

Integrated Impact Assessment – Summary Report

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

1. Title of proposal

Liberton Hospital Reprovision: Relocation of Hospital @ Home and Medical Day hospital to Ellens Glen Hospital.

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

Liberton Hospital will be closed, and all services will be relocated to Ellens Glen Hospital (EGH). This IIA is considering the impact of relocating the Hospital at Home team and the Medical Day Hospital to Ellens Glen Hospital. The main change for these two services is the change in location with the service model remaining the same. However to accommodate this move this is also a planned reduction in Frail Elderly HBCCC inpatient bed numbers from 27 to 9. This change is also considered in conjunction with the previously agreed ward reconfiguration plan (currently in implementation phase) which also includes bed closures to allow the inpatient services to leave Liberton site

To mitigate the broader impact of bed losses, new pathways are being established to support community-based care in homes, care homes, and hospices. These include complex care services, enhanced care teams, maximising care home capacities, increasing hospice capacity, and expanding palliative care planning capacity. These pathways will facilitate:

- Transition from acute to community settings instead of referral to HBCCC beds.
- Discharge from HBCCC to community settings.
- End-of-life (EOL) care from acute or HBCCC to community settings.
- Support for individuals in their homes and care homes to prevent early readmission from HBCCC.

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

The reduction in bed capacity will have an immediate effect on current ward patients, who will be consulted directly and through their next of kin at the time of bed closures. There has been no direct consultation with service users for

the medical day hospital (MDH) as proposals have not yet been approved. However, there will be no change in service model but only a minor change in location. For Hospital at Home, there will be no change to the service provided to the service users.

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

The proposed relocation is not considered strategic under the Fairer Scotland Duty. However, the reduction in bed provision is a change that could be considered strategic under this duty. New pathways will enhance community-based care for older individuals at home, in care homes, and in hospices. Additionally, the expanded Hospital at Home Teams will serve a broader range of people across Edinburgh and Midlothian. These measures aim to improve access to essential healthcare services within the community, ensuring that all individuals, regardless of their socio-economic status, receive timely and effective medical care. This strategic decision aligns with the Fairer Scotland Duty's objective to reduce inequalities and promote fairness in public services.

5. Date of IIA:

29 April 2025

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
Rhiannon Virgo (Facilitator)	CEC: Programme Manager Innovation and Sustainability	February 2020
Charlotte Mackintosh (Notes)	NHS: Personal Assistant to Heather Mackie	
Heather Mackie (Lead Officer)	NHS: Head of Service: Community Hospitals, Care Homes and Technology	
Billie Flynn	NHS: Deputy Chief Nurse	
Ola Somefun	NHS: Project Manager – Innovation and Sustainability	
Marion Reilly	NHS: Business Manager: Community Hospitals, Care Homes and Technology	
Paul Schoegl	NHS: Lead ANP Hospital @ Home	

Kirsty Hutchison	NHS: Charge Nurse – Liberton Hospital	
Jackie Stone	Chief Executive - St. Columba Hospice Care	
Mark Gill	Head of Business for Marie Curie for Scotland and Northern Ireland	
Carla Dempster	NHS: Senior Information analyst - EHSCP Strategic Planning	
Sarah Chalmers	NHS: Clinical Nurse Manager; Edinburgh District Nursing	
Mark Todd	NHS: Senior Charge Nurse, Liberton Day Hospital	
Jane Brown	CEC: Care Home Service Manager	
James McNee	NHS: Contracts Manager	
Neil Wilson	NHS: Strategic Planning and Workforce Planning Lead	
Jackie Little	NHS: Senior Charge Nurse Ellen's Glen House	
Anne Marie Comber (Part meeting will review meeting & documents offline)	NHS: Public Involvement Co-ordinator	
Heather Gilfillan (Part meeting will review meeting & documents offline)	NHS: Partnership Representative	

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
<p>Data on populations in need – where available use disaggregated data</p>	<p>Population and demographics – Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>[ARCHIVED CONTENT] Population Projections for Scottish Areas (2018-based) National Records of Scotland</p>	<ul style="list-style-type: none"> - 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 average number of people pensionable age and over in Edinburgh is projected to increase by 25.6% between 2018 and 2028, and 53.65% between 2018 and 2043. -

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Data on service uptake/access	<p>Internal Service Reports</p> <p>Edinburgh Integration Joint Board draft strategic plan - City of Edinburgh Council - Citizen Space</p>	<p>Liberton hospital provides geriatric medicine for the elderly offering both Inpatient and Outpatient (Hospital at Home/Medical Day Hospital) services. These services will move to Ellens Glen House (EGH) and Thistle ward in EGH will move to Rowan ward (Ferryfield Hospital) with ongoing bed reconfiguration as shown below:</p> <p><u>Liberton Hospital:</u> Ward 1: 15 beds, Intermediate Care – rehabilitation over 65 Ward 2: 15 beds, Intermediate Care – rehabilitation over 65 Ward 4: 16 beds, Intermediate Care – rehabilitation over 65</p> <p><u>Ferryfield House (FFH)</u> Willow Ward – 21 Beds, Older Age Psychiatry HBCCC Rowan Ward – 28 Beds, closed</p> <p><u>Ellens Glen House (EGH)</u> Hawthorn – 27 beds, Frail Elderly HBCCC Thistle – 27 beds, Functional Psychiatry HBCCC (under 65s)</p> <p>Note: Data as of Dec 2024 as bed reconfiguration is ongoing</p> <p>Liberton Service Aims</p> <ol style="list-style-type: none"> 1. ICF- Intermediate care facility that provide alternatives to admission for frail older people in South Edinburgh. 2. To provide rapid access, specialist outpatient assessment or hospital at home for older patients at risk of unscheduled acute hospital admission. 3. To provide multidisciplinary holistic care to support the needs of older

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		<p>patients with co-morbidities and frailty.</p> <p>Liberton Service Structure IOPS includes three main services –</p> <ol style="list-style-type: none"> 1. The Liberton Medical Day Hospital / Hub including Locality Clinics 2. Hospital at Home Team 3. Involvement with the Intermediate Care (ICF) wards <p>MDH Statistics</p> <p>There are minor inaccuracies in the data due to change in Trak templates in April 2024. In the year up to 30/6/24 there were 1019 GP referrals and 247 Hospital (predominantly ED/AMU) referrals. There were 389 (31%) urgent referrals and 865 routine referrals.</p> <p>The place of assessment by locality is shown below:</p> <p><u>South-East</u> Hub/Clinic – 377 (45%) Cognition/continence clinic at hub – 44 (37%) Locality clinic – 166 (33%) Telephone follow up – 122 (44%)</p> <p><u>South-West</u> Hub/Clinic – 269 (32%) Cognition/continence clinic at hub – 65 (54%) Locality clinic – 210 (41%) Telephone follow up – 117 (43%)</p> <p><u>Midlothian</u> Hub/Clinic – 199 (23%) Cognition/continence clinic at hub – 11 (9%) Locality clinic – 132 (26%) Telephone follow up – 35 (13%)</p> <p><u>Totals</u> Hub/Clinic – 845 Cognition/continence clinic at hub – 120 Locality clinic – 508 Telephone follow up – 274</p>

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		<p>Referrals to MDH:</p> <p>Liberton Day Hospital Referrals (excludes removals) April 2024 - April 2025. Report Run: 24/04/2025</p> <table border="1"> <thead> <tr> <th>Locality</th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>East Lothian</td> <td>2</td> <td>0.15</td> </tr> <tr> <td>Midlothian</td> <td>277</td> <td>20.44</td> </tr> <tr> <td>North East</td> <td>22</td> <td>1.62</td> </tr> <tr> <td>North West</td> <td>11</td> <td>0.81</td> </tr> <tr> <td>South East</td> <td>590</td> <td>43.54</td> </tr> <tr> <td>South West</td> <td>451</td> <td>33.28</td> </tr> <tr> <td>Undefined</td> <td>1</td> <td>0.07</td> </tr> <tr> <td>West Lothian</td> <td>1</td> <td>0.07</td> </tr> <tr> <td>Total</td> <td>1355</td> <td>100.00</td> </tr> </tbody> </table> <p>Other activity:</p> <ul style="list-style-type: none"> • 59 blood transfusion episodes • 42 ferinject infusion episodes • DNA rate is low below 5% • There were 51 OT episodes in May 2024. • There were 167 PT episodes in May 2024 that are a combination of home visits, hub visits and telephone calls. • Urgent patients will be seen next day or within 2 working days. • Urgent hub patients wait on average 9 days (includes weekends) • Routine locality patients wait on average 23 day (includes weekends) <p>Liberton Hospital at Home Statistics:</p> <p><u>Liberton H@H Admissions</u> <u>Jan 2024 - Dec 2024</u></p> <table border="1"> <thead> <tr> <th>Age range:</th> <th>Average:</th> </tr> </thead> <tbody> <tr> <td><65</td> <td>10</td> </tr> <tr> <td>65-74</td> <td>22</td> </tr> <tr> <td>75+</td> <td>151</td> </tr> </tbody> </table>	Locality	Count	%	East Lothian	2	0.15	Midlothian	277	20.44	North East	22	1.62	North West	11	0.81	South East	590	43.54	South West	451	33.28	Undefined	1	0.07	West Lothian	1	0.07	Total	1355	100.00	Age range:	Average:	<65	10	65-74	22	75+	151
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		<p data-bbox="847 383 1417 524"><u>IOPS Hospital at Home Team - Admissions Per Week by Referral Source (Based on Other Hospitals Field Value)</u></p> <table data-bbox="847 562 1158 1039"> <thead> <tr> <th><u>Week Ending</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr><td>26/01/2025</td><td>6</td></tr> <tr><td>02/02/2025</td><td>52</td></tr> <tr><td>09/02/2025</td><td>48</td></tr> <tr><td>16/02/2025</td><td>47</td></tr> <tr><td>23/02/2025</td><td>53</td></tr> <tr><td>02/03/2025</td><td>41</td></tr> <tr><td>09/03/2025</td><td>55</td></tr> <tr><td>16/03/2025</td><td>43</td></tr> <tr><td>23/03/2025</td><td>47</td></tr> <tr><td>30/03/2025</td><td>44</td></tr> <tr><td>06/04/2025</td><td>48</td></tr> <tr><td>13/04/2025</td><td>47</td></tr> </tbody> </table> <p data-bbox="847 1077 1382 1149"><u>Weekly Flow Centre Activity for IOPS H@H Team</u></p> <table data-bbox="847 1187 1158 1697"> <thead> <tr> <th><u>Week Ending</u></th> <th><u>Total</u></th> </tr> </thead> <tbody> <tr><td>26/01/2025</td><td>2</td></tr> <tr><td>02/02/2025</td><td>45</td></tr> <tr><td>09/02/2025</td><td>52</td></tr> <tr><td>16/02/2025</td><td>43</td></tr> <tr><td>23/02/2025</td><td>53</td></tr> <tr><td>02/03/2025</td><td>44</td></tr> <tr><td>09/03/2025</td><td>50</td></tr> <tr><td>16/03/2025</td><td>28</td></tr> <tr><td>23/03/2025</td><td>39</td></tr> <tr><td>30/03/2025</td><td>41</td></tr> <tr><td>06/04/2025</td><td>52</td></tr> <tr><td>13/04/2025</td><td>41</td></tr> <tr><td>20/04/2025</td><td>41</td></tr> </tbody> </table>	<u>Week Ending</u>	<u>Total</u>	26/01/2025	6	02/02/2025	52	09/02/2025	48	16/02/2025	47	23/02/2025	53	02/03/2025	41	09/03/2025	55	16/03/2025	43	23/03/2025	47	30/03/2025	44	06/04/2025	48	13/04/2025	47	<u>Week Ending</u>	<u>Total</u>	26/01/2025	2	02/02/2025	45	09/02/2025	52	16/02/2025	43	23/02/2025	53	02/03/2025	44	09/03/2025	50	16/03/2025	28	23/03/2025	39	30/03/2025	41	06/04/2025	52	13/04/2025	41	20/04/2025	41
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		<p>Liberton H@H Annual Figures</p> <p><u>Liberton H@H Admissions (Jan 2024 - Dec 2024)</u></p> <table border="1"> <thead> <tr> <th><u>Month</u></th> <th><u>Count</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td>188</td></tr> <tr><td>Feb</td><td>176</td></tr> <tr><td>Mar</td><td>169</td></tr> <tr><td>Apr</td><td>179</td></tr> <tr><td>May</td><td>201</td></tr> <tr><td>Jun</td><td>170</td></tr> <tr><td>Jul</td><td>162</td></tr> <tr><td>Aug</td><td>171</td></tr> <tr><td>Sep</td><td>177</td></tr> <tr><td>Oct</td><td>166</td></tr> <tr><td>Nov</td><td>209</td></tr> <tr><td>Dec</td><td>220</td></tr> </tbody> </table> <p><u>Liberton H@H Completed Admissions Length of Stay (days) based on Discharge Date (Jan 2024 - Dec 2024)</u></p> <table border="1"> <thead> <tr> <th><u>Month</u></th> <th><u>Days</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td>7.55</td></tr> <tr><td>Feb</td><td>7.15</td></tr> <tr><td>Mar</td><td>7.03</td></tr> <tr><td>Apr</td><td>7.44</td></tr> <tr><td>May</td><td>7.06</td></tr> <tr><td>Jun</td><td>7.14</td></tr> <tr><td>Jul</td><td>7.49</td></tr> <tr><td>Aug</td><td>7.1</td></tr> <tr><td>Sep</td><td>7.45</td></tr> <tr><td>Oct</td><td>5.98</td></tr> <tr><td>Nov</td><td>6.34</td></tr> <tr><td>Dec</td><td>5.63</td></tr> </tbody> </table> <p>Average LOS - 6.95</p>	<u>Month</u>	<u>Count</u>	Jan	188	Feb	176	Mar	169	Apr	179	May	201	Jun	170	Jul	162	Aug	171	Sep	177	Oct	166	Nov	209	Dec	220	<u>Month</u>	<u>Days</u>	Jan	7.55	Feb	7.15	Mar	7.03	Apr	7.44	May	7.06	Jun	7.14	Jul	7.49	Aug	7.1	Sep	7.45	Oct	5.98	Nov	6.34	Dec	5.63
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		<p>Frailty Statistics :</p> <ul style="list-style-type: none"> • 55% of people in Scotland over the age of 65 live with some level of frailty: <ul style="list-style-type: none"> • 35% are mildly frail • 15% are moderately frail • 5% are severely frail <p>Frailty Collaborative Efforts:</p> <ul style="list-style-type: none"> • National Collaboration: NHS Lothian and other Lothian Integration Joint Boards (IJBs) are working together to address frailty. • Edinburgh IJB Contribution: Focus on using GP records to proactively identify and support people with frailty. <p>Falls Statistics:</p> <p>Edinburgh ranks in the bottom ten IJBs in Scotland for the number of hospital admissions resulting from falls.</p> <ul style="list-style-type: none"> • Hospital Admissions: In 2023/24, there were 2,866 hospital admissions due to falls in Edinburgh. <ul style="list-style-type: none"> • Age Group: 72% of these admissions were for people over the age of 65. • Admission Rate: 24.9 out of every 1,000 over 65s in Edinburgh were admitted to hospital after a fall each year, compared to the Scottish average of 22.4 per 1,000. <p>Fall Daily Impact:</p> <ul style="list-style-type: none"> • Admissions: On average, three people over the age of 65 are admitted to hospital each day with serious injuries such as broken hips, legs, or forearms.

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		<ul style="list-style-type: none"> • Hospital Beds: These patients occupy 65 hospital beds each day. <p>End of Life - National benchmarking shows that our citizens typically spend more of their last six months of life in hospital than people do elsewhere in Scotland.</p> <p>Ellens Glen House (EGH) EGH has two wards: Hawthorn ward for frail elderly hospital based complex clinical care (HBCCC) and Thistle ward for functional psychiatry HBCCC.</p> <p>Rowan Ward (Ferryfield House) Rowan ward is currently closed, and works are ongoing for it to house functional psychiatry from Thistle ward (EGH).</p> <p>Referrals to HBCCC</p> <p><u>2023</u></p> <ul style="list-style-type: none"> • 364 referrals • 227 admissions • 62.36% admitted <p><u>2024</u></p> <ul style="list-style-type: none"> • 278 referrals • 192 admissions • 69.06% admitted <p><u>2025</u></p> <ul style="list-style-type: none"> • 71 referrals • 33 admissions • 46.48% admitted <p><u>Totals</u></p> <ul style="list-style-type: none"> • 713 referrals • 452 admissions • 63.39% admitted

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		<ul style="list-style-type: none"> - Referrals to HBCCC have reduced in 2024, figures were at similar levels at the start of the year but began dropping off after April. They have continued to reduce in 2025. - However, the % of referrals admitted to HBCCC was higher in 2024 than previous years, which might suggest referrals are more suitable for HBCCC, or there is more availability within wards to admit people who may have gone elsewhere in previous years. - It is likely too soon to make a judgement on 2025 Although there were less referrals in 2024, a greater proportion of these were declined (18% compared to 12% in 2023- however this is similar in terms of actual numbers (48 in 2024, compared to 43 in 2023). - 18% have been declined in 2025. Referrals from both RIE & WGH are down when compared to the last two years
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p>Scottish Index of Multiple Deprivation 2020 - gov.scot</p> <p>Poverty in Edinburgh - Edinburgh Health & Social Care Partnership</p>	<p>Location Changes – Thistle ward (EGH) to Rowan ward (Ferryfield House)</p> <p>The functional psychiatry HBCCC at Thistle ward in South East moves to the empty Rowan ward in North West Edinburgh. This a driving distance of about 30 minutes.</p> <p>Location Changes Liberton Hospital at Home/MDH to Thistle ward (EGH)</p> <p>EGH is less than 5 minutes’ drive from Liberton and still maintains the</p>

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	Christie Commission on the future delivery of public services - gov.scot	<p>accessibility to people in South East Edinburgh.</p> <p>The Scottish Index of Multiple Deprivation 2020v2 (SIMD 20) for these sites is shown in below:</p> <ul style="list-style-type: none"> - Rank: 1- most deprived zone, 6976- least deprived zone - Decile 1- most deprived zone, 10 - least deprived zone <p>Liberton – rank 6701, decile 10, Least deprived area EGH – rank 5891, decile 9, Among least deprived area Ferryfield- rank 4958, decile 8. Slightly better than average</p> <ul style="list-style-type: none"> - Joint Strategic Need Assessment (JSNA) provides key data on socio-economic disadvantage
Data on equality outcomes	Population health and inequalities in Edinburgh - Edinburgh Health & Social Care Partnership Population and demographics - Edinburgh Health & Social Care Partnership Census 2022 – The City of Edinburgh Council Intranet Edinburgh Integration Joint Board draft strategic plan -	<ul style="list-style-type: none"> - “While life expectancy is the average number of years those in a defined population are expected to live, healthy life expectancy (HLE) is the average number of years a person in a particular population is expected to live in a healthy state. People experiencing disabilities or limiting long term conditions tend to have poorer health overall. - Females in Edinburgh experience fewer years of good health than males. In recent years, there is evidence of a widening gap between males and females which appears to be a combination of improvements in male HLE and a worsening of female HLE. Although females have a higher life expectancy, they spend more

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	City of Edinburgh Council - Citizen Space Item 7.6 - Equality and Diversity Framework 2021-2025.pdf	<p>than 20% of that life experiencing a low quality of life. For many people, increased life expectancy will be offset by years lived with disability.”</p>
Research/literature evidence	Edinburgh Integration Joint Board draft strategic plan - City of Edinburgh Council - Citizen Space Home First - Combined.pdf 6.3 An Older Peoples Pathway V2.pdf Hospital Based Complex Clinical Care and Long Stay Patients - Mental Health Inpatient Census 2023 Part 3: hospital-based complex clinical care and long stay - gov.scot Hospital at Home for Older People - gov.scot Hospital at Home for Older People - gov.scot	<p>The are various research/literature that supports care in community settings, intermediate care (ICF), hospital based complex clinical care (HBCCC), bed reconfiguration, palliative care, and end-of-life (EOL).</p>

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	<p>palliative-care-matters-working-together-improve-life-health-care-people-ages-living-serious-illnesses-health-conditions-dying-scotland-2025-2030.pdf</p> <p>Palliative Care Strategy – Lived Experiences and Public Views</p> <p>Palliative and end of life care: strategic framework for action - gov.scot</p> <p>Palliative care strategy - population data and research: overview - gov.scot</p> <p>Hospice UK Impact Report April 2023 - December 2024 Hospice UK</p>	
Public/patient/client experience information	Internal Service Reports	<p>Quantitative Feedback</p> <p>The feedback indicates a high level of patient satisfaction across various aspects of their experience, including the appointment process, staff efforts, waiting times, physiotherapy, and occupational therapy.</p> <p><u>Liberton Hospital Patient Experience Feedback - Sample Size 23</u></p> <p>Smooth Appointment Process</p> <ul style="list-style-type: none"> • Yes: 22 (95.65%) • No: 1 (4.35%)

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>Appointment Suggestions for Improvement</p> <ul style="list-style-type: none"> • Yes: 2 (8.70%) • No: 21 (91.30%) <p>Helped to Understand Health Issues</p> <ul style="list-style-type: none"> • Strongly Agree: 13 (56.52%) • Agree: 10 (43.48%) <p>Staff Listened to Health Concerns</p> <ul style="list-style-type: none"> • Strongly Agree: 17 (73.91%) • Agree: 4 (17.39%) • Neither Agree nor Disagree: 2 (8.70%) <p>Effort to Include Patient Preferences</p> <ul style="list-style-type: none"> • Strongly Agree: 15 (65.22%) • Agree: 6 (26.09%) • Neither Agree nor Disagree: 2 (8.70%) <p>Acceptability of Waiting Time</p> <ul style="list-style-type: none"> • Very Unacceptable: 3 (13.04%) • Somewhat Unacceptable: 1, (4.35%) • Neutral: 1 (4.35%) • Acceptable: 1 (4.35%) • Very Acceptable: 17 (73.91%) <p>Qualitative Feedback</p> <p>A summary of a non-automated sentiment analysis was carried out on the qualitative feedback with the result show below:</p> <p>Approximately 77% of respondents reported a positive experience, with no negative feedback recorded.</p> <p><u>Patient Experience</u> <u>Summary of Qualitative Feedback:</u> <u>Sample Size: 18</u> Neutral feedback – 4 (22.22%) Positive feedback – 14 (77.78%) Total - 18 (100%)</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
Evidence of inclusive engagement of people who use the service and involvement findings	Internal Service Reports	<ul style="list-style-type: none"> - Town hall meeting - A consultative forum with the details of this change was held with the staffs, - Partnership forum meeting planned for 08 May 2025 - Updates to staff have been provided by e-mail.
Evidence of unmet need		
Good practice guidelines	<p>National health and wellbeing outcomes framework - gov.scot</p> <p>National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services</p> <p>Regulation 9: Person-centred care - Care Quality Commission</p> <p>Focus on Frailty Programme Healthcare Improvement Scotland - Focus on Frailty</p>	<p>IRASC:</p> <ul style="list-style-type: none"> - Examples of the kind of improvements that people are trying to make include: <ul style="list-style-type: none"> • 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 - 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

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>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.</p>
Carbon emissions generated/reduced data	<p>Internal Service Report</p> <p>NHS Lothian Sustainable Development Framework</p> <p>2030 Climate Strategy – The City of Edinburgh Council</p>	- The Hospital at Home team uses 8 electric vehicles in delivering its services within South East Edinburgh
Environmental data	<p>Climate change charter - Edinburgh Health & Social Care Partnership</p> <p>NHS Lothian Sustainable Development Framework</p> <p>2030 Climate Strategy – The City of Edinburgh Council</p> <p>https://sustainable.scot.nhs.uk/reports</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
Risk from cumulative impacts	https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/savings2526/2025-26cumulative/	The cumulative IIA for the savings programme has been added.
Other (please specify)		None
Additional evidence required		None

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

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Positive The change will provide an opportunity to enhance signage and make other improvements to support individuals with protected characteristics.</p> <p>In designing, developing, and altering the building's use, the change has necessitated a review of building access, parking, electric charging stations, and taxi access near the entrance. Additionally, the reception area will be equipped to guide people and address their individual needs. Frail patients will be relocated to the Thistle floor (EGH), which is a positive development.</p>	<p>All populations</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Older people and people in their middle years</p>
<p>Negative The primary impact will be a reduction in the number of beds available for frail elderly patients, leading to</p>	<p>Older people and people in their middle years</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>decreased access to hospital-level care for this group. However, evidence indicates that the demand for such care has decreased, and alternative facilities are available to provide appropriate care.</p> <p>There may be minor impacts due to Ellens Glen House (EGH) being one bus stop away from Liberton Hospital, although it is on the same route. The service models for Hospital at Home and Day Hospital will remain unchanged. Mitigations include the service being closer to a major hospital, such as RIE, which has radiology services, thus avoiding longer travel times to other hospitals like WGH. Existing service users are familiar with their surroundings and can continue to have their needs met in the current locality.</p>	

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive The installation of EV charging points will have a positive environmental impact by reducing the carbon footprint of the hospital's operations. The use of electric vehicles and the provision of charging infrastructure will contribute to the city's efforts to combat climate change and promote sustainable practices.</p> <p>The EGH option has a neutral impact in terms of travel distance compared to the alternative option that would have increased travel distance and carbon footprint.</p>	
<p>Negative Slight increase in volume of traffic in residential area.</p>	All populations

Economic	Affected populations
<p>Positive Maintains location of community health services.</p> <p>Maintains location of job opportunities in the area.</p>	<p>Local Businesses</p> <p>People in Employment</p>
<p>Negative</p> <p>The move to community-based care (home or care home) may have a financial impact for some individuals and families which will be subject to some levels of financial assessment.</p>	Low income populations

- 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?**

No.

- 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.**

The day hospital service currently considers the needs of service users, including their communication requirements, and will continue to do so in the future.

- 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.**

Not applicable.

- 12. Additional Information and Evidence Required**

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

No further evidence required.

- 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
IIA will be reviewed in December 2025	Heather Mackie	29 December 2025	19 December 2025

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

None

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

Established patient feedback channels will be utilised to monitor the impacts of the changes.

16. Sign off by Head of Service

Name Heather Mackie

Date 06/05/2025

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/