

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	x	(Tick as appropriate)
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1. Title of plan, policy or strategy being assessed

Edinburgh Integrated Joint Board Strategic Plan 2019-22

Context. The IIA was conducted on the draft EIJB Strategic Plan 2019-2022 which is nearing the end of a 3-month consultation period. The IIA reflects much of what has been captured through consultation and the final Strategic Plan will be amended and refined accordingly prior to submission to the EIJB on 20 August 2019.

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

The Strategic Plan sets out how health and social care services will evolve in Edinburgh over the next 3 years. It applies to all adults in the City of Edinburgh who require health and social care or who are considered at risk and sets out the agreed ambitions, priorities and guiding principles. The population of Edinburgh is changing over time and budget pressures are increasing, so our services must also change and adapt to ensure they are affordable, sustainable and trusted. The central themes of the Plan are:

- redefining the Edinburgh health and social care offer
- implementing the 3 Conversations approach
- home first, as a principle aimed at shifting the balance of care from acute hospital services to the community and partnerships
- transformation through redesign and innovation.

The plan outlines how the EIJB is working towards:

- a health and social care system that is affordable, sustainable and trusted

- creating an Edinburgh Offer which is fair, proportionate and sets out clearly how we operate as a partnership, as well as being understood and supported by Edinburgh's citizens
- an approach that is person-centred, and which focusses on a 'home first' model with people being supported to be at home or a homely environment as far as possible
- supporting a motivated, skilled and balanced workforce
- greater partnership with the voluntary and independent sectors with a growing culture of co-production and co-design, and understanding the value of lived experience in the evolution of services.
- using the latest technology to support people
- a culture of continuous improvement.

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

Extensive public involvement has taken place over a significant time period. Early work was conducted by Reference Groups which considered Older People, Mental Health, Learning Disabilities, Physical Disabilities and Primary Care. Each Reference Group was made up of board members, officers, carers, service users and service providers and the work was used to inform the draft Strategic Plan. A revised draft, which considered emerging budgetary pressures and the Transformational Change Proposal, was then circulated for a 3-month consultation period. Consultation included an extensive series of engagement events (27 events to which around 444 people attended) with:

- Staff groups
- Third sector organisations
- Groups of people with different particular needs
- General population.

An on-line survey through the Consultation Hub together with an Easy-read version of the Plan was also promoted. This, to date, has received approximately 100 returns.

Two reports are being prepared to support the final draft of the Strategic Plan. One on consultation feedback and the other mapping the outputs from the reference groups.

4. Date of IIA

Wednesday 26 June 2019

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training
Tony Duncan	Interim Head of Strategic Planning	
Rachel Howe	Engagement and Participation Officer	
Kirsten Hey	Occupational Therapist and Union Representative	
Katie McWilliam	Strategic Programme Manager – Older People, Carers & ATECH24 and Associated Services	
Smita Grant	NHS Lothian, Minority Ethnic Health Inclusion Service (MEHIS)	
Sally MacGregor	Sally McGregor PA to: Moira Pringle – Chief Finance Officer	April 2019
Sarah Bryson (Facilitator)	Strategic Planning and Commissioning Officer	Nov 2017
Christine Farquhar (not present at IIA meeting however contributed to content of report)	IJB Carer Member	

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	Yes	<p>The population of Edinburgh is projected to continue to grow well into the future and is currently growing by 5,000 people per year. Significantly, the population is aging with the population of people aged over 75 anticipated to grow by as much as 79% by 2041 whilst those in the 16 to 24 age group likely to drop by 8%.</p> <p>The Joint Strategic Needs Assessment(JSNA), 2015 and associated chapters, contain detailed information re the</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>population of Edinburgh.</p> <p>The Locality Plans (2017-22) contain detailed information for each locality.</p> <p>The EIJB Edinburgh Health Information, October 2018 provides data regarding health inequalities and shows that Edinburgh has significant inequalities throughout all parts of Edinburgh</p>
Data on service uptake/access	Yes	The Plan covers multiple services which record access and uptake
Data on equality outcomes		<p>There is considerable data available on health inequalities showing significant inequalities throughout all parts of Edinburgh as well as inequalities for some non-geographic groups.</p> <p>In Edinburgh, by 2041, compared with 2016, there will be 32% more people aged 65 and older and 78% more people aged 75 years and over. The implication of this for health and social care is significant because as people age, they are more likely to need the support of statutory services.</p> <p>The EHSCP knows of 25,510 people with a physical disability, of which 1,540 are in receipt of services from the Partnership. This population is estimated to rise annually by 1.4%. It also knows of 8,684 people with a learning disability and supports 1,335. The national population of adults with a learning disability is predicted to increase by 2% each year. People with learning difficulties often have poorer health outcomes compared to the general population and are at risk of dying from causes that are preventable.</p> <p>In 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland. People with mental health problems are more likely to have serious debt problems, increased social isolation, poor physical health and live in areas of deprivation.</p> <p>The Scottish Household Survey (2011) estimates there are 65,084 carers living in Edinburgh, this equates to</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>13.7% of the population.</p> <p>Those who provide 50+ hours per week, amount to 13,761 people.</p>
Research/literature evidence		<p>Contained in detail within the JSNA, the 5 supporting draft outline commissioning plans and Edinburgh Joint Carers Strategy 2019-22 Draft (will be ratified Aug 2019. Link can be provided thereafter)</p>
Public/patient/client experience information		<p>Carers' and service users' experiences were sought and considered whilst preparing the 5 strategic Commissioning Plans and the draft Joint Carers Strategy. Extensive consultation/engagement has been undertaken on the draft Strategic Plan (see para 3 above). A consultation report is currently being produced.</p>
Evidence of inclusive engagement of service users and involvement findings		<p>See consultation report for details of measures taken to ensure engagement was inclusive.</p>
Evidence of unmet need	Yes	<p>Delayed discharge data demonstrates an unmet need in assessments, reviews and care packages.</p> <p>Other waiting lists demonstrate unmet need:</p> <ul style="list-style-type: none"> - psychological therapies - Community assessments, reviews and care packages - Day opportunities - minimal - Carers assessments <p>Specific ethnic minority services are very difficult to source including translation services</p> <p>The Partnership's workforce is ageing, with presently less than 9% of the workforce under 30 years old. A projected significant population increase in those over 65 (and in particular those over 75) and a drop in those aged between 16-24 may lead to a worsening of the current workforce supply issue where already there are difficulties</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>in recruiting and retaining health and social care professionals in the City.</p> <p>Baseline Workforce Plan file:///H:/Item_5.5___Baseline_Workforce_Plan%20(1).pdf</p> <p>NHS Lothian Workforce Plan 2017-19 get link NHS Health Scotland's Workforce Plan 2018-19</p>
Good practice guidelines		<p>Scottish Government Guidance</p> <p>https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/</p>
Environmental data		
Risk from cumulative impacts		<p>The Strategic Plan is high level and has limited detailed reference to specific services. These impacts will flow from the outputs of the transformation programme.</p>
Other (please specify)	Yes	<p>Staffing is a real and current risk as identified above, in particular the large number of NHS staff who are over 50 and will retire within the next 5-10 years and the reduced number of young people taking up the vacancies which may result (especially in midwifery) in staff shortages in vital roles.</p> <p>It will be essential to ensure that the community resources are in place to ensure the success of the Home First approach.</p> <p>A separate workforce strategy is referred to in the Strategic Plan and will be published in the coming months.</p>
Additional evidence required		

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

<i>Equality, Health and Wellbeing and Human Rights</i>	<i>Affected populations</i>
<p><i>Positive</i></p> <p><i>The central purpose of the Plan is to set out the direction of travel which the H&SC Partnership must take to ensure that services are sustainable and the health and wellbeing of the population of Edinburgh, particularly those who are most likely to suffer poor health and wellbeing due to a particular condition or disability or being part of a disadvantaged group or community, is improved.</i></p> <p><i>The Edinburgh Offer will clearly set out what residents can realistically expect and what is expected of them. It will be developed to ensure that those who most need support will get the support they need.</i></p> <p><i>The Plan introduces the ‘3 Conversations Approach’: which aims to help those who can help themselves and therefore free resources for those who are unable to do so independently</i></p> <p><i>Respect in everything we do is a priority of the Plan. All residents will be recognised as experts in their own life and be empowered, encouraged and supported to make choices and move away from dependency and take ownership and responsibility.</i></p> <p><i>The Plan has a greater focus on prevention and early intervention. The Transformation Programme workstreams under Conversation 1 will build on family support networks and assets and work with the third sector to build resilience and community capacity to help tackle health inequalities.</i></p> <p><i>The Front Door Access project will help ensure that all health and social care services are accessible, appropriate and inclusive to the needs of all and that consideration is given to barriers that can limit access for particular groups.</i></p> <p><i>Person Centred Care is a priority of the Plan and core to</i></p>	<p><i>All protected groups, unpaid carers and those with socio-economic disadvantage</i></p>

the 3 Conversation Model. This will help ensure that support is tailored to suit the individuals' needs.

Negative

When developing the Edinburgh HSC Offer and co-producing services, there is a risk that those who have the most difficulties engaging will not have their views and needs heard.

The move toward people taking more responsibility for their own health has a potential to widen the inequalities gap unless the capabilities and needs of different groups of people are recognised and supported.

A shift to utilising assets including existing family and social support networks may prove more difficult for some protected characteristic groups. For example, those from the LGBT community often do not have the family support network in place which other people may have and this needs to be recognised. There is evidence to suggest that the close family networks previously enjoyed by minority ethnic communities may be changing towards a more disparate family geography which is causing isolation issues and lack of family support

The 3 Conversations approach may prove difficult for those who do not have English as a first language unless the necessary resources for translation are in place.

There may be additional impacts on unpaid carers and the burden of care generally still falls to women.

Many staff are already feeling overworked and stressed. Further change and uncertainty may exacerbate this.

Environment and Sustainability

Positive

It is recognised that the way in which health and social care is delivered in Edinburgh must be changed in order that it is sustainable and the Plan sets out how this will be achieved.

The Plan sets out to encourage healthier lifestyles and

Affected populations

All protected groups, unpaid carers and those with socio-economic disadvantage

the use of greenspace.

The Locality Model continues to be at the heart of the Plan and residents will benefit from more localised delivery of many services.

Housing is a priority of the Plan which will bring together a range of strategic work around the development of “safe places”. This will include the development of an overarching strategy for sustainable housing and community planning. Including consideration of care village models, extra care housing, dementia care and safe places. Current approaches to housing adaptations will be improved

The continued move to provision of services at locality level should reduce CO₂ emissions.

Negative

The move to care at home may have a resultant increase in the number of vehicle trips taken by health care professionals and increase CO₂ emissions

The Plan does not address the wider issues of Climate Change for example waste reduction including medicine waste and adaptations to take account of warmer and wetter weather.

Economic

Positive

The Plan recognises the issues around recruiting and retaining staff and a workforce strategy is being developed as part of the Transformation programme. This should recognise the need for a diverse workforce which reflects the population of Edinburgh.

The 3 Conversation Model will help empower staff to take ownership and responsibility which can have a positive effect on staff’s well-being, provided that they have political and management backing and the skills, training and confidence in place.

Affected populations

All protected groups, unpaid carers and those with socio-economic disadvantage

Negative

The expectations of the population, which have developed from experience, are still high and the Plan does not explicitly set out the financial pressures. This would help put into context the Edinburgh HSC Offer.

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights , environmental and sustainability issues be addressed?

Various parts of the implementation of this Plan will be carried out by grant funded agencies and contractors. Guidance and policy with regards to the above issues will be adhered to as part of the procurement process and included in contractual requirements.

9. 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.

An easily accessible summary of the Plan will be produced and translations will be available along and formats appropriate for BSL users and those with vision impairments. Full use will be made of technology, social media and community newspapers

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

No

11. 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.

12. Recommendations (these should be drawn from 6 – 11 above)

It should be recognised that the IIA (and subsequent recommendations noted below) was carried out on the draft Strategic Plan which may be subject to change following consideration and incorporation of consultation feedback.

Equality monitoring of the feedback received regarding the Strategic Plan will be reviewed and considered. This will inform the communication plan for the Edinburgh Offer to help ensure that the views of those who find it difficult to engage, and often have the most need for services, are heard.

It is recognised that there is a higher level of illiteracy amongst the most deprived areas however, most young people are digitally literate. More use should be made of this medium to disseminate information regarding health and wellbeing, community engagement etc. Materials should be tailored to engage with specific audiences including those with specific communication needs

When developing strategies which will sit under the Strategic Plan and co-producing new services, it is imperative that the extensive intelligence already available is utilised, for example:

- that contained within the JSNA and topic papers
- lessons learnt from previous experiences
- analytical data demonstrating emerging needs of communities. For example, the number of strokes occurring in those of 40 years of age has increased significantly which will affect the level of care need in this group in both the short and longer term
- outline strategic commissioning plans and other related strategies

The Community Investment Strategy should recognise the need for additional ethnic minority services and in particular translation services.

Staff training and awareness raising of all aspects of equality and diversity including socio-economic and cultural barriers should continue. Additional difficulties for people with multiple intersecting characteristics should also be recognised.

The new 3 Conversations model will mean that staff will be empowered to take ownership and responsibility which may involve difficult decisions and conversations.

To ensure that this remains a positive experience, staff should have the necessary skills and confidence to deliver the message and approach.

Buy-in from elected members and senior managers is essential to ensure that staff have back-up and support when applying the principles of the Edinburgh Offer and 3 Conversations model and elected members do not undermine the process. Regular briefings and engagement with elected members should take place at all stages of the development of the Edinburgh Offer and the 3 Conversations approach to ensure they stay on board.

Campaigns directed at staff and residents should take place to manage expectations and change mind sets. The budget implications should be set out explicitly.

A vital component for the success of the new approach is staff. In order to keep staff on board with the implementation of the new approaches, regular updates demonstrating the success of the models (or any lessons learnt) should be communicated to staff.

Inevitably there will be changes for staff in the way which they work and these should be managed sensitively and communicated timeously to staff. Staff should feel supported throughout any change.

The Plan recognises the issues around recruiting and retaining staff, many of which are particular to Edinburgh and many are National. A Workforce Strategy is being developed as part of the change programme. The Workforce Strategy should give consideration to achieving a workforce which reflects the diversity of the population of Edinburgh. This will help improve institutional awareness of barriers, lead to improvements in services for people with diverse characteristics, instil confidence in users with diverse characteristics and help with language barriers. It should also give consideration to ways in which the qualifications of overseas workers may be more easily and speedily recognised as many immigrants have high level qualifications but are not able to utilise them in this country. There is also a need to change the desirability of social care roles as a vocation to encourage uptake of these roles as need increases. Access to affordable homes has an impact on attracting a sustainable workforce going forward.

There may be additional impacts on unpaid carers and this should be considered as part of Edinburgh's Joint Carers Strategy.

The workforce strategy should give consideration to carers in employment.

Many of the issues which Edinburgh faces are being faced all across Scotland. The Plan does not allude to work which can be/could be/is being undertaken jointly with

other H&SC Partnerships. Work and campaigns should be done jointly by IJBs at a National level to share costs and resources and avoid duplication, for example, making the public take more personal ownership for their behaviours that are costly to the H&SC service, reduction of medicine waste is one example.

The Plan should recognise the Partnership's role in relation to tackling climate change and should commit to influencing and encouraging an environmentally responsible approach to the provision of health and social care service in Edinburgh wherever possible.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? 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 contact details)	Deadline for progressing	Review date
Carry out review of consultation exercise and use to inform consultation plan for Edinburgh Offer	Rachel Howe/Sarah Bryson	August 2019	December 2019
Ensure that existing intelligence is utilised when progressing Transformation	Tony Duncan/Tom Cowan	Ongoing	Workstream dependant
The Community Investment strategy should recognise the need for additional ethnic minority services, in particular translation services.	Tom Cowan	Ongoing	August 2020
Staff training and awareness raising of all aspects of equality and diversity should be further prioritised.	Managers as appropriate	Ongoing	August 2020
Staff training should be implemented as required to ensure staff have the skills to implement the new approaches	Managers as appropriate	Ongoing	August 2020

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 contact details)	Deadline for progressing	Review date
and models. Change should be managed sensitively and staff should feel supported throughout any change.			
Regular updates on progress of implementation of new model should be communicated to all staff	Tony Duncan/Rachel Howe	Ongoing	August 2020
Regular briefings and engagement with elected members should take place	Tony Duncan	Ongoing	August 2020
Campaigns directed at staff and residents should take place to manage expectations and change mind sets. The budget implications should be set out explicitly	Tony Duncan	Ongoing	August 2020
The Workforce Strategy should incorporate where possible the issues raised above	Tony Duncan/Pat Wynne	Ongoing	August 2020
Additional impacts on unpaid carers should be considered as part of Edinburgh's Joint Carers Strategy.	Katie McWilliam	Ongoing	August 2020
Consideration should be given to joint work with the other Scottish IJBs.	Tony Duncan	Ongoing	August 2020
Reference to the Partnership's role in relation to tackling climate change should be included in the Plan	Tony Duncan	August 2019	August 2020

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

It was agreed that a second IIA will be undertaken at the midpoint of the transformation plan implementation to identify any problem areas which need addressed.

The IJB must report annually on its progress against the National Outcomes.

15. Sign off by Head of Service/ Project Lead

A handwritten signature in blue ink, appearing to read 'Tony Duncan', is written in a cursive style.

Name: Tony Duncan

Date: 14/08/2019

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.