

Learning and development programme for major service change

Checklist: Integrated Impact Assessment

February 2024





Purpose of this resource

- The NHS England learning and development programme for major service change is a support offer to colleagues undertaking service change delivered through NHSE's System Architecture Team. It includes national training modules, bespoke local support, and various products on the [FutureNHS workspace](#)
- The programme has identified a demand for checklists to support colleagues developing some of the key documentation for their Pre-Consultation Business Cases (PCBCs)
- This resource provides a checklist for the development of an Integrated Impact Assessment (IIA), alongside some general advice on developing an IIA and signposting to some best practice examples
- This resource does not constitute NHS guidance and is not meant to be definitive or comprehensive but aims to be a guide when developing an Integrated Impact Assessment.

Why do an integrated impact assessment (1/2)?



An IIA supports decision making

- Supports **evaluation of options** and **understanding potential impact** of proposals
- Ensures due attention is paid to **potential impact of proposals on equalities**
- Helps decision makers be **better informed** before making decisions



An IIA ensures compliance with Public Sector Equality Duty (PSED)

- Eliminates **unlawful discrimination, harassment and victimisation**
- **Advances equality of opportunity** between people who share a relevant protected characteristic and people who do not share it
- Fosters **good relations** between people who share a relevant protected characteristic and those who do not share it



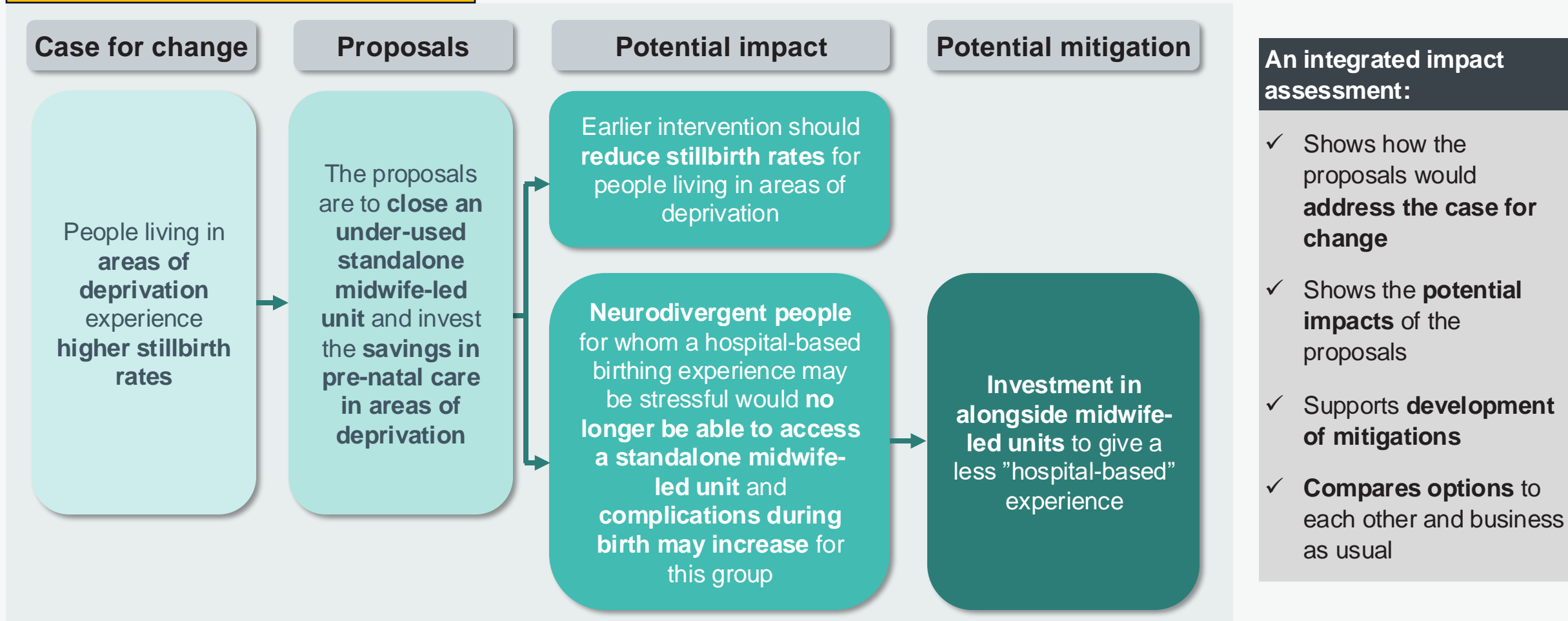
An IIA ensures compliance with the Health and Care Act 2022

- Integrated Care Boards must have regard to the need to:
 - **Reduce inequalities** between persons in their **ability to access services**
 - **Reduce inequalities** between persons with respect to the **outcomes achieved** for them by those services
- NHSE, ICB and NHS Trusts and Foundation Trusts are subject to **the 'triple aim' duty** in the Health and Care Act 2022 which requires these bodies to have regard to 'all likely effects' of their decision in relation to:
 1. **Health and wellbeing of people** (including inequalities)
 2. **The quality of health services provided to people** (including inequalities)
 3. **Efficiency and sustainability in relation to the use of resources**

- *The 2022 Health and Care Act builds on duties around inequalities in the NHS Act 2006 and therefore has not been fully tested in law*
- *The 2022 Act places a greater focus on inequalities when considering service change*

Why do an integrated impact assessment (2/2)?

ILLUSTRATIVE EXAMPLE



Important aspects you may include in your integrated impact assessment

- 1 Outline of **proposed changes** and summary of engagement
 - 2 **Description and demographics** of the impacted population
 - 3 Evaluation of the **potential impact** of the proposals on:
 - i. **Health, experience, quality and outcomes** (*always included*)
 - ii. **Accessibility** (*always included*)
 - iii. **Sustainability** (*may be considered elsewhere*)
 - iv. **Other service providers** (*may be considered elsewhere*)
 - 4 **Summary of impacts**, and **comparison** between options and with business as usual
 - 5 High level **mitigations** to potential negative impacts of proposals
- Your programme should **consider all these areas** but the **depth of the analysis and narrative** of the IIA will be **dependent** on nature of proposals and what is needed to support decision-making.
 - The published IIA will assess potential impact of final proposals but **development of the IIA is always iterative** – doing an IIA will **uncover impacts** that may require changes to care model or options appraisal.
 - The IIA needs to **drive engagement** from an early stage.

Checklist for IIA development (1/3)

| Content | Have you included? |
|---|---|
| Outline of the proposed changes and summary of stakeholder engagement | <ul style="list-style-type: none">✓ An explanation of the purpose of doing an integrated impact assessment and approach used✓ A description of engagement undertaken and how this informed the IIA <i>[work on impacted populations and potential impacts should guide engagement activity from the early stages of the proposals]</i>✓ Key issues/opportunities identified in the case for change that the proposals would impact✓ A description of the proposed model of care and the proposed options <i>[this could be short and cross-referenced to a full description in the business case]</i> |
| Characteristics of the population who may be impacted | <ul style="list-style-type: none">✓ The geographical area of people who may be impacted by the proposals <i>[it is very important that you identify this before doing further analysis]</i><ul style="list-style-type: none">▪ Usually done using travel times▪ May be different area for different services, admission type and mode of public transport▪ May go outside administrative boundaries (e.g. into a neighbouring integrated care board or local authority)▪ May include groups other than patients, such as carers, staff and communities✓ Where people might go if their local service is no longer available✓ Groups that might be disproportionately impacted by the proposals (protected characteristics could be used as a starting point) or where the proposals might make inequalities better or worse (case for change and Core20+5 could be used as a starting point) <i>[you could also use quantitative demographic analysis and feedback from engagement activities]</i>✓ Groups/populations that are unlikely to be impacted by the proposals and therefore no further work is required (e.g. older people in a paediatric services review)✓ Groups/populations who might be particularly vulnerable to the impact of the proposals (e.g. a geographical area of deprivation, where people are changing where they access services and there is a high proportion of people with English as a second language) |

Checklist for IIA development (2/3)

| Content | Have you included? |
|---|---|
| Potential impact on health, experience, quality and outcomes | <ul style="list-style-type: none">✓ A summary of the potential impact of the proposals on health, quality, experience and outcomes (often the same for all options) <i>[it is helpful to link this to issues and opportunities around health, quality, experience and outcomes identified in the case for change and the proposed model of care]</i>✓ Any potential impact on reducing health inequalities (linked to case for change)✓ <i>[This could be quite a short summary if the potential impact of the proposals on health, quality and outcome is covered in detail in the model of care and/or benefits section of the business case]</i> |
| Potential impact on accessibility <i>(not all potential impacts can be analysed quantitatively but may be reviewed qualitatively using, for example, engagement feedback)</i> | <ul style="list-style-type: none">✓ The potential impact of the proposals on access which might include:<ul style="list-style-type: none">✓ Digital access including access to IT and digital skills✓ Public transport accessibility and cost✓ Travel time (off peak, peak, public transport) and cost✓ Car ownership✓ Car parking✓ Health literacy✓ Taxi costs✓ Wayfinding✓ English as a second language✓ Cultural or religious barriers✓ Physical access to services (e.g. distance to walk on site)✓ Opening hours✓ The potential impact on access for the overall population compared to business as usual and comparing each option✓ The potential impact on access for the groups identified earlier who may be disproportionately impacted or where the proposals might make inequalities better or worse |

Checklist for IIA development (3/3)

| Content | Have you included? |
|---|---|
| Potential impact on sustainability <i>(may be considered elsewhere)</i> | <ul style="list-style-type: none">✓ The potential impact of proposals on sustainability, which might include:✓ Emissions from building new or refurbished buildings (e.g. embodied carbon emissions)✓ Emissions from increased travel✓ Impact on protected air quality (especially within air quality management areas (AQMA's))✓ Impact on communities from removal of anchor services or institutions✓ Cross reference with local Net Zero plans, if relevant |
| Potential impact on other service providers <i>(may be considered elsewhere)</i> | <ul style="list-style-type: none">✓ The potential impact on other providers by quantifying the potential flow of patients if services move or close✓ <i>[This should be aligned with the work done earlier on identifying the geographical area of people who may be impacted by the proposals (check alignment with activity and finance modelling!)]</i> |
| Summary and comparison between options | <ul style="list-style-type: none">✓ A summary of the impact of the proposals compared to business as usual and by option, drawing out any differences <i>[check alignment with any analysis/conclusions undertaken as part of the options appraisal]</i> |
| High level mitigations | <ul style="list-style-type: none">✓ The approach to developing mitigations and how stakeholders have been engaged in developing these✓ High level mitigations for any impacts that have been identified, responsible leads and deadlines, where possible [not all impacts need to be mitigated, sometimes it is acceptable to say that the benefits outweigh the costs – focus on impacts where the costs may outweigh the benefits]✓ <i>[Developing mitigations sometimes results in amendments to the model of care (or occasionally the options), the IIA should be amended to reflect the final proposals, but a summary of changes can be included]</i>✓ A high-level summary of the governance that would be in place to make sure mitigations are delivered |

Top tips: analysis

- ✓ **Agree catchment first**, otherwise analysis may need to be re-done if the potentially impacted population changes (catchment may be different for elective/emergency, and public transport/private car travel)
- ✗ Don't start analysis before **model of care and options have been finalised** – these are basis of IIA so need to be agreed before doing analysis on e.g. travel times
- ✗ **Don't just focus on things that can be measured** or you may miss populations and/or impacts that cannot be measured (e.g. travellers or religious beliefs) – **use engagement as a source of information**
- ✓ **Ensure all analysis aligns** – so finance, activity, patient flow, travel and workforce all, for example, cover the same impacted population, and **check IIA aligns with analysis used for options appraisal**
- ✓ Consider **impact on groups other than patients/service users** e.g. carers, staff (who are not homogenous) and communities (health institutions are anchor institutions bringing trade and footfall into areas)
- ✓ Focus on populations with **multiple factors that cause inequalities**.
- ✓ **Benefits of proposals** (e.g. improved quality) **can outweigh costs** (e.g. longer travel times) for all groups

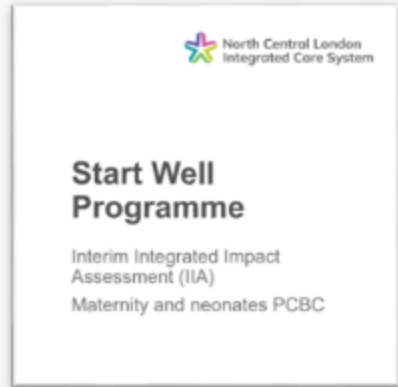
Top tips: process

- ✓ Use IIA to **drive engagement topics** and **who to engage** with
- ✓ Engage with stakeholders over **specific impacts but focus on mitigations**
- ✓ Ensure a **senior colleague has oversight** of the IIA to understand crossovers and implications with other parts of the programme
- ✓ **Update the IIA throughout the programme**
- ✓ Make sure **spokespeople understand key messages from IIA**, particularly travel analysis
- ✓ **Document and file everything** so knowledge isn't lost by judicial review
- ✓ Make sure there is **agreed process** for implementing mitigations or it is unlikely to happen!

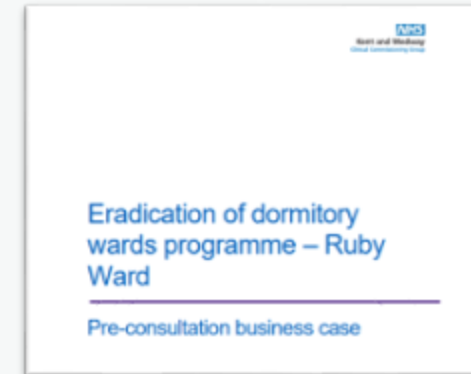
Examples of integrated impact assessments

Click each example for further information

North Central London ICS



Kent and Medway ICS



University Hospitals of Leicester NHS Trust



Surrey Downs, Sutton and Merton CCGs



Further examples can be found here:



Ask your Regional lead about further resources available in systems

Thank You



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