron | Site Manager, WGH | |
| Caroline Todd | Programme Manager | |
| 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) | Provides current and projected data on the wider population in the City of Edinburgh |
| Data on service uptake/access | Occupancy data | Provides current and historical usage rates of this service There are 52 people occupying interim beds as of 25 May 23. The average length of stay overall is 75 days for people discharged in 2022-23, with an average length of stay of 75 days for acute discharges and 68 days for non-acute. |
| 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 | Impact of hospital stay on deconditioning | |
| Public/patient/client experience information | Patient feedback Complaints/compliments Referrer feedback | |
| Evidence of inclusive engagement of people who use the service and involvement findings | Patient feedback Complaints/compliments | |

| 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 |
|------------------------------|---|---|
| Risk from cumulative impacts | IIA – Interim Beds Phase 1 https://www.edinburghhsc.scot/wp-content/uploads/2023/03/IIA-Interim-Beds-final.pdf | Highlights impacts from Phase 1, where interim beds were reduced by 10. |
| Other (please specify) | | |
| 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"> • Increase in private care home capacity for self-funders • Care homes will experience a more static population with fewer disruptions • An increased focus on identifying long-term solutions for individuals will reduce the possibility of two moves and the associated disruption. This will be aligned with the One Edinburgh approach, and there have been significant improvements in unmet need in recent months. This will free up capacity in the community. • Release of capacity within Hospital to Home service and within district nursing in-reach service | <p>Older adults Adults with physical disabilities, long-term conditions and sensory loss</p> <p>All</p> |
| <p>Negative</p> <ul style="list-style-type: none"> • Delays in discharge of medically well patients may increase if interim bed capacity is reduced, and although improvements in homecare capacity through the One Edinburgh programme may provide some mitigation, it is unlikely to fully resolve the issue. | <p>Older adults Adults with physical disabilities, long-term conditions and sensory loss</p> |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|--|--|
| <ul style="list-style-type: none"> • Remaining in hospital for longer may impact on mental or physical health and rehabilitation • Reduced capacity for intensive reablement provided in an interim bed • Decreased capacity for flow in the system may result in individuals being unable to access a hospital bed when required. At present the hospitals are running at above 95% capacity and removing interim beds will add pressure to acute bed capacity. This may also affect how quickly people can be treated (ie, the 4 hour target). • Decreased capacity may affect homeless individuals as their options for community care are more limited • There may be increased uncertainty and pressure on carers and families if people are delayed in hospital for longer • Workload for staff (including community and hospital staff) may increase somewhat as a result of decreased flow and options within the system. • There will be decreased capacity within the residential care estate for people reliant on local government funding • There may be an increase in people moving directly from hospital to a care home, which is against the Scottish Government and EHSCP principle of 'Home First'. This may include a small number of people making decisions about their future from an acute bed, which is against best practice guidelines. • Decreased choice for people – interim beds may represent a way for people to experience residential care and make informed choices about their future • There are 5 staff members who would be directly impacted by this proposal. 3 are on secondment and would return to their substantive positions, and 2 are employed via the NHS staff bank. | <p>All</p> <p>People experiencing homelessness</p> <p>Carers</p> <p>Staff</p> <p>People on low incomes, on benefits or with low/no wealth.</p> <p>Older adults Adults with physical disabilities, long-term conditions and sensory loss</p> <p>Staff</p> |

| Environment and Sustainability including climate change emissions and impacts | Affected populations |
|--|----------------------|
| <p>Positive</p> <ul style="list-style-type: none"> • Potential reduction in travel/journeys if people only move once | <p>All</p> |

| | |
|---|-----------------------------|
| Environment and Sustainability including climate change emissions and impacts | Affected populations |
| Negative <ul style="list-style-type: none"> Hospital environments use more single-use items than care homes Increased likelihood of infection transfer in multi-bay wards than in single rooms | All |

| | |
|--|--|
| Economic | Affected populations |
| Positive <ul style="list-style-type: none"> There will be more capacity available within private care homes for self-funders | Older people, older people with physical disabilities, long-term conditions and sensory loss |
| Negative <ul style="list-style-type: none"> There may be unintended economic consequences to acute services. This would result in whole system pressures, despite the saving for EHSCP. An individual in an acute bed may cost up to £700 per day, and so this proposal could result in extra costs to the NHS. [Do we know financial impact on NHS?] A fixed income stream for the affected care homes will be removed, which may affect their stability and viability. This proposal has resulted from the withdrawal of the Scottish Government funding which was provided to improve performance and flow. This is likely to have a negative impact on both community and acute services, which will directly affect the people of Edinburgh | All Business community All |

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 | Mike Massaro-Mallinson, Head of Operations | | July 2023 |
| Model whole system impacts of this proposal and escalate to Scottish Government if appropriate | Mike Massaro-Mallinson, Head of Operations | | |
| | | | |
| | | | |

| 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 |
|--|---|--------------------------|-------------|
| | | | |
| | | | |

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

There are a number of negative impacts which it will be difficult to mitigate against in full. The alternative to decommissioning these beds would be to seek funding from the Scottish Government in recognition of the ongoing bed pressures and the impact that this proposal would have on performance and outcomes for people.

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

25 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/