

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report	x	Final report		(Tick as appropriate)
Interim amended 29/06/20				

1. Title of plan, policy or strategy being assessed

Community equipment

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

To support the delivery of a balanced budget for the 2020/21 financial year the Edinburgh Health and Social Care Partnership has developed a comprehensive Savings Programme. Included within the programme is a proposal to ensure appropriate Grip and Control of the Community Equipment Service features. The proposed changes for the community equipment function as part of this proposal, sit under 6 key headings:

a. Equipment

- i. Provision- Review the criteria for equipment, ensuring that the key priority remains supporting people to leave hospital, prevention of admission and end of life care.*
- ii. Collection and Delivery - COVID 19 will act as a catalyst for sustained co-production and commitment to adjust how equipment is delivered and collected*

b. Processes

- i. Review what equipment should be available*
- ii. Improve satellite store processes and access*
- iii. Improved recycling and refurbishment process , being cognisant of cost benefit analysis and sustainability*
- iv. Clearer accountability for spend against the ordering of equipment, through devolved budgets*

- v. *Changes to working patterns in order to meet service demand and increase productivity. COVID – 19 may provide opportunities to test this*
- c. Behaviours
 - i. *Support change in referrer behaviour in line with new criteria, equipment options, and accountability for spend*
 - ii. *Support and manage public expectations about the emerging Edinburgh Offer, encouraging people to help themselves where possible*
 - iii. *Culture & leadership: robust management and support, consistent approaches to promote improvement, attendance and productivity*
 - d. Finances
 - i. *Grip & control through the devolvement of budgets to localities and hospitals, supported through improved financial processes and access to data, allowing greater scrutiny and accountability against budgetary spend*
 - ii. *Review and confirm best methodology for cross charge mechanism, benchmarking against other partnerships*
 - e. Communications
 - i. *Clearer communications and tailored messaging about what equipment is available, across wider community settings/on line, and how to access it*
 - ii. *Clearer communications to referrers about what equipment is available for what circumstances, in line with national benchmarking*
 - iii. *Training, awareness behaviour change messaging for staff: using their key ideas, setting clear goals, having a clear plan to identify the changes required, applying them in a supported methodical way, and reinforcing positive changes and behaviours, to maintain motivation for sustained change, and continuous improvement*
 - f. Contracts
 - i. *Review of contracts with suppliers to ensure they are fit for purpose through appropriate support from service, contracts, finance and procurement*
 - ii. *Review of Service Level Agreements with Mid and East Lothian, NHS Lothian and other partners*

Notably in the longer term this sits within the wider context of an intended review and redesign of the Community Equipment Service as part of EHSCPs Transformation Programme, with any learning informing that wider Transformation work

Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted (e.g. through the use of technology and enabling self management), will be used to inform and shape how the service can sustainably be delivered in the longer term.

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

There has been no involvement between the community equipment service and citizens. Changes to criteria and referral processes are agreed with the partners, who convey these during conversations with citizens when equipment requirements are discussed.

It will undoubtedly be helpful to work with referrers to promote ways in which people can access 'off the shelf' items, if they have the means, or through development of self-directed support arrangements

4. Date of IIA

17th March 2020

Amended 29th June 2020

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	IIA role	Job Title	Date of IIA training

Katie McWilliam	Lead Officer	Strategic Planning & Quality Manager - Older People & Carers	2009
Sylvia Latona	ATEC stakeholder rep	Interim Senior Manager of ATEC 24	
Rachael Docking	Facilitator	Programme Manager – Transformation	30/01/20
Rhiannon Virgo	Note taker	Project Manager – Transformation	30/01/20
Philip Glennie	Note taker	Project Manager – Transformation	16/03/20
Jenny McCann	Report writer	Programme Manager – Savings	16/03/20

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
<p>Data on populations in need:</p> <p><i>Strategic Needs Assessment for:</i></p> <ul style="list-style-type: none"> - <i>City of Edinburgh HSCP (2015)</i> - <i>Mid Lothian HSCP (2019)</i> - <i>East Lothian HSCP Strategic Plan (2019-22)</i> <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i></p>	Yes	<p>Provides supporting information for understanding the demographics of the wider population, the needs of the population and the principles and priorities for the development of services in:</p> <ul style="list-style-type: none"> - The City of Edinburgh https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf - Mid Lothian https://www.midlothian.gov.uk/info/1347/health_and_social_care/200/health_and_social_care_integration - East Lothian. https://www.eastlothian.gov.uk/downloads/download/12989/east_lothian_ijnb_strategic_plan <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). The report includes an overview of the main contributors, from the perspective of people in minority groups and people involved in supporting them. These include:</p> <p>The impact of discrimination and racism</p> <ul style="list-style-type: none"> • Language barriers and literacy issues - affecting access and engagement

Evidence	Available?	Comments: what does the evidence tell you?
<p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>		<ul style="list-style-type: none"> • Poverty and low socio-economic status • Social isolation • Culture and religion-specific issues which impact on health-seeking behaviours • Stigma e.g. of mental health issues • Impact of trauma and crisis in home country e.g. asylum seekers • Interaction with the health care system – expectations versus reality. <p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>
<p>Data on service uptake/access:</p> <p><i>Referral Data</i></p> <p><i>Details and levels of equipment currently provided</i></p>	<p>Yes - requested</p>	<p>Referral data provides evidence about:</p> <p>Source of referrals, which demonstrate a increase in referrals from those leaving hospital over the past 10 yrs (to support people to get home)</p> <p>Demographic of the population that use the service and who might be at risk as a result of any proposed changes</p>
<p>Data on equality outcomes:</p> <p><i>Poverty and income inequality in Scotland 2015-2018 Report (28/03/19)</i></p>	<p>Yes</p>	<p><i>Data taken from DWP's Resources Survey, Households Below Average Income (HBAI)</i></p> <p>People from BAME backgrounds are more likely to be in relative poverty compared to</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>those from the 'White - British' group (consistent across the UK), in Scotland ethnic minority households are twice as likely to be living in poverty and out of work https://www.gov.scot/publications/poverty-income-inequality-scotland-2015-18/pages/8/dataset 'Households Below Average Income: 2017/18'.</p> <p>Across the UK poor housing conditions disproportionately affect BAME communities, leaving homes more likely to need adaptations/equipment and poor living conditions exacerbating health conditions. In Scotland ethnic minority households are nearly four times more likely to experience overcrowding https://www.equalityhumanrights.com/en/our-work/news/scotland%E2%80%99s-ethnic-minorities-face-overcrowding-poverty-and-unemployment-says-equality)</p> <p>Pensioner poverty (before and after housing costs) declined until 2008-11 and remained broadly stable until 2013, but has been rising since then</p> <p>Relative poverty after housing costs for pensioners was 15% in 2015-18 (150,000 pensioners each year). Before housing costs, 18% of pensioners (180,000 pensioners) were in relative poverty in 2015-18 https://www.gov.scot/publications/poverty-income-inequality-scotland-2015-18/pages/6/)</p>
<p>Research/literature evidence:</p> <p><i>Initial benchmarking with other areas in Scotland</i></p>	<p>Yes</p>	<p>Initial benchmarking with other areas in Scotland completed. Challenges with comparability because different areas use different models.</p> <p>However it is clear that Edinburgh need to review the offer to be in line with other partnerships</p>
<p>Public/patient/client experience information</p>	<p>Yes</p>	<p>Initial benchmarking with other areas in Scotland completed. Challenges with comparability because different areas use different models.</p>

Evidence	Available?	Comments: what does the evidence tell you?
		However it is clear that Edinburgh need to review the offer to be in line with other partnerships
Evidence of inclusive engagement of service users and involvement findings	No	
Evidence of unmet need	No	
<p>Good practice guidelines:</p> <p><i>Scottish Government Good Practice Guide for the Provision of Community Equipment Services (2009)</i></p>	Yes	<p>Overall principles of Scottish Government issued guidelines in 2009 highlight the importance of:</p> <ul style="list-style-type: none"> ○ Place the user and carer at the centre of the provision ○ Ensure a consistent approach to assessment, and provision of services, including equipment and adaptations ○ Ensure accurate and accessible information on equipment and adaptations is available to all service users and their carers <p>(https://www.gov.scot/publications/community-equipment-good-practice-guide/)</p>
<p>Environmental data:</p> <p><i>Fuel card usage</i></p>	Yes – request made	Provide details of current fuel consumption for fleet vehicles involved in deliveries and collection, to be compared to future consumption to understand the impact of proposed changes
Risk from cumulative impacts	No	An IIA to review the cumulative impact of the 2020-21 budget-related proposals for changes to ECHSP services was completed in April 2020. Any impact will be considered and monitored going forward
<p>Other (please specify):</p> <p><i>Community Equipment Savings Proposal</i></p>	Yes	Provides further background to the proposal
Additional evidence required	Yes - requested	<p>Fuel consumption of fleet vehicles</p> <p>Details of staff team and their roles in the service</p> <p>Benchmarking</p>

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive More efficient processes, clearer criteria for equipment and improved communication will help provide clearer understanding about the purpose of the community equipment function, manage expectations (supported via the Edinburgh Pact) about what it is able to provide and help ensure that people have access to the most appropriate equipment. In turn improving the quality of the service and helping to ensure a fairer and equitable approach to the provision of equipment.</p>	<p>All people that use the service, but in particular: Older People and people in their middle years; adults with a disability; minority ethnic groups and people at risk of falling into poverty</p>
<p>Opportunity to promote active lifestyles and reduce sedentary behaviour through the review of processes and the use of equipment differently, including a more considered approach to equipment needed.</p>	<p>All people that use the service, but in particular: Older People and people in their middle years; adults with a disability; minority ethnic groups and people at risk of falling into poverty</p>
<p>New processes such as three conversations, promotion of self-directed support, direct payments options could support enhanced choice and control, in terms of the equipment available for people, how to access it from the open market, and potentially more flexible delivery options</p>	<p>All people that use the service, but in particular: Older People and people in their middle years; adults with a disability; minority ethnic groups and people at risk of falling into poverty</p>
<p>Adjustments to operating hours and enhancing the satellite store function will improve access to equipment at the right time for people, supporting choice, flexibility and improve hospital discharge</p>	<p>All people that use the service, but in particular: Older People and people in their middle years; adults with a disability; minority ethnic groups and people at risk of falling into poverty</p>

<p>The provision of a position statement for the community equipment service, as part of the review of the criteria and wider Edinburgh Pact work will provide clarity consistency and fairness in supporting people to access the most appropriate equipment for them. This will enable staff to be able to answer questions more confidently</p>	<p>Staff who refer</p>
<p>Training for staff about the new criteria and processes</p>	<p>Staff</p>
<p>Applying agreed changes to work patterns will provide greater flexibility and work life balance for staff.</p>	<p>Staff</p>
<p>Negative</p>	
<p>People potentially having to incur additional costs if they choose to purchase equipment that is no longer provided by the service.</p>	<p>All people that use the service,</p>
<p>Some groups with less disposable income are likely to be more significantly affected by this.</p>	<p>All people that use the service, but in particular: Older People and people in their middle years; adults with a disability; minority ethnic groups and people vulnerable to falling into poverty (unemployed/ people on benefit/ those living in most deprived communities)</p>
<p>Whilst efforts will be made to ensure changes to the services are widely communicated, there may be some groups who is it harder to communicate with about the changes</p>	<p>Older People; adults with a disability; minority ethnic groups; Gypsy traveller; those with low literacy and people at risk of falling into poverty Those who live in more rural areas</p>
<p>Changes to the way equipment is delivered and collected may mean some people have to travel further to collect equipment or find that their proximity to larger towns/ cities makes it harder for them to purchase additional items of equipment no longer provided by the service There may be an increased reliance on unpaid carers,</p>	<p>Unpaid carers</p>

<p>families or friends to collect, return or buy equipment</p> <p>Any change may be stressful for staff, who will have to manage changes in working processes, or changes in working pattern. During a period of transition they may have to manage an increased number of queries from people who use the service and unpaid carers that support people to access the service.</p>	<p>Staff</p>
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<p>Environment and Sustainability</p> <p>Positive More efficient and targeted delivery and increased provision of equipment via satellite sites could reduce the distance travelled and impact positively on carbon emissions</p> <p>Increase in donations of equipment that it is not cost effective to recycle internally to local sustainable projects that up-cycle</p> <p>Negative Increased fly tipping of equipment that is not collected Potential risk around infection control with increased fly tipping</p> <p>Increased use of natural resources to produce more new equipment if older equipment is not recycled</p> <p>Potential increase in customers use of cars to collect, return or buy equipment that is no longer provided.</p>	<p>Affected populations</p> <p>Global</p> <p>Wider community</p> <p>Wider community</p> <p>Wider community</p> <p>Global</p>
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<p>Economic</p> <p>Positive Potential to support local business/ encourage social enterprises and volunteer organisations to support sustainable business solutions within the local economy</p> <p>Encourage members of the public to buy any additional equipment they choose to purchase from local, sustainable businesses</p> <p>Negative People potentially having to incur additional costs if they choose to purchase equipment that is no longer provided by the service. Some groups with less disposable income</p>	<p>Affected populations</p> <p>Local business</p> <p>Local business</p> <p>All people that use the service, but in particular: Older</p>
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are likely to be more significantly affected by this.

People and people in their middle years; adults with a disability; minority ethnic groups and people vulnerable to falling into poverty (unemployed/ people on benefit/ those living in most deprived communities)

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?

Yes, the national YPO Framework, and other external contracts are in place, in line with procurement regulations, their contract details the requirements to comply and adhere to equality, human rights, environmental and sustainability issues.

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.

A communications plan and specific information for patients, unpaid carers and staff will be developed and will include consideration of easy read and dementia friendly versions, BSL, Braille, hearing loop, information on screens, audio signage, and use of Happy to Translate.

Feedback from ongoing communication with stakeholders will inform the transformation programme, in particular the Edinburgh Pact and the review of the Community Equipment model.

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.

Not applicable

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.

Further analysis of the data to help inform and shape any policy changes

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

The work streams indicated in this report should take into consideration, as a result of the IIA, the following recommendations:

Work Stream	IIA recommendation
<p>Equipment:</p> <ul style="list-style-type: none"> • <i>Provision- Review the criteria for equipment, ensuring that the key priority remains supporting people to leave hospital, prevention of admission and end of life care.</i> • <i>Collection and Delivery - COVID 19 will act as a catalyst for sustained co-production and commitment to adjust how equipment is delivered and collected</i> 	<p>Connect with the wider partnership strategic plan :</p> <ul style="list-style-type: none"> - Edinburgh Pact - SDS implementation - decisions to utilise section 12 - three conversations - other savings and governance work <p>Benchmark provision across Scotland partnerships</p> <p>Take learning form these work streams, and inform wider Transformation review of equipment</p>
<p>Processes:</p> <ul style="list-style-type: none"> • <i>Review what equipment should be available</i> • <i>Improve satellite store processes and access</i> • <i>Improved recycling and refurbishment process , being cognisant of cost benefit analysis and sustainability</i> • <i>Clearer accountability for spend against the ordering of equipment, through devolved budgets</i> • <i>Changes to working patterns in order to meet service demand and increase productivity. COVID – 19</i> 	<p>Consider the location of satellite stores to optimise reduction in carbon footprint for collections and deliveries</p> <p>Include feedback from people who have equipment and those who order it in the review of what equipment should be available</p>

<p><i>may provide opportunities to test this</i></p>	
<p>Behaviours:</p> <ul style="list-style-type: none"> • <i>Support change in referrer behaviour in line with new criteria, equipment options, and accountability for spend</i> • <i>Support and manage public expectations about the emerging Edinburgh Offer, encouraging people to help themselves where possible</i> • <i>Culture & leadership: robust management and support, consistent approaches to promote the changes, improvement, attendance and productivity</i> 	<p>There should be a clear process to manage the agreed changes to working patterns that allows staff to raise any concerns at an early stage</p>
<p>Finances:</p> <ul style="list-style-type: none"> • <i>Grip & control through the devolvement of budgets to localities and hospitals, supported through improved financial processes and access to data, allowing greater scrutiny and accountability against budgetary spend</i> • <i>Review and confirm best methodology for cross charge mechanism, benchmarking against other partnerships</i> • 	<p>That budgets are rebuilt, against demand, and include any future:</p> <ul style="list-style-type: none"> - ward changes, with allocation for equipment - surges in activity – winter/ pandemic <p>Ensure training and or communication to staff about support available to people to maximise their income/benefits e.g. welfare rights or citizens advice for support, and where relevant provide details of referral processes</p>
<p>Communications:</p> <ul style="list-style-type: none"> • <i>Clearer communications and tailored messaging about what equipment is available, across wider community settings/on line, and how to access it</i> • <i>Clearer communications to referrers about what equipment is available for what circumstances, in line with national benchmarking</i> 	<p>There should be consideration of Older People (including people with dementia); adults with a disability (specifically those with autism); minority ethnic groups where English is a second language; Gypsy traveller; those with low literacy and, and those with other needs when designing the communication plan and any ongoing communication</p>

<ul style="list-style-type: none"> • <i>Training, awareness behaviour change messaging for staff: using their key ideas, setting clear goals, having a clear plan to identify the changes required, applying them in a supported methodical way, and reinforcing positive changes and behaviours, to maintain motivation for sustained change, and continuous improvement</i> 	
<p>Contracts:</p> <ul style="list-style-type: none"> • <i>Review of contracts with suppliers to ensure they are fit for purpose through appropriate support from service, contracts, finance and procurement</i> • <i>Review of Service Level Agreements with Mid and East Lothian, NHS Lothian and other partners</i> 	

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
The provision of community equipment has been benchmarked against practice elsewhere in the country and against best practice guidelines	Philip Glennie	Aug 2020	Sept 2020
Staff who refer, provide and people who use the service should be included in the review and	Philip Glennie	Sept 2020	Jan 2021

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
redesign of the criteria, where possible			
Cost benefit analysis of the recycling of equipment	Philip Glennie	Sept 2020	Jan 2021
Communications plan developed with appropriate consideration given to ensuring it meets the requirements of those with different needs as highlight in the document above	Sylvia Latona Key partners	Sept 2020	Jan 2021
Develop a clear process to manage the agreed changes to working patterns that allows staff to raise any concerns at an early stage	Sylvia Latona	Sept 2020	Jan 2021
Complete a review of how satellite sites could mitigate any changes in delivery and collection of equipment	Sylvia Latona	Sept 2020	Jan 2021
Provide information to all staff that will support them in assisting people to maximise their benefits and access the right support by signposting to welfare rights and income maximisation services.	Sylvia Latona	Sept 2020	Jan 2021

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

Monitoring of activity and spend will be built into the monitoring of the savings and governance programme

Where appropriate there will be ongoing consultation with staff, patients, and carers about any changes

It is currently uncertain what impact COVID-19 will have on the use of the community equipment service and what contingencies may be required to address. It may be that changes are made to the service which are not currently quantifiable. This will be monitored closely throughout the coming months.

15. Sign off by Head of Service/ Project Lead

Name

Kate McWilliam

Date

6th April 2020

16. Publication

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

Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to Strategyandbusinessplanning@edinburgh.gov.uk to be published on the Council website.

- **City of Edinburgh Health and Social Care**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at sarah.bryson@edinburgh.gov.uk

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.