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NORTH LINCOLNSHIRE COUNCIL

HUMBER & LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

18 December 2023

Chair: Cllr Robinson

Venue: Church Square House, Scunthorpe, DN15 6NL

Time: 10.00 am

E-Mail Address: Dean.Gillon@northlincs.gov.uk

AGENDA

1. Welcome and introductions
2. Apologies and substitutions
3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests.
4. To take the minutes of the meeting held on 17 October 2023 as a correct record and authorise the Chairman to sign (Pages 1 - 4)
5. Update on any work undertaken by constituent local authorities and consideration of common conclusions
6. To discuss, agree and adopt a joint response to the Humber Acute Services consultation. (Pages 5 - 40)
7. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified

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NORTH LINCOLNSHIRE COUNCIL

HUMBER & LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

17 October 2023

PRESENT: - Cllr Robinson (in the Chair), Cllr M Armiger, C O'Sullivan and D Robinson(North Lincolnshire Council)

Cllr M Bowtell, Cllr A Walker (East Riding of Yorkshire Council)

Cllr H Bridges, Cllr T Kemp, Cllr C Payne (Hull City Council)

Cllr S Bunney, Cllr C Macey, Cllr T Smith (Lincolnshire County Council)

Cllr G Asybury, Cllr H Hudon, Cllr K Wilson (North East Lincolnshire Council)

The meeting was held in the Conference Room f01e, Church Square House, Scunthorpe.

1 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting, thanked them for attending, and invited attendees to introduce themselves.

2 **APOLOGIES**

Cllr Boynton, East Riding of Yorkshire Council, sent his apologies.

3 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS.**

Cllr Smith, Lincolnshire County Council, declared a personal interest as a member of the East Midlands Veterans Advisory and Pension Committee

Cllr Hudson, North East Lincolnshire Council, declared a personal interest as Chair of the Health and Adult Social Care Scrutiny Panel.

4 **TO CONSIDER THE TERMS OF REFERENCE AND TO FORMALLY CONSTITUTE THE HUMBER AND LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)**

The Chairman introduced the draft Terms of Reference and sought members' views. A discussion was held about allowing for the provision of minority reports. It was -

Moved by Councillor Robinson and seconded by Councillor Astbury -

That the Terms of Reference be approved and adopted by the JHOSC.

Moved by Councillor Wilson and seconded by Councillor Macey as an amendment-

That the Terms of Reference be amended to incorporate the provision of minority reports.

Amendment lost
Motion Carried

5 TO RECEIVE REPRESENTATIONS FROM HEALTH SCRUTINY CHAIRS (OR THEIR REPRESENTATIVES) REGARDING INITIAL THOUGHTS AND CONCERNS REGARDING ACUTE SERVICES PROPOSALS.

The Health Scrutiny Chairs were invited to give their initial views about the consultation and any implications for their residents.

6 TO AGREE FUTURE STEPS BY THE JHOSC TO EFFECTIVELY SCRUTINISE PROPOSALS

The Chairman suggested that each scrutiny committee continue to consider the proposals as they sought fit, and that this be brought back to a future JHOSC meeting to identify common themes and to agree a response.

Resolved – That each authority's relevant scrutiny panel scrutinise the proposals as seen fit, feeding back to a future meeting of the JHOSC.

7 OVERVIEW OF HUMBER ACUTE SERVICES PROPOSALS FROM ICB REPRESENTATIVES

The Chairman welcomed Anja Hazebroek – Executive Director of Communications, Marketing and Media Relations, ICB, Ivan McConnell – Director of Strategic Development, NLaG/HUTH, Dr Kate Wood – Chief Clinical Officer, NLaG, Dr Linsay Cunningham – Assoc. Director of Communications and Engagement, ICB/NLaG, Alex Seale, North Lincolnshire NHS Place Director, Dr Anwer Qureshi – Clinical Lead for Urgent and Emergency Care, NLaG, and Helen Kenyon, North East Lincolnshire NHS Place Director, to the meeting. The Chairman explained that the NHS representatives had been invited by the JHOSC to provide an overview of the proposals, and to answer members' questions.

Anja delivered an initial presentation covering the rationale for change and the proposals, what this would mean in practice, how the ICB developed the proposals, and the timeline and next steps.

The Chairman then led a wide-ranging discussion on the proposals. Questions were asked about the number of patients affected from each

constituent local authority area, and Ivan confirmed that the numbers would be relatively small for most areas, as patients didn't flow towards Scunthorpe General Hospital.

Members asked questions about the impact of inpatient centralisation on waiting times, and it was explained that the new 7 day model would improve productivity. Dr Qureshi explained that the new model would also improve consultant cover and recruitment.

Members also asked about local leadership, workforce issues, and consultation with veterans. When asked about areas that concern ICB leaders, Ivan identified that transportation remained an issue. A dedicated group had been set up to seek solutions and analysis had been undertaken.

Concerns were raised about the impact of centralisation on the future sustainability of existing hospital sites, giving the example of Bridlington Hospital, which had a number of services removed over recent years. ICB representatives stated that the proposals only covered these specialties, but that services constantly develop.

The ICB representatives highlighted work that was ongoing about keeping patients out of hospital ,and in moving patients from acute settings into community facilities.

Finally, JHOSC members queried the consultation process, including the documents that had been published to support this. ICB representatives responded accordingly.

Resolved – (a) That Anja Hazebroek, Ivan McConnell, Dr Kate Wood, Dr Linsay Cunningham, Alex Seale, Dr Anwer Qureshi, and Helen Kenyon, be thanked for the presentation and for responding to the panel's questions, (b) that the situation be noted, (c) that each local authority's Health Scrutiny Committee continue their work on the proposals as they see fit; and (d) that a future meeting of the JHOSC be convened to agree common conclusions and a joint response to the consultation.

8 ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED

There was no urgent or additional business for this meeting.

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HUMBER AND LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC).

FORMAL RESPONSE TO THE 'HUMBER ACUTE SERVICES PROGRAMME' CONSULTATION BY HUMBER AND NORTH YORKSHIRE INTEGATED CARE BOARD.

1. Introduction

1.1 The Humber and Lincolnshire Joint Health Overview and Scrutiny Committee (JHOSC) is the statutory, democratic body responsible for scrutinising substantial development and variations to local NHS services. The JHOSC was formally constituted on 17 October 2023 to undertake this work.

1.2 The JHOSC is comprised of non-executive elected members of the following local authorities.

- East Riding of Yorkshire Council,
- Hull City Council,
- Lincolnshire County Council,
- North East Lincolnshire Council, and
- North Lincolnshire Council.

1.3 The JHOSC has undertaken this role by speaking to senior members of the Integrated Care Board, local NHS leaders, and clinicians. The JHOSC has also reviewed a large number of supporting documentation.

1.4 The JHOSC would like to place on record its sincere thanks to the above NHS representatives, who have acted in a responsive, open and productive manner throughout.

1.5 This response will take the form of a general overview, followed by short submissions from each of the above local authorities, and ending with commonly held conclusions and a summary.

2. General overview

2.1 The JHOSC fully understands the rationale for the proposals, both in terms of the challenges that the health and care system face, and the desire to provide the best possible services for the residents of the Humber and Lincolnshire. These have been articulated eloquently by the ICB, and reviewed by external specialists, and we are confident that the ICB are genuine in their attempts to ensure safe and quality care.

2.2 Despite this, we do have a number of concerns about the implications of the proposals, some of which are acknowledged by the ICB, or have been identified as areas for further work. These are discussed in section four (the JHOSC's views) and summarised in section five.

3. Responses from Constituent Scrutiny Committees

Response from East Riding of Yorkshire Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee.

EAST RIDING OF YORKSHIRE COUNCIL HUMBER ACUTE SERVICES RESPONSE	
Quality of Care - How does the authority feel patient outcomes, safety measures, equalities and patient satisfaction be affected by the HASR	Some disquiet was raised regarding the impact to the convenience of family and friends to visit patients now being treated further away and how this would impact on the patient experience, particular for paediatric care. Transport more generally was a point of contention for Members, with some concerned that the issue had not yet been given adequate consideration. As the proposals progressed towards implementation, Members hoped these issues would be revisited.
Consultation - Does the authority feel the extend of consultation has been sufficient for the HASR	Though the reception to the extent of consultation was generally positive, there were some concerns that there were no realistic alternatives presented beyond that of those proposed within the Humber Acute Services Review. Moreover, Members were pleased to see that community groups were directly engaged with. However, they were aware that responses from service users would likely only be received from those currently affected and not future user.

Long Term Sustainability - How does the authority feel overall quality improvements, changing patient demographics, and growing patient volume be affected by the HASR	While supportive, East Riding of Yorkshire Council were enthusiastic to see how the changes proposed in the Humber Acute Services review would affect work force planning to ensure long term sustainability of acute services moving forward. Some Members feared that the changes proposed could lead to service reduction creep and an overall move to centralisation of more secondary care services.
Summary and Conclusions	Despite the fact some impacts to patient amenity were observed, a net gain to the quality of care was the consensus of the Members of East Riding of Yorkshire Council. This was however subject to effective implementation and appropriate forward work force planning. Members of East Riding of Yorkshire Council took repeated assurance that no changes provision in Goole was planned. East Riding of Yorkshire Council presented no significant objections to the scoped changes affected by the Humber Acute Services Review and cautiously gave their endorsement.

Response from Hull City Council's Health and Social Wellbeing Overview and Scrutiny Committee.

Hull City Council welcomes the opportunity to take part in this consultation, acknowledging and appreciating the difficulties faced by the NHS and all public sector organisations at this time. Whilst the planned changes being consulted upon may currently only touch on the peripheral of the Hull and East Riding services, Hull may be impacted by the same issues in the future and therefore supports our fellow Humber authorities in their concerns.

Our primary concerns are outlined below:

1. Map 2.2 on Page 65 of the consultation document shows that a number of staff commute from north of the River Humber to the Scunthorpe and Grimsby hospitals, and also across the south bank region. Has enough consideration been given, especially as recruitment is emphasised as being difficult, to those whose roles move / change? They may consider leaving to secure a job closer to home and therefore exacerbate the staffing situation.

2. Engagement table on page 82 shows that this process has been ongoing since 2018, with impacts being evaluated since Oct 2022. It is disappointing that the local authorities, whose Councillors are elected to represent those affected, have been engaged so late into this process.

3. It is questioned as to whether an ambulance crew responding to an emergency at the west of the region would choose the longer journey to Grimsby, or choose for patient care needs to use instead Lincoln, Doncaster or Hull, which may be shorter journey times, resulting in a knock-on effect to those hospitals. We would seek assurances that in the case of this resources will be made available to the Hull hospitals to ensure no degradation of service.

4. We are disappointed to see that the only way forward being considered involves the withdrawal of services from these hospitals, and are highly concerned that should these proposals be implemented only the statistical results will be considered and not the real impact on real people in their real lives. Losing health

services in your community contributes to poorer wellness which contributes to deprivation.

5. We also join colleagues from the affected areas in voicing our concerns that patient outcome and recovery from in-patient stays will be negatively impacted by the additional difficulty of having family visit. Some journeys across the catchment area are difficult to complete using public transport, and the cost of additional travel at a time of a cost-of-living crisis could hit the most deprived residents hardest. This could also impact on out-patients travelling regularly to appointments. In addition we are concerned that consideration of transport issues for patients and their families seems to be an after-thought, introduced at a very late stage of the process.

Response from the Health Scrutiny Committee for Lincolnshire

Introduction

This document sets out the response of the Health Scrutiny Committee for Lincolnshire to the consultation *Your Health, Your Hospitals – Let's Get Better Hospital Care*, undertaken by the NHS Humber and North Yorkshire Integrated Care Board. This response was approved by the Committee on 6 December 2023.

The Committee would like to record its thanks to representatives of the NHS Humber and North Yorkshire Integrated Care Board and Northern Lincolnshire and Goole NHS Foundation Trust who attended a meeting of the Committee on 8 November 2023, to present the consultation materials and respond to questions.

The Health Scrutiny Committee for Lincolnshire has noted the role of the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee as the statutory consultee on *Your Health, Your Hospitals – Let's Get Better Hospital Care* for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. On this basis, this response is submitted by the Health Scrutiny Committee for Lincolnshire as a non-statutory consultee for the purposes of these regulations.

The response is in three parts:

A. Response to the Consultation Questions
B. Other Comments
C. Summary and Conclusion

A. Response to Consultation Questions

Questions 1-4

> The Committee does not wish to use the 'tick-boxes' in response to questions 1 to 4, but has included a brief statement on each question. More details on the views of the Committee are found in the responses to questions 5 and 6.

Question 1

To what extent do you agree or disagree that NHS Humber and North Yorkshire Integrated Care Board needs to make changes to respond to the challenges (as set out pages 4 – 5 of the consultation document)?

> The Committee does not fully accept the rationale for change, and furthermore is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 2

To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe and Diana Princess of Wales Hospital in Grimsby?

> Although the Committee accepts that most urgent and emergency care services for the majority of patients would remain at each hospital, it is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 3

To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery,

paediatric (children's) and complex medical inpatient services at one hospital?

> The Committee does not fully accept the rationale for change, and furthermore is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 4

If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be Diana Princess of Wales Hospital in Grimsby?

> The Committee is aware that one of the key drivers in the proposal to consolidate these services at Diana Princess of Wales Hospital was the substantial capital funding required for improvements at Scunthorpe General Hospital. This is an example of the NHS providing a service within its available resources, rather than a better service, as factors such as staff availability and building costs are the key determinants.

Question 5

Please explain the reasons for your answers and tell us if you have particular concerns about:

- keeping most urgent and emergency care services on both hospitals;
- bringing the four specific services together at one hospital, including if you have specific concerns or comments about any particular service;
- the hospital site, where the four specific services are proposed to be brought together.

> Heart Patients at Weekends

The Committee welcomes the fact that cardiology patients will receive an improved service, including at weekends, where patients attending Scunthorpe General Hospital would have access to cardiologists sooner than currently.

Step-Down Services

The Committee has been advised that step-down services for cardiology patients would be similar under the proposals to those for existing stroke patients. Essentially, local facilities, such as those in Lincolnshire, would be used where this was appropriate for patients to undertaken rehabilitation, and this would be nearer to home, where possible.

Sharing Patient Records

The Committee would like to be re-assured that efforts will continue to ensure that patient records held by one part of the NHS remain or become accessible to other parts of the NHS, so that essential information about a patient is not lost or overlooked.

Waiting Lists

The Committee accepts that these proposals are likely to have minimal impact on waiting lists, as the proposals relate to urgent and emergency care, rather than elective care.

Impact on Neighbouring Trusts

The Committee is not convinced that these proposals will have limited impact on the services provided by neighbouring trusts. For this reason, the Committee intends to request monitoring information on their impact on United Lincolnshire Hospitals NHS Trust, in particular on its accident and emergency department.

NHS Planning Across the Greater Lincolnshire Area

The Committee recognises that for NHS purposes, Greater Lincolnshire has always been divided into two separate NHS regions, currently the North East and Yorkshire Region, and the Midlands Region. This approach has not always helped the overall planning for NHS services. For example, in 2014 there was a public consultation on proposals to consolidate hyperacute stroke services at Scunthorpe General Hospital, discontinuing these services at Diana Princess of Wales Hospital in Grimsby. These proposals were supported by the Health Scrutiny Committee for Lincolnshire at that time, on the basis that this approach had been recommended in the 2013 Keogh Review of Urgent and Emergency Care, which highlighted a reduction in London from 32 to eight stroke units and improved patient outcomes as a result.

In 2021, there was a consultation to consolidate acute stroke services at Lincoln County Hospital, in effect reducing these services at Pilgrim Hospital Boston. This was not supported by the Health Scrutiny Committee for Lincolnshire, but was approved by the former NHS Lincolnshire Clinical Commissioning Group in May 2022; and as of December 2023, the decision continues to be implemented.

The effect of these two separate consultations is a movement of services away from the east coast to hospitals in the west of the county: in Lincoln and Scunthorpe. This remains a concern for the Committee. Although stroke services do not form part of this consultation, the Committee would like to record its view that the decisions on the proposals should take account the wider impacts on the NHS, across NHS regional boundaries, as well seeking workable solutions, not just fit for purpose for the next five to ten years, but for the next thirty to fifty years.

Again, although not the subject of this consultation, the Committee would also like to cite the use of the accident and

emergency department at Diana Princess of Wales Hospital in Grimsby by residents in Lincolnshire, particularly on the east coast, including as far south as Skegness. This is another example of how changes to NHS services impact over NHS regional boundaries.

Question 6

Are there any particular groups or people that you believe might be positively or negatively affected by any of the possible changes to services being considered? If so, what groups are these and how might any positive impacts be enhanced or negative impacts reduced?

Use of Virtual Wards and Virtual Appointments

The Committee recognises that the proposals relate to trauma, emergency admissions overnight or for longer than three days, patients would continue to be seen in person.

The Committee would like to refer to initiatives such as virtual wards and virtual appointments, which are much wider than this consultation and form part of national policies for the NHS. The Committee would like to put on record its support for each patient to be treated in an appropriate way, including recognition that virtual appointments in several circumstances would not be appropriate. Furthermore, virtual treatments rely on patients having both accessible IT equipment and adequate broadband coverage in their areas, as well as the means to subscribe to a household broadband provider. Where patients are affected by the proposals, there is the potential for a negative impact on deprived communities.

Transport

The Committee recognises that the proposals relate to trauma, emergency admissions overnight or for longer than three days, and patients would often be transported to hospital by ambulance, rather than using personal or public transport. However, when patients are discharged, they will need transport. Thus, the Committee is concerned that many people in Gainsborough and the surrounding area, who currently use Scunthorpe General Hospital, do not have access to private transport, and rely on public transport will be adversely affected. This makes journeys from Diana Princess of Wales Hospital in Grimsby to Gainsborough area, both for patients and their friends and families, more difficult and expensive than existing journeys from Scunthorpe. This will have a negative impact on deprived communities.

The Committee understands that the high level transport action plan, which was included in the Pre-Consultation Business Case, would be developed into a series of actions for discussion with partners. The Committee looks forward to these actions forming part of a more detailed action plan in response to the transport issues. The Committee would like to be advised of progress with the detailed action plan for transport, and subsequently its implementation.

B. Other Comments from the Committee

Consultation Arrangements

The Committee would like to record its disappointment and concerns over the arrangements for the consultation events, and the extent to which these were adequate, as no event was initially planned in the administrative county of Lincolnshire. The Committee acknowledges that two events were subsequently arranged and took place in Lincolnshire: a community roadshow at Louth Library; and an exhibition event at Morton Village Hall, Morton. The Committee feels that the 'last-minute' arrangement of these two events may have limited the overall number of responses to the consultation from these areas, as individuals may have had questions, which might not have been answered in the consultation period. Furthermore, the Committee queries the extent to which these events engaged with the public, rather than simply provided an opportunity to circulate questionnaires and other information.

The Committee also suggested that a leaflet be delivered to every household in the affected areas drawing attention to the consultation. This was the approach taken by the former NHS Lincolnshire Clinical Commissioning Group on its Lincolnshire Acute Services Review proposals in 2021. As above, the

absence of a leaflet delivered to each household raises a question over the adequacy of the consultation.

The Committee is mindful of the specific health needs of armed forces veterans, and the duties, which are placed on commissioners and providers of NHS services. Further to the above, a leaflet delivered to each household in the affected area would include these groups.

C. Summary and Conclusion

The Committee acknowledges the case for change, but is not convinced by the rationale put forward in the consultation document and the Pre-Consultation Business Case for the proposed changes to hospital services at Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby. The Committee's concerns regarding transport and travel, and the likely impact on patients using neighbouring hospital trusts, as stated above, are key considerations in reaching this conclusion.

In the event of the proposals being implemented, the Committee would like to consider the details of the transport plan, and intends to review the impact of the changes on patients using the hospitals of neighbouring trusts, as well as those Lincolnshire patients treated at Scunthorpe General Hospital, and at Diana Princess of Wales Hospital in Grimsby.

Response from North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel

NORTH EAST LINCOLNSHIRE COUNCIL HUMBER ACUTE SERVICES RESPONSE	
Quality of Care - How does the authority feel patient outcomes, safety measures, equalities and patient satisfaction have been addressed by the HASR	The panel respects that the proposals are trying to get better outcomes for patients by going to seven days a week service. Accepts that the trust will be able to retain staff, keep developing their skills, and maintaining competences, which the panel see as a positive. Patients will be seen at weekends; therefore, this will shorten hospital stays and enable people to return back to their own homes where outcomes are better for individuals in certain cases. The panel recognises the importance of treating people seven days a week and is pleased this incorporates the weekends. The panel wanted to seek reassurance that at worst there will be no detriment to patient flow and at best an improvement to flow due to the seven days working with senior decision makers. Given current performance of the ambulance service the panel were concerned about the impact of the changes to the service and response times. Work should be in collaboration with the ambulance services, to make sure that there isn't a decline in outcomes for all transport patients due to the proposed changes. The panel are seeking reassurance that the capacity of the

	ambulance services is in place before any of the proposed changes takes place. Within the process, ensure that there is clarity around which patient transport is used, to transfer people in-between sites and back to their homes. How this will work efficiently, to ensure there is no impact on the patients and the ambulance service. The panel is concerned about the impact of family and friends of the extra travel in terms of cost. The panel understands that outcomes are better for patients, when they have people visiting and that provision within the car parks is made. For those people who don't have cars the panel hope to see support for them to be able to make the journey to DPOW.
Consultation - Does the authority feel the extent of consultation has been sufficient for the HASR	The panel welcomed the consultation documents and the impact it would have on people e.g., the case studies. They found the sessions by the team useful and informative at both at the JHOSC meetings and scrutiny panel meetings.
Long Term Sustainability - How does the authority feel overall quality improvements, changing patient demographics, and growing patient	The panel recognises it is a five year programme, however after each proposed change has been up and running, an update would be welcome within the first year. This update should include any impacts for patients, staff and hospitals also if possible, the ambulance service.

volume be affected by the HASR	Need to make sure patients are being treated within in good time and seek reassurance and that a review of this is undertaken over time.
Other Considerations -	The panel is not convinced by the rationale to move children to DPOW, especially as maternity is staying on both sites.
Summary and Conclusions -	Overall, the panel welcomes the proposals in the consultation, which attempts to mitigate staff shortages, improve patient outcomes and improve services.

Response from North Lincolnshire Council's Health, Integration and Performance Scrutiny Panel.

As voted through as Chair of the collective arrangement, the document and its commentary represents fully the views of the Health, Integration and Performance Scrutiny Panel on behalf of key stakeholders.

4. Common Conclusions

4.1 Travel Implications and Health Inequalities

The ICB has adopted four values to govern its activity. One of these is to 'tackle inequalities in outcomes, experience and access'. This is aligned to the requirements of the Health and Care Act (2022) which states "Each integrated care board must, in the exercise of its functions, have regard to the need to —

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

As part of the documentation supporting the consultation, the ICB published an Integrated Impact Assessment. This identifies "Potential increased stress and anxiety for both patients and family members from North Lincolnshire" if services were transferred to the Diana, Princess of Wales (DPoW) site in Grimsby. The Assessment states that "modelling indicates this will impact approx. 5,059 people per year (including paediatric patients)"

The Assessment also reports a "potential negative impact on families/carers living in North Lincs and/or Goole area in being able to visit, as DPoW is further away" The ICB's modelling "indicates that 3,714 patients per year would have more than 30mins additional travel".

The JHOSC raised this issue with the ICB as part of their work, and were told that the ICB acknowledge that the proposals represented a 'least worst' model. The ICB highlight that the alternate model of centralising some services at Scunthorpe General Hospital (SGH) rather than DPoW would result in higher number of people travelling (and presumably increased stress and anxiety). Whilst this is supported by the modelling figures

within the Assessment, the JHOSC cannot support proposals which, by design, increase health inequalities around accessibility; a move that we believe is in direct contradiction of the ICB's stated value (above) and potentially their legal responsibilities under the 2022 Act.

The Integrated Impact Assessment which supports this consultation is, in the JHOSC's view, wholly incomplete. Whole sections including 'how will these impacts be monitored', 'how often will actions be monitored' and the identification of leads for each action/risk are blank. See examples in Appendix 1.

The JHOSC notes the creation of a 'multi-agency transport working group' to address the issues that the proposals inevitably create. However, our strong view is that this work should have been developed prior to consultation, so solutions were clear to all, rather than to simply assign this work to a group to seek solutions in the future.

4.2 Long Term Sustainability of Services

The JHOSC, in general terms, does not fully accept the rationale for the proposed changes, and is concerned that the proposals will impact on the long-term sustainability of both Scunthorpe General Hospital and local acute care generally. The future model of care for residents is largely unclear.

In addition, we note that the ICB are clear that these proposals will not resolve the financial or infrastructure issues that we face locally.

4.3 Consultation Process

The JHOSC is concerned that the consultation process was launched prior to a range of issues being resolved. Whilst we acknowledge that the relatively lengthy implementation period will allow for this work to be completed, it would have been better, in our view, to complete this work and allow for a fully informed consultation, where the implications are clearer. We therefore

cannot support the ICB's view that 'this is the beginning of a journey'.

During the discussions both at the JHOSC and in our respective councils, we note that the following issues were highlighted as either 'work in progress' or 'future work'. Some of this included working with other partners, including local authorities. However, we have yet to see any substantial evidence of this within our respective councils.

Some of the issues highlighted include:

- The development of multi-agency transport solutions, arising from the additional need to travel for many patients and visitors, including funding implications,
- The increased need for ambulance provision, given the pressures to the service, and the suggestion that this be funded by efficiencies,
- The need for a long term, funded plan for the capital estate,
- The outlined steps to move some acute services into the community, including a sustainable clinical model for some outpatient care and diagnostics,
- The implications of the above on the capital sites at SGH, DPoW and other acute sites, with associated funding.
- A joint, integrated workforce and development plan,
- The safeguarding implications of centralisation of services,
- As above, the detrimental impact on health inequalities for residents accessing services, particularly for North Lincolnshire patients, but also for those who live in areas around Goole, Gainsborough, and surrounding towns and villages.

Given this list of unresolved issues, we have serious concerns that the consultation is premature and not fully informed, and could result in implications which have not been made clear to residents and stakeholders.

5. Summary of the Response from the JHOSC.

5.1 The JHOSC fully understands the rationale for the proposals submitted by the ICB. The JHOSC generally welcomes proposals that improve services to residents, and can certainly see the merit in some aspects. For example, moving to a genuine 24/7 model for emergency surgery and some inpatient clinical specialisms is very welcome.

5.2 Despite this, the JHOSC strongly believes that, as outlined above, these proposals are unequal, will inevitably increase health inequalities for residents, and will do nothing to address either the financial or capital estate situation.

5.3 The JHOSC also does not agree with the ICB's position that the many other unresolved issues described at paragraph 4.3 are matters for future discussion. Many of these will require a fundamental shift of resources, primarily from acute to community settings. There is very little clarity of what these changes may look like, or what they mean for the future of the hospital site, or for services that local people rely on, pay for, and have a right to expect.

5.4 In summary, we believe the proposals to be significantly premature, potentially damaging to local healthcare services, and widely unsupported by informed representatives, including many clinicians. The changes will increase health inequalities and reduce choice and accessibility for patients, including worried families with sick children. We believe this may breach the requirements of the Health and Social Care Act 2012, the NHS Constitution, and potentially all four of the still-extant 'Lansley Tests'. These are:

- There must be clarity about the clinical evidence base underpinning the proposals,

- They must have the support of the GP commissioners involved,
- They must genuinely promote choice for their patients,
- The process must have genuinely engaged the public, patients and local authorities.

5.5 Given the fundamental concerns outlined in this document, we reserve the right to take further action as deemed necessary.

Appendix 1 – Extracts from the Integrated Impact Assessment

Page 7 Clinical Effectiveness Impact Assessment - Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
Introduction/development of UCS co-located within an ED department could reduce ED attendance by 35-48% each year	
An improved SDEC and Acute Assessment will support a 4% reduction in admissions and improve efficiency by enabling teams to assess treat and discharge more quickly	
Reduction in those people who attend and ED 5 times or more per year	
This proposed model of care for urgent and emergency services will improve compliance with constitutional and clinical standards and will meet the national set criteria of activity numbers	
The proposed new pathway of urgent and emergency services will improve performance on waiting time standards	
Fewer cancelled operations and reduction in waiting times for treatment	
Working as multi-disciplinary teams across pathways creates opportunities for different staff *(GPs, specialty doctors, allied health professionals, and advanced clinical practitioners)* to develop their skills and provide effective and efficient care for our population	
By concentrating the workforce in fewer locations for the most specialist care, those delivering specialist services will have more opportunities to develop their skills, treating a higher number of complex cases and a wider variety of experiences.	
Competency of staff in dealing with more complex cases improves	
The proposed model of care will improve the quality of specialist care and ensure everyone across the Humber can access the most highly skilled professionals when they need them	
Better utilisation of theatres and more efficient workflow	
Swifter discharge of patients by working more closely with local authorities and social care	
Work in a joined up way with ambulance services to ensure patients who need hospital care are directed to a specified area in the most appropriate local, acute or specialist hospital and/or supported by 'hear and treat' / ' see and treat' - ensuring as far as possible patients get to the right place for their care needs first time	
This proposed model of care for emergency services will reduce the number of handovers within and between services, help to improve the flow of patients through the hospital, **reduce ambulance handover delays** and ensure that patients do not stay in hospital any longer than they have to.	
Ambulance services, GPs, primary care practitioners and consultants will be able to send patients directly through to AAU referring via a single point of access or following clinical advice and guidance. Where appropriate this will reduce the delay to handovers and improve flow within the Emergency Department	
Direct booking into UCS, SDEC, AAU and other diversionary pathways will result in better outcomes - patients get to the right place, first time	
Patients can get directly to the service the need and by-pass the Emergency Department	
This proposed model of care is built on a digitally delivered support infrastructure, providing remote assessments, monitoring, shared care planning and diagnostics access	
H@H/ Virtual wards could reduce the number of clinical contacts	

People will be able to manage their own conditions better and go to hospital less often for check-ups.	
Reduction in emergency admissions as more frail or elderly patients would be seen in a community service e.g. Integrated Frailty service	
Integrated frailty services and other proposed pathway changes would improve outcomes and support faster recovery for patients	
Paediatric Care	
Through H@H children can get home more quickly or avoid an admission to hospital in the first place *The impact of Hospital @ Home on paediatric ED attendances and admissions was not included in the activity modelling due to the pilot being in a very early stage when this work was undertaken. Further modelling will be undertaken as part of the development of the Decision-Making Business Case (DMBC) to quantify the impact of H@H on paediatric activity in ED, PAU and inpatients.*	
Re-designing pathways for paediatric care will improve the safety, quality and effectiveness of services	
By concentrating the workforce into a single location for the most specialist care, those delivering specialist services will have more opportunities to develop their skills, treating a higher number of complex cases and a wider variety of experiences.	
This proposed model will develop improved advice and guidance so that hospital-based, specialist teams can support parents, carers, GPs and community staff, to aid prevention and self-management and reduce the need for children to attend hospital unnecessarily	
Consolidation of paediatric inpatient services onto the acute site will help to improve the quality of care and ensure long-term safety and sustainability of inpatient care ensuring everyone across the Humber can access the most highly skilled professionals when they need them	
This proposed model of care for paediatric care will improve compliance with constitutional and clinical standards and will meet the national set criteria of activity numbers	

Page 7 Clinical Effectiveness Impact Assessment – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and emergency care				
It is not guaranteed that this model will enable all college guidelines, constitutional standards and clinical standards to be fully met.	*Review as part of planning for implementation*			
If Trauma and emergency surgical needs are not identified at Source *(e.g. at the scene by ambulance)* and patients are taken to LEH (SGH) site this increases the potential of time to treatment standards being breached.	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital wherever possible.*			
Potential for delays in transferring patients from LEH (SGH), affecting patient flow and clinical effectiveness	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential for delays if insufficient capacity at the acute site to accept transfers	*Right-sized services*			
Paediatric care				
It is not guaranteed that this model will enable college guidelines, constitutional standards and clinical standards to be fully met.	*Review as part of planning for implementation*			

If Trauma and emergency surgical needs are not identified at Source (e.g. at the scene by ambulance) and patients are taken to LEH (SGH) site this increases the potential of time to treatment standards being breached.	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital*			
Potential for delays in transferring children from LEH (SGH), affecting patient flow and clinical effectiveness	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential for delays if insufficient capacity at the acute site to accept transfers to paeds inpatient ward	*Right-sized services*			

Page 8 Patient Experience – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
The proposed model of care retains local urgent and emergency care services at each of the three existing sites and enables the NHS across the Humber to continue to operate three ED in the three main localities; Hull, Grimsby and Scunthorpe	
The proposed model of care would reduce waiting times for patients in the Emergency Department (ED)	
Integrated Acute Assessment model to improve flow through the hospital will provide a better experience for patient (quicker diagnosis and treatment and fewer handoffs)	
The development of an AAU and SDEC would ensure patients can get directly to the service they need and by-pass the Emergency Department	
Better integration of urgent and emergency care across all health and social partners *(including mental health)* would enable patients to be treated and discharged more quickly.	
Improvements to NHS 111 and implementation of 'any-to-any' booking could benefit patients as they would get directed to the service they need and by-pass the Emergency Department.	
Improved continuity of care and patient experience	
Services will be easier to navigate for the public, helping to reduce inequalities and barriers to access	
Developing centres of excellence for acute medical specialties will also build confidence in patients, many of whom have told us through our engagement that they would prefer to be treated where the specialists are and have full specialist team wrapped around them *(Reference: Accident and Emergency - Feedback Report / Healthwatch ED Enter and View - Feedback Report / What Matters to You -Feedback Report).*	
A UCS co-located within an ED woud improve patient experience as it is easier to navigate and signpost to the most appropriate service *(right place, first time)* - public feedback has shown local people are confused about where to go for what care *(Reference: Accident and Emergency - Feedback Report / Healthwatch ED Enter and View - Feedback Report / What Matters to You -Feedback Report).*	
More services provided within the patients home (e.g. virtual wards/hospital@home/pathway changes) would allow patients to be supported at home and recover faster.	
It would be easier for family, friends and loved ones to provide support to the patient if more care was provided at the patient's home.	
People will be able to manage their own conditions better and go to hospital less often for check-ups.	
Integrated frailty services and other proposed pathway changes would improve outcomes and support faster recovery for patients	
Improved discharge prcoessess and investing in social care workforce will help to reduce the length of stay for particularly frail or elderly patients	
Improved use of digital support remote monitoring, more responsive services *(e.g. patient-initiated follow-up)* , and reduce the overall need for patients to travel to hospital	
Paediatric Care	

The proposed model of care retains local paediatric services at each of the three existing sites and enables children to be seen and treated initially at their local hospital in the Paediatric Assessment Unit (PAU)	
A 24/7 PAU provides better care and a better experience for patients than a time limited PAU	
A 24/7 PAU will enable children to be seen, treated and discharged more quickly	
A 24/7 PAU will reduce hospital admissions. CYP told us that they don't like staying in hospital. *(Source: What Matters to You: Children and Young People)*	
Hospital at Home - Could support a reduction of paediatric inpatients by enabling children to get home more quickly or avoid admission to hospital in the first place, improving experiences and outcomes for patients and their families.	
Hospital at Home improves continuity of carer as the needs of the child and family are known	
Hospital at Home improves mental and emotional wellbeing for children and their families as they feel more comfortable and at ease in their own environment	

Page 8 Patient Experience – Negative Impacts

Description of negative impacts	**Mitigating actions of negative impacts**	**How will this action be monitored**	**How often will this action be reviewed**	**Lead**
Urgent and Emergency Care				
Potential increased stress and anxiety for both patients and family members from North Lincolnshire area if there is a need for the patient to be transferred from the LEH (SGH) to the acute site (DPoW), which is likely to be further away from their home. *modelling indicates this will impact approx 5,059 people per year (including paediatric patients) - this is compared to 5,604 people per year in the option where SGH is the Acute site*	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital wherever possible.*			
Potential delays for patients in transferring from LEH (SGH) site to the acute site (DPoW) could negatively impact patient experience.	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential negative impact on families/carers living in North Lincs and/or Goole area in being able to visit as DPoW is further away *modelling indicates that 3,714 patients per year would have more than 30mins additional travel in this model - this is compared to 4,635 people per year in the option where SGH is the Acute site*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
NL has high levels of deprivation and areas of low car ownership so families may not be able to afford to travel to visit the patient at the acute site (DPoW) *In North Lincs 18.5% of households do not own a car, and 20% of neighbourhoods are in the most income deprived quintile in England (Compared with 26.9% of households do not have a car and 40% of neighbourhoods are in the most income deprived quintile in North East Lincolnshire)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Potential delay in recovery and/or if admitted to a hospital further away or in another local authority from home with reduced access to relatives to support recovery.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Poor, expensive and unreliable public transport links between hospital sites would impact patients/families and carers being able to visit	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Patients and service users have told us that availability of parking and cost of parking makes travelling to hospital difficult. Consolidating specialst and inpatient care onto one site could reduce the availabilty of parking event more. *Source: Travel and Transport Feedback Report*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

Paediatric Care				
Children from North Lincs needing to be admitted will have to be transferred from the LEH (SGH) to DPOW (acute), this could have a negative impact on their experience and that of their families.	*Continued development of the Hospital at Home model to support reduction in admissions and length of stay*			
Children and young people told us that being at home, with their family and toys would help them to feel better more quickly, being in a hospital further from home and family is contrary to this. *Reference: What Matters to You: Children and Young People*	*Continued development of the Hospital at Home model to support reduction in admissions and length of stay*			
18.5% of households in North Lincs do not own a car or have access to a car so would potentially find it difficult to visit the young person in hospital at the acute site as alternative travel options could be expensive. *Car ownership rates are lowest in the central wards of Scunthorpe where deprivation is highest - in North Lincs 18.5% of households do not own a car (Compared with 26.9% of households in North East Lincolnshire)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Harder to arrange child care for other dependents if a child is admitted into a hospital further away from home				
The young person may not know any of the nurses or clincal teams looking after them at the acute site (DPoW), this could have a negative impact on their experience				

Page 9 Patient Safety – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Paediatric Care	
24/7 PAU will continue to improve safety for paediatric patients because a paediatrician would be available 24/7.	
Children and young people will continue to be assessed at their local hospital, treated and discharged within 24 hours in the Paediatric Assessment Unit (PAU).	
Consolidating paediatric inpatient services onto the Acute site enables CYP with more complex needs to access the specialist care they need from well-supported, experienced teams of highly skilled professionals where the needs of the child and their family are known	
Children can have shorter hospital stays or avoid them all together and be investigated and treated at home instead	
Re-designing pathways for paediatric care will improve the safety, quality and effectiveness of services	

Page 9 Patient Safety – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Paediatric Care				
Potential risk to CYP patients needing to be transferred from the LEH (SGH) to the acute (DPoW) or specialist hospital (HRI) due to travel time/distance if any delays are incurred *(e.g. lack of staff/ambulances)* - their condition could deteriorate whilst waiting for the transfer or on route.	*Safe transfer & inreach*			
This proposed model of care may deter clinicians and nurses living near the LEH (SGH) from remaining within the Trust and look for alternative employment, putting the sustainability of services at risk.	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Potential risk if no beds available at the acute/specialist hospital resulting in delays and the patient not receiving a quick responsive service for more serious or life-threatening emergencies in the right place with the right skilled staff and facilities available.	*Right-sized services* *Inreach*			
Increased risk that North Lincs parents may discharge the patients themselves before they are clincially ready to be discharged to get home quicker if transferred to the acute site, especially if they have other dependants at home.	*pathways of care /support of clinical teams*			

Page 10 Equality Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	How will these impacts be monitored
Socio-economic background	
Improved pathways to provide more holistic care, that is more responsive and better at supporting people with multiple co-morbidities to stay well.	
Freeing up staff to improve outreach provision and support *(e.g. outreach clinics, virtual wards, hospital @ home)*	
Reducing waiting times for care and prioritising those most in need	
Improving opportunities for local people to access well-paid jobs and rewarding career pathways *(supporting workforce strategy will develop local workforce of the future in partnership with local education partners, industry etc.).*	
Continued investment in the two major towns *(Grimsby and Scunthorpe)* – keeping money in the local economy.	
When considering the travel impact as a whole, the proposed model (where DPoW is the acute hospital) does not have a disproportionate impact on people living in the most deprived quintile (IMD 1 and 2) - the travel time impact broadly follows the aggregate pattern of deprivation across Northern Lincs	
Age	
Improved experience for CYP due to better joined-up services *(H@H, properly staffed PAU, better quality of care)*	
CYP said that it was really important to them that could be in a place that they feel safe *(toys/home comforts)* H@H will deliver this. *(Reference: What Matters to You: Children and Young People)*	
PCG told us that it was really important that there was well trained staff treating their children. The proposed model supports improved workforce for paeds, specialists in one place. *(Reference: What Matters to You: Parents, Carers and Guardians)*	
Improved frailty services. Enhanced care in care homes and OOH enablers *(falls prevention)*	
Disability	
More care closer to home – reduces overall need to travel *19% of the population in North Lincs are disabled - compared with 20% in North East Lincolnshire*	
Virtual wards will allow for more accessible care – reduces overall need to travel	
People with LD – co-located UCS, easy access to local services. Easier to navigate system and find where they need to be	

Standardising pathways across the Humber – same type of care will make it easier for people with disabilities to navigate	
Ethnicity	
Having a co-located UCS on-site would make it easier for people from BAME backgrounds to access to local services.	
Standardising pathways across the Humber will make it easier for people from BAME backgrounds, and people where English is not their first language to navigate the system . Ethnicity: Asian - 3.3%, Mixed/Multiple Ethnic Group - 0.5%, Black/African/Caribbean/Black British - 1.1% Other Ethnic Groups -0.8%. Language: Cannot speak English well - 0.8%, cannot speak English -0.1%	
Improve opportunities for staff training *(unconscious bias/awareness/equality/disability etc)* – *Patients/Members of the public told us they want this through our engagement.* *Source: Equality Groups - Combined Feedback Report*	
Religion or Belief	
Improve opportunities for staff training (unconscious bias/awareness/equality/disability etc) – *Patients/Members of the public told us they want this through our engagement.* *Source: Equality Groups - Combined Feedback Report*	
Sex	
Sexual Orientation	
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their sexual orientation - in relation to the proposals	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*
Gender Reassignment	
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender identity - in relation to the proposals	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*
Carers	
More care closer to home – reduces overall need for carers to travel *Approximately 3.1% of the population in North Lincs provides 50+ hours of unpaid care per week*	
Virtual wards will allow for more accessible care – reduces overall need to travel	
Care closer to home will reduce the financial strain on carers, particularly unpaid carers	
Any other Groups	
Sex Workers - The proposed model of care would reduce waiting times for patients in ED. Sex workers in North East Lincs told us during our engagement with them that waiting times are one of the main barierrs when accessing care as they feel judged in waiting rooms, so if waiting for any length of time will get up and leave. This proposed model could reduce this barrier for this group of people. *(Source: Equality Groups - Combined Feedback Report)*	
Sex Workers - This proposed model of care allows for increased opportunities for improved joined up working with primary, secondary and community providers and allow sex workers to be looked after by people they trust and who support them on a day-to-day basis *(Source: Equality Groups - Combined Feedback Report)*	
Asylum Seekers - Have told us that they have a lack of knowledge and/or accessible information about what services do exist, what they may be eligible for and what rights they have to access healthcare. Standardising pathways across the Humber will make it easier for people from BAME backgrounds, and people where English is not their first language to navigate the system . *North Lincs Ethnicity: Asian/Asian British - 3.3%, Mixed/Multiple Ethnic Group - 1.1%, Black/African/Caribbean/Black British - 0.5%. White 94.3%* *North Lincs Language: Cannot speak English well - 1.5%, cannot speak English -0.2%* *Migrant Indicator: 0.5% of people living in NL were living at an address outside the UK one year ago* *(Source: Census Data 2021)*	

Page 10/11 Equality Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Socio-economic background				
Some people in North Lincs and Goole would have to travel further to access care. The proposals increase travel times for some patients, service-users, families and staff members.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

NL has high levels of deprivation and areas of low car ownership so families may not be able to afford to travel to visit the patient at the acute site (DPoW) *In North Lincs 18.5% of households do not own a car, and 20% of neighbourhoods are in the most income deprived quintile in England (Compared with 26.9% of households do not have a car and 40% of neighbourhoods are in the most income deprived quintile in North East Lincolnshire)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Low-income families from North Lincs would find it more difficult to afford the additional travel. *(In North Lincs 13.3% of the population are classed as being income deprived and 1 in 5 children in North Lincs are classed as living in poverty .)* *(Source: Fingertips Data)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Looking only at maternity and paediatric activity only, both site options (DPoW as the Acute site or SGH as the Acute site) have a disproportionate impact on people living in the most deprived communities, compared with the overall spread of deprivation across the region. This could be accounted for when considering the age profile of deprivation across our region - notably that those living in the most deprived communities are more likely to be younger.				
Age				
Consolidation of paediatric inpatient services would have an impact on people below the age of 18 from North Lincs *Activty modelling tells us that this is approximately 935 paediatric patients per year (compared with 990 in the scenario where these services are consolidated at Scunthorpe)*				
Consolidation of specialist medical inpatient services (Cardiology, Respiratory and Gastroenterology) is likely to have a higher number of impacted patients age 65+ *Activity modelling tells us that this is approximately 1,069 patients per year (compared with 1,584 in the scenario where these services are consolidated at Scunthorpe)*				
Disability				
Disabled people in North Lincolnshire and Goole could face longer journeys to visit relatives or loved ones in hosptial, if they are admitted for care at DPoW 19% of the population in North Lincs are disabled - compared with 20% in North East Lincolnshire	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Disabled people have told us that wheelchairs are not able to travel with patients and that they have no independence when they get to the hospital site	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Disabled people could face more barriers being discharged from hospital if they are admitted to DPoW when this is not their local hospital				
Disabled people from North Lincs have further to travel and may experience difficulties parking *(feedback has told us that there is a lack of accessible parking on sites - Reference: Combined Equalities Group Feedback Report / Transport Survey - Feedback Report)*	*Transport working group to include estates team members to explore potential options to improve car parking*			
Ethnicity				
There is strong evidence that people from Black, Asian and Minority Ethnic (BAME) backgrounds face greater health inequalities. This was highlighted through the COVID-19 pandemic, which had a disproportionate impact on BAME populations in terms of incidence of disease and mortality.	*Ongoing engagement to increase understanding of potential impacts on BAME (in particular Asian/Asian British) communities and develop mitigations*			
The neighbourhoods with the largest concentration of Asian/Asian British Population in the Humber are all in North Lincolnshire, in the areas close to Scunthorpe Hospital - people living in these communities could be impacted if they or a family member is admitted to DPoW.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Feedback with the BAME and Eastern European community have told us that translation services are currently a barrier - it is unclear whether the proposed model would improve this or not				
Religion or Belief				
Feedback from the Muslim community: Muslim women are less likely to drive or have access to a car, making it more difficult if they have an ill child admitted as an inpatient at DPoW (Acute)	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Feedback from Muslim community: women often chaperoned by male member the family, which could be more difficult if care was further away	*Ongoing engagement to increase understanding of potential impacts on Muslim communities and develop mitigations*			
Sex				
In North Lincs men have a shorter life expectancy than women. *(England Average - Men = 78.7 years, Women = 82.8 years)* *Men = 78.9 years* *Women = 83.3 years* *(Source: Census Data 2021 - Life expectancy at birth)*				
Sexual Orientation				
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender reassignment.	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*			
Gender reassignment				

Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender reassignment.	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*			
Carers				
Some carers in North Lincs would have to travel further so that the people/person they look after could access care and/or to visit the person they care for should they be admitted to the acute site (DPoW) *Approximately 3.1% of the population in North Lincs provides 50+ hours of unpaid care per week, broadly similar to North East LIncolnshire (3.2%)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Low income carers / unpaid carers from North Lincs would find it more difficult to afford the additional travel. *(In North Lincs there are approximately 19,000 carers.* *13.3% of the population are classed as being income deprived and 1 in 5 children in North Lincs are classed as living in poverty)* *(Source: Census Data 2021)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Any other Groups				
Sex Workers - We engaged with sex workers in North East Lincs. A key barrier for them when trying to access services is ease of access, for example if the appointment is too diccicult to get too, they wont attend. By consolidating specialst/maternity services onto one site further away from where they live could create further health inequalites for this group as they will find getting to an appointment too difficult so wont go and get the medical care/treatment they need. *(Source: Equality Groups - Combined Feedback Report)*				
Sex Workers - Many sex workers won't get in an ambulance as they feel it resembles a police car and they are going to be judged by people in uniform. If these women are needing to be transferred to from the LEH (DPoW) to the Acute site (SGH) this could have a negative impact on them and create further barriers and health inequalties. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Asylum Seekers - Many asylum seekers don't have the right paperwork to access means-tested benefits. Many don't drive or have access to a car. By consolidating services onto the acute site (DPoW) could create further barrier for access and health inequalties for this group as they are unable to travel to the appropriate site and cannot afford public transport. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Asylum Seekers - Fear often prevents people from accessing services and/or asking for help – particularly, fear that doing so might impact on asylum status or application process. Lack of knowledge and/or accessible information about what services do exist and where they are may only compound that fear and inhibit them from accessing services at all. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

Page 12 Workforce Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Paediatric Care	
The proposed model of care has embraced the concept of joint appointments where retiring staff from paediatrics and children's services could return to provide education support, advice and guidance.	
The proposed pathway re-design will ensure staff working in paediatric services have the opportunities they need to keep their skills up to date and have the confidence to handle more complex cases when they arise.	
Consolidation will enable more effective deployment of our skilled and specialist staff by concentrating teams in one location rather than spreading them across multiple units.	
The proposed staffing model for paediatrics has been developed considering the requirements set out in the *National Quality Board on Safe Staffing* and *Facing the Future* standards to deliver their services	
Opportunities for new roles and ways of working across paediatrics, including; rotational induction/preceptorship programmes, dedicated apprenticeship programmes, retire and return mentorship/educational support, young person's nurse specialist roles	
Staff will be able to work in larger teams, which improves resilience and enables us to design rotas to cover services that will be more attractive to current and future workforce. Improved retention and recruitment of staff ensures the sustainability of services over the long term.	

Page 12 Workforce Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Paediatric Care				
Still requires multiple rotas for some specialties, paediatrics/neonatal and ED				
Additional workforce would be needed to support the additional transfers	*Development of transport solutions for inter-hosptial transfers*			
Can the staff working at the LEH sufficiently maintain skills and experience	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Additional travel and financial impact for staff rotating between sites, staff with young families would be particularly impacted	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Potential for dissatisfaction/low morale amongst staff at the LEH whose site base may change. These existing staff members may choose an alternative role or organisation rather than travel to the acute site, this could potentially have a negative impact on staff vacancy rates	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Potential for reduced career opportunities/progresion for specialist, paediatric workforce at the LEH and/or perception of reduced opportunities.This could make the LEH a less attractive place to work, and make recruitment difficult.	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Vacancy rates in NLaG could continue to rise if recruitment/retention initiatives aren't successful making it unsustainable to maintain services.				
Staff have told us that parking and lack of spaces makes travelling to work difficult for them, consolidating some staff/services onto one site could reduce the availabilty of parking event more. *(Source: Travel and Transport Feedback Report)*	*Transport working group to include estates team members to explore potential options to improve car parking*			
Staff have told us that poor public transport links make it difficult for them when travelling to work, and public transport between hospital sites is poor. This could have a negative impact on staff who rely on public transport if required to work at alternative sites as a result of the changes proposed within this model of care. *(Source: Travel and Transport Feedback Report)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			

Page 13 Sustainability Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	How will these impacts be monitored
Urgent and Emergency Care	
Improves financial sustainability by reducing the cost of using agency and locum staff to fill vacancies *(In 2022/23 - HUTH spent £18million and NLaG spent £37.7 million)*	
Design and build ‘smart buildings’ promoting increased environmental sustainability and efficiency. This will also support the delivery of the ICS's Green Plan.	
Improved use of digital to support remote monitoring, more responsive and efficient services will help to reduce the overall need for patients to travel to hospital.	
Digital Infrastrature - systems that interact with each other /providing remote assessments,monitoring, shared care planning and diagnostics access	

Boost economic and productivity growth across the Humber's thriving industries, leveraging the benefits of Freeport status and working with a range of partners to support investment in the region. Our investment plans are backed by a strong "Anchor Network" across the region and integral to the delivery of regional regeneration strategies, Local Authority Master Plans and Town Deals. Planning has been undertaken collaboratively with Local Authorities and wider partners (Universities, LEPs), adopting a "One Public Estate" approach, to ensure maximum return on investment, leveraging wider economic benefits through increased private sector investment in allied industries.	
Raise the Humber's prominence as the UK's Energy Estuary within the emerging green energy sector and generate solutions to help meet the NHS Zero Carbon goals	
Built on a digitally delivered support infrastructure, providing remote assessments, monitoring, shared care planning and diagnostics access.	
Put in place virtual wards to achieve a sustainable shift from hospital to home-based care when safe to do so	
Paediatric Care	
Put in place virtual wards to achieve a sustainable shift from hospital to home-based care when safe to do so	

Page 13 Sustainability Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and emergency care				
Our current buildings are not flexible and cannot easily by adapted to deliver new models of care.				
Paediatric Care				

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