ELHSCP Exercise Referral Pathway- Interim- Summary Report (IIA)

Each of the numbered sections below must be completed. Please state if the IIA is interim or final.

1. ELHSCP Exercise Referral Pathway Interim IIA.

2. What will change (and has changed).

- This is a new service designed to encourage and support people with long-term conditions to integrate physical activity into their self-management.
- East Lothian Strategic Planning Group approved the proposed pathway concept, and the pathway was developed through experience-based co-design comprising of 3 sessions community, professional and consolidation.
- New pathways have been designed for collaborative partnerships between NHS, Enjoy Leisure, Ageing Well, VCEL and Live Well East Lothian.
- Referral source is from GPs via SCI gateway. SCI gateway referral forms and Ref Help pages were created to accommodate this change. 4 GP practices were initially involved, and this has now rolled out into all GP practices across East Lothian. The physiotherapy service has always used this referral process and will continue to utilise this.
- A health promotion specialist is now in post and leads on the development of this project and the triaging of all SCI gateway referrals.
- New classes within existing exercise specialist service have been developed to further improve the exit strategies from health to well-being.
- Education and promotion of this pathway within Primary Care is planned.
- Outcome measure data and satisfaction questionnaires are in development.
- The service will aim to expand to include mental health, general deconditioning and make a shift towards prevention of long-term conditions.

3. Briefly describe public involvement in this proposal.

Public engagement has been a key factor within the design and development of this project. The initial experience-based co-design session was held with members of the public who were engaging with Enjoy Leisure through their various workstreams. This session focused on the journey of the individual from prior to referral, point of referral, first engagement, ongoing engagement and finally on completion of their program. Positive and negative experiences as well as areas for improvement were explored to ensure that this pathway was developed to meet the public need.

A survey to review the service was distributed to a wide range of service users via the email list attached (Appendix A). The surveys were also distributed in libraries across East Lothian. There was a limited response but those who did reply stated they would prefer a local service. They stated they would like guidance on safe exercises for them. The online survey is attached in the minutes.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

5. Date of IIA

25th March 2024, 1000-1100 in person.

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Louise Dickson (Lead)	MSK Clinical Lead, Physiotherapy, ELHSCP	
Allison Bell (Chair and Report	MSK Team Lead, ELHSCP	March 2023
Writer)		
Alison Buchanan	Clinical Lead Occupational Therapist,	
	Community and Inpatients	
Fiona Morrison	Live Well	
Maureen Allen	VCEL Chief Officer	
Rukhsana Ali	MILAN (Southeast Asian Community)	
	Senior Welfare Manager	
Ryan Ferguson	Health Promotion Lead Exercise	
Louise Dickson	MSK Clinical Lead, Physiotherapy,	
	ELHSCP	
Tony Crooks	Interim Clinical Lead Mental Health	
Kirstie White	Occupational Therapy Team Manager	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	East Lothian Joint Strategic Needs Assessment report 2022	Evidence from the Exercise Referral Pathway shows that ELHSCP rehabilitation team are considering the growing population and the increased need for
	Presentation on Exercise Referral Pathway. Exercise Pathway Presentation for IIA.pc	preventative measures. Access to the exercise referral pathway is via the GP. This may restrict clients who are time deprived, carers, and those who have difficulty accessing GP practices.
	 East Lothian IJB Strategic Plan 2022-25 Engagement Feedback report 	The service can accommodate people with learning disabilities, BSL (British Sign Language) users and other people requiring interpreted meetings on an individual basis.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on service uptake/access	Background data Page 3 and 4 Exercise Referral Pathway. Uptake data Page 6	4 GP practices referred 50 referrals in first 3 months. This has now been rolled out to all GP practices. Education to these practices has started.
Data on socio- economic disadvantage e.g. low income, low wealth, material deprivation, area	Ward Profiles and Snapshots East Lothian Council	This indicates that Musselburgh, Tranent and Prestonpans have the highest levels of deprivation. ELHSCP Exercise Specialist Service are
deprivation.		currently running exercise classes in both Musselburgh and Tranent. Further classes currently in development are to be delivered from Musselburgh, Tranent and Prestonpans.
		There are free options in the local community, and leisure facility access at reduced costs using the access to leisure scheme.
		Nearly ¼ of East Lothian residents live in service deprived areas. While the service links with all localities it must be noted that some smaller communities will struggle to access services.
Data on equality outcomes	2022 Census and NRS updates	The 2022 census informs us that the population on East Lothian is growing with a high percentage of over 65's.
		We are awaiting the detail with the next release in Spring 2024 bringing unrounded population estimates by age and sex for small areas.
		We await publication of the census data for individual topics. This will begin to show a detailed picture of who lives in Scotland including information on: • Ethnic group, national identity, language, and religion • Demography and migration • Armed forces veterans

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal • Sexual orientation and trans status
		 Sexual orientation and trans status or history Housing Education, Labour market and travel to work Health, disability, and unpaid care
		In the meantime, we rely on other sources of information such as translation and interpretation requests, SEEMIS school's database and ESOL for information about ethnic minority and minority ethnic populations in East Lothian.
		ELHSCP has the ability to access both face- to-face or Big Word interpreters for all EaSL or BSL clients.
		Their preference is for physical interpretation as they feel this leads to better outcomes for patients in terms of being able to investigate, demonstrate exercise and deal with other matters that patients raise during assessment and required treatment.
Research/literature evidence	Public Health Scotland – National Physical Activity Pathway (2021) WHO – Global action plan on physical activity 2018-2030: more active people for a healthier world	
Public/patient/client experience information	Survey results Exercise Referral Pathway Public Opinic	A combination of feedback from face-to-face discussions (14), online surveys (9) and paper surveys (6) revealed patients like to have access to exercise locally, would prefer daytime, and require support in understanding how to exercise safely. Local feedback from the Asian community (not included in above numbers as combined) was friendship groups led to confidence in exercising.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		This must be taken into consideration when developing this service. The numbers completing this survey are low and a further review is required.
Evidence of inclusive engagement of people who use the service and involvement findings	A survey is in process. All clients will be asked to complete this at the end of their 12 weeks programme.	Data gathering will be analysed and any adjustments required made.
Evidence of unmet need		This will be continually evaluated as the project develops.
Good practice guidelines	Public Health Scotland – National Physical Activity Pathway (2021) WHO – Global action plan on physical activity 2018-2030: more active people for a healthier world	
Carbon emissions		Neutral- to continue to be reviewed and
generated/reduced data		classes planned to maintain carbon footprint.
Environmental data		Not applicable
Risk from cumulative impacts		Not applicable
Other (please specify)		-
Additional evidence required		-

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

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	Client centred exercise service with ability to access leisure facilities at reduced or no cost.
	Service available to all with access to interpreter services (BSL and EaSL). Addressing long-term health conditions with self-management options should not only address the client's health but reduce longer term costs.
	Many patients like the group settings as it boosts confidence, level of fitness and ability to self-manage. External speakers provide patients with links and confidence to progress into the community.
Negative	Groups

Equality, Health and Wellbeing and Human Rights	Affected populations
	Group settings may have negative impacts on people who cannot afford to travel, who have poor access to public transport, people on the autistic
	spectrum, carers who cannot take time away from their cared-for person or those requiring interpreters (either non-English speakers or those who require BSL).
	Accessibility Access to the service is by GP via SCI gateway. This would require the patient to attend the GP. This may limit accessibility for BSL, non-English speakers, hearing impaired, learning impaired patients, time deprived clients and carers. All areas of the region have exercise options, some of which are free to clients. Most of these options are in areas of higher population. Smaller communities are not well supported.

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	Services are available in local communities and reduce travel.
Negative	The exercise specialist will travel to destinations, and this will have a negative impact.

Economic	Affected populations
Positive	There is no cost for those accessing ELHSCP facilities.
	There are free options available external to ELHSCP.
Negative	Cost to clients accessing external leisure facilities although significantly
	reduced may have an impact.
	The free options external to ELHSCP are limited and mainly include
	walking.
	There are limitations to number of sessions provided by ELHSCP.

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

10. 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.

This service is via GP referral and a communication and education plan is in process.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a <u>Strategic Environmental Assessment</u> (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

None

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) 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 job title	Deadline for progressing	Review date
IIA Lead officer to liaise with VCEL lead on improving survey feedback.	Allison Bell to liaise with VCEL Lead.	May 2024	N/A
Survey to re-opened online and shared again with feedback to clinical lead to consider in forward planning.	Allison Bell	May 2024	
Best practice and referral criteria will be shared with all East Lothian GP practices as a priority.	Ryan Ferguson	May 2024	N/A
Although Big Word is available F2F interpretation is better. It is difficult to access F2F interpretation services in East Lothian. BLS interpreters were unable to attend this meeting thus disadvantaging the deaf community.	Allison Bell	May 2024	N/A

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and	Who will take them forward (name and job title	Deadline for progressing	Review date
risks of cumulative impacts) Allison Bell to share this finding with			
East Lothian Equalities Lead			
The new pathways with collaborative partnerships between NHS, Enjoy Leisure, Ageing Well, VCEL and Live Well East Lothian will need to be continually reviewed and must consider those in geographically deprived areas.	Craig Ferguson	December 2024	December 2024
Final IIA must be completed by March 2025	Allison Bell Craig Ferguson	March 2025	March 2025

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

Through user uptake data and user experience information.

16. Sign off by Head of Service

Name

Date 27/03/2024

17. Publication

Completed and signed IIAs should be sent to:

<u>integratedimpactassessments@edinburgh.gov.uk</u> to be published on the Council website <u>www.edinburgh.gov.uk/impactassessments</u>

Edinburgh Integration Joint Board/Health and Social Care sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

Appendix A

HWSG Contacts
COEL
Dementia Strategy Lead
ELHSCP Carers Strategy Lead
ELHSCP Planning and Performance Manager (Community Transformation)
VCEL
Chair, Primary Change Board (GP input)
Alzheimer Scotland Development Worker, East/Midlothian
Sight Scotland
CAB
Age Scotland
Deaf Social Worker, Deaf Action
Health in Mind (Polish and Ukrainian)
MILAN (South East Asian Community)
Older people's independent advocacy
CAPS Independent Advocacy
Partners in Advocacy
ELC Housing Strategy Officer