

ELHSCP Falls Service – Summary Report (IIA)

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

1. ELHSCP Falls Service IIA final.

2. What will change (and has changed).

- The falls service had a lot of duplication of pathways with lack of co-ordination. This is now an integrated service and is a patient centred approach.
- The sources of referral are from GP's, other health care professionals, self-referrals (either self, carer, or family member), or after a fall with alert.
- The group services started at East Lothian community hospital and are in process of being expanded to each cluster.
- Patients are initially assessed on a 1:1 basis by a suitable rehab practitioner dependent on complexity. They are appropriately rehabilitated and exit strategies to allow further improved care are being developed.
- Education of the carers and supporters has commenced and there are plans to further expand this.

3. Briefly describe public involvement in this proposal.

A survey to review the service was distributed to wide range of service users via the email list attached (Appendix A). There was a limited and non-conclusive response.

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

Yes

5. Date of IIA


25th January 2024, 1500-1630 via Teams

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
Cara Blair (Lead)	Acting Falls Lead, Physiotherapy, ELHSCP	October 2023
Allison Bell (Chair and Report Writer)	MSK Lead, ELHSCP	March 2023
Ashley Hardy	Strategy Officer, ELHSCP	
Andrew Main	Strategy Officer, ELHSCP	April 2021
Craig Enwhistle	ELC Housing Strategy Officer	

Name	Job Title	Date of IIA training
Rukhsana	MILAN (Southeast Asian Community)	
Sandra Bell	Health and wellbeing subgroup representative from the PSG area.	
Maria Burton	ELHSCP Carers Strategy Lead	
Danielle Pagliarulo	SAS (Ambulance)	

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"> East Lothian Joint Strategic Needs Assessment report 2022 Presentation on Falls service  Falls Service IIA - final.pdf East Lothian IJB Strategic Plan 2022-25 Engagement Feedback report 	<p>Evidence from the Falls presentation shows that ELHSCP rehabilitation team are considering the growing population and the increased need for this multidisciplinary service.</p> <p>There is a lack of English as a Second Language (EaSL) clients seeking advice from this service and this needs to be taken into consideration.</p> <p>Access to the falls service can be via another health care professional, post fall or by phone self-referral. Accessing this service is under review on a separate IIA (Single Point of Contact IIA).</p> <p>There are advantages to phone calls to assess initial needs of patients, carers, or individuals so they can be directed appropriately. For some people, a face-to-face appointment might not be required.</p> <p>However initial assessments are primarily face-to-face. The service can accommodate people with learning disabilities, BSL (British Sign Language) users and other people requiring interpreted meetings on an individual basis. Many older people prefer face-to-face.</p>
Data on service uptake/access	Falls service presentation. Page 6	<p>It is difficult to have accurate data on falls as several different IT systems are used to collect information.</p> <p><u>TRAK data</u> 277 referrals since Dec 2022 253 since mid-April 2023</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
		<p>95 referrals for Classes <u>MOSAIC data</u> 2473 alerts into screening box On average, 35% are appropriate for intervention following screening.</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p>Ward Profiles and Snapshots East Lothian Council</p>	<p>This indicates that Musselburgh, Tranent and Prestonpans have the highest levels of deprivation.</p> <p>Individual appointments are primarily at home so there is no impact.</p> <p>Group sessions have recently started covering the 3 localities, East, West and Mid to support reduction in travel needs and improve accessibility. One of which is a class planned for a location between 2 deprived areas- Tranent and Prestonpans with bus links close.</p> <p>There were not any free and easily accessible options for Musselburgh, but this will continue to be considered.</p>
<p>Data on equality outcomes</p>	<p>2011 Census and NRS updates</p>	<p>Census information is very out of date, and 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>There are currently no racial or LGBT equality networks in East Lothian and this has been identified as an area that needs to be progressed by ELC and ELHSCP equalities officers.</p> <p>The Falls service has not been asked to provide interpretation services in the last year but have ability to access both face-to-</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
		<p>face or Big Word interpreters for all EaSL or BSL clients.</p> <p>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.</p> <p>Although the numbers accessing the falls service are low there have been no referrals for either EaSL or BSL patients therefore service accessibility must be continually reviewed.</p>
Research/literature evidence	<p>Information about slips, trips, and falls - Access to a Better Life in East Lothian</p> <p> Falls Background Info.pdf</p> <p>Falls service presentation. Historic data page 2</p>	
Public/patient/client experience information	Falls service presentation. Patient satisfaction page 7	<p>The team collated 34 responses to the Falls Service Experience Questionnaire.</p> <ul style="list-style-type: none"> • 100% of patients were extremely satisfied by advice given. • 97% were very satisfied with the overall service and 3% satisfied. • 94% were very satisfied from time taken from referral to assessment, 3% satisfied and 3 % unsatisfied.
Evidence of inclusive engagement of people who use the service and involvement findings	As above	As above
Evidence of unmet need	Those attending the service appear to be satisfied.	The lack of referrals from EaSL and BSL client’s needs further investigation. This may be related to the service size or could relate to lack of awareness.

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
		The numbers from Mosaic which relate to active fallers who have pressed their alarm, do not include any EaSL.
Good practice guidelines	<ul style="list-style-type: none"> • https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-2015/ • Falls in older people: assessing risk and prevention – NICE clinical guidelines (cg161) 2013 - Overview Falls in older people: assessing risk and prevention Guidance NICE • Falls in older people – NICE Quality Standard (qs86) 2017 – Overview Falls in older people Quality standards NICE • Falls & Fracture prevention Strategy for Scotland, 2019-2024: Consultation version - National falls and fracture prevention strategy 2019-2024 draft: consultation - gov.scot (www.gov.scot) 	
Carbon emissions generated/reduced data		This will be neutral relating to service change as either therapist travels to patient or patient travels to therapist.
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?

<p>Equality, Health and Wellbeing and Human Rights</p>	<p>Affected populations</p>
<p>Positive</p>	<p>Patient centred falls service</p> <p>Individual Assessments The patient is at the centre with assessment completed by a suitable therapist relating to complexity of care required. As assessment is in client’s own home. This can have a positive impact for people who are time-poor and/or economically poor or housebound, for example, carers, people who are geographically isolated, cannot afford transport to appointments, people on the autistic spectrum, people with agoraphobia, people with sight impairments and people with physical disabilities.</p> <p>Groups 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.</p> <p>Education Website links are easily accessed on East Lothian’s Better Life website, and via social media. The website can increase font size and has a read loud feature.</p> <p>There has been face to face education in a mixture of locations including day centres, sheltered housing complexes, with community groups and through carers of East Lothian. This should continue.</p>
<p>Negative</p>	<p>Individual assessment in patients home dependent on need. No negative impact and accessible to all with ability to use interpreter or adapt otherwise as required.</p> <p>Groups 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 EaSL or BSL).</p> <p>Education ELHSCP Better Life website does not have links to changing languages. This must be reviewed. The service feels that risks out way gains for online classes for this patient group, but this must continually be reviewed.</p> <p>Accessibility Access to the service by a client or family member (self- referral) is via a single point of contact phone line. This will reduce accessibility for BSL,</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
	EaSL, hearing impaired and learning impaired patients. Homeless patients or those unable to afford a telephone are also negatively impacted.

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	Neither option has a particular impact on the environment as either the patient or therapist must travel.
Negative	Neither option has a particular impact on the environment as either the patient or therapist must travel.

Economic	Affected populations
Positive	No cost to those on low incomes as can be seen at home. From national data there is an expected reduction in the costs of ambulance service, social work and package of care provision, and hospitalisations with early intervention.
Negative	-

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.

The lead officer will liaise with the ELHSCP Senior Communications Adviser to develop a communications plan to raise awareness of the service amongst the public and health professionals.

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
IIA Lead officer to share findings and service detail/access with those invited including those with links to Sight Scotland, EaSL, BSL and Dementia links. The information is available via: Information about slips, trips, and falls - Access to a Better Life in East Lothian	Allison Bell	March 2024	N/A
The better life website can read aloud, enlarge font but does not translate into other languages. IIA lead to liaise with communications officer to establish links to consider options.	Allison Bell/ Jen Jarvis	In process of finalising IIA paperwork there are now plans to integrate with East Lothian council website which is fully accessible. Action complete	
Falls Lead to share with nursing homes, sheltered housing complexes and carers groups where to access education material aimed at falls prevention.	Cara Blair	December 2024	TBA
Although all patients can be accommodated individually consideration must be given to those with additional needs in the group setting. If other participants agree can an interpreter be accommodated, for example. As less men engage in group activities this must also be considered.	Cara Blair	Immediate	December 2024
Self- referring to the falls service is via a single point of contact	Allison Bell	Immediate	May 2024

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
<p>telephone service. There are accessibility issues for many different groups.</p> <p>As this not only affects the falls service a single point of contact IIA is in planning.</p>			

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 Lesley Berry

Date 23/02/2024

17. Publication

Completed and signed IIAs should be sent to:

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

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
SAS (Ambulance)
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
ELHSCP Service Manager, Learning Disability