Transforming health and social care in Kent and Medway

Stroke Review Pre-Consultation Business Case

Appendix Diii

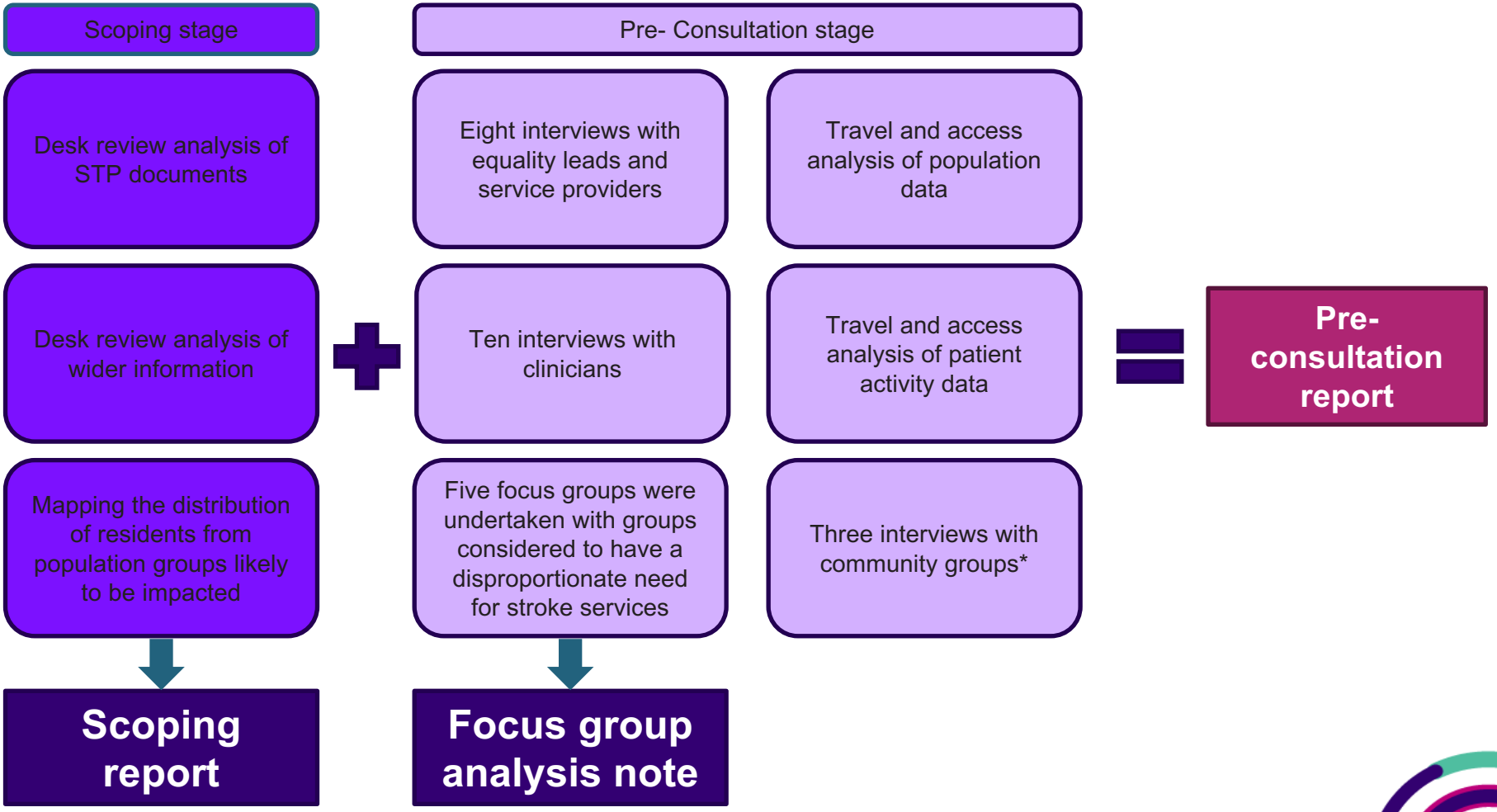
Integrated Impact Assessment Mitigations

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Objectives of the integrated impact assessment (IIA)

1. Identify positive and negative impacts
2. Identify whether impacts are experienced disproportionately by particular community groups
3. Comprehensively assess impacts (health, equality, sustainability and travel and access impacts.)
4. Recommend mitigations for negative impacts and identify opportunities for enhancing positive impacts

Approach



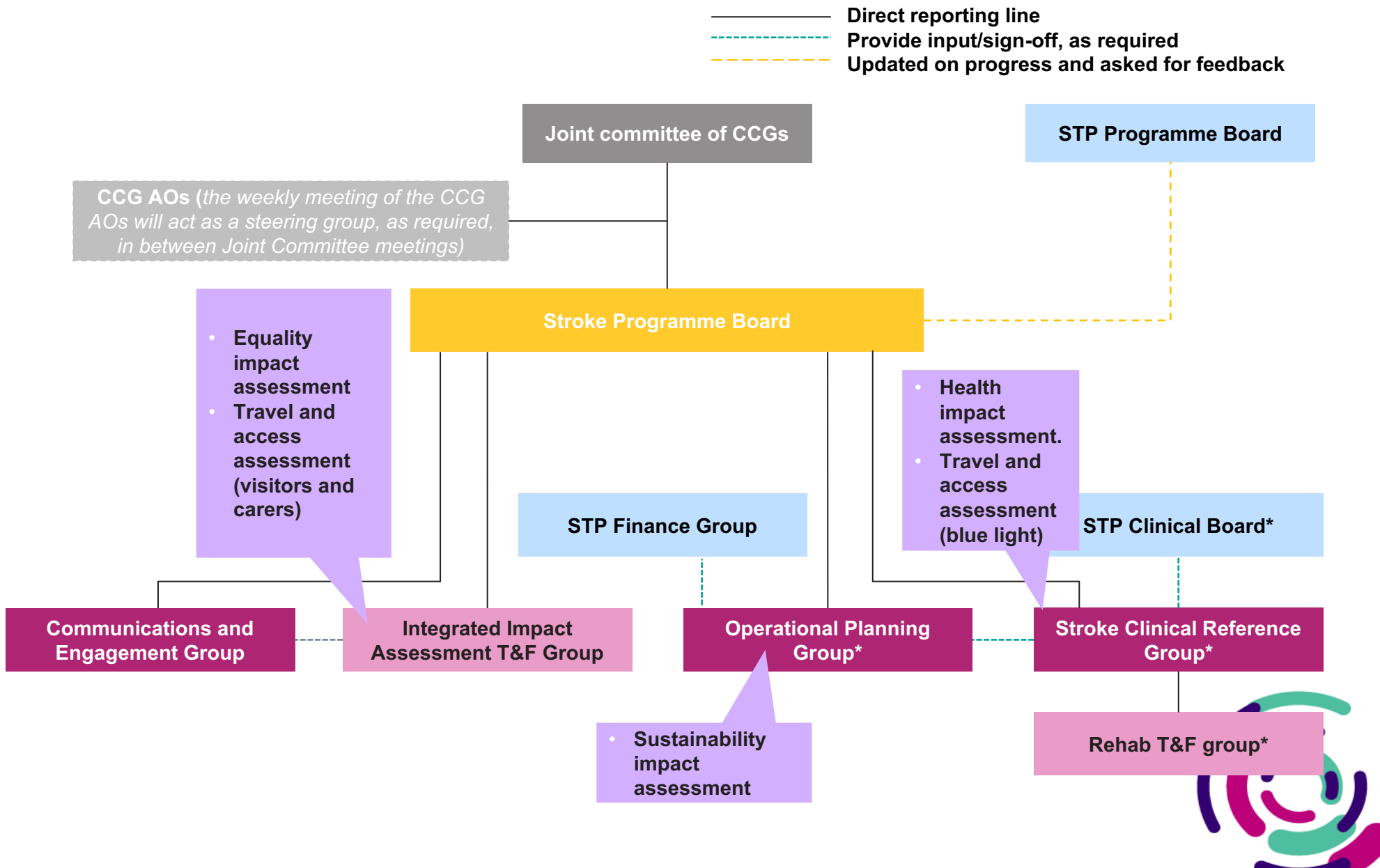
68 community groups were invited via email to participate in this report through one-to-one interviews. They were sent two reminder emails to take part in an interview.

Scoping phase

In order to assess the impact of the service changes on protected characteristic and deprived groups, the scoping phase involved detailed analysis to understand which groups may have a disproportionate need for stroke services. These groups are as follows:

- Age: Older people (65 and over)
- Disabled people
- Pregnancy and maternity
- Race and ethnicity
- Sex: Male
- People from deprived communities

Different groups have considered different parts of the IIA



Potential impacts raised from the IIA (health impact assessment)

"The proposals are likely to provide positive health impacts including improved clinical outcomes, and overall service improvement. These long term impacts are likely to be experienced disproportionately by the scoped in equality groups due to their higher propensity to require stroke services".

Potential positive impacts	Potential negative impacts
The proposed changes will improve patient outcomes and remove the variation currently experienced	For patients experiencing a stroke whilst already in hospital at one of the four sites no longer providing stroke services, a transfer will be required to a HASU. This could potentially have a negative impact on patient outcomes although appropriate protocols will be in place to mitigate against this.
The consolidation of workforce resources will enable the three comprehensive stroke units to sustainably achieve recommended workforce standards. This will create a more sustainable workforce for providing stroke care across Kent and Medway.	With activity for stroke services being consolidated into fewer hospitals, there is a risk that capacity could become constrained within these units.
Rehabilitation services for stroke patients will be improved, supporting patients to regain their independence and overall quality of life.	If links between clinical inter-dependent services across the wider STP programme are not appropriately maintained, this has the potential to negatively impact on the safety of care.
	The reconfiguration of stroke services is considered to bring challenges for some staff, which could result in increased staff turnover and the loss of current expertise.
	Patient choice will reduce for these specialist stroke services.

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Health impact assessment mitigations (1/4)

IIA mitigations	Response	Developed by
Further detail on the care model for rehabilitation is required, responding to the lack of clarity that some stakeholders perceive around this. This is an essential part of the stroke pathway of care.	This additional detail has been developed as part of the task & finish group and has been included in the updated PCBC.	Clinical Reference Group
As well as treatment, focus must also be placed on prevention and health promotion activities to counter potential risk factors for stroke.	Agreed. This is covered in the section on prevention in the PCBC.	Clinical Reference Group
The stroke clinical group should review estimated ambulance travel times for the shortlisted and preferred options to ensure that they achieve relevant standards.	The shortlisted options have been shown to meet travel times as part of the evaluation of options.	Clinical Reference Group
As part of evaluating the impact of these changes, activity and outcome information should be closely monitored to ensure standards and outcomes of care are maintained.	Agreed. This is part of the benefits realisation process as outlined in the PCBC.	Clinical Reference Group
Appropriate protocols should be established for patients already in hospital but requiring urgent transfer to a HASU.	Agreed. These are being discussed within the Clinical Reference Group and detailed protocols will be in place before implementation.	Clinical Reference Group
Continue to update STP activity modelling to ensure that sufficient capacity can be provided at selected Kent and Medway hospitals, for the increased volume of stroke related activity, as well as demand for inter-dependent and clinical support services.	Agreed. This will be monitored through the Clinical Board and the Programme Board which sit across the STP.	Clinical Reference Group

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Health impact assessment mitigations (2/4)

IIA mitigations	Response	Developed by
The assessment of capacity and resources must have sensitivities applied including: • The capacity of HASU/ASU services at neighbouring hospitals (should this be closer to patients than their nearest HASU in Kent and Medway) • The impact on capacity if other patients choose to self-present at hospitals with a HASU and require other acute services.	This has been done as part of the updated sensitivity analysis and is included in the updated PCBC.	Clinical Reference Group
As the wider STP programme develops, continues to review the co-dependencies matrix to ensure that essential links are maintained.	Agreed. This will be the responsibility of the Clinical Board which sits across the STP.	Clinical Reference Group
A programme of engagement with clinical, nursing and wider staff should be undertaken, with clear messages to ensure that staff recognise that they are valued and are proactively encouraged to stay within the Kent and Medway stroke network, despite potential changes to their local service. This engagement should be commenced with all existing services in advance of the announcements of the short list or preferred option.	Agreed. This engagement has already commenced and will continue throughout consultation, decision-making and implementation.	Clinical Reference Group

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Health impact assessment mitigations (3/4)

IIA mitigations	Response	Developed by
A workforce plan for the stroke network should be established which focuses on both the short term and longer term resource and succession planning of services. This should consider potential recruitment strategies as well as the impact of trends in specialisation to ensure that the new model of care can be delivered.	A detailed workforce plan is being developed and will form part of the DMBC. Further work is being undertaken on non-consultant groups following feedback from the Clinical Senate and will be included in the PCBC.	Clinical Reference Group
Incentives to encourage staff to relocate should be considered. For example, one stakeholder suggested offering training opportunities to nurses who are band 6 or below.	These opportunities are being considered as part of the workforce planning and will be outlined in more detail in the PCBC and DMBC.	Clinical Reference Group
Where staff are not able to transition to these new arrangements, alternative approaches should be sought to ensure that they are retained within Kent and Medway.	Agreed. Plans are already in place to offer alternative employment where possible. Detailed plans are being developed and will be included in the DMBC.	Clinical Reference Group
Communications with the public should continue to highlight the drivers for change; high quality care and improved outcomes.	Agreed and is included within the consultation plan.	Clinical Reference Group IIA Task & Finish Group
This should include clear messages to the public on the new care models and where to go for services to minimise potential negative transitional impacts.	Agreed. This will be an important part of implementation which will be overseen by the Stroke Programme Board.	Clinical Reference Group IIA Task & Finish Group

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Health impact assessment mitigations (4/4)

IIA mitigations	Response	Developed by
Ensure that the clinical regiment currently established continues as the stroke programme progresses. This includes due process, an independent chair of the clinical reference group and clinical engagement.	Agreed. The governance and ownership of implementation has been outlined in the PCBC and will be amended to clarify the on-going role of the CRG in driving the clinical aspects of implementation.	Clinical Reference Group
The South-East Coast Clinical Senate identified that in order for potential benefits to be realised, timescales for implementation need to be realistic, and the feasibility of the models is dependent on effective enabling functions (digital, workforce and estates). Stakeholders have also highlighted these enablers.	Agreed. There are separate workstreams for these enablers and these will become increasingly important as the programme moves towards implementation.	Clinical Reference Group

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Potential impacts raised from the IIA (travel and access assessment)

"The proposals are likely to provide positive health impacts including improved clinical outcomes, and overall service improvement. These long term impacts are likely to be experienced disproportionately by the scoped in equality groups due to their higher propensity to require stroke services".

Potential positive impacts	Potential negative impacts
No positive travel and access impacts were identified.	The proposed changes will mean that some patients will have to travel further to access a stroke service.
	The proposed changes will result in longer ambulance journeys for some patients required to be conveyed to a HASU, which will negatively impact the capacity of the ambulance service.
	Across all shortlisted options there is a reduction in accessibility within 30 minutes by BLA (blue light ambulance).
	Proposal B has the highest proportion of patients experiencing an increase in travel time by BLA. The proposed changes will mean that some patients will have to travel further to access a stroke service.

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Travel and access assessment mitigations

IIA mitigations	Response	Developed by
Once a preferred option has been decided, the ambulance service should be involved in assessing the impact of change on their capacity and ascertain the additional resources that may be needed to minimise any impact on the wider ambulance service.	Agreed. Discussions with the ambulance service have already started. Greater detail will be included in the DMBC once a preferred option is identified.	Clinical Reference Group

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Potential impacts raised from the IIA (equalities assessment)

Potential positive impacts	Potential negative impacts
Patients identified as having a disproportionate need for stroke services are likely to use these services more and, therefore, experience the benefits of improved health outcomes to a greater extent. These groups are: – Age (older people aged 65 and over) – Disabled people – Pregnancy and maternity – Race and ethnicity – People from deprived communities	Some patients and visitors will experience increased travel costs, which are likely to disproportionately impact upon those on lower incomes.
	The high financial cost of certain transport methods could act as a barrier to utilising alternative transport modes to cars.
	Increased journey times or the need to make different and/or unfamiliar journeys to access care, is likely to affect some equality groups more than the general population.
	Disproportionately longer journey times for some listed equality groups for some proposals.

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Equalities assessment mitigations

IIA mitigations	Response	Developed by
Maximise public transport accessibility of specialist centres through engagement with local transport providers.	Agreed. It will be particularly important to engage with voluntary transport services.	IIA Task & Finish Group
Ensure the effective communication of the future model of care to the local population, so they understand how to access and use services and the potential increased journey times.	Agreed – this is part of the work of the communications and engagement group. This will include engaging with people with protected characteristics.	IIA Task & Finish Group

Proposed mitigations (IIA task & finish group)	Proposed response
Consideration of the role of voluntary transport services in transporting carers and relatives particularly from rural areas.	Agreed. To be incorporated included in the implementation phase of the work. Funding to be considered as part of the DMBC as not material to the options.
Review cost/availability of car parking spaces for carers and relatives of longer-term stroke patients.	Agreed. To be incorporated included in the implementation phase of the work.
Explore options for carers and relatives to stay overnight, especially if they are far from home.	Agreed. To be incorporated included in the implementation phase of the work. Funding to be considered as part of the DMBC as not material to the options.

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Potential impacts raised from the IIA (sustainability assessment)

Potential positive impacts	Potential negative impacts
No positive sustainability impacts were identified.	The assessment shows that all proposals are expected to increase emissions. Proposal D would result in the lowest change in GHG emissions. However, Proposals A, C and D are similar in terms of GHG emissions. Proposal B and E have the highest emissions, which are nearly twice that of the other proposals.

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017

Sustainability assessment mitigations

Proposed mitigations (Operational planning group)	Proposed response
Any “new” buildings should be replacements for existing facilities, where possible.	Agreed. Where possible, the proposed “new” buildings will be replacements or refurbishments of existing buildings. New builds and conversions are subject to the latest NHS building standards, which are more energy efficient than facilities that were built many years ago.

SOURCE: K&M STP Integrated Impact Assessment: pre-consultation report – stroke services, 25 October 2017