Adult Services Strategic Plan 2024 - 2027

The Highland Council
Comhairle na Gàidhealtachd

Highland Health and Social Care Partnership

Contents

Foreword

We are pleased to present our first Highland Health and Social Care Partnership Strategic Plan for Adult Services. In Highland, we strive to be the best we can be by 'working together to support our communities in Highland to *live healthy lives and to achieve their potential and choice to live independently where possible.'*

This plan sets out our vision and ambitions for how we will work with partners to improve the health and wellbeing of adults in Highland over the next 3 years. It also outlines the significant challenges that we will face as we strive to deliver services that address inequalities. Those services ought be increasingly preventative and recovery focused to enhance the resilience of our population and communities, resulting in improved opportunities and outcomes.

We are also very mindful of the unprecedented demand and complexity of needs at a time when the finances we have available are not likely to be able to address these. If we continue to deliver services the way we always have then we will face a significant financial gap over the life of this plan which is not sustainable.

We have been working together to provide an adult health and social care service since 2012 and we believe that we have a strong foundation to build upon, recognising that social care is often the first point of contact for many in the health and care system. We need to transform the way we work with our population and communities to change our approach to providing services to help us meet needs like this across Highland.

We plan to support care closer to home, improve outcomes and improve the experience of everyone including staff, volunteers and carers. This plan will reflect how a transformed workforce and services will be built around supporting people to stay well at home and in the community.

The development of the plan has been informed by listening to people who live in our communities. We will continue to work together to involve people in the care and support that they need to lead their best lives.

Pamela Dudek
Chief Executive
NHS Highland

Derek Brown
Chief Executive
The Highland Council

Background

Work has been on going across Scotland since 2016 to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. In Highland a partnership arrangement had been in place since 2012 by way of a Partnership Agreement and as such in 2014 to comply with this legislation Highland opted to be a Lead Agency to build on that joint working. This gives joint responsibility for strategic planning and commissioning of a wide range of health and social care services across a partnership area.

The 2021 report of the Independent Review of Adult Care in Scotland (the 'Feeley Report') signalled a shift in the paradigm of social care and is being legislated upon in relation to the now proposed National Care Service. Integrating the planning and provision of care sought to create the conditions for partners in the public, third and independent sectors to work together more effectively and efficiently to improve people's experience of care and their personal outcomes, while enhancing the quality and sustainability of services.

Since its inception, Highland Health and Social Care Partnership (HHSCP) has been developing more integrated health and social care services across our localities on behalf of the Joint Monitoring Committee. Our focus has been on working together with partners to ensure that the services that we provide or commission make a demonstrable and positive impact on the outcomes our population experiences.

Our key objective is to contribute to the achievement of the Scottish Government's National Health and Wellbeing Outcomes (see page 19 What Will We Measure).

The plan does not distinguish between groups of people, for example by condition or age. The vision and aims of the plan encompass all.

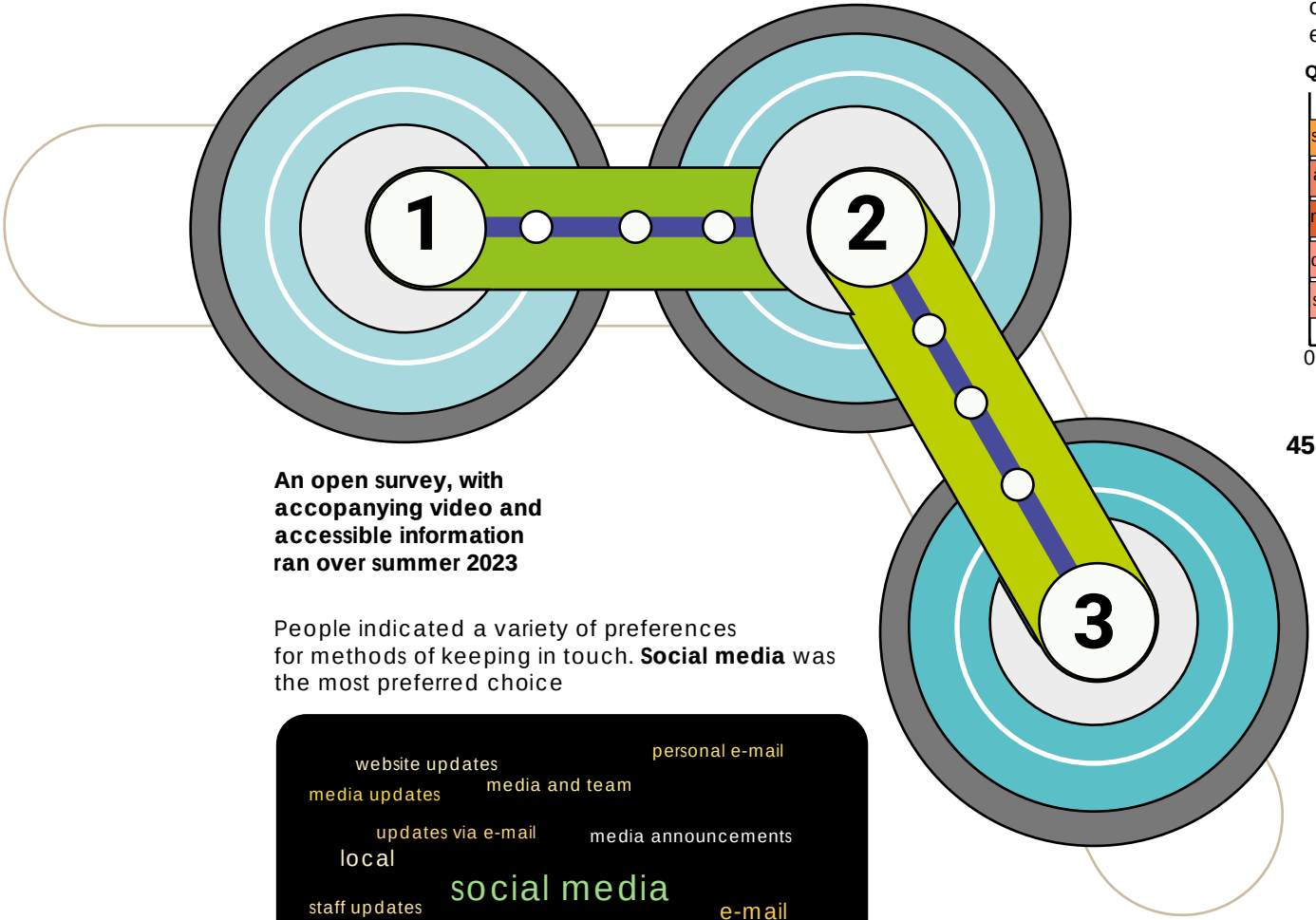
Why do we need to transform?

We want to enable people to lead their best lives and be able to live at home and as independently as possible for as long as possible.

We want to improve the quality and experience of care and utilise advancing technology.To do this in the face of the financial, workforce and population need challenges ahead, we must transform services together.

Engagement process

The survey was widely circulated to communities, partners and colleagues. Links to the survey were shared via social media, NHS Highland and The Highland Council's websites and local media

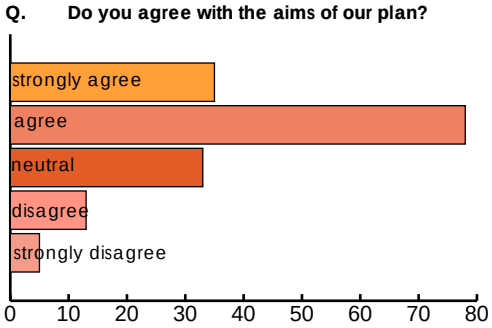


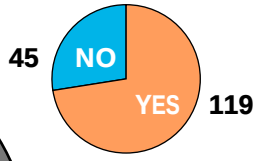
An open survey, with accopanying video and accessible information ran over summer 2023

People indicated a variety of preferences for methods of keeping in touch. **Social media** was the most preferred choice

analysis

164 people completed the survey. **116** agreed or strongly agreed with the aims of the plan. **119** felt that there were elements missing from the plan





3 online discussions took place to capture feedback about the plan using the same survery questions

You told us

In summary, the Joint Strategic Plan is generally considered as positive was also viewed as aspirational. Challenges are broadly in relation to resource in terms of both workforce to deliver care and the financial resource to pay for it. The comments endorsed the need for collaborative working and also referenced the key role of unpaid carers. Other issues which arose were the lack of parity in services across Highland, the need to make more reference to mental health and the need to see more detail of how the plan is to be implemented and performance measured.

I am a big advocate of people as partners, especially people with lived experience who experience health and wellbeing inequalities, and I would like to see this approach to be truly adopted by NHS Highland.

Without a substantial workforce, the plan will not be achievable.

The inclusion of unpaid carers is positive, however more detail would be appreciated.

I think this is a great plan in principal but I feel there is a lack of information given in how the assessments will be done, on what support a person requires to live safely at home.

Not clear how these will be achieved. How are you actually going to achieve these objective and how are you going to measure if achieving them?

Rural areas are at most risk and need supported to deliver the best care possible to those that require it.

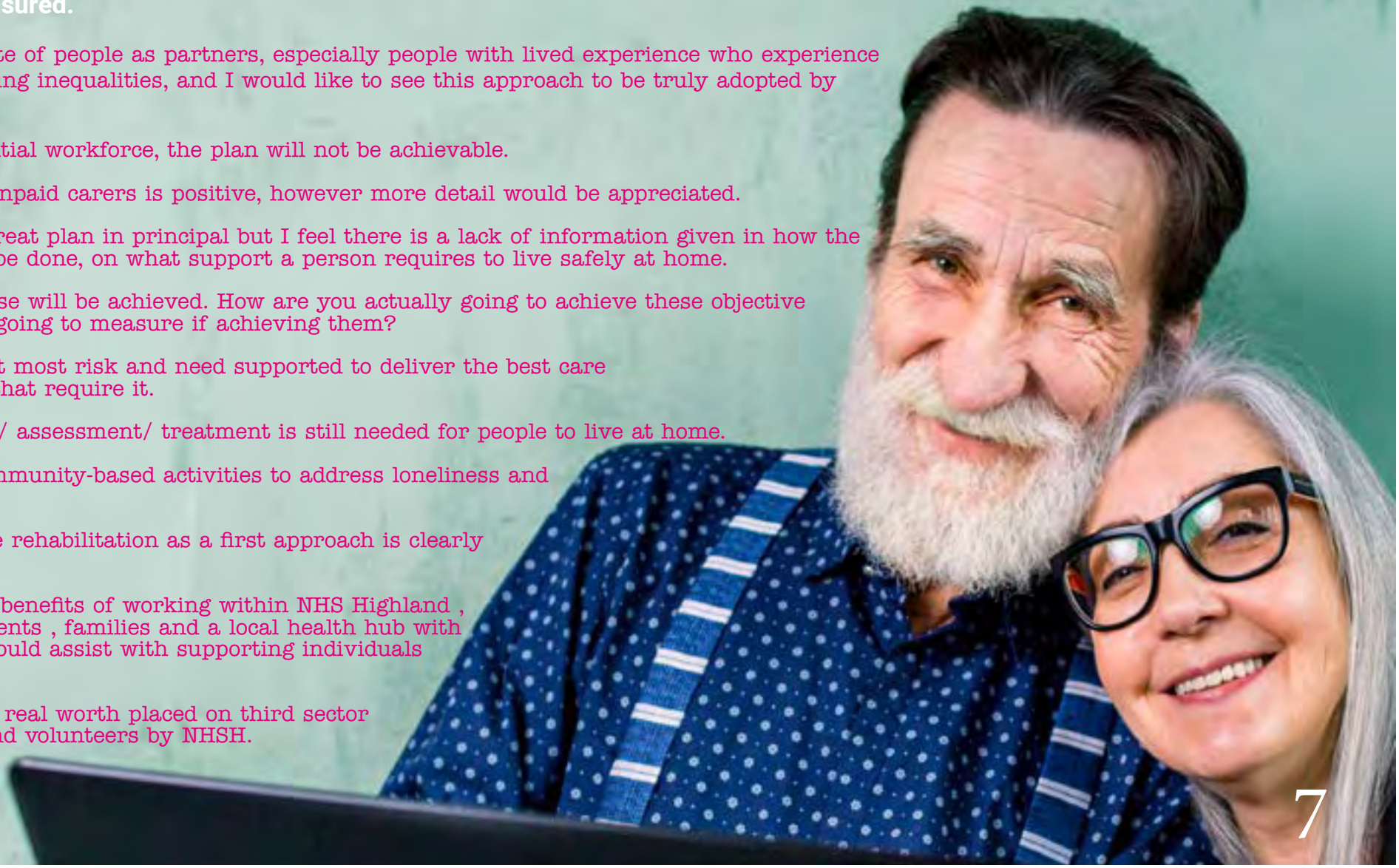
Specialist support/ assessment/ treatment is still needed for people to live at home.

We need more community-based activities to address loneliness and isolation.

We need to ensure rehabilitation as a first approach is clearly a priority.

Promotion on the benefits of working within NHS Highland , education for patients , families and a local health hub with volunteers who would assist with supporting individuals at home.

There needs to be real worth placed on third sector provision, staff and volunteers by NHSH.



Delivering our Strategic Plan





The plan explains what our aims are and how we intend to make a difference by working closely with you and our partners across Highland.

The Plan provides the strategic direction for how health and social care services will require to be shaped in our communities in the coming years and describes the necessary transformation that will be required to achieve our vision and financial balance. The Plan explains what our aims are and how we intend to make a difference by working closely with you and our partners across Highland.

This is a high level, three year plan made at a time where there are significant financial constraints. It is sometimes necessary on a short term basis to take actions and deliver services in a manner which may not be immediately consistent with the longer term strategic direction set out in this Plan. Such issues will be reported to the Joint Monitoring Committee.

In terms of delivering the outcomes set out in this plan we will consider the following key imperatives:

- Does the proposal deliver an effective, efficient, equitable and best possible plan to meet Highlands and Islands needs based on current evidence, benchmarking and best practice?
- Is the proposal affordable?
- Can the proposal be safely and sustainably staffed?

Highland Health & Social Care Partnership will work closely with the Community Planning Partnerships to ensure that all efforts are aligned to the respective Locality Improvement Plans that will be developed in response to this plan.

What is included in this Plan?

The Health and Social Care Services which support :

- Older Adults who need care and support including those in a care home setting.
- Adults with a Learning Disability who require support to be as independent as possible.
- Adults with a disability or illness who need support to live in their home.
- Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible.
- Adults living with health conditions.
- Adults requiring support from Drug and Alcohol Recovery Services.

This includes clinical and care delivery by our integrated health and social care teams and support from services such as digital technology, telecare, equipment services, online support and local community supports. It reflects ongoing work with our partners in Housing, who have a key role to play both to support a sustainable workforce and to keep people in their home communities as much as possible.

General practitioners (GPs) and their teams are pivotal to empowering and supporting our Highland population to live healthy lives and to deliver holistic, preventative community based health care which enables people to access a range of high quality health and care services in their community. The support of our community teams, pharmacies, opticians and dental services will be pivotal to preventative and early detection. We will continue to work with these partners to deliver care in communities, and involve them in the strategic planning of our services.

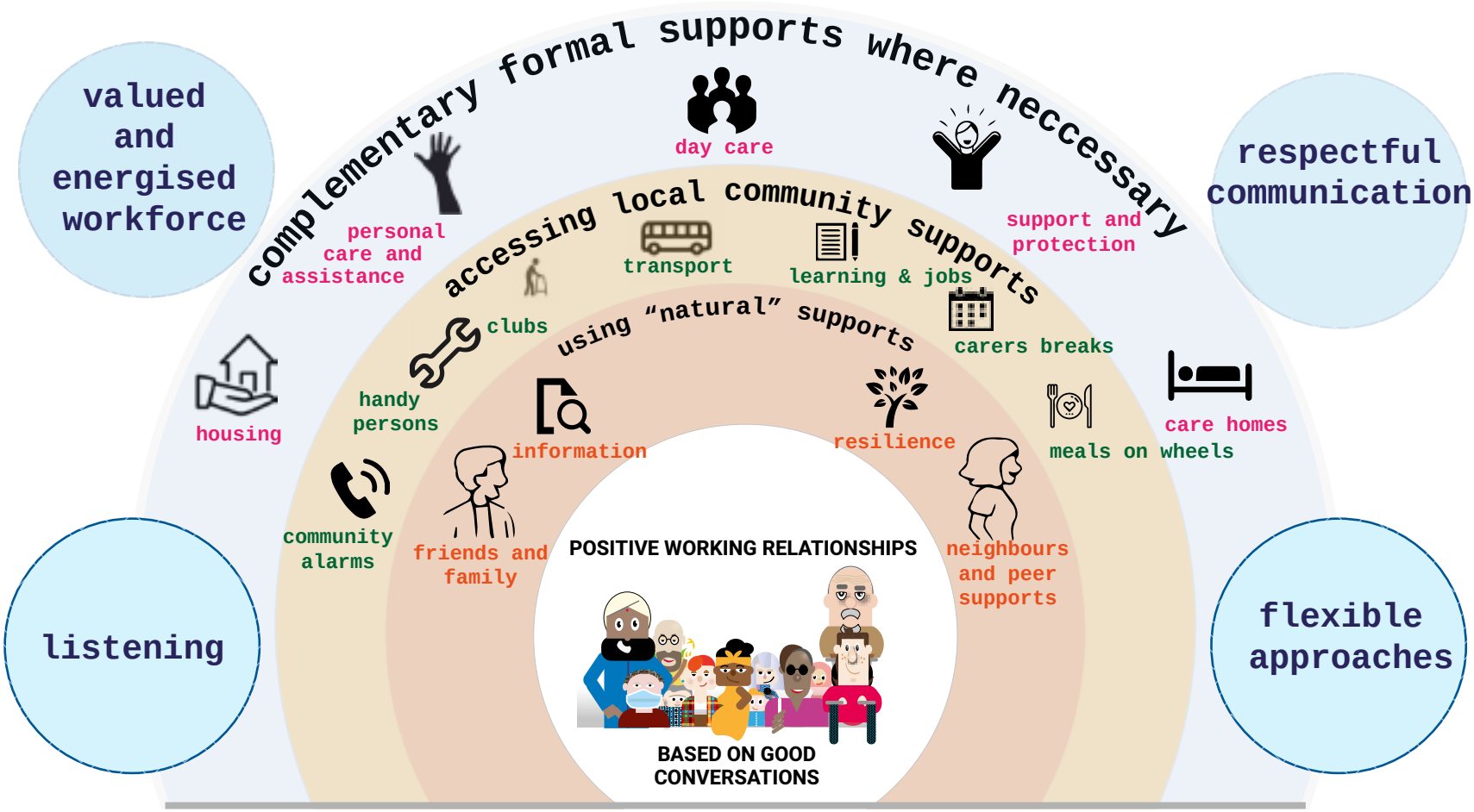




Our vision

We recognise that local people and communities are at the heart of everything we do and are a key part of all decision making. We will work with people to plan and arrange their care or support and to help everyone live healthy active lives, we will transform the way we deliver services. This graphic represents our vision for how we will work with people and communities to deliver our vision. We are committed to enabling people to be as independent as possible, supported by their family, friends and local community before formal paid support is discussed. We will work with unpaid carers to ensure their health and wellbeing is looked after and we will encourage and enable community organisations to thrive.Our Vision describes our aspiration to deliver health and social services in Highland:

'working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently where possible.'



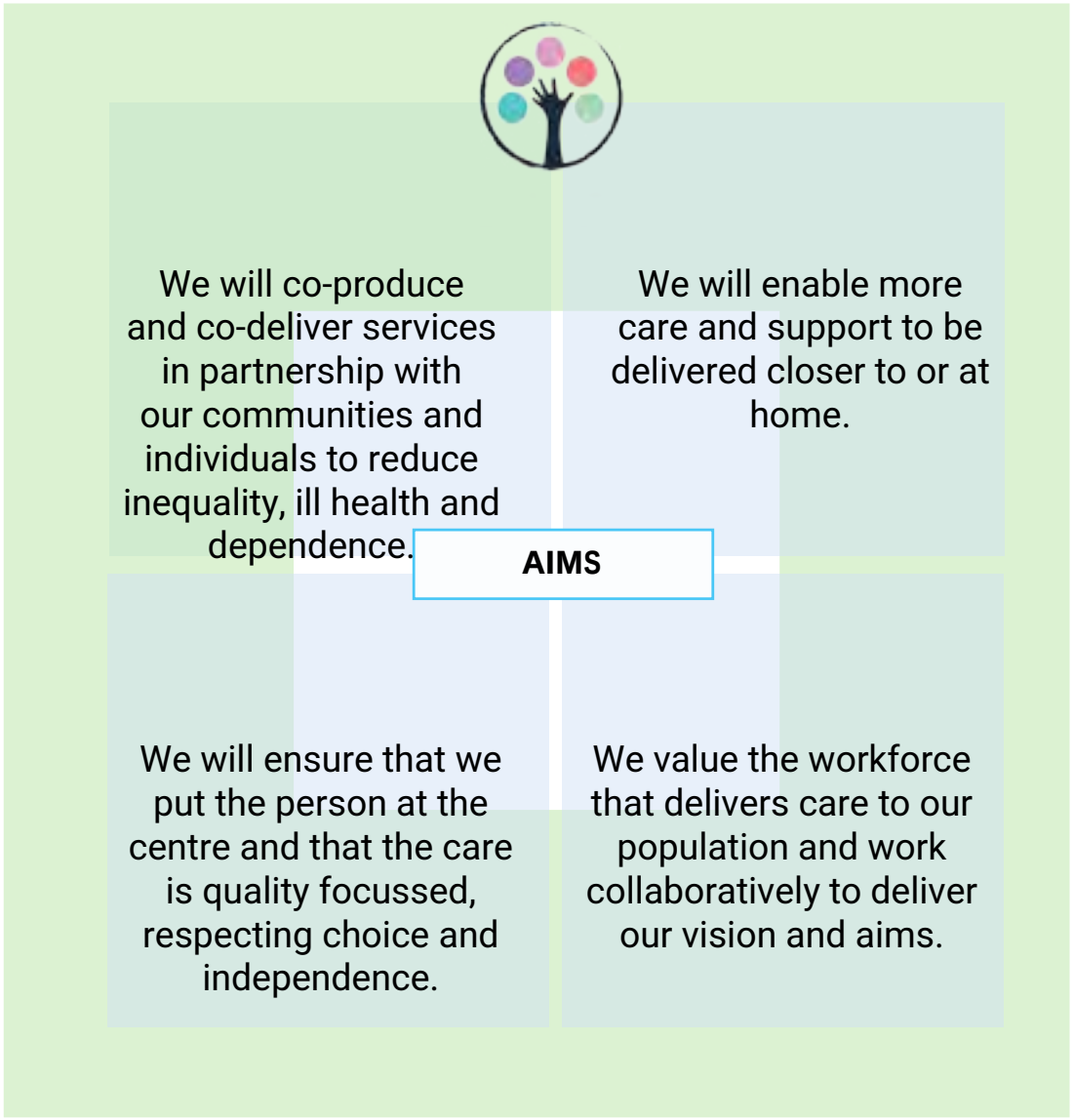
Our aims

Our strategic aims are to improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality and to build resilience with a more preventative and anticipatory approach.

We will work in partnership with local people , third and independent sector organisations to plan and deliver change.

As a partnership we will make sure our services work well together in an integrated way from the point of view of individuals, families and communities and are responsive to the needs of individuals and families in our different localities.

We will make the best use of available facilities, people and resources sustainably ensuring we maintain quality and safety standards as the highest priority through transformational change.



What does the Plan mean for you?

Home First and Last

You will receive the care and support that you need to remain at home for as long as possible. You will be informed about the options available to you including intermediate care and supported housing options which make care accessible and sustainable. Informal and community supports will be prioritised before considering paid support. We will promote realistic expectations, choice and control using self directed support and maximising the use of technology

Communities Working Together

We will work with you, your family, informal support networks, and local organisations to help you get the support you need using the assets and resources within the community.
We will focus on building local resilience and access to good quality support and services when you need them.
We will work as partners to support change to reduce the inequalities in and across our communities

Independence and living an ordinary life

We will work with you to enable you to be as independent as possible and to help you reach your goals and desires. We will support communities to ensure they are accessible and open to all, creating opportunities for innovative and creative support options to grow and develop

Health and Wellbeing

We will ensure that support for your health and wellbeing is available in the right place at the right time.
You will be supported to be as healthy and well as you can be. You will be signposted to any health and social care services/agencies that can meet your need by the first professional that you see

Supporting Carers

Unpaid carers will be supported to look after their own health and wellbeing. A range of options will be available including day care support, planned short breaks, respite and palliative care. Day Care will be enhanced and planned short break services will be available with a clear pathway for access. Respite and palliative care options will make more use of local resources. We will work with carers organisations to ensure they can also provide support to unpaid carers

Residential and Nursing Care Homes

It may be that your care needs in the future are best met in a care home setting. This specialist care will be suitable for individual needs and available in Highland. We will work with you to plan a move to a care home. Care homes that provide nursing care may not always be located in all areas

Making it happen

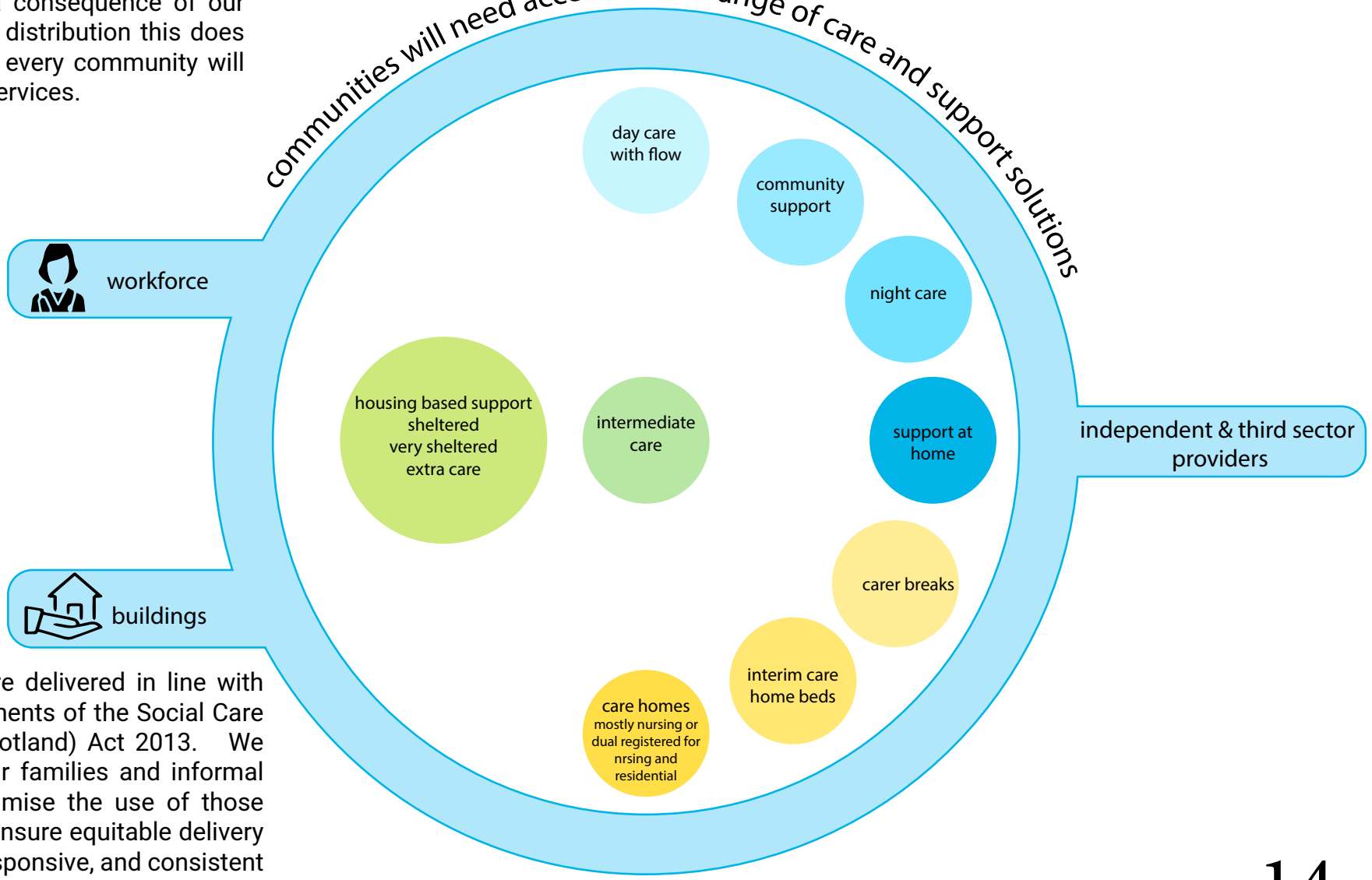
The changes we need to make

In order to meet the challenges facing us over the next three years, we will need to transform the way we deliver services. We need to talk openly about the challenges and be innovative together in how we will achieve the following:

- Focus our attention on prevention and early interventions to support people to maintain independence at home for as long as possible.
- Ensure we empower people to exercise choice and independence and include unpaid carers as partners in the planning and provision of care and support.
- Make it straightforward to access services when they are needed and ensure that health and social care professionals are able to direct people to the right organisation and service for their needs.
- Commission services in a way that supports a diverse market for providers of care with reduced administrative burden.
- Maximise the use of technology in supporting people.
- Plan and deliver person-centred services which can respond quickly to support people who are in urgent need.
- Build strong partnerships between community teams, hospitals, third sector and independent providers of care.
- Support different delivery, as locally as possible, of services traditionally delivered in acute hospitals, through new and emerging professional roles. and making use of technological advances.
- Implement immediate care options that prevent admission to hospital and avoid a stay in hospital for longer than is necessary.
- Develop our workforce to be more adaptive and flexible.

Transforming our approach 1

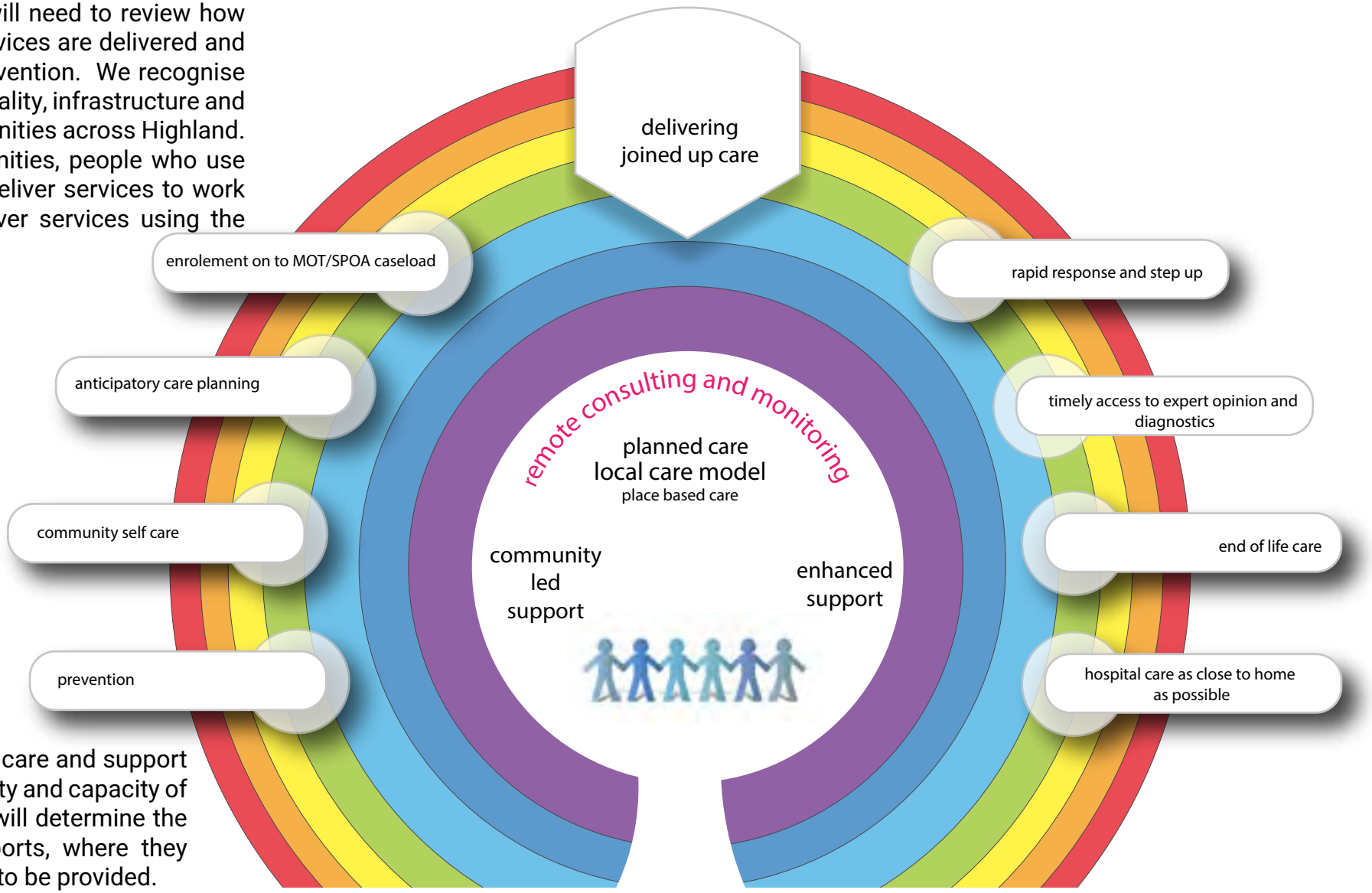
We accept that "one size does not fit all". There are core social care services that people in every community should have access to as shown in the diagram below. As a consequence of our geography and population distribution this does not mean everyone within every community will be equally close to these services.



All social care services are delivered in line with the principles and requirements of the Social Care (Self Directed Support)(Scotland) Act 2013. We will work with people, their families and informal support networks to maximise the use of those supports and will seek to ensure equitable delivery of good quality, reliable, responsive, and consistent social care services.

Transforming our approach 2

To deliver our vision we will need to review how and where our current services are delivered and increase our focus on prevention. We recognise the variation in the size, rurality, infrastructure and populations of the communities across Highland. We will empower communities, people who use services and those who deliver services to work together to plan and deliver services using the local care model.



We need a range of social care and support solutions and the availability and capacity of the inputs/dependencies will determine the availability of these supports, where they are and how much is able to be provided.

person centred . flexible and adaptable · effective and efficient

Leaving no one behind

We recognise that health and wellbeing inequalities are not likely to be changed significantly by health and social care policies or services working in isolation but working with communities and partners to have tangible actions that address the inequalities. We will actively engage with local people to draw on their collective experiences alongside voluntary and community group representatives. We know that inequalities are growing and the effects of the pandemic and the current cost of living crisis have compounded the challenges being faced by our communities.

We will need to focus on our most deprived communities and the future health of our children and young people as well as those groups who experience multiple disadvantages. We will need to consider the impact of universal and more targeted approaches to support each of our population groups below

PROTECTED CHARACTERISTICS

1

Eg: Age, sex, disability, gender reassignment, race, pregnancy and maternity, religion or belief, sexual orientation.

SOCIO ECONOMIC DEPRIVATION

2

Eg: poverty, unemployment, low income, multiple deprivation.

GEOGRAPHY AND PLACE

3

Eg: urban, rural and island communities and neighbourhoods.

HIGH RISK INDIVIDUALS

4

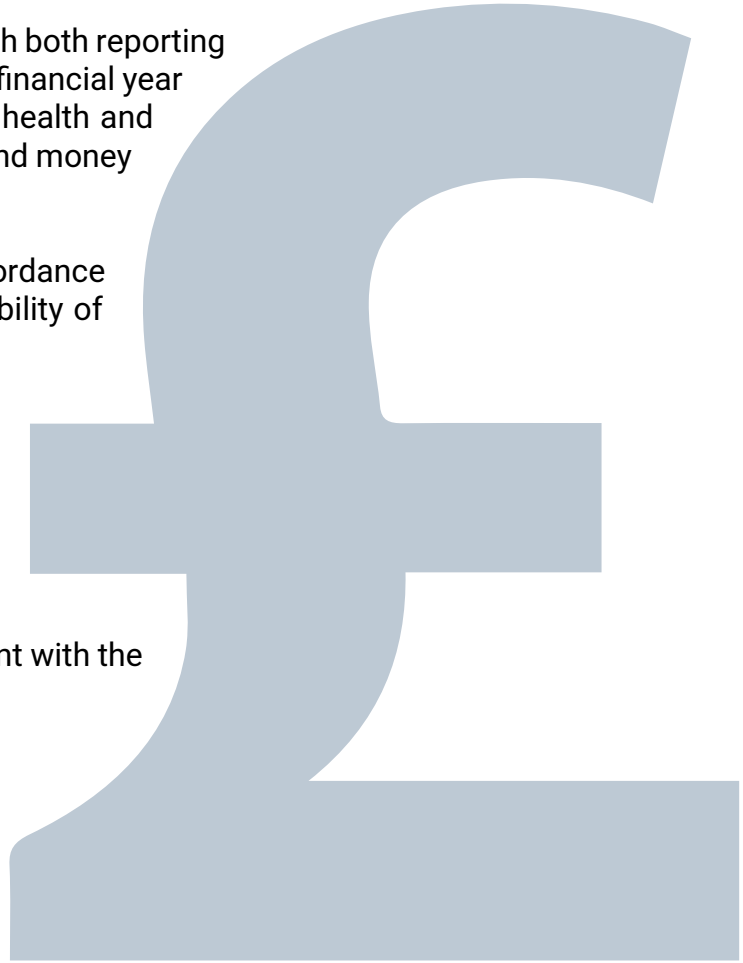
Eg: homeless people, people living in prison, people with problem substance abuse, people with mental health problems.

This Plan has been informed by an equalities impact assessment and Locality Plans will continue to be informed by Public Health, population and equalities data.

The Challenge

Public services across Scotland are facing huge financial pressure. We cannot provide services in the way we have before - we simply don't have enough money to do so. With growing demand for support and less money available we want to work with individuals and communities to find ways to better support people locally. We will all need to work together to support our friends and family who are in need. Our services will need to find innovative solutions and work closely with your support networks to promote positive risk taking.

This pressure is reflected by the financial positions of both NHS Highland and the Highland Council with both reporting in-year overspends for the 2022/23 financial year and both forecasting substantial budget deficits for financial year 2023/24. The financial position is hence very challenging. In Highland, the annual budget for adult health and social care services for the current year is £158.4 million and we must utilise our resources, people and money to achieve the most benefit for the most people.



Those financial challenges are also impacted by the payment mechanism for care homes, made in accordance with the National Care Home Contract, an ageing infrastructure and regulation issues. The sustainability of Care Home provision in Highland presents significant challenges to Partner Providers.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment and transformational change.

We will consider the whole health and social care system and how this enables the triple aim of better care and support, better health and better value. Investment, will need to be matched with transformation to drive further improvements in our services which must be sustainable and consistent with the imperatives set out in this Strategic Plan.

How will we know we are improving

Performance Reporting

Performance reporting will be underpinned by the 9 National Health and Wellbeing Outcomes and the key performance indicators developed to measure success within this plan. Success against these National Outcomes will be measured and reported to the Joint Monitoring Committee after consideration by the partnership. The Highland Council and NHS Highland will be responsible for reporting to their own organisations in relation to service delivery.

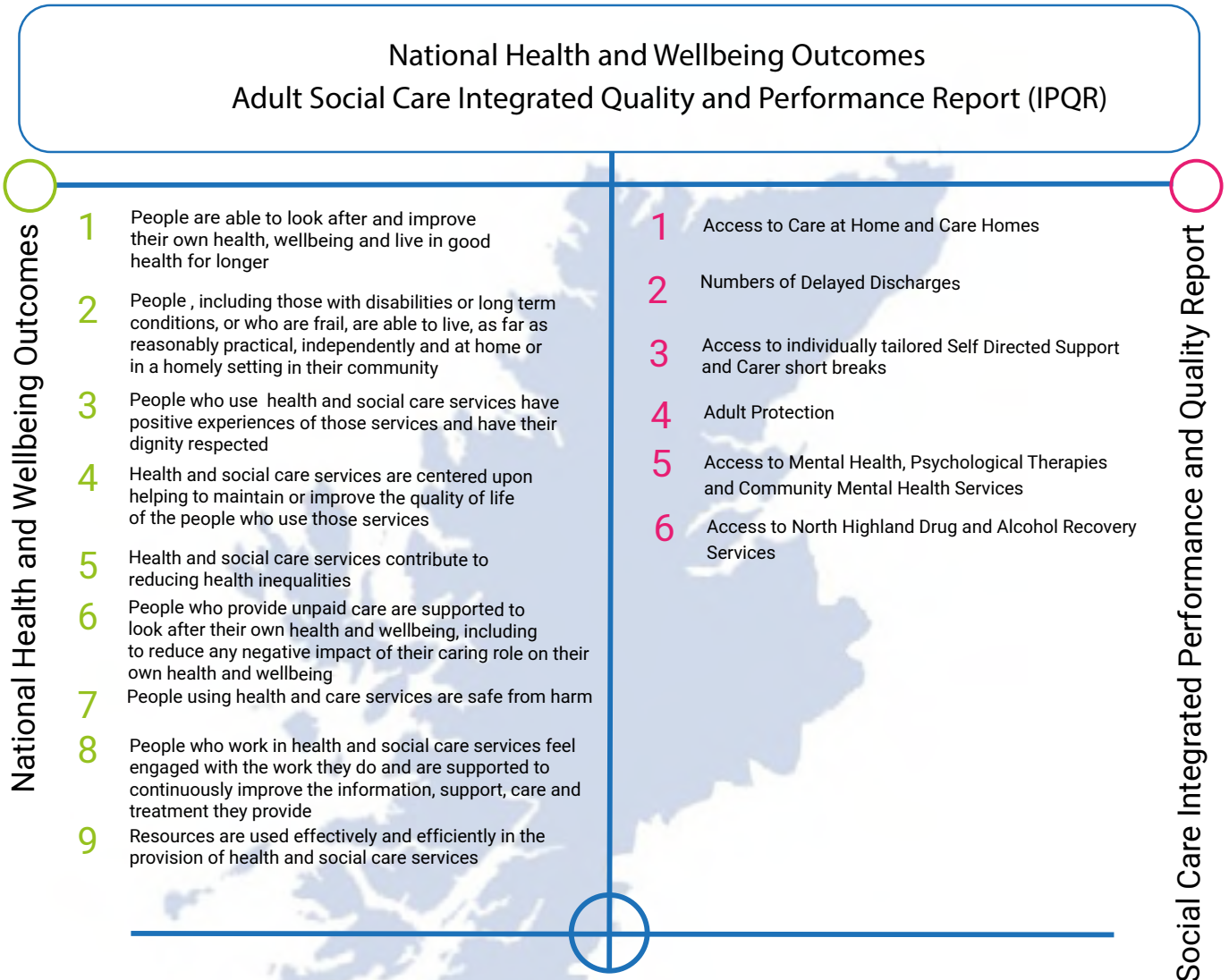
Quarterly reporting will form the basis of a year-end Annual Performance Report set against this Strategic Plan and the measures of success outlined within it.

Our Delivery Plans

Having identified our strategic aims and the changes we need to make we will now work with our communities to develop Locality Delivery Plans. Using the Local Care Model approach the Locality Delivery Plans will outline in detail how the strategic aims will be operationally delivered within our Communities.

The plans will highlight key local improvement actions taking into account Highland Public Health priorities and ongoing engagement and consultation feedback gathered from our Communities.

What will we measure?



Performance against this plan will be monitored by the Joint Monitoring Committee

Working Together

In order to achieve our shared vision 'working together to support our communities in Highland to live healthy lives and to achieve their potential and choice to live independently' we will need to work collaboratively with a range of partners to develop additional strategies based on local need and which will have the most impact for local communities. This will also include supporting our Third sector partners and independent providers in their pivotal work.

Engagement to enable collaboration and co-production to develop and implement District plans and shape strategic commissioning aims, will occur in Community Partnership areas. We will stay in touch through the mediums identified in the engagement survey responses.

We cannot address all of the care needs of our communities through this strategic plan, however there are a number of co-dependant strategies which will be pivotal to meeting the full needs of our communities.

- Highland Outcome Improvement Plan (HOIP)
- Highland Integrated Children's Services Plan 2023 - 26
- NHS Highland "Together We Care"
- Carers Strategy
- The Highland Council Housing Strategy
- NHS Highland and Highland Council Engagement Framework
- Mental Health & Learning Disability Services Strategy
- Primary Care Improvement Plan
- Self Directed Support Strategy
- Transport Strategy

In implementing this plan, we will utilise and build upon existing forums and mechanisms to progress the intentions as set out in this Strategic Plan, working together in developing and implementing Locality Delivery Plans under a consistent Strategic Framework.

NHS Highland

The Highland Council
Comhairle na Gàidhealtachd

Impact Assessment - Purpose of the Impact Assessment:

Equality - The Equality Act 2010 introduced a Public Sector Equality Duty (PSED) requiring public bodies to give due regard to the need to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations

The purpose of an Equality Impact Assessment (EQIA) is to ensure that policies, functions, plans or decisions (hereafter referred to as 'policy') do not create unnecessary barriers for people protected under the Act.

Socio-economic - From April 2018, the Scottish Government introduced the Fairer Scotland Duty which requires named public bodies to have due regard to narrowing the causes of inequality of outcome caused by socio-economic disadvantage when making strategic decisions.

Island and Rural - The Islands (Scotland) Act 2018 requires public bodies to assess whether a policy strategy or service is likely to have a significantly different effect on an island community than effects other areas. Highland Council has committed to considering whether a policy or strategy change impacts differently upon rural communities.

Where negative impacts are identified these should be eliminated or minimised, and opportunities for positive impact should be maximised.

Impact Assessment

Title/description of the policy	Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027
Name of the person(s) carrying out the assessment?	Gavin Sell NHSH Fiona Malcolm HC Rhiannon Boydell NHSH Cathy Steer NHSH David Goldie HC Alison Clark HC
Date of assessment	9 June 2023
What are the aims and objectives of the policy/function/strategy?	
The Strategic Plan is to set out the arrangements for the delivery of adult social care functions. This includes Health and Social Care Services which support: ▪ Older Adults who need care and support including those in a care home setting ▪ Adults with a Learning Disability who require support to be as independent as possible ▪ Adults with a disability or illness who need to support to live in their home ▪ Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible ▪ Adults living with health conditions ▪ Adults requiring support from Drug and Alcohol Recovery Services	

This includes support from services such as digital technology, telecare, equipment services, online support and local community supports. It reflects ongoing work with partners in Housing. Housing has a key role to play both to support a sustainable workforce and to keep people in their home communities as long as possible.

The plan explains what the Partnership's aims are and how it intends to make a difference by working closely with communities and partners across Highland.
The key aims are to improve the wellbeing and outcomes of people living in Highland, to focus on consistency and quality, to build resilience with a more preventative and anticipatory approach and to work in partnership with local people, third and independent sector organisations to plan and deliver change.

The Plan provides the strategic direction for how health and social care services will require to be shaped in Highland communities in the coming years and describes the necessary transformation that will be required to achieve our vision and financial balance. It is recognised that "one size does not fit all". There are core social care services that people in every community should have access to as shown in the diagram below. As a consequence of Highland geography and population distribution this does not mean everyone within every community will be equally close to these services.

The Plan articulates how partnership working improves outcomes and how it will make a difference by working closely with third sector partners and communities across Highland. It recognises that the Plan itself must link in with other work. It is a pan-Highland plan and it recognises that Locality Improvement Plans will subsequently be developed to develop more nuanced response locally which will be consistent with the overall Strategic Plan.

Adult health and wellbeing summary

Adult health and wellbeing profiles are available for the nine community partnerships in the area covered by Highland Health and Social Care Partnership (HSCP). The profile reports present an overview of indicators relevant to the health of adults and older people in each partnership. The information presented covers a range of topics relating to health status (morbidity and mortality) and health harms across the life course.

Key points

People are living longer lives than in previous generations. Life expectancy in Highland has increased over time for both males and females and is higher than in Scotland. However, following the pattern in Scotland, average life expectancy has stopped improving. It is a significant concern that a sentinel measure of population health and social progress is not improving.

Gaps in life expectancy between the most and least deprived areas of Highland highlight significant health inequalities. People in our poorest neighbourhoods are dying younger than their peers. Gaps in life expectancy have increased over time for both sexes and highlight widening inequalities in society.

Social and economic inequalities in health and wellbeing are evident within the partnership area. Small areas with a higher proportion of people experiencing income deprivation generally rank more poorly according to the Scottish Index of Multiple Deprivation (SIMD) health domain.

By presenting data for small areas, the community partnership profiles highlight that systematic differences in population health are associated with income deprivation across a range of measures, providing further evidence of current health inequalities within the Highland HSCP.

In Highland, leading causes of death include ischaemic heart disease, dementia and Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases and certain cancers. There have been decreases in early deaths from cancer and coronary heart disease, but improvements have stalled in recent years.

Common long-term conditions in Highland include cardiovascular diseases, cancers, neurological disorders, mental health disorders and musculoskeletal disorders. The prevalence of many conditions, including type 2 diabetes, are likely to increase as the number of older people increases.

Rates of cancer registrations have remained relatively constant, indicating earlier diagnosis and treatment may have driven previous improvements in premature deaths from cancer.

Hospitalisations due to asthma, chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) are significant causes of poor health and preventable hospital admission. Higher rates of hospitalisation across the HSCP are related to deprivation.

Psychiatric patient hospitalisations have markedly decreased over time, reflecting a long-term strategic shift in the care of people with mental health problems from inpatient treatment towards supporting people in the community. There is a profound socio-economic gradient with psychiatric admission rates known to increase with area deprivation.

Reducing the use of and harm from alcohol, drugs and other substances is a national public health priority. There is no safe level of drinking alcohol and no completely safe level of drug use. People's use of alcohol and drugs may incur harm from many issues.

There is a clear socio-economic gradient with alcohol and drug-related admission rates known to increase with area deprivation. For many people, multiple disadvantage contributes to substance use, which in turn contributes to further disadvantage.

Dementia and frailty are a major cause of disability and dependency among older people. Being able to identify and assess dementia and frailty allows early intervention to increase independence, slow progression and reduce the risk of adverse outcomes.

As the number of older people in the population increases, the number of people requiring support at the end of life is likely to increase.

Trends have shown increases in deaths occurring in a homely setting. If this pattern is sustained, increased primary, community and palliative care resources will be needed to support families and individuals at home.

Further information

Public Health Intelligence. Adult Health and Wellbeing Partnership Profiles. 2023. https://www.nhshighland.scot.nhs.uk/about/publications-and-public-records/public-health-profiles/#Adulthealthandwellbeing

Who may be affected by the policy Will affect all people who live in the Highlands	• Older Adults who need care and support including those in a care home setting • Adults with a Learning Disability who require support to be as independent as possible • Adults with a disability or illness who need to support to live in their home • Adults with Mental Health conditions requiring support with their recovery or to be as independent as possible • Adults living with health conditions • Adults requiring support from Drug and Alcohol Recovery Services • Young People transitioning into adult care services • Carers – including unpaid and those operating on self directed support basis • Health and Social Care Workforce • Local communities

Population groups considered for health inequalities

Protected characteristics	Socio-economic deprivation	Geography and Place	High-risk individuals
e.g. age, sex, disability, gender reassignment, race, pregnancy & maternity, religion or belief, sexual orientation	e.g. poverty, unemployment, low income, multiple deprivation	e.g. urban, rural and island communities and neighbourhoods	e.g. homeless people, people living in prison, people with problem substance use, people with mental health problems

How have stakeholders been involved in the development of the policy?	• Strategic Planning Group – which includes third sector and community representatives,
	  ○ Carr Gorm
	  ○ Highland Home Carers
	  ○ Highland Senior Citizen's Network
	  ○ Care Home representative
	  ○ HTSI
	  ○ Scottish Care
	  ○ Carer Expertise
	  ○ NHS Highalnd and Highland Council representatives.
	
	• Joint Monitoring Committee
	• NHS Board
	• Elected members
	
	Methods of engagement
	• Meetings
	• Workshops
	• Online survey and other online input

Which parts of the public sector duty is the policy relevant to?

1. Eliminate unlawful discrimination	X	
2. Advance equality	X	

3. Promote good relations	X	

Part One – Identifying the groups potentially impacted

Equality

Which of the protected characteristics is the policy relevant to? *Tick and briefly describe any likely equalities impact (positive/negative/neutral).*

Characteristic	Positive	Negative	Neutral	comments
Gender			X	Greater move to care at home therefore potential impact in terms of gender of carers and availability of carers of the requested gender
Age	X			Strategy should have a positive impact on adults of all ages as highlights the need to plan around needs Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself
Disability	X			Strategy should have positive impact on needs Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself
Religion or Belief				Unclear whether any issue regarding carers in relation to different religions – further consideration required through public consultation
Race				Unclear whether any issue in relation to strategy and different races. Potential anticipated impact related to access and Gypsy/Travellers on access to services Potential access issue for different cultures – strategy does pick up on access. To be explored through public

				consultation
Sexual Orientation			X	No anticipated impact
Gender reassignment			X	No anticipated impact
Pregnancy/maternity			X	No anticipated impact
Marriage and Civil Partnership*			X	No anticipated impact

*applies only to Employment and the duty to give regard to the elimination of discrimination

Poverty Impact

How is the service/policy change likely to impact on the following areas?
Think about the review area you are responsible for; what might be the impact of any policy or proposed change on the following areas of interest. Please tick and briefly describe any impact.

Area of Impact	Positive	Negative	Neutral	Comments
Pockets – potential impact on household resources (income, benefits, outgoings), ability to access a service due to reduction or withdrawal				Ability to access a service: +ve – ability to be supported at home, tech enabled/community support -ve – residential support…families needing to travel to visit as no Care Home beds in every community – cost of being out of your community

				+ve – supporting carers +ve – focusing on filling gaps by the approach
Prospects – potential impact on people's life chances e.g. access to, or ability to access education, employment, training (e.g. transport, childcare, support),				Not on individual but on wider family and community – access People with more resources have more choice – mitigation is that the strategy is trying to ensure people can remain within their community and not be required to use more intensive resources
Places – potential to impact on specific vulnerable areas or communities (SIMD, fragile rural) e.g. housing, transport)				Potential negative impact on remote and rural due to access to residential care +ve - Improve sustainability and access to services

Considering the areas outlined above, are specific groups likely to be affected differently?
Think about the review area you are responsible for; are any of the following groups likely to be affected differently by any proposed change?

Tick and briefly describe any likely impact (positive/negative/neutral) on the following groups.

Vulnerable Groups	Positive	Negative	Neutral	Comments
Lone Parent Families			X	
Unemployed			X	
Young children*			NA	
Older people*			As above	
Homeless			X	
Looked after children			X	
Low income households (in-work poverty)			As above	
Disabled people*			As above	

**may also be identified through equality impact screening*

Rural and Island

Could people in rural or island communities be affected differently?
Think about the review area, could rural or island communities be affected differently by any proposed change? *Areas to consider:*

- *Do the intended impact/outcomes differ*
- *Do Access or Financial impacts differ - Travel time, higher costs, energy costs, access to the internet, sustainability of service, individuals – seasonal/part-time/self-employed*

Area for assessment	Positive	Negative	Neutral	Comments
Rural communities				Potential -ve related to provision of care and support – not care homes in all communities and difficulty of service delivery aspects of challenge of Workforce. Potential +ve – focus and use of technology, reduces reliance on workforce and reduces travel needs
Island communities				Nothing different from rural communities overall

Part 2 – Considering the Impact

Evidence and consultation – How do you know the groups that might be impacted?
What existing sources of information have you gathered to help identify how people covered by the protected characteristics may be affected by this policy or service? Eg Consultations, national or local data and/or research, complaints or customer feedback. Are there gaps in available data?
Conclusions Engagement with key representative groups have informed the development of the strategy and supported the identification of potential impacts as identified in the assessment. The Strategy aims to mitigate the potential impacts identified. It is expected that more local engagement in implementation of the of the plan will be an opportunity to take into account the nuances of such potential impacts. **Next steps** • The public consultation will target key representative groups eg. Senior Citizens, Disability Groups, Remote and Rural communities etc. • The consultation will consider any specific impacts on gypsy traveller populations and race/religion which are currently unknown • Predicted/projected need amongst older adults will be considered and incorporated into this assessment

Impact – for the groups identified in section 1 a) Describe any evidence of, or potential for, negative impact, and/or b) Does the policy contribute positively to the promotion of equality on any particular group
a) The main negative impact identified prior to broader public consultation is in relation to the potential need for families to travel to visit loved ones whose needs result in them being placed in a care home and with limited care home places available, this may not be in their local area. There is a socio-economic impact on families but also a risk of isolation for the individual concerned. **b) The Strategy intends to minimise the impact on individuals, families, and communities by enabling greater care at home, utilising technology to support individuals to stay within their own homes and communities across Highland for as long as possible. The strategy should have a positive impact on adults of all ages as it highlights the need to plan around needs**

Justification	
If negative impact is identified, can this be justified?	The Strategy focuses on enabling people to remain within their own homes and communities. It may not be possible in all cases but the Strategy aims to ensure improved planning based on needs and will be accompanied by local action plans for implementation within local communities which will focus on mitigating any negative impacts on individuals. The strategy also focuses on supporting carers and on filling gaps in provision within local areas which in itself will assist in mitigating any negative impacts or unintended consequences.
Mitigation	
Can the potential for negative impact on particular groups be removed or minimised?	As above

Actions
Are there actions identified to advance or promote equality, or to mitigate potentially negative impact? Please detail or attach an action plan.
Please see ‘next steps’ above.

Develop local implementation plans that will consider mitigating actions for any identified negative impacts at a local level.

Please provide details of arrangements to monitor and review the policy and any associated actions.

Joint Monitoring Committee is the body who will ensure through the Strategic Planning Group that a review is carried out in terms of the Strategy.

Full impact assessments require to be published, please state where the EQIA will be published:

Highland Council website

NHS Highland website