NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD

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

1. Introduction

1.1 North Lincolnshire Health and Wellbeing Board is the key strategic, multi-agency body at the 'Place' level, which works to promote integration, improve the health and wellbeing of the local population, and reduce health inequalities.

1.2 Given the potential implications of the ICB's proposals on each of those priorities, the Board has taken a keen interest and has reviewed all supporting documentation.

1.3 The Board would like to place on record its sincere thanks to NHS partners and representatives, who have acted in a responsive, open and productive manner throughout.

1.4 This response will take the form of a general overview (2), short responses to the consultation questions (3), followed by a wider discussion of our views with a particular focus on the impact of health inequalities (4) and (5).

1.5 This response is designed to align with, and endorse, the formal responses from the Joint Health Overview and Scrutiny Committee (JHOSC) for Humber and Lincolnshire, from North Lincolnshire Council's Cabinet, and from relevant Directors.

2. General overview

2.1 The Board understands in part the rationale for the proposals, both in terms of the challenges that the health system faces, 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 striving to ensure safe and quality care.

2.2 However, we do have a significant 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 Board's Views) and summarised in section five.

3. Response to Consultation Questions

The Board would like to place on record that we do have some concerns about the methodological validity of some of the following questions. In particular, we believe that question 2 is designed to lead the respondent to a certain outcome, which may be indicative of a flawed consultation process. We believe that, in future, consultation questions should be posed in a neutral manner, in line with best practice.

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?

> The Board accepts that services develop over time, and will need to change depending on circumstances, finances and demographics. However, the Board does have concerns that the challenges outlined by the ICB in the consultation document were not tackled at an earlier stage, which may have largely avoided the need to alter services at this point. The Board would like further opportunity to discuss alternative options which exist to tackle these challenges.

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?

The Board wishes to see the majority of residents receive the most urgent and emergency care services locally.

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 Board does not fully accept the rationale for the proposed changes. We believe that, if centralisation was clinically appropriate, then this should have been delivered more equitably, with some services centralised in Scunthorpe. We are concerned that the proposals may impact negatively on the longer term sustainability of acute care in North Lincolnshire. We also have concerns around capacity and resource issues at Diana, Princess of Wales Hospital for these specialties if centralisation goes ahead.

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?

See answer to question 3. We disagree that all four services should be centralised at the Diana Princess of Wales Hospital, and we believe there will be a negative impact for the residents and place of North Lincolnshire.

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.

> See answer to questions 3 and 4, and also the next section of this response. Whilst we would always support ensuring services are effective, we are concerned that these proposals are not equitable or deliver this aim.

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?

The Integrated Impact Assessment which accompanies the proposals is clear that this will have a detrimental impact on thousands of North Lincolnshire residents every year. This will be particularly so for those residents who are most vulnerable, deprived or are without a car.

We believe that this will exacerbate health inequalities in North Lincolnshire, and could adversely affect health outcomes for many residents.

The ICB has suggested that the negative impact in North East Lincolnshire would be more strongly felt if services were centralised at Scunthorpe, given the respective rates of deprivation. Deprivation and inequalities impact residents in North and North East Lincolnshire and therefore the Board would support a more equitable configuration of services.

4. The Board's Views

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 […] 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".

This has been raised with the ICB by the Board, as well as the Joint Health Overview Scrutiny Committee, as part of their work. During the discussions, the ICB acknowledge that the proposals represent 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 Board could never support proposals which increase health inequalities around accessibility for North Lincolnshire residents.

The Integrated Impact Assessment which supports this consultation is 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 Board notes the creation of a 'multi-agency transport working group' to address the issues that the proposals inevitably create. However, our view is that this work should have been developed prior to consultation, so solutions were clear to all. The Board is also concerned that travel data requested by Healthwatch was not supplied.

4.2 Long Term Sustainability of Services

The Board 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 Board is concerned that the consultation process was launched prior to a range of critical issues being resolved. Whilst we acknowledge that the relatively lengthy implementation period may 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.

During the discussions, both in formal and informal meetings, 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 are unclear if this work has commenced and an update is required.

- 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 or patient transport provision, given the long-standing and apparent 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, including the prioritisation of funds specifically towards Scunthorpe General Hospital in order to match the respective levels of risk in infrastructure.
- The outlined steps to move some acute services into the community, including a sustainable clinical model for some outpatient care and diagnostics, with associated funding.

- The long-term implications of the above funding shift on the capital sites at SGH, DPoW and other acute sites.
- A joint, integrated workforce and development plan, at place level.
- The safeguarding implications of centralisation of services,
- As above, the required steps to reduce and ameliorate the detrimental impact on health inequalities for North Lincolnshire residents.

We are concerned that the consultation is premature and could result in implications which have not been made clear to residents and stakeholders.

The consultation documents appear to suggest that no viable alternative exists. The Board would like the opportunity to discuss this further.

Residents have not been asked if they want local services to move outside North Lincolnshire, and the Board feels the consultation document is written in a manner which minimises the potential of impact.

5. Conclusions

5.1 The Board acknowledges the rationale for the proposals submitted by the ICB. The Board generally welcomes proposals that improve services to the residents of North Lincolnshire, 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 Board strongly believes that, as outlined above, these proposals are unequal and will inevitably increase health inequalities for North Lincolnshire residents.

5.3 The Board 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.

5.4 In summary, we believe the proposals to be premature. The changes will increase health inequalities and reduce choice and accessibility for patients, including families with sick children.

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

		How will this action be monitored	How often will this action be reviewed	Lead
Description of negative impacts	**Mitigating actions of negative impacts**			
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 staffmembers.	*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 EastLincolnshire)*	*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 dicicult 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				