Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

| Interim report | ✔ | Final report | | (Tick as appropriate) |

1.   Title of plan, policy or strategy being assessed

Review of Rehabilitation Services at Astley Ainslie Hospital

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

To support the delivery of a balanced budget for the 2020/21 financial year the Edinburgh Health and Social Care Partnership (EHSCP) has developed a comprehensive Savings Programme. Included within the programme is a proposal to review the rehabilitation services based at the Astley Ainslie Hospital.

The learning gained from the response to the COVID pandemic will be incorporated into the proposed change.

Background
The Rehabilitation Service delivered at the Astley Ainslie Hospital is hosted by EHSCP.

Key services are provided pan-Lothian, but the South East Mobility and Rehabilitation Technology (SMART) Centre and the neurorehabilitation service (e.g. brain injury, stroke,) provide services nationally and the inpatient amputee rehabilitation service also provides services regionally.

A number of services in the SMART Centre (primarily wheelchair and seating services and prosthetic service) which are provided to NHS Lothian, NHS Fife and NHS Borders were subject to an external review at the end of 2018, with a report taken to the NHS Lothian Corporate Management Team in August 2019. Planning for these services has not been delegated to the Edinburgh Integration Joint Board (EIJB) and have therefore is not within the scope of the proposed change.

The Integrated Rehabilitation Collaborative (IRC) has been established pan-Lothian, and is a subgroup of the Royal Edinburgh Hospital (REH) Campus Programme Board.

The purpose of the IRC is to develop a 'shared vision' across all four Lothian Health and Social Care Partnerships for specialist rehabilitation, primarily for the working age[1] population of Lothian.

The agreed integrated model for the rehabilitation services will inform and influence the business case for Phase 3 of the REH campus development.

As a result of the COVID pandemic the rehabilitation services within the Astley Ainslie have had to adapt and change to ensure that services could continue to be provided whilst ensuring staff and patient safety and in response to Scottish Government Guidelines. This has resulted in a level of innovation from the staff, particularly in relation to how outpatient services are delivered where technology has been harnessed to as far as possible provide continuity of care. Drawing upon this learning will be key to supporting the change

The Change
Review the existing models of care to identify where improvements can be made to support services to operate more effectively and efficiently. The review will be progressed through the Integrated Rehabilitation Collaborative (IRC) to deliver a Pan Lothian integrated model for rehabilitation services.

The first stage of the review will be to consider and the understand the new ways of working which were introduced as a result of the COVID-19 pandemic and the lessons learnt though this process.

Key steps/ milestones
- Develop recovery plan for outpatient services
- Identify the areas for change (outpatients)
- Process mapping completed for inpatient services
- Identify the areas for change (inpatients)
- Communicate & agree approach with IRC
- Service user engagement
- Refine and remodel services as appropriate
- Deliver new service model
- Ongoing communication and engagement with staff

The purpose of this change is to:

Establish a sustainable, shared vision across all four Lothian Health and Social Care Partnerships for specialist rehabilitation

The change ideas will be iteratively informed by the ongoing development of the recovery plan, and therefore a further IIA will be completed at a later stage when it is has been identified which services will be focused upon.

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[1] The IRC recognises that age alone is not a robust measure in determining appropriate rehabilitation services for individuals. Function, frailty and the rehabilitation goals of the individual should be considered in determining which service(s) is/are most appropriate in each case

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

To date, there has been no public involvement regarding the proposals. However, proposals are at an early stage and as they are developed and further key stakeholders or impacted groups identified, a consultation plan will be developed and appropriate engagement will be supported

Where relevant in understanding any potential impact, feedback from complaints or information gathered through care opinion and what matters to you will be taken into consideration.

4.   Date of IIA

8th June 2020

5.   Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	IIA Role	Job Title	Date of IIA training
Sheena Muir	Lead Officer	Hospital & Hosted Services Manager, Edinburgh H&SCP	
Sarah Bryson	Time keeper & notes taker	Strategic Planning & Commissioning Officer	Nov 2017
Jenny McCann	Facilitator & Report writer	Programme Manager	16/03/20

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need *Strategic Needs Assessment for: - City of Edinburgh HSCP (2015) - Mid Lothian HSCP (2019) - East Lothian HSCP Strategic Plan (2019-22) - West Lothian HSCP Strategic Plan (2019-23)*	Yes	Provides supporting information for understanding the demographics of the wider population, the needs of the population and the principles and priorities for the development of services in: - The City of Edinburgh (*https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf* - Mid Lothian https://www.midlothian.gov.uk/info/1347/health_and_social_care/200/health_and_social_care_integration - East Lothian. https://www.eastlothian.gov.uk/downloads/download/12989/east_lothian_ijb_strategic_plan - West Lothian *https://westlothianhscp.org.uk/article/43932/West-Lothian-IJB-Strategic-Plan-2019-23*
Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)		Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). The report includes an overview of the main contributors, from the perspective of people in minority groups and people involved in supporting them. These include: The impact of discrimination and racism • Language barriers and literacy issues - affecting access and engagement • Poverty and low socio-economic status • Social isolation • Culture and religion-specific issues which impact on health-seeking behaviours • Stigma e.g. of mental health issues • Impact of trauma and crisis in home country e.g. asylum seeks • Interaction with the health care system – expectations versus reality. Actions highlighted as needed to address these include: • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-

Evidence	Available?	Comments: what does the evidence tell you?
Edinburgh Integration Joint Board Strategic Plan (2019-2022)		Ethnic-Communities-Edinburgh-April-2018.pdf Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Data on service uptake/access *TrakCare data (the patient admin system)*	Yes - requested	Sheena Muir Activity data request from Andy Jackson
Data on equality outcomes *TrakCare data (the patient admin system)*	Yes - requested	Sheena Muir Activity data request from Andy Jackson
Research/literature evidence: *British society of rehab medicine (BSRM)*	Yes	*The British Society of Rehabilitation Medicine* is a learned society representing doctors who practise in Rehabilitation Medicine. They provide a range of documents that provide guidance on core standards rehabilitation pathways and good practice: https://www.bsrm.org.uk/publications/publications Particularly relevant are *Rehabilitation for patients in the acute care pathway following severe disabling illness or injury: BSRM core standards for specialist rehabilitation* This document outlines the approach to identification of patients with complex rehabilitation needs and sets out core standards to define the role of specialist rehabilitation https://www.bsrm.org.uk/downloads/specialist-rehabilitation-prescription-for-acute-care-28-11-2014-ja--(ap1-redrawn).pdf *Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs.* Which outlines the a vital role Specialist rehabilitation services play in management of patients admitted to hospital by taking patients after their immediate medical and surgical needs have been met, and maximising their recovery and supporting safe transition back to the community

Evidence	Available?	Comments: what does the evidence tell you?
		https://www.bsrm.org.uk/downloads/specialised-neurorehabilitation-service-standards--7-30-4-2015-pcatv2-forweb-11-5-16-annexe2updatedmay2019.pdf https://www.bsrm.org.uk/downloads/prosthetic-amputeerehabilitation-standards-guidelines-3rdedition-webversion.pdf
The Stroke Improvement Plan (Published by Scottish Government in August 2014) *Stroke standards (Health Care Improvement Scotland)*		The *Stroke Improvement Plan* sets out the priorities and actions to deliver improved prevention, treatment and care for all people in Scotland affected by stroke, to be considered as part of the changes: https://www.gov.scot/publications/stroke-improvement-plan/pages/4/ The *Stroke standards* provides recommendations based on current evidence for best practice in the management of stroke rehabilitation in the first 12 months after stroke. It provides recommendations on; organisation of stroke services; management and prevention strategies for common impairments and complications; transfer of care of patients from the hospital to the home setting; and roles of the multidisciplinary team. https://www.sign.ac.uk/sign-118-management-of-patients-with-stroke-rehabilitation,-prevention-and-management-of-complicati
Public/patient/ client experience information: *What Matters To You events (2091)* *Care Opinion* *Complaints analysis*	 Yes Yes – requested Yes – requested	Relevant feedback will be considered as part of the review process to inform the new approach: Feedback from *What Matters To You* Events in 2019 highlighted the following points which should be considered when undertaking any consultation/ communication about proposed changes: - The MAGIC (Meet and Greet, Inform, Communicate) approach be promoted and embedded across the services as a means of improving the communication and conversation with service users using a consistent

Evidence	Available?	Comments: what does the evidence tell you?
		model. - Established work streams and services to be empowered to work together to take action on outstanding issues and actions
Evidence of inclusive engagement of service users and involvement findings	No, not at this stage	Consultation and engagement to be carried out as part of review process
Evidence of unmet need *Waiting lists* *Non engagement data*	Yes – requested, to follow	The following will provide an understanding of the demand for the service and where and potentially why this is not being met so that this can be considered as part of the review - Waiting lists for outpatient services - Data on the non engagement with services e.g. cardiac rehabilitation has higher uptake by men than women
Good practice guidelines: *A range of good practice guidelines are available:*	Yes	- *British society of rehab medicine (BSRM)* - *National clinical guideline for stroke (2016)* - *The Stroke Improvement Plan (Published by Scottish Government in August 2014)* - *Stroke standards (Health Care Improvement Scotland)* Please reference Research/literature evidence section for detail and links:
Environmental data	No	
Risk from cumulative impacts	No	
Other (please specify)		
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights Positive	Affected populations

The review and subsequent proposals will aim to improve effectiveness, efficiency and quality of services and so provide better outcomes for all users	People with disabilities
In-line with the Strategic Plan and Home First Principles, and in recognition of good practice, any proposals will aim to: - ***Reduce length of stay*** and reduce time spent in bed based rehabilitation - ***Support and enable locally focused rehabilitation*** by delivering this and any associated care closer to home wherever possible.	Population groups which will be most affected will depend on results of review and where the focus of any service change might be.
It has been shown that patients can avoid harm and are generally happier when receiving the equivalent service at home. This will also has the potential to reduce stress and cost associated with travelling for carers and families.	Carers & families
A person centred approach, to service re-design will also be a key guiding principle to enable individuals to influence their own recovery where possible.	
By encouraging the delivery of care in the community and strengthening third sector connections, there will be increased opportunities to make linkages that can in the long term both enable and facilitate self-management.	
Service re-design will aim to incorporate technological solutions to aid rehabilitation, where suitable for the user	
The review will be an opportunity to consider if any barriers to service uptake exist for any groups of users and try to address these in any service re-design which take place	
Negative Less time in bed based rehab may place additional stress on carers and give them less time to adjust to the new situation	Carers
Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access will be considered whilst developing any technology enabled services or any move to a more self-managed care approach.	Those with poor literacy skills; those for whom English is not as a first language, and those with less access to digital technology
Consideration of digital first approach (in line with Health and Social Care strategic intent Nationally, regionally and locally) may create anxiety for staff for whom this will be a new approach and may not be confident and comfortable with utilising technology within their practice.	Staff

Environment and Sustainability	Affected populations
Positive Unknown until review is undertaken and proposals are outlined **Negative** Unknown until review is undertaken and proposals are outlined	

Economic	Affected populations
Positive Any move to less bed based care, may result in reduced travel costs for carers, family and friends to visit **Negative**	Carers, families and friends

8. **Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?**

   No

9. **Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

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

10. **Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use?** If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

    No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Based on the development of the COVID recovery plan and the agreed vision and scope for the future delivery of rehabilitation services, it will be necessary to determine what information is available and to analyse this as appropriate.

Specifically and as noted in evidence table this will include :
- Service data
- Patient feedback (from Care Opinion and complaints)
- Understanding of patient demographics for specific service areas identified through the review,
- Unmet need via waiting lists for services and data on non engagement with services
- Identification of any barriers faced by service users with protected characteristics

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

- Finalise recovery plan taking stock of COVID-19

- Determine what information is available and analyse as appropriate. Specifically and as noted above this will include :
  - Patient feedback.
  - Understanding of patient demographics for specific service areas,
  - Identification of any barriers faced by service users with protected characteristics

- Completion of a further IIA as the recovery plan is developed and the focus on services is further refined

- That a digital first approach is considered and implemented where appropriate but that appropriate mitigations are considered to avoid any negative impact for:

  - *People*: via the continuation of face to face services where appropriate
  - *Staff*: ensure appropriate communication, training, peer support (within and beyond service) and ongoing feedback opportunities are implemented alongside any moves towards a digital first approach

- Development of a communication and engagement plan with all appropriate groups considered

13. **Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:**

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Development of COVID-19 recovery plan	Sheena Muir	August 2020	October 2020
Development of consultation and engagement plan	Sheena Muir	September 2020	November 2020
Analysis of existing data to help understand patient demographics	Sheena Muir	September 2020	November 2020
Complete further IIA	Sheena Muir	September 2020	November 2020
Ensure appropriate communication, training, peer support (within and beyond service) and ongoing feedback opportunities are implemented alongside any moves towards a digital first approach	Sheena Muir	October 2020	December 2020

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

The Integrated Rehabilitation Collaborative (IRC) will oversee:

- The review to understand the impact of COVID-19 and all relevant learning (e.g. how things have been delivered differently/ what has or hasn't worked well)

- Ensure the recovery plan is developed and implemented

Monitoring of activity and spend will be built into the reporting for the savings and governance programme.

Where appropriate there will be ongoing engagement, consultation and communications with people who use the rehabilitation services, carers and staff about any changes.

15. **Sign off by Head of Service/ Project Lead**

Name: Sheena Muir

Date: 30th June 2020

16. **Publication**

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.

Section 5   Contacts

- **East Lothian Council**

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

- **Midlothian Council**

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

- **NHS Lothian**

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

- **The City of Edinburgh Council**

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

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

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

- **Edinburgh Integration Joint Board**

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

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.