

Integrated Impact Assessment (IIA)

Part 1 Scoping

1 Details of the Proposal

Title of Proposal: Tweedbank Care Village development	
What is it? Construction of a new care village development at Tweedbank, Central Borders. This will in turn replace the provision currently in place at Waverley (Galashiels) and Garden View (Eildon)	A revised Policy/Strategy/Practice <input type="checkbox"/>
Description of the proposal: As above. The construction will enable the new residential care facility to: <ul style="list-style-type: none"> • Meet all care inspectorate legislation • Provide flexible accommodation that can potentially cover residential care, intermediate care and specialist care • Replace facilities that are currently part of the Council's care estate • Redeployment of staff from those facilities to the new facility 	
Service Area: Health & Social Care Department: Social Work	
Lead Officer: Chris Myles Chief Officer, Health & Social Care Integration	

<p>Other Officers/Partners involved: (List names, job titles and organisations)</p>	<p>Mrs Jen Holland, Director of Commissioning and Strategic Partnerships Mr John Currie, Director of Infrastructure and Chief Executive Scottish Borders Council Netta Meadows Chair of IJB Cllr David Parker IJB Councillors; John Greenwell, Elaine Thornton-Nicol, Shona Haslam, Tom Weatherstone Chair of the Care Home Providers Strategic Group Arthur McLean Independent Care Provider Coordinator Scottish Care, Wendy Henderson</p>
<p>Date(s) IIA completed: 20/10/2021</p>	

2 Will there be any cumulative impacts as a result of the relationship between this proposal and other policies?

<p>No</p>
<p>If yes, - please state here:</p>

3 Legislative Requirements

<p>3.1 Relevance to the Equality Duty:</p>

<p>Do you believe your proposal has any relevance under the Equality Act 2010? <i>(If you believe that your proposal may have some relevance – however small please indicate yes. If there is no effect, please enter “No” and go to Section 3.2.)</i></p> <p>Yes</p>	
Equality Duty	Reasoning:
<p>Elimination of discrimination (both direct & indirect), victimisation and harassment. <i>(Will the proposal discriminate? Or help eliminate discrimination?)</i></p>	<p>The proposal could help eliminate discrimination by providing an up to date residential facility, in a central Borders location, that can accommodate a range of client needs</p>
<p>Promotion of equality of opportunity? <i>(Will your proposal help or hinder the Council with this)</i></p>	<p>This Tweedbank site is central within the Borders, and offers the correct range of opportunities, partnerships and resources required for such a provision. These factors include; location, strategic fit with the capital master plan, with very close proximity to the Borders General Hospital, (BGH). In addition, this central area of the Borders does not have access to a community hospital, and this new facility will significantly benefit patient flow from the General Hospital.</p>
<p>Foster good relations? <i>(Will your proposal help or hinder the council s relationships with those who have equality characteristics?)</i></p>	<p>The proposal should help foster good relationships with clients, families and Health colleagues. Additionally, as the proposal incorporates replacement of existing facilities, this reduces the risk to private care providers and should therefore help to maintain good relations with them. This Tweedbank proposal also provides further opportunities to support additional developments with two third sector partners. Aberlour are a well-respected provider for children’s services and wish to expand their input to support vulnerable children through a new centre which could be accommodated within the Tweedbank initiative. Cornerstone have been working for a number of years with our Learning Disability service for adults to find a site for a residential provision for adults with extreme complex needs, and again Tweedbank can provide an excellent location for</p>

	this resource, this will enable people previously placed outside of the Borders, to return to their home setting.
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3.2 Which groups of people do you think will be or potentially could be, impacted by the implementation of this proposal? (You should consider employees, clients, customers / service users, and any other relevant groups)				
Please tick below as appropriate, outlining any potential impacts on the undernoted equality groups this proposal may have and how you know this.				
	Impact			Please explain the potential impacts and how you know this
	No Impact	Positive Impact	Negative Impact	
Age Older or younger people or a specific age grouping		X		Residential care (short-term and long-term) is predominantly required for >65 age group.
Disability e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring		X		Specialist provision (e.g.) for people with dementia, is a consideration of the proposal (i.e.) increasing capacity within the whole system to care for people with specialist needs. Relationship with Aberlour and Cornerstone
Gender Reassignment Trans/Transgender Identity anybody whose gender identity or gender expression is different to the sex assigned to them at birth	X			
Marriage or Civil Partnership people who are married or in a civil partnership		x		The existing environment and accommodation facilities within Waverly and Garden View does not accommodate for married couples to share room and accommodation. This new facility design will allow married couples and families to share accommodation if required
Pregnancy and Maternity (refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth),	X			
Race Groups: including colour, nationality, ethnic origins, including minorities (e.g. gypsy	X			

travellers, refugees, migrants and asylum seekers)				
Religion or Belief: different beliefs, customs (including atheists and those with no aligned belief)	X			
Sex women and men (girls and boys)	X			
Sexual Orientation , e.g. Lesbian, Gay, Bisexual, Heterosexual	X			
<p>3.3 Fairer Scotland Duty</p> <p>This duty places a legal responsibility on Scottish Borders Council (SBC) to actively consider (give due regard) to how we can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions.</p> <p>The duty is set at a strategic level - these are the key, high level decisions that SBC will take. This would normally include strategy documents, decisions about setting priorities, allocating resources and commissioning services.</p>				
<p>Is the proposal strategic?</p> <p>Yes</p> <p>If No go to Section 4</p>				
<p>If yes, please indicate any potential impact on the undernoted groups this proposal may have and how you know this:</p>				
	Impact			State here how you know this
	No Impact	Positive Impact	Negative Impact	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no		X		Residential care for the elderly can be costly. SBC will adhere to guidance set by Government on costs charged

savings to deal with any unexpected spends and no provision for the future.				
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	X			
Area Deprivation – where you live (e.g. rural areas), where you work (e.g. accessibility of transport)		X		The care village proposal is one where amenities as well as accommodation are created on/or close to site. Current demographic modelling has suggested that residents of the Tweedbank area experience longer stay within the Borders General Hospital due to lack of Community Hospital in the Tweedbank area and the need for nursing care. The model of care proposed within the Viillage will reduce area deprivation
Socio-economic Background – social class i.e. parents' education, employment and income	X			
Looked after and accommodated children and young people	X			
Carers paid and unpaid including family members		X		The philosophy of the village is based on family living and involvement therefore families and carers will have more involvement. The current design of Waverly and Garden View does not accommodate their involvement, for example no active kitchens, dining areas are also used as communal areas, no visitor/family rooms. The living arrangements proposed within the care village will allow for active family and carer participation. The village model of care will also receive locality referred short term respite.
Homelessness	X			
Addictions and substance use	X			

Those involved within the criminal justice system	X			
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4 Full Integrated Impact Assessment Required

Select No if you have answered “No” to all of Sections 3.1 – 3.3.

Yes. This has been detailed within the Outline Business Case for Change

If a full impact assessment is not required briefly explain why there are no effects and provide justification for the decision.

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Signed by Lead Officer:	Chris Myers
Designation:	Chief Officer, Health and Social Care Integration
Date:	01/09/2021
Counter Signature Service Director	Jen Holland
Date:	01/09/2021

Part 2 Full Integrated Impact Assessment

5 Data and Information

What evidence has been used to inform this proposal?

(Information can include, for example, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic publications and consultants' reports).

Care Home Demand and demographic analysis has informed this

Strategic planning data has also informed

Visits by Elected Members and Senior Officers to other facilities (such as in the Netherlands)

Condition surveys undertaken in September 2021 for the existing Council-owned care estate. This survey benchmarked the existing estate against Care Inspectorate and Kings Fund Design recommendation for Care Homes

Care Homes – Case for Change outline business case

Workshops with carers and voluntary sector regarding residential and nursing home care provision within Scottish Borders Council

Discussions with Staff in Waverly and Garden View

Soft Market Testing/questionnaire with members of the Independent providers Strategic Advisory Group

Describe any gaps in the available evidence, then record this within the improvement plan together with all of the actions you are taking in relation to this (e.g. new research, further analysis, and when this is planned)

Further evidence is required regarding the outputs and impact of current preventative models of care. Section 10 of the Outline Business Case for Change outlines the key benefits and the type of qualitative, quantitative and cash releasing measurements that will be used to evaluate. The benefits are in relation to the following objectives:

Increase integration & communication between health & social care services and delivery to service users

Improve user experience of local health & social care service provision

Improve access to care

Improve care pathways, capacity and flow management

Maximise flexible, responsive and preventative care - at home, with support for carers

Make best use of available resources

Improve quality & effectiveness of accommodation used to support service delivery

Improve safety of health & social care, advice, support & accommodation

6 Consultation and Involvement

Which groups are involved in this process and describe their involvement

Carers Voice- initial stakeholder engagement workshops

Carers Centre- initial stakeholder engagement workshops

Independent Providers Strategic Advisory Group- early discussion re proposals, comment on papers re vision and outline, discovery workshops. Soft Market testing was undertaken and all providers of the Strategic Advisory Group were issued with an 6 point questionnaire. The purpose of this questionnaire was to understand their views on benefits, model of proposed care, concerns and ongoing involvement.

Scottish Care Local Representatives- early discussions re proposals, comment on papers re vision and outline, discovery workshops

Borders Health & Social Care Partnership IJB – comment on papers re proposal, vision and outline

SBC Residential Review Project Group- discussion re residential care model and business need against status quo

Staff groups within Waverly and Garden View- discussion re design of current environments

Corporate Management Team- discussion re proposals, vision and outline, feedback and comment on papers to date

Describe any planned involvement saying when this will take place and who is responsible for managing the process

The intention is to consult more fully as part of the SBC Place-Making approach. The Care Village Outline Case for Change has identified the intent within the project development for robust stakeholder engagement and co-production and communication. The stakeholder/communications strategy and plan will be developed using methodology of Managing Successful programmes and will demonstrate how co-production will be undertaken, the various stakeholders, milestones and key activities to be carried out and in what way.

An external providers full impact assessment will also be undertaken which will consider extra Care Housing commission and planning and commissioning with Independent Care Home /Care at Home Providers

Responsibility for managing this process lies within the Programme Governance arrangements. The Programme Director and Manager will have responsibility on behalf of the Executive.

Describe the results of any involvement and how you have taken this into account.

Feedback from Independent Care Home Providers and Scottish Care have requested a full Impact Assessment of Housing and Private Care provision plus their ongoing involvement from this point forward– this has been built into the Outline Business Case for Change. The Soft Market Testing returns from 3 providers highlighted the following:

- a) support for day centre and inreach provision/use.
- b) potential of increasing inequalities – mainly due to people having to move outwith their locality and also creating differing standards of care
- c) Suggestion that care village should be available and built across all localities in Scottish Borders
- d) Potential to impact on recruitment and workforce currently within the Independent care home sector
- e) Cost of funding this facility is significant and outcomes would be better allocated to alternative strategic funding proposals (Care Home Visions of Care)
- f) Will require comprehensive understanding and staff resource requirements to deliver the concept of care
- g) Some dissatisfaction regarding engagement and involvement to date

Elected Members have requested consultation and involvement of local communities- this has been built into the proposals for Co-production and Stakeholder Engagement within the Outline Business Case

Corporate Management Team- requested further evidence regarding current condition, design and business need of SBC Residential Care estate. This has been undertaken and a report will be available in October 2021.

Both IJB and Corporate Management team requested economic case of options. Two options were considered, a) do nothing (remain with status quo) and b) build new care village. These options were measured against 8 critical success factors and impacts within the Outline Business Case for Change. In the management, strategic, commercial, economic case, option B – build of the new care village was the preferred/highest score option.

Staff groups on Waverly and Garden View were supportive of this new build proposal as it would enable them to provide safer, quality care for residents. Further details of their comments are outlined within a Design and Building Assessment of SBCare Homes report, conducted in September 2021.

What have you learned from the evidence you have and the involvement undertaken? Does the initial assessment remain valid?

What new (if any) impacts have become evident?

(Describe the conclusion(s) you have reached from the evidence, and state where the information can be found.)

Access to and the availability of care, in particular specialist care and respite care, has come out strongly in conversations to date. The initial assessment remains valid. New impacts which have been identified and will be measured as critical success factors are:-

Deliver services within an Integrated Model

Give users greater choice and control of local health and social care provision

Improve access to services

Improve care pathways, capacity and flow management

Maximise flexible, responsive care at home, with support of carers

Optimise efficiencies and effectiveness

Improve quality of accommodation used to support service delivery

Improve safety of health & social care, advice support and accommodation

7 Mitigating Actions and Recommendations

Consider whether:

Could you modify the proposal to eliminate discrimination or reduce any identified negative impacts?

(If necessary, consider other ways in which you could meet the aims and objectives of the proposal.)

Could you modify the proposal to increase equality and, if relevant, reduce poverty and socioeconomic disadvantage?

Describe any modifications which you can make without further delay (e.g. easy, few resource implications)

Mitigation

Please summarise all mitigations for approval by the decision makers who will approve your proposal

Equality Characteristic/Socio economic factor	Mitigation	Resource Implications (financial, people, health, property etc)	Approved Yes/No
Foster Good relations	Additional engagement on the design/layout with 'people with lived experience', families and partners should be undertaken	There are potential financial implications if there are changes to scale/scope of the intended development	
	Additional engagement and ongoing consultation with independent care home and care at home providers	There are potential workforce and other unintended consequences from this new development with movement or reduction of staff from the private sector. It is essential to keep this sector on board and work in partnership	
	NHS and AHP involvement within the model of care within a new location. Cognising that some of this will resource and service will transfer from Waverly and Garden View, we need to consider how to resource the wrap around support for the additionality that will be required, particularly in the provision of bed based intermediate care with GPs, Geriatricians, AHPs, DNs / ANPs, CHAT, social care etc.	The new build will involve NHS employed staff moving to a different location. Engagement with senior managers and HR will be required. May be a requirement to consider a tariff type approach for input of GP and other health services input	

8 Recommendation and Reasoning *(select which applies)*

- Implement proposal taking account of mitigating actions (as outlined above)

Reason for recommendation:

The proposal addresses several factors which are required to improve the provision of care for the population of the Borders. It will significantly increase access to appropriate intermediate and long term residential care, which will meet the more exacting standards required of the Care Inspectorate, From the lessons learned fro the current pandemic this new facility will meet all infection control requirements and go beyond these standards.

This is a new model of care that is being proposed which will offer a access to new lifestyle with new activities and respite for our most vulnerable people, here in the Borders. It will make it easy for residents and service users to use these new dynamic facilities alongside and with their family and friends. It will forge very close relations with immediate the local community.

This new model of care and this new facility, aims to radically transform current provision to one not just fit for now, but fit for the future,

The recent review into Adult Social Care, the Feeley Report, describes a new approach to care, one of entitlement as part of people’s human rights. To provide facilities, not as “safety nets”, but as “spring boards” allowing people to engage in both their local and wider communities. These proposals are recommended as a step change in the provision of care, and will drive the required ongoing change and development of all care provision within the Borders, and we expect beyond.

Signed by Lead Officer:	Chris Myers
Designation:	Chief Officer, Health & Social Care Integration
Date:	01/09/2021
Counter Signature (Service Director):	Jen Holland

Date:	01/09/2021
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This assessment should be presented to those making a decision about the progression of your proposal.

If it is agreed that your proposal will progress, you must send an electronic copy to corporate communications to publish on the webpage within 3 weeks of the decision.

Complete the below two sections. For your records, please keep a copy of this Integrated Impact Assessment form.

Action Plan (complete if required)

Actioner Name:	Action Date:
What is the issue?	
What action will be taken?	
Progress against the action:	
Action completed:	Date completed:

Monitoring and Review

State how the implementation and impact of the proposal will be monitored, including implementation of any amendments? For example what type of monitoring will there be? How frequent?

Please state your answer here

What are the practical arrangements for monitoring? For example who will put this in place? When will it start?

Please state your answer here

When is the proposal due for review?

Please state your answer here

Who is responsible for ensuring that this happens?

Please state your answer here