

# ELHSCP PARIS changes - Summary Report (IIA)

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## 1. ELHSCP changes to PARIS (Physiotherapy Advanced Rehabilitation with Increased Support) Final IIA.

Mental health is a hosted service within ELHSCP.

The service leads exercise groups for patients who require mental health support and would benefit from exercise.

They receive with referrals primarily from the Community Mental Health team, but also from other physiotherapists.

The aim is to improve mental and physical health through exercise self- management.

The classes are managed by a physiotherapist and an exercise therapist.

They support small groups (normally 3 patients) for 60minutes sessions with tailored progressive exercises.

The long-term aim is for patient to take ownership of their home exercise programme or have community support in place prior to discharge.

## 2. What will change (and has changed).

- Proposed to reduce session from up to 24 to up to 18 weeks of classes with same discharge criteria.
- No other changes proposed.
- Referral criteria remains the same.

## 3. Briefly describe public involvement in this proposal.

A survey was completed with a 50% return rate.

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

Yes

## 5. Date of IIA


25<sup>th</sup> March 2024, 1300-1400 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
Tony Crooks (Lead)	Interim Clinical Lead Mental Health	
Allison Bell (Chair and Report Writer)	MSK Team Lead, ELHSCP	March 2023
Fiona Morrison	Live Well	





Name	Job Title	Date of IIA training
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	
Alison Buchanan	Occupational Therapy Clinical Lead Inpatients/ Community	
Kirstie White	Occupational Therapy Team Manager	
Lesley Berry	General Manager, East Lothian Rehabilitation Service	Yes- date unknown

## 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	<ul style="list-style-type: none"> <li><a href="#">East Lothian Joint Strategic Needs Assessment report 2022</a></li> <li>Presentation on PARIS.              IIA PARIS.pdf</li> <li><a href="#">East Lothian IJB Strategic Plan 2022-25 Engagement Feedback report</a></li> </ul>	All people with protected characteristics may require mental health support.
Data on service uptake/access	Page 5 presentation	<p>76% increase in referrals – Apr to Feb; 22/23 v 23</p> <p>Only 33% completed 24 weeks between Apr &amp; Oct 23</p> <p>This implies there is an increased need for those patients requiring this support, but less need for longevity of support. No specific protected needs were highlighted in this presentation.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material	<a href="#">Ward Profiles and Snapshots   East Lothian Council</a>	At present classes only occur in 1 location. There are no classes in the most deprived areas of Tranent, Prestonpans or Musselburgh.

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
deprivation, area deprivation.		
Data on equality outcomes	2022 Census and NRS updates	<p>The 2022 census informs us that the population on East Lothian is growing with a high percentage of over 65's.</p> <p>We are awaiting the detail with the next release in Spring 2024 bringing unrounded population estimates by age and sex for small areas.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Ethnic group, national identity, language and religion</li> <li>• Demography and migration</li> <li>• Armed forces veterans</li> <li>• Sexual orientation and trans status or history</li> <li>• Housing</li> <li>• Education, Labour market and travel to work</li> <li>• Health, disability, and unpaid care</li> </ul> <p>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.</p> <p>ELHSCP can access both face-to-face or Big Word interpreters for all non-English speakers or BSL clients.</p> <p>There were no English as a second language or BSL users surveyed.</p> <p>It was discussed that some groups of patients do not disclose or seek help for mental health.</p>
Research/literature evidence	Probst M (2017) Physiotherapy and Mental Health. Clinical Physical Therapy. InTech. DOI: 10.5772/67595.	Exercise is known to reduce anxiety, depression, negative mood, social isolation and improve self-esteem, cognitive functions and quality of life.

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
	<p>Firth et al. 2019. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. <i>The Lancet Psychiatry</i> [online] Available from <a href="#">The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness   Request PDF (researchgate.net)</a></p> <p>International Organisation of Physical Therapy in Mental Health Policy Statement: The Role of Physical Therapists Within Mental Health &amp; Psychiatry</p> <p>World Health Organisation Motion for Your Mind: Physical Activity for Mental Health Promotion, Protection &amp; Care</p> <p>European Psychiatry Association Guidance on Physical Activity as a Treatment for Severe Mental Illness</p>	<p>Individuals with a mental health illness have an increased risk of physical ill health. The impact of this physical comorbidity drastically reduces the life expectancy for individuals with a mental health illness and contributes to poorer social, economic and personal outcomes, across a person’s lifespan.</p> <p>Individual’s with a mental health disorder are more likely to develop cardio metabolic disorders, such as obesity, diabetes &amp; cardiovascular disease.</p> <p>According to the World Health Organisation (WHO); it is recommended that ‘lifestyle interventions are a first-line strategy for the management of physical health (Including weight-management, cardiovascular disease and cardiovascular risk reduction) in adults with severe mental illness .</p>
Public/patient/client experience information	Presentation page 3	<p>Anxiety and motivation were the main barriers to exercise. Walking was highlighted as the main exercise preference and had not previously considered as an exit strategy.</p> <p>Exit strategies would be improved by having a specific printed programme and linking with a named person in the community.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Presentation page 3	<p>No specific protected needs were highlighted in this presentation. Findings are noted above.</p>

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
Evidence of unmet need	58% of patients attending ELCH preferred Haddington as a location but service in not offered elsewhere.	This service is not offered in the areas of highest deprivation, Tranent, Prestonpans or Musselburgh.
Good practice guidelines	 Guide to treating patients with a men  IOPTMH Policy Statement 2019.pdf  Physiotherapy & Mental Health Mich  Blueprint for protecting physical l	By providing PARIS exercise classes to those with a mental health condition, we are addressing an unmet need in East Lothian. Often the services on offer are unsuitable for these patients who require a specialist approach. They receive this in PARIS classes with are specifically designed to improve both mental and physical health.
Carbon emissions generated/reduced data	No change	No change
Environmental data	No change	Nil
Risk from cumulative impacts		Nil
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	<p>Client centred exercise service with ability.</p> <p>Service available to those with mental health and exercise requirements with access to interpreter services (BSL and non-English speakers). Addressing mental health conditions with exercise should not only address the client’s health but reduce longer term costs.</p> <p>Reducing the sessions and increasing exit strategies should improve the experience for patients requiring mental health and exercise support. Patient ownership of exit strategies.</p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<b>Negative</b>	<p>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. As the group is small those requiring interpreters (either non-English speakers or those who require BSL) can be accommodated but may not be comfortable in this setting.</p> <p>Access to the service is via the Community Mental Health Team primarily although referrals can be accepted from other sources depending on clinical indications.</p>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	Earlier access to community local services may reduce travel.
<b>Negative</b>	Consideration of new classes in socio- economically deprived areas may increase travel.

<b>Economic</b>	<b>Affected populations</b>
<b>Positive</b>	<p>A reduction in number of sessions by 25% improves budget management for ELHSCP rehabilitation team.</p> <p>Earlier access to community local services may reduce travel costs for those attending.</p>
<b>Negative</b>	Nil

**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?**

No

**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.**

Interpreters either for non-English speakers or BSL can be accessed via Big Word or in person.

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 Strategic Environmental Assessment (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
Review location of classes in relation to social deprived areas.	Tony Crooks, Interim Clinical Lead Mental Health Rehabilitation Services.	August 2024	N/A
Further establish exit strategies with 3 <sup>rd</sup> sector options. Consideration should be given to exit strategies for those with protected characteristics.	Tony Crooks, Interim Clinical Lead Mental Health Rehabilitation Services.	August 2024	N/A

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?

Review of impact at 6 months, including patient experience feedback from 4 months.

16. Sign off by Head of Service

Name Lesley Berry



Date 27/03/2024

## 17. Publication

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website  
[www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care** [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at [www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)