

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	Neurological Rehabilitation Review
Name of Officer completing Proportionality and Relevance Questionnaire	Rae Flett (Project Manager)
Date of Completion	08/09/23
What is the aim to be achieved by the policy or practice and is it legitimate?	To create a streamlined and responsive person-centred neurological rehabilitation service. Those accessing this Pathway would generally be considered as having a Disability as defined by the Equality Act 2010.
What are the means to be used to achieve the aim and are they appropriate and necessary?	The overall aim of this Review is to ensure that we have a service that will meet the person-centred needs of those who require neurological rehabilitation services. In order to determine what this should look like a Project Delivery Group was formed which included key stakeholders with relevant expertise of the needs of patients and individuals with lived experiences {former patients and their carers} to collate ideas of how to achieve this aim. This was carried out through holding workshops and using a co-design approach to ensure all voices are heard. A number of recommendations have been submitted to IJB to approve the remodelling of the Neuro Rehab Pathway, the change ideas were generated through engagement with a range of stakeholders, including patients and their families.
If the policy or practice has a neutral or positive impact, please describe it here.	A number of positive impacts have been identified which should be realised by the reviewed service. These are outlined as follows; <u>Protected Characteristics</u> Disability – This service will improve access for patients, receiving patient centred care for their rehabilitation creating the ability to reach more people across Grampian. Disabled people, their carers and families accessing Neurological Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a timely and intensive rehabilitation service can be offered. Age – This service is for adults (over 18) who require Neurological rehabilitation. Young people (under 18) are supported via RACH. The service will be available to all adults based on patient needs and will have a positive impact. Race – The service has considered how translation services will be accessed from community settings and will utilise the Language

	<p>Line to ensure that there is no disadvantage to using a community-based model.</p> <p>Sex – The creation of the community-based model, which focuses on individual goals, ensures that there will be no gender bias within the delivery of the service.</p> <p>A neutral impact has been identified at this stage in relation to the other protected characteristics.</p> <p>Marriage and Civil Partnership – the service recognises the support from potential carers and so a neutral impact has been identified at this stage.</p> <p>Gender Reassignment – the service is patient centred and goals are individual. A neutral impact has been identified at this stage</p> <p>Pregnancy and Maternity – the services recognises links with other team and their involvement should they be required. A neutral impact has been identified at this stage.</p> <p>Religion and belief – the service is patient centred and goals are individual. A neutral impact has been identified at this stage</p> <p>Sexual orientation - the service is patient centred and goals are individual. A neutral impact has been identified at this stage</p> <p><u>Fairer Scotland Duty</u></p> <p>This service will be available to patients based on individual need. The proposed ‘HomeLink’ model will enable patients to receive support in their own home which minimises the financial impact and potential challenges experienced by those who have a low income and / or are experiencing material deprivation, and their Carers, from travelling to appointments for their treatment.</p> <p>There may be occasions due to a patients living environment where it is not appropriate for the Homelink concept to be implemented. Therefore, a commissioned bed may need to be considered as an interim option. The recommendations give the flexibility for this to be pursued.</p> <p>The proposed model will collaborate with Aberdeenshire and Moray colleagues to determine the most appropriate means of ensuring the service is available to reach more people across Grampian. Whilst no negative impacts have been identified at this stage this will be monitored during the phased implementation.</p> <p><u>Health Inequalities</u></p> <p>No additional impacts have been identified in relation to Healthy inequalities.</p> <p><u>Carers</u></p> <p>Carers as part of discharge planning are consulted as per Carers (Scotland) Act 2016 legislation. This ensures that the individual needs of Carers are considered. Additionally, the pathway will ensure that staff have an awareness of their local commissioned Carer</p>
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	<p>Support organisation and know where to signpost to.</p> <p><u>Human Rights</u></p> <p>There will be a positive impact in relation to 'Article 8 – The right to respect for private and family life, home and correspondence' – The proposed model will enable patients to return home to their own homes to receive their treatment enabling them to return to family life. It will also support a person-centred approach which has a further positive impact.</p>
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	Yes – this will be reviewed in Phase 2
<p>Rationale for Decision</p> <p>NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>Potential patient group, their carers and families within Neuro Acute wards 204 / 205 at ARI, Neuro rehabilitation Unit at Woodend, HomeLink concept users and users of Horizon rehabilitation services will be positively impacted by an increase in MDT staffing to ensure a more timely and intensive rehabilitation could be offered.</p> <p>No negative impacts identified</p> <p>Significant positive impact to those neuro patients requiring to move through the pathway to have rehab have been identified as outlined above.</p> <p>Carers will be positively impacted in that support is available and will be highlighted better through the pathway.</p> <p>No one's rights will be restricted by this. The focus of changes includes the improvement of person-centred care process which includes; working in collaboration with patients and their families to achieve the best outcomes for the patient.</p>
Decision of Reviewer	Agreed
Name of Reviewer	Lynn Morrison
Date	13/09/23