

Impact Assessment Screening Tool

This screening tool has been developed to ensure that equalities, human rights, economic and social factors are being considered ahead of the implementation of any new or revised policies, plans, projects, practices or strategies. Please note for the purpose of this document these will be grouped together and simply referred to as 'activity'.

General Information			
Name of activity	Home Teams		
Lead person and job title	Alison Solley, Divisional Manager, CH&SC		
Contact Information (<i>telephone and/or email</i>)	Alison.solley2@nhs.scot	Date of this assessment	Ongoing - Updated April 2022 Updated October 2022 Updated July 2023
Names and roles of those involved in the impact assessment process	<p>Robyn Ruddick – Home Teams Project Manager Sue McDicken – Home Teams Project Officer Michelle Beecroft – Home Teams Service Manager Alison Solley – Divisional Manager Community Integrated Support Stephanie Mottram – Interim General Manager for Community Health and Social Care Directorate Lynsey Fitzpatrick – Equality and Diversity Lead</p> <p>From July 2023: Home Teams Senior Operational Group Members; Alison Solley, Divisional Manager Community Integrated Support, CHSC (Chair) Donna Boyce, Nurse Manger, CHSC Elaine Hastings, Team Manager, Social Work Services Janet McDougall, Adult Social Work Manager, Home Teams Jo Kopela, Public Health Improvement Manager Kate Gibbons, Public Health Improvement Lead, Home Teams Lynne Mann, Lead AHP, CHSC Michelle Beecroft, Home Teams Service Manager Robyn Ruddick, Project Manager – Home Teams Sarah Kirk, AHP Pathway Manager Rehabilitation and Reablement Wendy O’Ryan, Nurse Manager, Community Integrated Support Division, CHSC</p>		
Describe the activity in no more than 200 words	<p>Home Teams will introduce integrated teams within our communities, bringing together teams of multi-disciplinary professionals to work in an integrated way, thus maximising our limited resources. This will ensure people across our region receive the care and support they need within their home, as close to home as possible or within a homely setting.</p> <p>This approach will streamline a person’s journey through Community services so they should only have to tell their story once.</p> <p>Home Teams will help to avoid hospital admissions, where it is clinically safe to do so, by providing wrap around care and/or support to someone in a time of crisis. They will also bring people home from hospital much earlier in their journey, provided they are clinically well to be discharged. Assessments such as Social Work or OT assessments will be completed in the person’s home rather than in unfamiliar hospital environments. The Home Team will then provide the support required to help the person towards their desired outcomes.</p> <p>In addition, Home Teams will adopt, at the heart, a prevention and early intervention approach and function, to help people in communities to maintain good health and wellbeing across the life course; and remain independent for as long as possible, reducing the need for statutory services.</p>		

<p>How will people be affected by this activity?</p>	<p>Health and Social Care Partnership workforce:</p> <ul style="list-style-type: none"> ➤ Will be part of a close-knit integrated team who will use our combined skills and knowledge to provide the most appropriate care and/or support to people living in our area. ➤ The team will build on existing good practice to ensure each person's journey through Home Teams is seamless and joined up. ➤ The team will work in a flexible way, adapting the way we work to reflect the changing need and demand of people within your area and across the other Home Teams. ➤ The team will have access to specialist staff who will be available when you need them. ➤ Home Teams will be given training opportunities to up-skill and develop in order to meet the changing needs of people we provide care and support to. <p>People receiving care and support from the Partnership:</p> <ul style="list-style-type: none"> ➤ Will be central to the planning and choices about your own care and support. ➤ Will be encouraged to be responsible for leading an independent and healthy life; thinking about family, friends and other support networks you have already that can support you to make positive lifestyle changes. ➤ The Home Team will work with people and their families and Carers to adjust plans and tailor care and/or support to your needs over time. ➤ Any input and support received from a Home Team will be joined up and people will not need to re-tell your story multiple times. ➤ Home Teams will be more readily available to support people to stay at home, preventing a hospital admission where appropriate, or safely bring people home from hospital earlier. ➤ Home Teams will be able to offer digital solutions and technology to promote independence.
<p>Who has been involved in the development of this activity and in what capacity?</p>	<p>Project Team (until June 2023) Home Team Senior Operational Group (from June 2023) Senior Management Health and Social Care Partnership Staff Staff Side ODL HR General Public – through general engagement sessions (Time to Talk), community groups</p>
<p>Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment</p>	<p>The current system is not sustainable for the future due to working in traditional silos which struggles to meet the demand. Therefore, Home Teams will look to change and improve ways of working to ensure our services are more sustainable for the future by bringing disciplines together under the same line management arrangements, with agreed principles for ways of working. This will help to maximise resources and ensure people in our communities are receiving the right support and are enabled to reach their desired outcomes through good conversations and future planning. Home Teams will develop a proactive prevention and early intervention function within communities, working with partners, to help people remain healthy and able to maintain good mental and physical health and wellbeing. This work will be across the life course; at all ages and stages of peoples lives. We are aware that quite often multiple referrals for a person can be made to multiple services, which can often result in the person being in contact with numerous teams on a regular basis which is not always as joined up as we endeavour. By bringing teams together to work in an integrated way, using the same IT systems and having one caseload, Home Teams aim to deliver a seamless service for people, where they only have to tell their story once. We have reviewed other such</p>

	models across Scotland and considered how D&G can work creatively with their limited resources to achieve similar results. We have also taken the valuable learning from proven models around Rapid Response across Scotland and, in particular, from the Nithsdale in Partnership model.
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Impact Assessment Screening Questions

Please complete the table below and outline within the comments any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the elimination of discrimination?
- Does the proposed activity contribute towards advancing equality of opportunity by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity foster good relations between different groups?

Protected Characteristics/Impact Areas	What will the positive impacts be?	What will the negative impacts be?	What evidence gathering, research or involvement has been carried out?
Age	<p>Home Teams will cover all age groups (excluding Children’s services) and help to provide a seamless progression through Community services. Prevention and early intervention approaches will enable people to live healthier lives across the life course in their own homes reducing the need for statutory services.</p>	<p>There may be a barrier for some people around the use of Assistive Inclusive Technology (AIT).</p>	
Disability	<p>People will remain at home as long as possible and as long as it is safe to do so. Home Teams will work together with specialist services to provide more joined up, cohesive care. People on a Home Team caseload will have access to their team to ensure they are supported with their needs.</p>	<p>By supporting people at home more and bringing people home from hospital much earlier there is a potential risk that people with a physical disability may not have the equipment necessary to support them, or Carers may need training to support them. Staff – This change may impact on staff who struggle with Mental Health illnesses. Changes in the way they work in their team as well as supervisory responsibility may affect this.</p>	<p>Equality monitoring will be in place to capture and resolve unintended consequences. A robust communications plan is in place to ensure inclusivity within our engagement.</p>
Sex	<p>It is for everyone regardless of gender.</p>	<p>An individual declining support from a member of staff due to gender.</p>	
Gender reassignment and Transgender	<p>Staff across the whole team will have equitable training for protected characteristics. The integrated team will be able to access support from colleagues who have more relevant knowledge and experience and therefore potentially minimise inequality of service. The team will share their learning and experiences through case studies and peer supervision.</p>	<p>Staff may require more relevant knowledge and be unsure where to seek this support. The Home Team Lead, supported by the transition team, should have an overview of their teams training needs and support staff members to access relevant training.</p>	

Marriage and Civil Partnership	n/a	n/a	n/a
Pregnancy and Maternity	Whilst maternity and Women and Children's Services are not within the scope of a Home Teams workforce, pregnant women will not be discriminated against and still have the same access to a Home Team if they need support from a service that makes up the team.	n/a	n/a
Race	Staff across the whole team will have equitable training for protected characteristics. The integrated team will be able to access support from colleagues who have more relevant knowledge and experience and therefore potentially minimise inequality of service. The team will share their learning and experiences through case studies and peer supervision.		
Religion or belief	Staff across the whole team will have equitable training for protected characteristics. The integrated team will be able to access support from colleagues who have more relevant knowledge and experience and therefore potentially minimise inequality of service. The team will share their learning and experiences through case studies and peer supervision.		
Sexual orientation	Staff across the whole team will have equitable training for protected characteristics. The integrated team will be able to access support from colleagues who have more relevant knowledge and experience and therefore potentially minimise inequality of service. The team will share their learning and		

	experiences through case studies and peer supervision.		
Human Rights	The Home Teams model ensures the persons view is central to all decisions made.		
Health & Wellbeing & Health Inequalities	<p>Whilst Home Teams is available to the whole population within D&G, there may be some more targeted work required with specific groups of people with the aim of reducing certain health inequalities. The Public Health Improvement workforce is core to Home Teams which will help to work with people and communities to identify health inequalities and ensure the needs of the local area are being met through targeted interventions. Home Teams will work closely with the regional Public Health Team to ensure Home Teams priorities are aligned with those of the Regional Health and Wellbeing Plan.</p>	<p>The Home Teams model based on community support, however some people who live out with towns and villages may have less access to these networks of support. Population of the home teams varies so some people may have access to resources quicker than in other areas. Geographic differences means it will be easier for some to access care and support e.g. From 3rd and independent sectors. Travel time for staff will also be increased for rural areas.</p> <p>Any increase in demands on third sector / voluntary sector partners needs to be resourced with additional commissioning / support to secure additional funding, personnel, volunteers and resources. Some community groups are already at capacity supporting vulnerable communities / experiencing difficulty in securing long term funding. An increase in expectations on unpaid carers to support people at home for longer has implications for their mental and physical wellbeing The NHS Scotland Health Inequalities Action Framework (2013) has been considered. A Prevention and</p>	<p>The NHS Scotland Health Inequalities Action Framework (2013) has been considered. A Prevention and Early Intervention work stream has been established</p>

		Early Intervention work stream has been established	
Economic & Social Sustainability	By increasing opportunities for the workforce to be upskilled in different areas, this will establish a workforce with shared skill and abilities, increasing capacity for those with specialist skills to support people with higher levels of need which will provide future sustainability.	<p>Economic & Social Sustainability By increasing opportunities for the workforce to be upskilled in different areas, this will establish a workforce with shared skill and abilities, increasing An increase in expectations on unpaid carers to support people at home for longer has implications for their working / earning potential</p> <p>capacity for those with specialist skills to support people with higher levels of need which will provide future sustainability. Any increase in demands on third sector / voluntary sector partners needs to be resourced with additional commissioning / support to secure additional funding, personnel, volunteers and resources. Some community groups are already at capacity supporting vulnerable communities / experiencing difficulty in securing long term funding.</p>	
Staff	<p>Important to establish links with the forums being established for groups with protected characteristics to help with understanding.</p> <p>Staff will no longer need to complete referrals between disciplines, therefore cutting down on “paperwork”.</p>	The Home Teams model is a significant change in ways of working for staff. This may affect recruitment and retention and staff wellbeing.	An engagement programme has taken place with staff across the H&SC partnership – dedicated staff information sessions have been held, targeting certain teams as well as holding open sessions. Staff are invited to provide feedback or ask any questions to the Project Team

			through these sessions, work streams and a generic mailbox has been set up. Staff briefings are sent out monthly providing staff key information around Home Teams. Frontline staff make up the work streams established for Home Teams, enabling full engagement and staff involvement in the developments.
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Where any potentially negative impacts are identified on page 2 of this document, **the mitigating/follow up actions must be fully documented in the following section.**

<p>How will you mitigate any of the identified negative impacts?</p>	<p>Age - AIT is already in use in different forms and different areas across the Partnership. Equality monitoring will be in place to capture and resolve unintended consequences.</p> <p>Disability - There is an equipment and adaptations group established which has the remit of ensuring that equipment is available to all staff that can provide it have equitable access. Home Teams staff are also being offered Trusted Assessor training, which will enable more staff to be qualified to assess for basic equipment, reducing delays and supporting more people to stay at home, minimising delays.</p> <p>The Project Team have engaged with Staff Side reps and HR continuously and sought advice and input throughout each change that has been adopted, as well as ensuring consistent support is available to staff. Regular CHSC Partnership meetings involved staff side and union representatives are chaired by the General Manager. These meeting discuss ongoing changes as well as current issues.</p> <p>Staff may feel worried they will be asked to provide support which they are unable to do – again Staff Side are involved throughout every change/opportunity being proposed.</p> <p>June 2023 – the project team has been dissolved and this responsibility now sits operationally</p> <p>The team are currently working with a graphic designer to produce an animation, targeted towards staff (there will potentially be a further animation for the public). Arrangements have been made to ensure that the animation is accessible to people with disabilities (e.g. narration, subtitles).</p> <p>Staff - A robust Organisational Development and Learning programme has been established, beginning with an external provider supporting the Home Teams workforce as well as Senior Leaders within the organisation to establish and grow a shared vision and culture for staff working within the new model. Additional sessions are planned to further develop this leadership capacity</p> <p>Shared information systems – all Home Teams staff will have access to and use MORSE to record information, enabling Home Team members to understand the person’s needs and desired outcomes as well as supporting the person by having oversight of their overall journey throughout health and social care. Significant work has taken place to develop this solution, with minimum data sets embedded into all paperwork to allows people to share information regarding protected characteristics where it will allow them to highlight any adjustments that should be made.</p>
<p>Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?</p>	<p>Home Teams has the possibility to support promotion of inclusion of people from under represented groups, due to staff coming together as one team and increasing their knowledge and experience of their communities. The</p>

	engagement and work that Community Development Practitioners that are part of a Home Team will continue and this will feed in to the wider team to ensure under represented voices in the community are heard. Each Home Team has a PHI workplan targeted specifically at working with their community and supporting organisational / national Public Health priorities.	
Does this activity require consideration of the Fairer Scotland Duty ? If yes, please outline the steps taken to meet the needs of the duty.	N/A	
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats:	Easy Read – Easy Read documents will be considered for any communications we share as part of Home Teams engagement	Leaflets – will form part of the Home Teams engagement programme planned for Jan 2023 Posters - will form part of the Home Teams engagement programme planned for Jan 2023 Website – we are looking at how we can work with DG Council to streamline the information on both partnership websites around accessing a Home Team through Single Access Point.
	British Sign Language	
	Alternative Languages	
	Large Print	
	Other (please specify)	Animation with subtitles
How will you monitor the ongoing impact of the activity on protected characteristic groups?	The impact assessment and wider SAM Mandate will be reviewed on a regular basis.	
Please outline next steps	As the operational processes develop, the impact assessment will be continuously reviewed and considered to ensure any negative impacts are identified and mitigated. Work is ongoing to plan a range of communication and engagement activities from Jan 2023 onwards.	

When complete, the lead person should send a copy of the Impact Assessment Screening Tool to the Equality and Diversity Lead by emailing it to – dq.odl@nhs.scot. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.