

**FUTURE FIT PROGRAMME BOARD**

**REPORT COVER SHEET**

<b>Meeting Date:</b>	27 <sup>th</sup> November 2014
<b>Report Title:</b>	Progress Report, Future Fit Integrated Impact Assessment
<b>Prepared by:</b>	Karen Bradley, Midlands & Lancashire CSU Ruth Lemiech, Midlands & Lancashire CSU
<b>Presented by:</b>	Ruth Lemiech, Midlands & Lancashire CSU
<b>Report for</b>	Assurance
<b>Purpose of Report:</b>	The baseline assessment provides an insight into the impact on a range of factors of the 'do nothing' option, and can be supplemented as additional information becomes available over the course of the project.
<b>Summary/Problem:</b>	<p>On 18<sup>th</sup> June 2014, the Future Fit board agreed to a proposal to carry out of a baseline assessment of the current service configuration. The baseline assessment was designed to inform the impact assessment by:</p> <ul style="list-style-type: none"> <li>• building on an outline of the rationale for intervention, show the likely evolution of the baseline / 'do nothing' scenario. This can be used to assess the likely impact of the options under consideration: they can be viewed net of this baseline; and</li> <li>• highlighting the availability of / gaps in evidence required to assess impacts.</li> </ul> <p>This paper summarises the findings from the detailed report for approval by the board and subsequent consideration by the evaluation panel.</p>
<b>Option/solution:</b>	The baseline assessment has been completed and will become part of the Future Fit programme resource library.
<b>Recommendation:</b>	<p>The Future Fit board</p> <ul style="list-style-type: none"> <li>(i) Accept the baseline report as a snapshot of the potential likely impact of the 'do nothing' scenario.</li> <li>(ii) Request that the IIA subgroup, with appropriate expert guidance from the programme office and other</li> </ul>

	<p>partners, prepare a specification for the full Integrated Impact Assessment (IIA) incorporating an Equality Impact Assessment to ensure compliance with the Public Sector Equality Duty.</p> <p>(iii) Agree to receive a costed response from the CSU to the IIA specification at the February board meeting.</p> <p>(iv) Review the membership of the current IIA sub-group and recommend any additional members for the next tranche of work (Developing the specification for the full Integrated Impact assessment in January and carrying out the impact assessment over subsequent months, aligned with option development.) see attendance list at Appendix One, page 7.</p>
<b>Time required:</b>	15 minutes

**1. Purpose of the Integrated Impact assessment**

Large scale transformation projects and significant strategic developments in the NHS are subject to a number of different types of assessment. Integrated Impact Assessment (IIA) is a method of estimating the possible implications, intended and unintended, of policies, plans, strategies, projects or initiatives. It examines how the proposal may affect the communities we serve and how these effects may be distributed amongst different groups within the community. The aim of IIA is to make recommendations to enhance potential positive outcomes and minimise negative impacts of a proposal. It is generally accepted that the IIA is most effective when used as early as possible in the development of policies, plans, strategies, projects and initiatives.

Integrated assessments can consider a wide range of topics but will consider them simultaneously where previously they would have been considered separately. However it is recognised that all IIA approaches are founded upon the belief that an inter-disciplinary approach to assessing proposals is best practice. IIA can also demonstrate good practice in relation to the best use of resources being made in relation to quality of life, transparency and accountability during development of proposals and joint

The integrated impact assessment draws key elements of a health impact assessment and fuses the statutory requirements of sustainability, strategic environmental and equalities impact assessments.

An important role of the Baseline Assessment for the ‘do nothing’ option has been to highlight the key areas that future options should mitigate against to ensure the final option is the best it can be. To aid this process the Baseline Assessment has focussed on

the critical elements identified by the public and clinicians as part of the *Call for Action* and the *Case for Change*.

## 2. Background

On the 18<sup>th</sup> June 2014 the Future Fit (FF) Programme Board gave approval to the Programme Office to co-ordinate phase one of the Integrated Impact Assessment (IIA) work stream. The Future Fit programme office set up a new (objective) working group to oversee the work stream, made up of Patient representatives, Public Health Leads & NHS commissioners and supported by the FF programme office and Midlands & Lancashire CSU Strategy Unit team. The CSU team engaged a commercial partner ICF ([www.icfi.com](http://www.icfi.com)), who have many years' experience carrying out health care related IIA's who have provided expert guidance.

Phase one of the IIA aimed to

- develop a framework of measures to assess the current service provision to provide a 'do nothing' option analysis, to provide an assessment of the baseline for the Future Fit programme.

## 3. Summary of Findings

This summary describes the baseline assessment of the impact of the 'do minimum' scenario in readiness for the Integrated Impact Assessments (IIA) of the Future Fit programme. The baseline assessment has been an 'exploratory' process that will test the range of information that is available 'off the shelf' via internet searches or reports readily available from stakeholder organisations. In order to produce this report, a sub-group (IIA Work stream) was created consisting of representatives of Commissioners (CCG, Local Authority & Welsh Health Board) and patient representatives as well as expert input from an internationally recognised consultancy, ICF. The remainder of this summary is written from the perspective of the members of the sub-group, referred to throughout as 'We'.

The original proposal for the baseline assessment impact of the 'do minimum' requires us to project what the 'now' will look like 5, 10 & where possible 20 years hence. At this stage this has not been possible except in the case of the Financial & Activity modelling that is incorporating a range of assumptions based on the Office for National Statistics (ONS) changes & anticipated clinical developments. The financial and healthcare use and service activity modelling is excluded from this report as it is being managed under separate work streams however their baseline outputs are available to the IIA work stream.

The baseline recognises and prepares for an IIA process that will accommodate both the recent duties on public bodies for Equality Impact Assessment and also other regulations for Environmental Impact Assessment. Other relevant aspects of good practice have also been incorporated such as health and social impact assessment measures.

A detailed report, slide set and source document list is available in the document library providing a description of the key areas measured for the baseline.

### 3.1 Health & Social Care Impacts

There are three key aspects to be highlighted within this criterion – quality outcomes, access to services and workforce planning.

#### 3.1.1 Access to Services

The local population is already disadvantaged with accessibility drive & ambulance conveyance times to emergency care above national average due to geography and location of services (<http://www.qualitywatch.org.uk/indicator/average-distance-emergency-admissions>).

#### 3.1.2 Workforce Planning

Both Shropshire and Telford Hospital NHS Trust (SaTH) and Shropshire Community Healthcare NHS Trust (SCHAT) recognise the current and potential future shortfalls in trained staff; the case for change explicitly cites SaTH's current inability to meet A&E medical staffing standards, and SaTH also highlights the ageing profile of its workforce. The baseline impact of the 'do minimum' scenario suggests a health economy that continues to struggle to meet recommended minimum staffing standards; directly impacting on its ability to recruit and retain high quality, permanent medical staff.

We concluded that the workforce plans for social services, primary care & pharmacy were needed to get a full assessment as part of the baseline measures. We are concerned that if patient pathways and skill mix across the health & social care workforce are not considered, there is a risk that proposed scenarios will result in the transfer of bottle-necks in service delivery to other sectors resulting in a poorer service to patients.

#### 3.1.3 Quality Outcomes

In recognising that there are methods to measure quality as reported by staff and patients, we considered the friends and family test a reasonable generic measure, albeit retrospective. NHS Choices ([www.nhs.uk](http://www.nhs.uk)) sets out Picker Institute collated data (2013) for the percentage of staff who agreed that if a friend or relative needed treatment they would be happy with the standard of care provided by the trust. Nationally, 65% of NHS staff said that if a friend or relative needed treatment they would be happy with the standard of care provided by their organisation (<http://www.nhsstaffsurveys.com/Page/1006/Latest-Results/2013-Results>); at SaTH it was 48% and SCHAT 63%.

### 3.2 Environmental Impact Assessment

We received insufficient information to consider this for the baseline 'do minimum' scenario.<sup>1</sup>

### **3.3 Equality Impact Assessment**

We have begun the activity to provide a detailed breakdown of all vulnerable groups and those with protected characteristics as part of the population analysis.<sup>2</sup>

### **3.4 Population health, economic and societal impacts**

We gathered baseline information to describe the characteristics of the population and identify vulnerable groups. Health & Wellbeing Board strategies & JSNAs provided the baseline assessment of local need. There is currently insufficient information to provide baseline measures for third sector & private service provision.<sup>3</sup>

### **3.5 Economic**

An element of this criterion is ensuring the NHS provides the best value to the public purse and the potential scenarios are tested for affordability. There is also a wider consideration required regarding financial impacts across the economy as a whole. The following have been identified:-

- Activity & finance modelling (FF)
- Affordability modelling (FF)
- Emergency Centre Feasibility study (FF)
- Recent major NHS capital investments including equipment (NHS Trust Annual Reports)
- Budget cuts across LA adult social care in all economies (Councils).

As part of our public duty we felt we needed to describe the wider economic impact of the Future Fit Programme on public services & vice versa. High level analysis of the local economy (Telford & Wrekin Economic Assessment (2010) & Spotlight on the Shropshire Economy December (2010)) shows the significant role the public sector plays in employment and income. Although the reconfiguration of services is predominantly to the health service, the impact will be felt across the whole economy and this is reflected in the baseline measures proposed.

## **4 Next Steps**

A full record of the findings of the baseline impact assessment and associated source documentation is stored in the programme document library. As the proposed models are shortlisted and the options become available for detailed scrutiny, the integrated impact assessment work stream

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<sup>1</sup> For the full IIA each scenario will be considered for its impact on key environmental concerns. This will assist in scoping relevant issues and in later submitting environmental statements related to the preferred scenario. There will be explanations on how to achieve best land use and minimise carbon footprint while seeking to optimise waste management and reduce pollution and emissions. This will recognise good practice relating to EIA and the Town and Country Planning (Environmental Impact Assessment) Regulations 2011.

<sup>2</sup> For the full IIA, Equality Impact Assessments will be carried for each scenario to identify risks to vulnerable groups.

<sup>3</sup> At IIA we suggest that each scenario demonstrates how it may impact on local health problems and reduce dependency on hospitals for avoidable conditions including any major impacts on the local economies and employment and population skills development. Impacts on housing, education and other local institutions/populations (e.g. prisons, military bases, and universities) will also need to be established for each scenario.

should enact a programme of engagement to explore the impact of the proposed options on a broad range of groups, particularly on those groups with 'protected characteristics'<sup>4</sup>.

## 5 Proposed timetable

17 <sup>th</sup> December 2014	Board accept baseline Integrated Impact Assessment and recommendations.
23 <sup>rd</sup> January 2015	IIA sub-group develop specification for phase two, full integrated impact assessment
4 <sup>th</sup> February 2015	Future Fit Board approves Central Midlands CSU costed response to the specification
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**Sex:** A man or a woman.

**Sexual orientation:** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

**Appendix One**

Membership of the IIA sub-group

The table below shows who attended each meeting.

1 <sup>st</sup> Meeting 21 <sup>st</sup> July – agreeing the principles & headline criteria for the IIA	2 <sup>nd</sup> Meeting 27 <sup>th</sup> Aug – agreed Baseline Assessment project proposal for submission to FF Programme Group	3 <sup>rd</sup> Meeting 4 <sup>th</sup> Sept – workshop to identify information framework to be gathered to address IIA Baseline criteria	4 <sup>th</sup> Meeting 2 <sup>nd</sup> Oct – workshop to review information gathered & agree emphasis for the Baseline Assessment	5 <sup>th</sup> Meeting 10 <sup>th</sup> Oct to review the first draft of the Baseline Assessment Report	Non-attendees – received papers
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# Impact Assessment Report

## December 2014

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<b>Prepared by:</b>	Karen Bradley, Midlands & Lancashire CSU Ruth Lemiech, Midlands & Lancashire CSU
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