

Integrated Impact Assessment

Improving Healthcare Together 2020-2030

Briefing

1. Context

The IHT programme have commissioned independent specialists Mott Macdonald to undertake an Integrated Impact Assessment (IIA).

Phase 1 of the IIA work has been completed and published. This includes:

- Stakeholder engagement with clinicians and community groups
- An initial equalities analysis
- A baseline travel analysis
- A deprivation impact analysis report
- Stakeholder engagement with protected characteristic and equalities groups

Prior to the IIA, the IHT programme commissioned PPL and the Nuffield Trust to produce an independent analysis of deprived communities in the Trusts' catchment and potential impacts of the options on those communities. This work identified 11 areas in Merton and Sutton which were in the most deprived 20% nationally, and a number of areas for the IIA to address in relation to these communities.

The IIA will pick up the following recommendations:

- Include an assessment of how the initial proposals resulting in possible changes to major acute services could potentially impact on people living in the LSOAs in the most deprived quintile considering:
 - health inequalities and deprivation as part of the Health and Equality Impact Assessments
 - health need through assessing potential links identified in national evidence; and
 - health usage through analysis of patient flows and catchments for hospitals.
- Undertake travel time analyses to assess the impact on travel times for different communities to and from different service locations, by different means of transport ('blue light', public transport and car), to understand if there are material and disproportionate changes to those in deprived communities as a result of any changes of locations to major acute services. (this may include analysing the impacts on travel times for communities in areas of high deprivation who may typically have low levels of car ownership)

The Interim IIA report will identify, with reference to the PPL/Nuffield report, how each of the recommendations in relation to analysis of deprivation have been addressed.

2. What is an IIA

It is important that those involved in making decisions about future health service configuration understand the full range of potential impacts that proposals could have on the local population. It is particularly important to understand the potential impacts on groups and communities who will be the most sensitive to changes.

The aim of an IIA is to be used by decision- makers to maximise the positive impacts and minimise any negative impacts resulting from any potential service changes.

It is important to note that the purpose of impact assessments is not to determine the decision about which option might or might not be selected; rather they act to assist decision-makers by giving them better information on how they can promote and protect the well-being of the local communities they serve.

The IIA will bring together impacts across a number of different assessment areas. These include:

- An Equalities Impact Assessment (EqIA)

- Health Impact Assessment
- Travel and Access Impact Assessment
- Sustainability Impact Assessment

This will allow for a more balanced and inclusive assessment which recognises the linkages between the different assessment areas. It also allows the consideration of cumulative impacts.

3. The process

This IIA is designed to be an iterative process that can be revisited and take on board evidence over the course of the proposal development and consultation processes. Work has been structured around three phrases, as detailed in table 1.

Table 1: IIA Phases

Phase	Activities	Outputs	Status
Phase 1: Baseline The work undertaken in phase one is to investigate the current situation (the baseline) and to identify what needs to be considered going forward.			
1.a	<ul style="list-style-type: none"> ✓ Initial equalities analysis to identify which protected characteristic groups may have a disproportionate need for services. <ul style="list-style-type: none"> ▪ It identifies and separates differing profiles of people and their experiences, including equality characteristics, those from areas with health inequalities and, by implication, low income households and others that suffer deprivation. ▪ As part of this process strategic stakeholder engagement with clinicians and community groups took place. ▪ The purpose of this engagement was to gather evidence on the need for acute services and any potential impacts. ✓ Baseline travel analysis presenting the current travel times to hospitals for car, public transport and blue light ambulance 	<ul style="list-style-type: none"> ✓ Initial equalities analysis ✓ Baseline travel analysis 	<ul style="list-style-type: none"> ✓ The reports have been published on the IHT website.
1.b	<ul style="list-style-type: none"> ✓ Deprivation impact analysis <ul style="list-style-type: none"> ▪ This includes a baseline study of where there is health inequality, why it exists and with whom. ✓ Stakeholder engagement with protected characteristic groups was undertaken by Traverse, Healthwatch and IHT programme 	<ul style="list-style-type: none"> ✓ Deprivation impact analysis ✓ Summary of all equalities engagement report 	<ul style="list-style-type: none"> ✓ The reports have been published on the IHT website.
Phase 2: Interim IIA report Phase 2 is an exploration with (i) people that need to travel to services, (ii) people from areas where health inequality has been identified or is suspected, and (iii) people with protected characteristics and their representatives as identified through the pre-engagement phase to identify what they think should be considered by those undertaking option development and appraisal.			
2.a	<ul style="list-style-type: none"> • Further engagement through focus groups and interviews with local people to understand potential impacts. <ul style="list-style-type: none"> ○ To sense check the perceived needs and impacts from phase one and to determine any unconsidered impacts or potential impacts. ○ Full impact assessments produced for equality, health, travel and sustainability. 	<ul style="list-style-type: none"> • Interim IIA report which brings together the evidence collated in phases 1.a and 1.b and 2.a. 	<ul style="list-style-type: none"> • Work to commence in January 2019. • Stakeholders to review the IIA report in spring 2019. • Report to be published before the public consultation.
Phase 3: Final IIA report This final report takes into consideration all of the evidence from phases one and two and the public consultation. It presents a comprehensive assessment of the positive and negative impacts and provides suggested mitigation and enhancement measures.			
3.a	<ul style="list-style-type: none"> • Review public consultation outputs. 	<ul style="list-style-type: none"> • Final IIA report. 	<ul style="list-style-type: none"> • Work to commence once the public consultation has closed. • Stakeholders to review the IIA report in Autumn 2019. • Report to be published afterward stakeholder feedback.

4. Detail of each assessment areas

Each assessment area is detailed below:

Equality impact assessment (EqIA)

Undertake an EqIA, critical in supporting the CCGs in meeting their obligations under the Equality Act 2010¹ to:

- Understand the impacts on protected characteristic groups across the CCG populations through programme of stakeholder engagement.
- Identify which (if any) of the protected characteristic groups are more likely to be affected by the proposals due to their propensity to require different types of health services and what these impacts will be.
- Identify where (if any) of the protected characteristic groups are more likely to be experience unlawful discrimination, harassment and victimisation and what these impacts will be.
- Help foster good relations between people who share a characteristic and those who don't.
- Where impacts are disproportionate for certain groups, consider opportunities for mitigating negative impacts and enhancing positive impacts.

Health impact assessment

- Identifies health impacts and recommends mitigation actions. These are usually grouped within three sub sections; health outcomes, service impacts and workforce impacts.
- Health outcomes will appraise; individual health outcomes for patients [inc. safety, effectiveness of care and patient experience] and individual choice for patients
- Service impacts will appraise; capacity of service, clinical inter-dependencies and ambulance service capacity.
- Workforce impacts will appraise; workforce standards, workforce sustainability and workforce turnover.

Travel and access impact assessment:

- Identifies travel and access impacts which could potentially be experienced as a consequence of implementing the proposals.
- It will include quantitative and qualitative analysis of impacts to consider increases and decreases in journey times and changes in journey patterns for the overall impacts.
- Quantitatively the analysis will be undertaken for four time periods (AM peak, PM peak, inter-peak and off-peak) for three modes of transport (blue light ambulance, car and public transport). The quantitative assessment is modelled using TRACC software which is the industry leading accessibility modelling software package. The quantitative assessment will present changes to the baseline (current situation) of travel times and % of population who can reach a hospital within certain time bands.
- Qualitative assessment will be undertaken using information from stakeholder engagement activities and review of literature on travel and access impacts in healthcare. It is likely this will be split into the following sub-categories; impacts on ambulance service journey times and capacity, travel impacts for patients and travel impacts for family, carers and visitors. This will include impacts such as cost of longer travel, car parking and accessibility for those with limited mobility.

Sustainability impact assessment:

- Assesses greenhouse gas (GHG) emissions under each of the shortlisted proposals. This is considered across three areas; building energy use, travel and goods and services.
- Building energy use will consider available data for the consumption of gas and electricity for each of the proposals, for all of the buildings after any potential change is implemented.
- Travel will consider how long it will take patients to travel under any new configuration and then assess carbon impacts of longer travel.
- Goods and services will consider available data for the change in delivery of goods and services and asses carbon impacts.

¹ Equality Act 2010 (Commencement No.3) Order 2010.

5. Governance

This work will be overseen by a newly convened IIA Steering Group (IIASG) which will have oversight of delivery of this programme of work. The Steering Group will meet in January 2019.

6. Contact details

If you require any further information on the IIA work please contact:

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