# Health for North East London
# Integrated Impact Assessment

**Joint Meeting of the INEL and ONEL**

**Joint Committees Primary Care Trusts (JCPCT) Meeting**

**13th July 2010**

PHAST Public Health Action Support Team

Mott MacDonald

# Introduction

In September 2009, Health for north east London commissioned Mott MacDonald and the Public Health Action Support Team (PHAST) to undertake an independent Integrated Impact Assessment (IIA).

**Mott MacDonald:** a world-wide management, engineering and development consultancy, engaged in public and private sector development across a broad range of markets, from education and health, to power and transport.
**PHAST:** an independent social enterprise Community Interest Company (CIC), established and run by public health professionals.

The joint IIA team reported to an independent Steering Group (IIASG), chaired by Sir Cyril Chantler, Chairman of the King's Fund and former Chairman of Great Ormond Street Hospital.

The IIASG included members of the People's Platforms, an assembly member of the GLA, and Public Health Officials from local PCTs and NHS London.

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# Scope of the Integrated Impact Assessment

The objective of this IIA is to identify the positive and negative impacts of the proposed reconfiguration of acute health services in north east London upon the local population and to identify mitigation measures and strategies

Specifically, the IIA focuses upon impacts in the following areas:

- Health Outcomes
- Equalities (Six statutory groups: gender, age, race/ethnicity, disability, faith/religion, sexual orientation – and deprived communities)
- Access (Transport mode; patient flows; wider access issues e.g. parking, signage; 'social access')
- Carbon (Procurement (e.g. goods and services); buildings and energy; transport)

This was a complex piece of work which consequently has considerable detail in the report

This depth of information enables enhancement/mitigation action to be targeted and also assures transparency

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# What is an Health IIA?

- An assessment of plans, projects, programmes or policies prior to implementation
- Predicts the impacts of these proposals
- Recommends enhancement and mitigation measures and strategies
- Health IIA – focuses on 'health and well being' rather than just service provision or clinical care and utilises both quantitative and qualitative data
- Qualitative evidence is key as it:
  - Incorporates 'real world' experience, knowledge, opinions and perceptions
  - Provides useful information on certain impacts where it is not possible to make a quantitative estimate
  - Provides new perspectives on health inequalities that may not emerge from quantitative findings
- An IIA It is not designed to produce new research
- Activities include:
  - Accessing resources
  - Identifying stakeholders
  - Gathering and analysing quantitative and qualitative data
  - Synthesising and appraising information

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# Assessment Methodology

- Documentation Review
  - Clinical Working and Clinical Reference Groups papers, Pre Consultation Business Case, Patient Surveys, JSNAs (Joint Strategic Needs Assessments), Ipsos MORI and Article 13 Reports
- Stakeholder Engagement
  - Facilitated workshops, 1:1 meetings, Traditionally Under represented Groups (TUG) meetings
- Access Modelling
  - Private, Public transport
- Access Assessment
  - Site visits
  - Interviews with PALs
- Carbon Emissions Modelling

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# Headline Findings

- For all services, improved **health and clinical outcomes** is the major benefit of the proposals and outweighs the disadvantages, e.g. longer travel times.
- In terms of **access**, average travel times, for both private and public transport would increase for all of the services.
  - The travel impacts are highest for the most complex services which have the lowest demand e.g surgery for the under two year olds and complex vascular surgery
  - For the higher demand services e.g A&E and maternity delivery services the impact upon travel times is less with average journey times increasing by 4 and 5 minutes respectively
- In most cases, high demand services such as outpatients (including ante and post natal clinics) and diagnostics would be provided in settings closer to home such as urgent care centres and other community based settings such as polyclinics and children's centres.
- The proposals are likely to deliver **carbon** reductions in future compared to the "do minimum" scenario through patients being treated closer to home and increasingly efficient building use.

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# Potential Positive Impacts and Opportunities

- **Impact:** Improved health and clinical outcomes
- **Impact:** Access to more specialist care

  **Opportunity:** To ensure that the new arrangements are well communicated to residents, GPs and health care workers. Consistent and sustained communication will be necessary to build a 'culture of confidence' amongst patients and earn their trust in the new service model.

  **Opportunity:** Improved clinical outcomes and health benefits would only be derived through the effective implementation of the reconfiguration proposals. It is recognised that this provides Health for north east London with the opportunity to develop a systematic and comprehensive strategic delivery plan underpinned by a proactive change management process.

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# Potential Positive Impacts and Opportunities

- **Impact:** Benefits of more community-based care

  **Opportunity:** With the development of new polysystems, need to ensure encouragement of interfaces between health and social care and provide a total care package in one setting.

- **Impact:** Reduced carbon emissions

  **Opportunity:** Development of carbon reduction plans for each of the hospitals affected by the proposals, focussing on such issues as: energy and carbon management; procurement and food; water; travel, transport and access; waste; and finance.

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# Potential Negative Impacts and Mitigations

- **Impact:** Confusion for patients and their relatives regarding where to go to access the health care services that they need

  **Mitigation:** Good communication between hospitals, GPs and primary care and local communities. Protocols and transfer arrangements will also need to be developed across NEL with the London Ambulance Service.

- **Impact:** More complicated discharge and after care arrangements

  **Mitigation:** To establish protocols for patient transfer, discharge and rehabilitation. This will need to be across Boroughs and across PCTs. This is necessary during both the transitional phase, and the period following full implementation.

- **Impact:** Negative travel impacts are likely to be felt by carers, relatives and visitors more than patients . In many cases, journey times will increase and travel may be less familiar to different hospitals, with some hospitals being subject to car parking capacity difficulties. Particularly affected Wards fall within the Boroughs of Redbridge, Havering and Waltham Forest.

  **Mitigation:** Provision of comprehensive travel information; provision of clear public signage to each hospital; ensuring that providers have high quality travel plans in place for patients, staff and visitors; development of a fare concession scheme subsidising public transport, taxi trips, or parking charges; to improve/provide accommodation arrangements and facilities on-site; and to address available car parks, their inconsistencies in prices.

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# Potential Negative Impacts and Mitigations

- **Impact:** Extra pressure on existing sites and services, maternity units in particular

  **Mitigation**: Review and redesign of existing clinical and operational processes to maximise patient flow and demand management and achieve optimal length of stay for high volume conditions.

  **Mitigation:** Development of alternative models of care for the management of long term conditions to avoid unnecessary admissions, including the use of nurse led community based clinics and 'Expert Patient' self management programmes.

  **Mitigation:** To develop well-integrated services with the majority of ante-natal and post-natal care located in the community, which offers the possibility of having co-located low risk units run by midwives to assist with the quality of care.

- **Impact:** Anxiety expressed about the potential for reduced sensitivity to equality group needs

  **Mitigation:** Whilst some providers have recognised expertise in meeting the needs of their local populations and equalities groups (e.g. Homerton, Newham) others need to work to ensure that, in context of NELs diverse population, they continuously review how well they do this, taking into account their current / new patient populations. In particular in the light of these proposals BLT and Queens will need to demonstrate how they will ensure needs of 'new' patients will be met.

- **Impact:** Reduction in patient choice

  **Mitigation:** To ensure effective communication as to why the concentration of services is taking place and where choice remains.

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# Key Implementation Factors

Successful implementation will require an integrated approach including:

- Effective clinical networks including across primary, secondary and community care
- Good clinical leadership
- Better links between all health sectors and social services
- Integrated commissioning across north east London
- Targeted organisational support
- Appropriate use of milestones

# In Summary…

- The proposals have positive impacts:
  - improving health and clinical outcomes
  - access to more specialist and community based services
  - reduced carbon emissions
- The negative impacts include:
  - confusion for patients and their relatives and carers about what service to access where,
  - more complicated discharge and after care arrangements
  - slightly more difficult access to services for some people
  - reduced sensitivity for some equality groups
  - extra pressure on existing sites and services.
- In our opinion, the positive impacts outweigh the negative impacts and with appropriate actions by Health4NEL and others, any negative impacts can be substantially mitigated.

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# Transport Methodology

- Journey times are from the Health Services Travel Analysis Toolkit (HSTAT) created for London Health Accessibility analysis. Journey times are for the AM peak.
- Average journey times calculated from each ward to each hospital.
- During the modelling phase the nearest suitable hospital by travel time is considered the most suitable hospital for that Ward before and after reconfiguration.
- Wards have been used instead of Output areas because they match the patient flow data and are more comprehensible/familiar to the general public.
- People's personal experience may differ, e.g. congestion.
- Flows recorded as well as population - to provide an indication of the likely demand.
- Journey times for both public and private transport have been mapped and calculated in ten minute intervals.
- For the 'longest journey time' and 'highest increase in journey time' the worst three electoral wards in each model have been identified.

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