



Areas for Consideration of Impact

Protected Characteristics

Age: older people; middle years; early years; children and young people.
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
Gender Reassignment: people undergoing gender reassignment
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.
Pregnancy and Maternity: women before and after childbirth; breastfeeding.
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
Religion and belief: people with different religions or beliefs, or none.
Sex: men; women; experience of gender-based violence.
Sexual orientation: lesbian; gay; bisexual; heterosexual.

Fairer Scotland Duty

Low income – those who cannot afford regular bills, food, clothing payments
Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport)
Socio-Economic Background - social class, parents' education, employment, income.

Health Inequality (those not already covered in the Fairer Scotland Duty)

Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.
Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these.
Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants,

safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.
Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.

Other

Looked after (incl. accommodated) children and young people
Carers: paid/unpaid, family members.
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.
Addictions and substance misuse
Refugees and asylum seekers
Staff: full/part time; voluntary; delivering/accessing services.

Human Rights (note only the relevant ones are included below)

Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.
Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.
Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.
Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.
Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.
Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).
Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)
Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference

UNCRC

Article 2 non-discrimination	Article 15 freedom of association	Article 30 children from minority or indigenous groups
Article 3 best interests of the child	Article 16 right to privacy	Article 31 leisure, play and culture
Article 4 implementation of the convention	Article 17 access to information from the media	Article 32 child labour
Article 5 parental guidance and a child's evolving capacities	Article 18 parental responsibilities and state assistance	Article 33 drug abuse
Article 6 life, survival and development	Article 19 protection from violence, abuse and neglect	Article 34 sexual exploitation
Article 7 Birth, registration, name, nationality, care	Article 20 children unable to live with their family	Article 35 abduction, sale and trafficking
Article 8 protection and preservation of identity	Article 22 refugee children	Article 36 other forms of exploitation
Article 9 separation from parents	Article 23 children with a disability	Article 37 inhumane treatment and detention
Article 10 family reunification	Article 24 health and health services	Article 38 war and armed conflicts
Article 11 abduction and non-return of children	Article 25 review of treatment in care	Article 39 recovery from trauma and reintegration
Article 12 respect for the views of the child	Article 26 Benefit from social security	Article 40 juvenile justice
Article 13 freedom of expression	Article 27 adequate standard of living	Article 42 knowledge of rights
Article 14 freedom of thought, belief and religion	Article 28 right to education	

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Shifting the Balance of Care – A Community-Focused Approach to Delivery of Frailty and Specialist Rehabilitation Services within Aberdeen City Health & Social Care Partnership
Name of Officer completing Proportionality and Relevance Questionnaire	Sarah Gibbon, Transformation Programme Manager Julie Warrender, Chief Nurse and Lead for Frailty & Specialist Rehabilitation Services
Date of Completion	02/06/2025
What is the aim to be achieved by the policy or practice and is it legitimate?	<p>The aim of this policy is to “ensure people receive the right care in the right place, recognising that acute hospitals are not always best for patients or their families”¹. This will lead to a rebalance of the provision of care from inpatient settings to support delivered within the patient’s home, where possible.</p> <p>There is cohesive strategic direction through from government at the highest level to local level (via the strategic plan), to support the modernising of service delivery and shifting the balance of care from in-patient bed-based settings to the person’s home.</p>

What are the means to be used to achieve the aim and are they appropriate and necessary?	<p>Within Grampian this will be achieved by the participation in the Discharge Without Delay (DwD) Collaborative, which is “a whole-system programme for frail older people currently accessing Scottish hospitals, pulling best practice, individual services and pathways into an integrated model that strives to deliver Comprehensive Geriatric Assessment (CGA) in the timeliest manner, while ensuring no negative impact from hospital induced harm or dependency to the person”².</p> <p>The DwD consists of four key workstreams:</p>
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² Quote from 2025 Discharge without Delay Paper

1. Frailty at the Front Door
2. Planned Date of Discharge / Hubs
3. Discharge to Assess (D2A)
4. Step Down Care

Key to the successful implementation of the DwD programme is a whole-system, integrated approach between acute and community – current models in isolation deliver marginal impact on overall service delivery. The outcomes of the DwD work are:

- A reduction in geriatric length of stay
- A reduction in community hospital / step down length of stay
- A reduction in respective health and social care partnership (HSCP) delayed discharges.
- An improvement to the 4-hour whole system performance

Progress in meeting the DwD outcomes (alongside further potential hospital at home expansion) provides the opportunity to reallocate resource to support patients within their own homes and the community. Given the well-documented limited financial framework Health & Social Care Partnerships (HSCPs) are working in, it is necessary to realign existing resources in line with success from this national direction. Demand for bed-based intermediate care facilities may reduce with the successful introduction of Discharge to Assess, reducing the need for the type of care provided at Rosewell House. Rosewell House could be phased-down in response to this reduction in demand, freeing up more resource (both in terms of staffing and finances) to support further roll-out of the successful initiatives.

Additionally, Rosewell House has experienced challenges in its' service delivery which reinforces that the means to achieve the aim of 'Shifting the Balance of Care' are appropriate and necessary. A comprehensive 'Shifting the Balance of Care – A Community-Focused Approach to Delivery of Frailty and Specialist Rehabilitation Services within Aberdeen City Health & Social Care Partnership paper will be taken to the July 2025 IJB. Access to the full paper can be found online: [Browse meetings - Integration Joint Board](#)

<p>If the policy or practice has a neutral or positive impact, please describe it here.</p>	<p>Neutral Impacts The implementation of this policy will have neutral effects on the below listed characteristics as the policy aims to ensure the quality-of-service delivery continues to meet the needs of patients.</p> <p>Protected Characteristics</p> <ul style="list-style-type: none"> • Gender Reassignment • Marriage & Civil Partnership • Pregnancy & Maternity • Race & Ethnicity • Religion & Belief • Sex • Sexual Orientation <p>Health Inequality</p> <ul style="list-style-type: none"> • Low Literacy / Health Literacy • Discrimination / Stigma • Physical Environment and Local Opportunities • Education & Learning <p>Positive Impacts The shifting of the balance of care to a community focussed approach will lead to more timely and effective access to acute-level care; a shorter hospital stay helping reduce the chances of deconditioning or negative consequences (such as hospital acquired infection), and a smoother, more supported transition back home after their hospital stay. This positive impact is particularly important as “Older people, particularly those living with frailty, are known to be at greatest risk”³ from the impact of a prolonged hospital stay. Rosewell House has experienced challenges with ensuring and maintaining safe staff levels, with a high proportion of transient staffing used within the facility. This has resulted in concerns being raised about the quality of care provided and a proportionately high level of adverse care events (Datix incidents). Shifting the balance of care to a community-focused approach will reduce the risk of harm from these staffing challenges within the existing facility.</p>
<p>Is an Integrated Impact Assessment required for this policy or decision (Yes/No)</p>	<p>Yes</p>

Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	Negative Impacts Whilst a number of areas listed for consideration of the IIA process are not impacted by the implementation of this policy, there are some areas which could have the potential have a negative impact. These are primarily linked to the phasing down of care provided within Rosewell House. These are listed below. Protected Characteristics <ul style="list-style-type: none"> • Age • Disability Fairer Scotland Duty <ul style="list-style-type: none"> • Low Income • Low Wealth • Material Deprivation • Area for Deprivation / Communities of Place • Socio-Economic Background Health Inequality <ul style="list-style-type: none"> • Health and Social Care Service Provision Other <ul style="list-style-type: none"> • Carers • Staff
Decision of Reviewer	Full IIA Required
Name of Reviewer	Julie Warrender
Date	03/06/2025

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Provision of care to support the Discharge to Assess service will be undertaken by a commissioned provider. ACHSCP has implemented a collaborative and ethical commissioning model which aims to ensure that people with lived experience, providers and other stakeholders are a part of the review and codesign process of contract development. This aims to ensure all new contracts are developed through an ethical and human-rights based lens.

As standard, within the procurement activity for any new provider duties with regard to equality, human rights and fairer Scotland duty will be contained within the evaluation process and assessed, so that the successful provider may also address these duties. The procurement strategy emphasises the legislations which could affect the specification of procurement, which includes (but is not limited to):

- The Social Work (Scotland) Act
- The Regulation of Care (Scotland) Act 2001
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- The Public Contracts (Scotland) Act 2015

ACHSCP Impact Assessment – The Integrated Impact Assessment

Description of Policy or Practice being developed including intended aim.	Shifting the Balance of Care – A Community-Focused Approach to Delivery of Frailty and Specialist Rehabilitation Services within Aberdeen City Health & Social Care Partnership
Is this a new or existing policy or practice?	New
Name of Officer Completing Impact Assessment	Sarah Gibbon, Transformation Programme Manager
Date Impact Assessment Started	May 2025
Name of Lead Officer	Julie Warrender, Chief Nurse ACHSCP, Frailty & Rehab Lead
Date Impact Assessment approved	23.06.25

Summary of Key Information

Groups or rights impacted.	<p><u>Patients</u></p> <p>The implementation of this policy has the potential to have an impact on patients particularly those with the below protected characteristics & groups. These are primarily linked to the phasing down of care provided within Rosewell House. These are listed below.</p> <p>Protected Characteristics</p> <ul style="list-style-type: none"> • Age • Disability <p>Fairer Scotland Duty</p> <ul style="list-style-type: none"> • Low Income • Low Wealth • Material Deprivation
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	<ul style="list-style-type: none"> • Area for Deprivation /Communities of Place • Socio-Economic Background <p>Health Inequality</p> <ul style="list-style-type: none"> • Health & Social Care Service Provision <p><u>Other</u></p> <ul style="list-style-type: none"> • Carers • Staff <p>Any reduction to the capacity offered within Rosewell House has the potential to impact on the frailty pathway but will likely have an effect on patient flow across the whole system if appropriate mitigations are not implemented. Reduced opportunity for hospital-based care may have a greater impact on those with an inadequate physical environment to support their recovery at home.</p> <p>MITIGATIONS</p> <p>Mitigations to the above will be provided by the implementation of the Discharge Without Delay Programme of work and are outlined below. These aim to ensure a measured approach to the transition of the shift of the balance of care to a more community focussed approach ensuring continuation of service delivery to patients.</p> <p>Discharge Without Delay (DwD) Key Areas and Impact</p> <p><u>Frailty at the Front Door:</u> will ensure implementation of an early comprehensive geriatric assessment (eCGA) for identified frail older people, in acute frailty units, as early in admission as possible. These units will be supported by Integrated Discharge Hubs, rehabilitation services, and when necessary, discharge to assess pathways, facilitated through the Planned Date of Discharge (PDD) process. This approach ensures timely discharge and minimises the risk of hospital-induced dependency.</p> <p><u>PDD/Integrated Discharge Hub:</u> will ensure a single point of referral for complex discharges is established, supported by a proactive multidisciplinary team (MDT) approach. This team, with discharge facilitator input set a planned date of discharge (PDD) that is realistic and will result in discharge happening.</p>
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	<p><u>Discharge To Assess (D2A)</u>: The implementation of this will ensure timely discharge and minimise hospital-induced dependency, services must offer responsive, community-based home care support, enabling patients to return home without unnecessary delay.</p> <p><u>Step Down Care (Community Hospital / Rehab Units)</u>: The programme of work will ensure facilities will be adequately staffed and empowered to care for frail individuals requiring rehabilitation and extended assessments, ideally transitioning from Frailty Units. Discharge back to the community should occur promptly through an agreed PDD process, ensuring no delays.</p> <p>In addition to the above key elements of the DwD programme offering mitigations to the outlined areas of potential concern the following will also take place</p> <ul style="list-style-type: none"> - A phased approach to reduction, coupled with robust monitoring of the data from Rosewell House and across the wider system (admissions, delayed discharges, boarders, length of stay) will be undertaken to ensure full understanding of the impacts of the delivery of the DwD, enabling confidence in the impact to any phasing down of the capacity offered within Rosewell House. - A contingency plan will be in place to ensure there is no immediate removal of the Rosewell building from Aberdeen City Health and Social Care Partnership (ACHSCP). - Opportunities to develop the Rosewell House building as owned by Aberdeen City Council into an alternative service (i.e. by commissioning a care home or complex care facility) to further reduce delayed discharges within ARI by providing suitable placements which could potentially be on an interim basis. Initial market-testing has indicated an appetite for this within the supplier market. - Options are being explored to deliver several rehabilitation beds to support the revised model for those patients who are unable to return home directly.
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	<ul style="list-style-type: none"> - Patient circumstances are considered prior to the transfer of their care out with the acute environment, prioritising close working between hospital-based social work and occupational therapy teams to ensure that the persons' living environment is risk-assessed and appropriate adaptations put in place where necessary. - Appropriate Carers support as identified through Adult Carers Support Plans, supported by the work of the Carers Strategy Implementation Group - On a day-to-day basis the impact of all the pressures within the hospital system is closely managed by the Daily System Connect (DSC) meeting and indicators, including delayed discharges and delayed transfer of care will be used to monitor. - Stakeholder feedback is important, and this will continue to be incorporated as part of the process ensuring a comprehensive understanding of the impacts and to inform the mitigation strategies. This will be managed within the governance structures of the Dwd programme.
Feedback from consultation and engagement and how this informed development of the policy or practice	<p>The new Strategic Plan (2025-2029) consultation draft was approved at the IJB in March 2025. Within the refreshed strategic plan, there is an aim focusing on 'Modernising Service Delivery', which will be supported by delivery of the proposals within this paper. These commitments will be reflected through the inclusion of the DWD priorities within the associated ACHSCP Delivery Plan.</p> <p>The consultation process on the draft Strategic Plan has shown good support for modernising our service delivery by shifting the balance of care as outlined in this paper. From 24 March 2025 to 18 May 2025, the Community Planning Aberdeen partners joined up to hold a large-scale engagement to inform their various strategic plans. This included the Health & Social Care Partnership Strategic Plan.</p> <p>There was strong support for more community and home-based provision. Respondents were asked to indicate if they agree that the following statement</p>

	<p>should be a priority: “review the allocation of social care resources to ensure more community and home-based service allowing people to live independently in their own homes”. 93.4% of 731 respondents agreed that it is right to focus on this as a priority within the draft Health & Social Care Partnership Strategic Plan.</p> <p>This reinforces national engagement and directives which support delivery of care closer to a patients’ home.</p>
Performance Measures identified, where these will be reported and how impact will be monitored.	<p>The monitoring of the below measures, which are routinely captured and tracked, will enable the impact of any changes to the capacity provided by Rosewell House to be determined:</p> <p><u>Service Capacity</u></p> <ul style="list-style-type: none"> • Waiting list for Rosewell House • Care package requests. • ACHSCP delayed discharges figures (number of delays and per 100,000) <p><u>Wider System Flow</u></p> <ul style="list-style-type: none"> • Frailty ward occupancy levels • Boarding numbers from frailty wards • Ambulance Stacking Numbers • Emergency Department (ED) Performance • Length of stay in AMIA/ED <p><u>Complaints</u></p> <ul style="list-style-type: none"> • Monitoring for increase and impact <p><u>Staffing</u></p> <ul style="list-style-type: none"> • Sickness and absence rates • Monitoring data and feedback on wellbeing <p><u>Vacancies</u></p> <ul style="list-style-type: none"> • Rate / levels

Review

Date the Impact will be reviewed	December 2026
Rationale for Date	In line with the timescales for a further evaluation report on progress implementing mitigating actions (DWD) to the IJB, so will require an updated / reviewed IIA to support this paper.

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics	Yes	<p><u>Age</u> The patient cohort within Rosewell House are part of the frailty pathway (generally affecting those patients over 65, however younger adults can also be affected). If capacity of this facility is phased down, without a corresponding increase in alternative service provision, there is the potential for this patient cohort to be affected. For example, if there is not capacity for discharge from the acute setting to an intermediate setting, when this would be deemed beneficial. There will likely be further impacts on the flow out of the acute setting which would result in frail elderly having longer waits in inappropriate areas such as the Emergency Department (ED) and Acute Medical Inpatient Assessment (AMIA). There is also risk that boarding numbers will increase impacting on the wider system.</p> <p><u>Disability</u> The frail patient cohort which Rosewell House manages are often also affected by disabilities and if a reduced capacity in Rosewell House takes place there is a</p>	<p>The patient profile for Rosewell on average consists of 45% aged 75-84 years old, and 55% aged 85+. The service operates at a consistently high occupancy rate.</p> <p>‘Frailty is found in 20-30% of the elderly population aged over 75 years and increases with advancing age. It is associated with long-term adverse health-related outcomes such as increased risk of geriatric syndromes, dependency, disability, hospitalisation, institutional placement, and mortality’.⁴</p> <p>4. Topinkova E; Aging, disability and frailty. Ann Nutr Metab. 2008;52 Suppl 1:6-11. Epub 2008 Mar 7.</p>

		potential for this patient cohort to be affected. Similar to the Age characteristic these patients may not be able to receive the benefit of an intermediate care stay if the capacity in Rosewell is reduced and they are instead discharged straight home or become a delayed discharge within ARI. An individual with disability may also require further support for their home environment to be suitable for discharge.	
Fairer Scotland Duty	Yes	Reduced opportunity for hospital-based care may have a greater impact on those with an inadequate physical environment to support their recovery at home.	Social, economic, and environmental factors all contribute to a patient's recovery following a hospital stay. Therefore, nurses' assessments of these nonclinical factors for older adults receiving home health services are crucial. ⁵ 4. The Role of Social, Economic, and Physical Environmental Factors in Care Planning for Home Health Care Recipients Elliane Irani , Karen B Hirschman , Pamela Z Cacchione , Kathryn H Bowles
Health Inequality	Yes	<u>Health and Social Care Service Provision</u> The phasing down of beds in Rosewell House has the potential to increase the demand for health and social care provision due to an increase in patients unable to receive the benefit of being in in-patient intermediate care stay prior to their discharge. Consequently, to prevent an increase in delayed discharges in the	The rehabilitation carried out within Rosewell House results in approximately 50% of patients returning home without care support. Any reduction in beds could result in an increase in the need for care support / long term care due to a reduction in rehabilitation for these patients, if the

		system, a greater need for social care provision for patients may be required. There could also be an impact on the Emergency Department (ED) and Acute Medical Inpatient Assessment (AMIA) as people wait longer to get a bed in the appropriate place.	outlined appropriate mitigations are not implemented.
Other Groups	Yes	<p><u>Carers</u></p> <p>The phasing down in beds in Rosewell House has the potential to increase the demands on the unpaid carers of those patients that would have benefitted from an intermediate care stay. Less availability for an intermediate care stay could see more of these patients stay in hospital for longer if the appropriate community / social care cannot be provided.</p>	<p>Unpaid Carers may be affected by supporting higher level of needs if patients are discharged home with or without Care Packages, rather discharged to Rosewell House. Carers support services have seen an increase of more than 40% in carers seeking support across the system and can be monitored from referrals from relevant services. Through the Carers Strategy close working arrangements with carers are in place to ensure safeguards for carers. The Carers Strategy Annual report 24/25 showed that most carers identified are providing care more than 50 hours per week. The Carers Strategy Implementation Group work on actions against the four main priorities to support unpaid carers across Aberdeen, they are.</p> <ol style="list-style-type: none"> 1. Identifying as a Carer and the first steps to support 2. Accessing advice and support

		<p><u>Staff</u></p> <p>Potential negative impacts on staff wellbeing and retention could result due to changes to the capacity provided within Rosewell House. This change would require the appropriate Organisational Change Policy to be followed, which has been developed by NHS Grampian to provide robust employee protections in the case of large-scale service change. It seeks to ensure that those affected by the change(s) are well informed; appropriately trained; involved in decisions which affect them, treated fairly and consistently; and provided with a safe and improved working environment. It also recognises employees may experience concern about change and commits to making every effort to ensure the continued employment of employees by maximising redeployment and retraining opportunities when planning for and implementing change.</p> <p>However, the process can be associated with lower employee health and wellbeing and may result in the loss of some staff.</p>	<p>3. Supporting future planning, decision making, and wider Carer involvement</p> <p>4. Community support and advice for Carers</p> <p>Change at work can lead to a number of different issues within the workforce. These can harm people's health, wellbeing and security. They can also have a negative impact on the business and organisation if they are not managed effectively.⁶</p> <p>6. https://prospect.org.uk/article/change-management-the-impact-of-change/</p>
Human Rights	No	N/A	N/A
UNCRC	No	N/A	N/A

Will there be any cumulative impacts between this policy or decision and others	Yes	X	No	
Describe what this cumulative impact will be and include evidence mitigations in the sections below	<p><u>NHS Grampian</u> In December 2024 NHS Grampian declared a critical incident due to the pressure in ARI and the resulting ambulance stacking. This situation led to the opening of 20 surge beds within Rosewell House, these beds have been funded by NHS Grampian and these beds remain operational. The beds are currently being reviewed and may also close. This would have a cumulative impact with this change as there will be a greater number of bed closures across both City Frailty beds and Surge Bed types.</p> <p><u>Contracted Hours Policy</u> Pay award agreements have seen the working week for full time NHS staff reduce from 37.5 hours to 37 hours in 24/25, with a further reduction to the weekly working hours expected to be implemented to 36 hours by April 2026. Aberdeen City Council staff are anticipated to reduce their weekly working hours to 35 hours in 2025. The consequence of this <i>could</i> impact on the capacity of the workforce to successfully deliver on the policy of Shifting the Balance of Care as outlined within this paper. Mitigations against this impact include workforce modelling for new services, including Discharge to Assess, based on the projected reduction in working week.</p> <p><u>H@H Expansion</u> In combination with the key elements of the Discharge Without Delay Programme of work, the Scottish Government remain committed to the expansion of Hospital at Home services in order shift the balance of care. This will have a positive cumulative impact for this decision, as it will further support the rebalance of care from in-patient to people's homes, potentially reducing demand for services at Rosewell House, meeting the step-up demand that it was initially envisaged that Rosewell House would provide and providing opportunities to further reallocate our resource to support patients within their own homes and the community.</p>			

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions
General Public (Consultation on draft 2025-2029 Draft Strategic Plan)	Within this consultation strong support for more community and home-based provision was highlighted. Respondents were asked to indicate if they agree that the following statement should be a priority: <i>“review the allocation of social care resources to ensure more community and home-based service allowing people to live independently in their own homes”</i> . 93.4% of 731 respondents agreed that it is right to focus on this as a priority within the draft Health & Social Care Partnership Strategic Plan.	The new Strategic Plan (2025-2029) consultation draft was approved at the IJB in March 2025. Within the refreshed strategic plan, there is an aim focusing on ‘Modernising Service Delivery’, which will be supported by delivery of the proposals within the policy of ‘Shifting the Balance of Care’. These commitments will be reflected through the inclusion of the DWD priorities within the associated ACHSCP Delivery Plan.
Senior Leadership Team (SLT)	The SLT have been fully involved in the discussions and development of the plans around the aim and consequence of this policy of ‘The Shifting of the Balance of care’.	With leads from across the ACHSCP key services represented within this group they are and will continue to be a key source for consultation of the future developments.
NHS Grampian Chief Executive	Consultation has taken place at the Chief Executive / Officer level on this policy of ‘The Shifting of the Balance of Care’ and the consequences of this.	Agreement between the Chief Executive / Officer levels is required to ensure policy and mitigations can effectively be implemented.
Unscheduled Care Programme Board	The USC Programme Board is the governing group that provides oversight and assurances on the progression of Dwd programme via the	The ACHSCP Chief Officer sits on the Unscheduled Care Programme board, ensuring

(NHS Grampian Operational Board)	Downstream and Upstream Delivery Groups. Attendees from the ACHSCP are well represented on each of these groups.	clear assurance and oversight from the IJB's perspective
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Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Provision of care to support the Discharge to Assess service will be undertaken by a commissioned provider. Provision of care to support the Discharge to Assess service will be undertaken by a commissioned provider. ACHSCP has implemented a collaborative and ethical commissioning model which aims to ensure that people with lived experience, providers and other stakeholders are a part of the review and codesign process of contract development. This aims to ensure all new contracts are developed through an ethical and human-rights based lens.

As standard, within the procurement activity for any new provider duties with regard to equality, human rights and fairer Scotland duty will be contained within the evaluation process and assessed, so that the successful provider may also address these duties. The procurement strategy emphasises the legislations which could affect the specification of procurement, which includes (but is not limited to):

- The Social Work (Scotland) Act
- The Regulation of Care (Scotland) Act 2001
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
- The Public Contracts (Scotland) Act 2015

Consumer Duty

The Consumer Scotland Act 2020 places a Consumer Duty on the public sector to put consumer interests at the heart of strategic decision-making, emphasising the need for accessible and affordable public services, especially during times of financial pressure. This person-centred approach is intended to result in better quality services and outcomes for the public as consumers of public services across Scotland. This section of the IIA is used to consider the impact of the policy on consumers of any services that the policy is intended to change.

Is the proposed decision, policy or practice strategically important?	Yes – Proceed to the rest of this section	No - Provide reasoning below and then proceed past the Consumer Duty section
		No – this paper is related to the operational implementation of nationally and locally agreed strategic direction.

What impact could this have on any of the consumer groups below?

	Negative	Neutral	Positive
Individuals			
Small Businesses			

In what way could this impact people in these consumer groups?

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What mitigations can be put in place?

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If mitigations are in place, does this remove or reduce the negative impact?	No – negative impact remains	
	Yes – negative impact reduced	
	Yes – negative impact removed	

ACHSCP Impact Assessment – The Review

Name of Impact Assessment being reviewed	
Name of Officer completing review	
Date Review Commenced	
Reason for Review (scheduled or accelerated)	
Reason for Accelerated Review	
Name of Lead Officer	
Date Review Completed	

Summary of Key Information

What amendments have been identified to the original Impact Assessment?	
What evidence do you have for these amendments?	
What actions have you taken to review the policy or practice in light of the review?	

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Having considered all of the groups, duties, and rights in the guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Other Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes		No	
Describe what this cumulative impact will be and include evidence mitigations in the sections below				

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions

