Integrated Impact Assessment – Summary Report

1. Title of proposal

One Edinburgh approach to internal reablement

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

In order to deliver our vision of supporting preventative approaches that enable more people to remain independent at home, or in a homely setting, for as long as possible, it is essential that we make best use of capacity within the health and social care system. In order to achieve this, we know that we need to work differently, to ensure we have enough capacity, in the right place and at the right time, providing access to both reablement and long-term care at home services.

Our ambition is to implement a 'One Edinburgh' approach for all homebased support services, to ensure equity of access to quality support across the city for people and their carers. This approach will move to a predominantly reablement offer, so that we can support more people to live as independently as possible.

A transition under One Edinburgh will see reablement become the primary focus for our inhouse staff, where the majority of our internal service provision would be supporting people through reablement, and a small portion providing longer-term care. Whilst we continue to recruit to our internal service, we anticipate challenges in achieving the required resources immediately for our increased reablement offer. We are therefore going to maximise reablement by temporarily reducing our long-term care provision.

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

A full integrated impact assessment took place following two sessions in July and August 2022, considering the proposed changes within the entirety of the One Edinburgh Programme, including an increased reablement offer, more flexibility in visits, and optimisation work taking place with providers to ensure our shared capacity is maximised. An IIA was then held in June 2023 to specifically focus on the external commissioning framework element of One Edinburgh. We also had additional sessions specifically with carers and people who use our services.

Co-production has also continued with our external providers throughout this process.

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

No.

5. Date of IIA

28th March 2024

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
Rachael Docking *IIA facilitator and report writer*	Programme Manager, EHSCP	January 2020
Caroline Todd	Programme Manager, EHSCP	April 2022
Deborah Mackle	One Edinburgh SRO, South West Locality Manager	

Name	Job Title	Date of IIA training
Jo Gray *Note taker*	Personal assistant, EHSCP	
Philip McAusland	Project manager, EHSCP	24th October 2023
Susan Robertson	Strategic Planning and Commissioning Officer, EHSCP	
Chelsea Silk	Contracts officer, EHSCP	
Anna Duff	North West Locality Manager, EHSCP	
Catherine Mathieson	Cluster Manager, EHSCP	
Gavin Swan	Home Care Coordinator, EHSCP	
Sandra Boyle	Social Care Worker, EHSCP	
Lisa Forbes	Hub Services Manager, EHSCP	
Michael Scott	Home Care Organiser, EHSCP	
Sam Kotecki	Contracts Officer, EHSCP	
Brionna Wilson	Project manager, EHSCP	
Stef Milenkovic	Senior Development Officer, EVOC	
Karen Adamson	Operations Business Change Manager, EHSCP	
Holly Oladejo	Social Care Assistant, EHSCP	
Janice Lovie	Home Care Coordinator, EHSCP	
Peter Lloyd	Data Analyst, EHSCP	
Catherine Mcleary	Interim North West Home care manager, EHSCP	
Siobhan Murtagh	Senior HR consultant, EHSCP	
Gordon Alexander	Home Care Manager, EHSCP	
Linda Fridge	Hub Services Manager, EHSCP	
Susan Paterson	Home Care Manager, EHSCP	
Pauline Wilson	Home Care Manager, EHSCP	
Brian Motion	Home Care Manager, EHSCP	
Joanna Blaszk	Home Care Manager, EHSCP	
Robert Boswell	Home Care Manager, EHSCP	
Doreen Kelly	Home Care Manager, EHSCP	
Leigh Gordon	Home Care Manager, EHSCP	
Oyebola Omoya	Social Care Assistant, EHSCP	

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) EIJB Strategic Plan 2019 - 2022 Edinburgh Joint Strategic Needs Assessment (JSNA) National Records of Scotland (NRS) population projections for local authority areas Audit Scotland Report on Health and Social Care Integration	Data on the increasing after age of the City of Edinburgh population, and future projections. Edinburgh will also see an increase of those with complex and long-term care needs within the adult population. Estimates of future numbers of older people are sourced from National Records of Scotland (NRS) population projections for local authority areas. The number of people aged 85+ living in Edinburgh is projected to increase by 80% between 2018 and 2043. There are estimated to be **65,084 carers in Edinburgh**, or 13.7% of the population. One in five of these carers provides over 50 hours of care a week.
Data on service uptake/access	EIJB Strategic Plan 2019 - 2022 Internal Service Reports Care Inspectorate: Inspection of adult social work and social care services (March 2023)	**EIJB Strategic Plan:** **Increased need for homecare, reablement or outreach services:** Advances in health care and standards of living means more of us are living longer. More of us are living with frailty and multi-morbidity, placing more pressure on carers and the traditional approach to publicly funded health and social care services. In addition, society and government are becoming increasingly aware and taking account of the effect of mental illness, living with disabilities and a range of long-term conditions. Audit Scotland's recent report reviewed the changes being introduced through the integration of health and social care. The report sets out the challenge of increasing demand for services and growth over the next 15 years in Scotland. **Homecare and Reablement Support Information:** Combined care at home (externally commissioned) and home-based care (internally supported) deliver over. 6 million hours of care and support every year. **Care Inspectorate: Inspection of adult social work and social care services** identified a number of areas for improvement, including: • There were significant weaknesses in the design, structure, implementation and oversight of key processes, including the assessment of people's needs and in their case management • Approaches to early intervention and prevention were uncoordinated and inconsistent • Long standing significant delays in discharging people from hospital, people waiting for assessment of their care needs and meeting vulnerable peoples' unmet needs had recently begun to improve • Self-directed support had not been implemented effectively

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
		• There was insufficient support for unpaid carers • Prioritised actions will be required to ensure the needs of people and carers are met, and their wellbeing improved, more consistently
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Edinburgh Joint Strategic Needs Assessment (JSNA) Christie Commission (2011) EIJB Strategic Plan 2019 - 2022	JSNA provides key data on socio-economic disadvantage The Christie Commission highlighted that the greatest challenge facing public services is to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities.
Data on equality outcomes	JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot) EHSCP Edinburgh 'Offer' Pact Consultation 2019 EHSCP IIA Strategic Plan 2019-22 BME Equality Workers Forum Statement	JSNA Provides data on demographics of minority ethnic communities Edinburgh Offer Pact Consultation raised themes for the citizens of Edinburgh around: • **Making information accessible** • Equality /SIMD; • Aware of those who do not have a voice; • Fairness; • Meaningful consultation (allowing time to respond) **EHSCP IIA Strategic Plan 2019-22:**There is considerable data available on health inequalities showing significant inequalities throughout all parts of Edinburgh as well as inequalities for some nongeographic groups. **Taken from a statement provided by the BME Equality Workers Forum regarding equality issues within the workforce:** According to the records gathered by SSSC (2019), in the City of Edinburgh Council within the public sector care at home and housing support services, 79% of staff are female and at least 60% of staff are over 45 years old. Unfortunately, SSSC has not yet gathered ethnic origin data. However, according to the data held by Scottish Government gathered through Annual Population Survey (2018), the majority of workers from ethnic minority backgrounds are employed in health, public admin and education sector (inclusive of social care) with 43% of Black workers holding employment in this sector. Other estimates of Scottish workforce within health and social care suggest 20% of social care workforce to be from the European Union.
Research/ literature evidence	NICE: Overview | Intermediate care including reablement | Guidance | NICE Reablement outcomes references: 1 (nice.org.uk) Role and principles of reablement | SCIE	In Scotland improving workforce planning is vital to sustaining our high quality and safe services into the future. National comparisons of healthcare workforce planning have underlined the need for a range of responses to global supply and demand challenges. **Future Workforce**: The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand. **Efficient Use of the Workforce:** Alongside growth and retention, we need to make more efficient use of existing resources. This will involve a range of approaches, including improvements in rostering.

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
	Scottish Government – National Health and Social Care Integrated Workforce https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/pages/6/	
Public/patient/ client experience information	EHSCP Satisfaction Consultation Feedback March 2021 Feedback example from family to locality team – on importance of access to information Edinburgh Pact consultation 2019	EHSCP Satisfaction Consultation Feedback early findings indicate areas of support individuals and carers value the most for the care and support they receive through external care providers Regular IIAs held as the programme develops, additional sessions specifically held with carers and people using our services, and ongoing co-production with the market
Evidence of inclusive engagement of people who use the service and involvement findings	Independent Review of Adult Social Care (2021)	
Evidence of unmet need	Internal Service Reports Data Internal Engagement with Workforce Focus Groups and Interviews Independent Review of Adult Social Care (IRASC)	**Internal Service Reports e**vidence of unmet need and capacity **IRASC:** As the older population has increased and resources have been focused increasingly on those in greatest need, a smaller proportion of the adult population is in receipt of social care support than was before austerity, with the result that the needs of a number of people are probably not being met and for others they are being met in a crisis response rather than to anticipate or avoid such interventions.
Good practice guidelines	Independent Review Adult Social Care Health and Social Care Standards (2018) Health and Social Care Integration (2016) Guidance framework on the national health and wellbeing outcomes and indicator measures (February and April	**IRASC:** Examples of the kind of improvements that people are trying to make include: • Reducing use of institutional/residential care – increased opportunity for **support at home** • Making better use of adaptations and **technology** • **Involving people and their families** more in decisions • Including **wider community supports in care** • Professionals **working together better across traditional boundaries of health, social care support** and other services such as housing • Fair Work principles to improve workers' working conditions; peer support and supervision; and a more consistent approach to providing high quality training for staff

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
	2015) Digital health and social care strategy (2018) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 – Person Centred Care	**Health and Social Care Integration and Standards-** As part of the integration of health and social care we have a requirement and duty of care to work with our local communities and providers of care to ensure care is responsive to people's needs and that we follow the guidance for the national health and wellbeing outcomes to ensure: People, including those with disabilities or long-term conditions, or who are frail, can **live**, as far as reasonably practicable, **independently and at home** or in a homely setting in their community.
Carbon emissions generated/ reduced data	City Vision 2050 consultation – Policy and Sustainability Committee agreed a 'Short Window Improvement Plan' (SWIP) in October 2019.	City vision is to be net zero on carbon emissions by 2030. More sustainable routes for our outreach mobile workforce could help to impact on reducing carbon emissions from the 32% of our workforce who are registered car users for delivery of homecare services.
Environmental data	City Vision 2050 consultation – Policy and Sustainability Committee agreed a 'Short Window Improvement Plan' (SWIP) in October 2019.	The continued move to provision of services at locality level should reduce CO2 emissions for residents, but health care professionals will need to make a greater number of vehicle trips which may increase emissions
Risk from cumulative impacts	None identified	None identified
Other (please specify)	Independent Adult Social Care Review (IASCR) 2021	'(A)…foundation that needs nurturing and strengthening is the social care workforce. For us to achieve the improvements we seek, they need to feel engaged, valued and rewarded for the vitally important work that they do'.
Additional evidence required	Health and Safety Executive (HSE)	"It is the employer's duty to take every reasonable precaution to ensure the safety of lone workers and to carefully consider and deal with any health and safety risks for people working alone."

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

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive Those who have acquired physical disability or neuro condition – reablement is an excellent service for that group of people Reablement is a positive offer, for those who will be eligible for it (majority will be) How we communicate this is essential – accessibility and public information, varying ways that people communicate	Middle years – 35-55/60 All

Equality, Health and Wellbeing and Human Rights	Affected populations
Reablement provides opportunity to look at income maximisation, as people can have opportunities highlighted to them via reablement process	Low income
Ppl shouldn’t be disadvantaged by going through reablement, it is available to all	
For some vulnerable people it is a good check-in point – clear expectations and mechanisms to manage and refer them to external partners	Vulnerable people
Comms – need to be clear that packages can be increased as well as decreased – this will focus on making sure we get it right at any point in time	
Homelessness – means different things for different people, reablement is for people with potential to make a recovery through their own independence	Homelessness
Carers – tension between ambitions of carers and ambitions of cared for person, must communicate benefits of reablement to carer, links to respite need to be strong at start of process – could ease some of the pressures on carers	Carers
LD and low literacy and numeracy – reablement will be a very supportive process, so less likely to get lost in system, someone will help them through that process	Learning disability and low literacy / numeracy
Substance misuse – in reablement we can find engagement difficult with that group, any support to help make that journey more positive would be helpful – we do have substance misuse teams, look at how we connect and be explicit about going to colleagues to support	Substance misuse
Development of skills, working in a different way, continuous changing group	
Opportunity for training beyond internal staff group – EVOC keen to see policies that bring forward training around equalities	
Positive effect for those who are discriminated against or harassed, some of the elements that you might be harassed about could be supported	
Improve the outcome of the long-term service that people receive at end of reablement	
Aligns with 3Cs, asset and solution focused approach – open conversation, it should naturally fit with level of	

Equality, Health and Wellbeing and Human Rights	**Affected populations**
support that is required and the next step – should naturally evolve which conversation the support sits with Reablement has a positive impact on all elements of equality and human rights, providing more choice, control, inclusion, resilience, among other things	
Negative Some people have only ever experienced one provider and a transition to a new provider will be a challenge There will be people who have long-term conditions that fluctuate and have digressive diseases that require flexible and consistent care packages Significant impact on ppl already in long term care system, those that are likely to move to market We need continuity of care for people with dementia, who will be distressed with change What happens to the % of people who are not suitable for our internal reablement – connecting people to wider opportunities – link to IIA on managing incoming demand Diversity of carers – some providers will have more diverse staff than others, and any transition of packages should consider this LGBT people will "de-gay" their house – want to make sure that the continuity of care is maintained Male and female carers – people specific about only wanting one or the other, be upfront in public info and say can't guarantee that Link to IIA on housing support – for people who need ongoing support that is chargeable, and SDS choices, personal care and reablement are free but elements of housing support are chargeable – anyone assessed in reablement that needs housing support could be disadvantaged Vulnerable families and those on low income are more likely to live in areas of high deprivation, need to ensure we have external providers available Internal challenges on recruitment – particular areas that we struggle to recruit staff to – to offer reablement across the city we have to acknowledge the challenges in recruitment to achieving this	People in long term care People with dementia LGBT communities Carers Low incomes Vulnerable families

Equality, Health and Wellbeing and Human Rights	Affected populations
Having providers working in those areas to offer long term support to those who need it – if external market can't provide then the internal market becomes blocked	
Often areas at peripheries of localities can be a challenge, geographics can be an issue on what we can provide in reablement	
Parking – SE issue, which is why we have providers that won't work in certain areas, also some of those areas don't have neat runs with walking travel time – need incentives for providers	Staff
reablement won't be right for every member of staff, might be used to working with someone for a long period of time, a more fluid approach won't support everyone	Staff
Staff with protected characteristic – continuous change may not suit everyone	Staff
Transition period – staff will need to be moved around as we release for training and reablement, logistical disruptions for staff that could impact	Staff
Training and development programme – situations coming up where people have to support people they don't have the skill to do so – FLS, back office and managers	Staff
Communication – BSL, Talking Mats etc., think about wider communication methods	
Back-office staff have other duties that they do because they don't have a huge turnover of service users, whereas reablement coordinators are starting new packages every day – activities that won't be done	
Risk to staff group if training and induction of workforce is not properly coordinated	Staff
People do not tend to want to move to external providers – our ongoing work with providers should help with this	
What happens to the people that would be referred to us and who it would look at first glance that they would not meet criteria for any service - as people are entitled to an assessment regardless. So someone referred for housework, for example, clearly wouldn't meet criteria and would not be offered an assessment through reablement - up-stream will need to 'screen' these referrals out – this will be further addressed through the IIA in relation to the front door, and how we support people to appropriate options	

Environment and Sustainability including climate change emissions and impacts	**Affected populations**
Positive If reablement runs are made more efficient we can work to reduce travel time, but a lot of barriers across the city to this e.g. parking, public transport, and low emission zones More walkers and less drivers – local recruitment will reduce drivers etc. More people supported through reablement, working in wider teams can liaise with localities on the housing support that people might provide Links to home fire safety visits – direct referral route into fire and rescue for home fire safety Improvements made to buildings e.g. lighting via direct contact with reablement teams	
Negative Low emission zones in city – challenge for internal and external – recommendation need to look at CEC plans around low emission and permits	

Economic	**Affected populations**
Positive Income maximisation – positive opportunities that can be advertised via reablement Supporting the local provider market Whilst less going to market, it is the right need going to market and could enable the market to manage the appropriate level of need, they just may need to change to support that If more people through reablement, more coming out perhaps needing long term support, established and right-sized packages, which are given to providers This makes it safer for people – coming out of a comprehensive handover and assessment – safer transition of care	People on low incomes Local businesses (providers)

Economic	**Affected populations**
Negative If providers do fail, there will be an impact on the external market	Local businesses (providers)

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?

The reablement service is entirely in-house, however by providing a reablement model we will know what needs commissioned via our external framework with our providers. We continue to co-produce the external commissioning framework to ensure equity of access to quality support across the city for people and their carers. This includes commissioning improved integrated support options for adults living at home which are sustainable, well-coordinated, accessible, and appropriate at point of need, supporting improved outcomes and maximising independence. All equality, human rights, environmental and sustainability issues will be covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions.

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.

This will involve collaboration with planning and commissioning colleagues and partners to ensure a wide range of communication tools, including easy read, large print, alternative language options and online access to information. We have also agreed for FAIR (Family Advice and Information Resource) to produce an easy-read version of the final IIA report once published.

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**
Take careful consideration for anyone being transitioned to a new provider	Caroline Todd		
Public comms need to be very clear on what the offer is and what the change in offer is and the restrictions of our workforce	Rachael Docking Phil McAusland		

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
	Rachel Howe		
Link to IIA on housing support –reablement is free but elements of housing support are chargeable – anyone assessed in reablement that needs housing support might require support	Deborah Mackle Caroline Todd Rachael Docking		
Ensure close working for staff with substance misuse teams, as reablement can be more difficult, look at how we connect and be explicit about going to colleagues to support	Rachael Docking Phil McAusland		
Travel – need to look at CEC plans on low emission zones and permits, and the impact on reablement staff	Rachael Docking Phil McAusland		
Coordinate reablement roll-out activities centrally and locally, and ensure a robust training package is built throughout the roll-out	Rachael Docking Phil McAusland		
Include a human rights-based approach into core training, and 3rd party reporting training with Police Scotland	Rachael Docking Phil McAusland		

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

No.

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

This proposal has been developed as part of the work from the Partnership's Innovation and Sustainability Programme and will continue to be monitored within the wider programme. The impacts on different groups, including those with protected characteristics will be monitored through the programme working group and ongoing review of progress and challenges.

16. Sign off by Head of Service

Name:

Date:

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/