City Hospitals Sunderland NHS Foundation Trust
South Tyneside NHS Foundation Trust

South Tyneside and Sunderland Healthcare Group

Appendix 6.2:

Equality, Health and Health Inequalities Integrated Impact Assessment Report – a summary

Version 1.0	Draft – to be updated pre-decision, following relevancy testing, feedback gathering and further analysis during consultation
June, 2017	

1.0 Introduction and purpose

This document summarises the purpose, content and impact of the Integrated Impact Assessments (IIA) undertaken to support Phase 1a of the Path to Excellence proposals. IIAs for Stroke, Obstetrics and Gynaecology (including Special Care Baby Unit) and Paediatric services were commissioned from an independent organisation in early 2017 to inform the evaluation of the options prior to them being agreed as appropriate options to be taken forward to public consultation. Each IIA combines an Equality Impact Assessment and a Health and Health Inequalities Impact Assessment.

2.0 IIA aims and context

2.1 Aims and objectives

Integrated Impact Assessment (IIA) is a method of estimating the possible implications, intended and unintended, of policies, plans, strategies, projects or initiatives. An IIA examines how any proposal could affect the communities served and how these effects may be distributed amongst different groups within the community. The aim of IIA is to make recommendations to enhance potential positive outcomes and minimise negative impacts of a proposal.

2.2 Statutory context

Clinical Commissioning Groups, as key partners and the statutory decision-makers in the Path to Excellence programme, have legal duties in respect of health and health inequalities. These duties come from:

- The Equality Act 2010 (including the Public Sector Equality Duty at section 149)
- The NHS Act 2006, as amended by the Health and Social Care Act 2012

Case law from a challenge to the Public Sector Equality Duty – known as the Brown principles[1] – is relevant to both equality and health inequalities legal obligations. These are:

- Decision maker must be aware of his/her duty to have 'due regard';
- 'Due regard' must be fulfilled before and at the time a particular decision is considered;
- The duty must be exercised in substance, with rigour and an open mind;
- The duty is non-delegable;
- The duty is a continuing one; and
- It is good practice to keep an adequate record showing the duty has been considered

[1] 3 See http://www.moray.gov.uk/downloads/file89347.pdf

2.2.2 Statutory equality duties

The three obligations of the Public Sector Equality Duty (PSED) are to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

These requirements apply to the nine protected characteristic groups and any decisions made or policy developed by the CCGs, as well as the functions and services provided by others on behalf of CCGs.

2.2.3 Statutory health inequalities duties

The Health and Social Care Act 2012 placed duties on CCGs to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (section 14T)
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieves (section 14Z1)
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (section 14Z11)
- Include in an annual report an assessment of how effective they discharged their duty to have regard to the need to reduce inequalities (section 14Z15)

2.3 Project context

The aim of undertaking comprehensive IIAs is to add value to the development and finalisation of the Path to Excellence Phase 1a proposals by identifying all health, equalities and health inequalities benefits and risks for South Tyneside and Sunderland communities. The IIAs have informed the overall impact-assessment of the proposals at the pre-consultation stage to ensure option viability. They have also informed the development of the consultation process to ensure appropriate mechanisms for gathering the views of those impacted by the proposals.

Relevancy of the IIAs will be tested as part of the consultation process through targeted engagement with impacted groups. This will enable the IIAs to be further developed and refined into final IIAs, reflecting public feedback. The final IIAs will be considered as part of the final CCG decision-making process. The IIA finalisation process is outlined in figure 2-1.

Figure 2-1: IIA finalisation process

3.0 Methodology

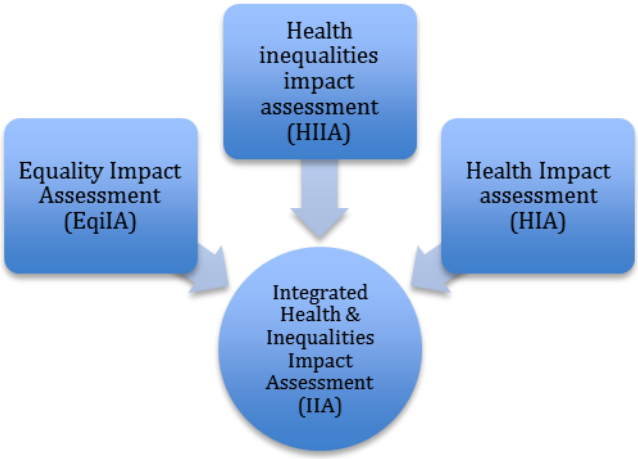
3.1 Scope

Each IIA has considered the positive, neutral or negative impact that each proposed service arrangement could have on

- equality groups
- population health outcomes,
- population health inequalities

This is depicted in figure 3-1.

Figure 3-1: Integrated Impact Assessment components



The IIAs specifically assessed the equalities impact in relation to:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

- Emotional well-being
- Deprivation or social economic status.

They looked at the overall health impact and the impact on health inequalities in relation to the following four health and wellbeing domains:

- healthcare outcomes,
- access to high quality healthcare,
- the environmental determinants of health and
- the economic determinants of health.

Specific health attributes were developed for each of the four health and wellbeing domains, informed by national evidence and expert consensus regarding clinical outcomes specific to the three health areas. The attributes used as the basis for the health and health inequalities impact assessment are listed in table 3-1.

Table 3-1: Attributes for the four health and wellbeing domains within the health and health inequalities impact assessments

Stroke	Obstetrics and Gynaecology	Paediatrics
Death / Premature Death	Mortality – maternal deaths, stillbirths, or other infant deaths in the first month of life.	Timely and effective management of acute illness – to achieve resolution and avoid unnecessary suffering or worsening of the conditions
Disease	Spontaneous Vaginal Deliveries	Emotional wellbeing including pain management, anxiety and distress
Disability – physical, mental, learning	Obstetric interventions	Health promotion to address biological risks and lifestyle risks to future health e.ge obesity, contraception
Emotional wellbeing	Transfers of care during labour or immediately after the birth	Safeguarding children from harm
Sensory Impairment	Delivering a baby without serious medical problems	Avoidable health care e.g. length of stay, readmission
Cognitive impairment and disability	Infant feeding ideally breastfeeding	
Social dependency	Maternal health – social, emotional and physical	
Quality of life	Infant health - social, emotional and physical	
Biological risks to future health e.g. atrial fibrillation	Improved life expectancy (in relation to diagnosis and management of women's cancers, infections, and management of gynaecological	

	emergencies e.g. ectopic pregnancies	
Health related lifestyles e.g. smoking, exercise,	Improved quality of life in relation to management of gynaecological problems (including pain, continence, abnormal uterine bleeding, sexual and reproductive health) (including pain, continence, abnormal uterine bleeding, sexual and reproductive health)	
Health inequalities		

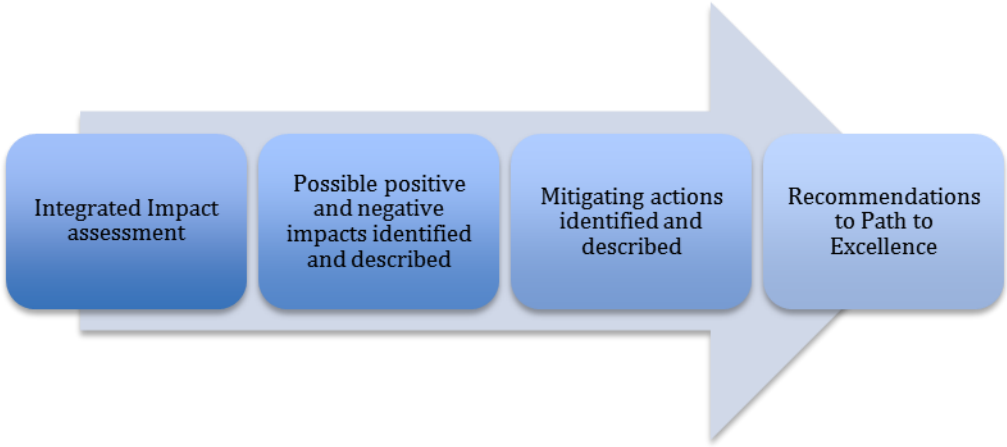
Each IIA was conducted on the proposed service arrangements outlined in the pre-consultation business case, looking at the impacts for the current and future population resident or working in South Tyneside and Sunderland Local Authority areas, with specific attention paid to those groups most affected by the change proposals as listed in table 3-1.

Table 3-1: Groups within South Tyneside and Sunderland most affected by service changes proposals

Stroke	**Obstetrics and Gynaecology**	**Paediatrics**
People suffering or recovering from an acute stroke, suspected stroke or transient ischaemic attack and their relatives, friends and carers	Women with gynaecological problems needing specialist advice, assessment, screening or care	Children with acute paediatric illness
Staff currently working in TIA, stroke and ambulance services in South Tyneside and Sunderland	Partners, friends, relatives and carers of the women using gynaecology, obstetric and special care baby services across South Tyneside and Sunderland	Patients, carers, relatives and friends of children with acute paediatric illness
	Staff currently working in obstetrics & gynaecology and special care baby services across South Tyneside and Sunderland	Staff currently working in acute paediatric services
	Women across the antenatal, perinatal and postnatal continuum	
	Mothers with babies requiring special care	
The communities resident in South Tyneside and Sunderland		

The key stages of the IIA process are summarised in Figure 3-2.

Figure 3- 2: Stages of IIA process



3.1 Data sources

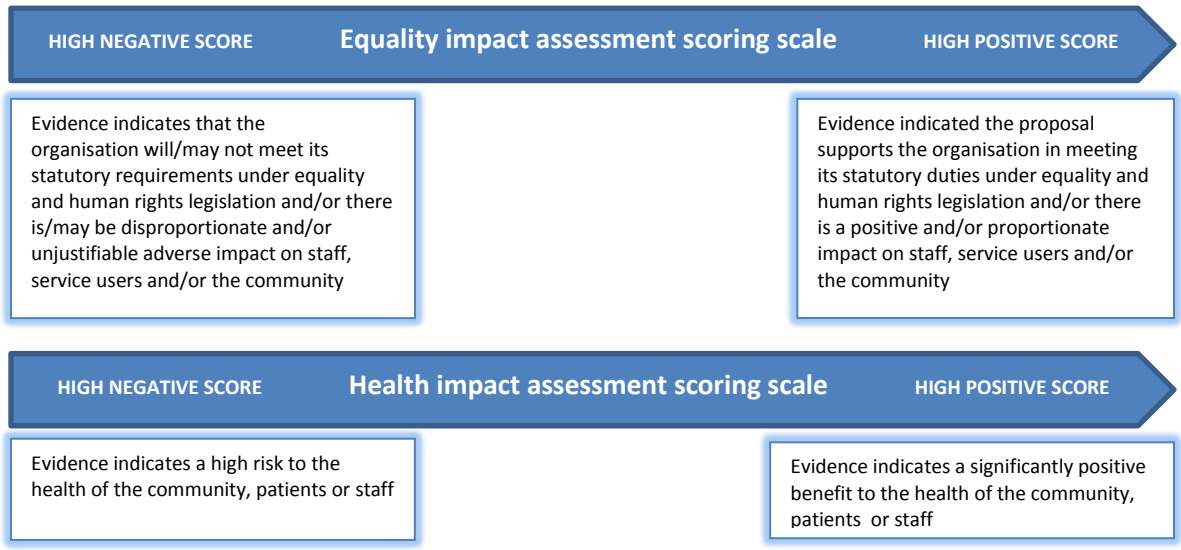
The IIA methodology has been informed by a range of best practice, national and international guidance and literature, including the Department of Health, World Health Organisation and the NHS Centre for Equality and Human Rights.

Each IIA has drawn upon the most up-to-date evidence from published medical research, professional audits, international reviews, and best practice guidelines. It has used localised health, demographics and performance data throughout, including from the Office of National Statistics (ONS) Neighbourhood Statistics for Local Authority Areas and Public Health England (PHE) profiles. Evidence and data has been used to identify specific attributes against which the service options have been assessed from an equality, health and health inequalities perspective.

3.2 Scoring system

Individual impact assessment scores have been derived from a combined assessment of the evidence levels and assessed impact in terms of severity and numbers affected, with scores apportioned in line with the sliding scale in figure 3-3 below.

Figure 3-3 Sliding scale of impact assessment scores



Scores were then categorised into major, minor or moderate, and colour-coded to denote their positive or negative nature, as per figures 3-4 and 3-5.

Figure 3-4: IIA scoring categorisation and colour-coding (Equality Assessment)

Key to categories and colour codes	Total Impact (C) Score	Positive	Negative
Major impact	+/- 7 - 9		
Moderate impact	+/- 4 - 6		
Minor impact	+/- 0 – 3		

Figure 3-5: IIA scoring categorisation and colour-coding (Health and Health Inequalities)

Positive	Negative
Major impact 13-18	**Major impact _13-18**
Moderate impact 7-12	**Moderate impact -(7- 12)**
Minor impact 0-6	**Minor impact -(0—6)**

For each equality and health and health inequalities impact assessment, total positive scores and total negative scores were assessed, with both positive and negative scores then combined to provide overall integrated impact assessment scores.

4.0 Stroke IIA

4.1 Demographical context (stroke)

Relevant demographical context for the IIA relating to stroke services and specific equality groups are listed in table 4-1 below. The prevalence of stroke and TIAs in both South Tyneside and Sunderland is above average as are stroke risk factors such as atrial fibrillation, coronary heart disease and hypertension, with higher than average mortality from stroke .

Table 4-1 Selected demographical details

Equality group		South Tyneside Count (%)	Sunderland Count (%)
Race	**BME groups**	7,259 (4.9%)	14,326 (5.2%)
Disability	**Disability – day to day activities limited a little or a lot**	34,069 (23%)	63,366 (23%)
Age	**Population aged 65 and over**	26583 (18%)	46793 (17%)
Socio-economic deprivation	**Socio-economic Deprivation – households with some level of deprivation**	42,315 (63%)	76,645 (64%)

4.2 Equality Impact Assessment (EqIA) (stroke)

4.2.1 Total Equality Impact Scores (stroke)

When summed together, the large positive and small negative impacts of the proposed stroke service changes resulted in strongly positive impact scores for all equality groups as indicated in table 4-3 below. The IIA demonstrates that all equality groups have the opportunity to benefit from either option, however, some groups (BME communities, disability groups, socioeconomically deprived communities, older people) are likely to be more vulnerable to the drawbacks associated with the options.

Table 4-3 Total Equality Impact Scores (stroke)

Equality group	Total Equality Impact score		
	Option 1	Option 2	Option 3
Sex/ gender	8	8	8
Sexual orientation	9	9	9
Gender reassignment	9	9	9
Race	5	5	7
Marriage and civil partnership	9	9	9
Pregnancy / maternity	7	7	7
Religion or belief	9	9	9
Disability	5	5	7
Socioeconomic deprivation	5	5	7
Age	3	3	6

4.2.1 Health and Health Inequalities Impact Assessment (HIIA) (stroke)

When summed together, the majority of the total HIIA impact scores were positive for Option 1 but negative for Options 2 and 3 as indicated in table 4-4 below. Options 2 and 3 have significantly less positive scores for outcomes of and access to high quality stroke care. The IIA indicates how, while the repatriation elements of options 2 and 3 may be attractive to people who wish to see stroke care as close to home as possible, this would be at the expense of the highest possible specialist stroke care. This is because neither Option 2 nor 3 could achieve the recommended levels of specialist stroke professionals which are essential to deliver improved outcomes after a stroke, without additional investment.

Table 4-4 Total Health Inequalities Impact Scores (stroke)

Health Outcome Domains	Health attributes	Total integrated impact assessment scores		
	Health and Health care outcomes	Option1	Option 2	Option 3
Impacts relating to outcomes of high quality health care	Death / premature death	15	0	0
	Disease	18	6	6
	Disability – physical, mental, learning	14	0	0
	Emotional wellbeing	10	0	0
	Sensory impairment	14	0	0
	Cognitive impairment / disability	14	0	0
	Social dependency	14	0	0
	Health related quality of life	14	0	0
	Stroke risk factors (biological e.g. BP)	14	6	6
	Stroke risk factors (Lifestyle e.g. smoking)	14	0	0
Impacts relating to access to high quality health care	Effective health care	14	-6	-6
	Safe health care	14	0	0
	Cost efficient health care	16	-5	-5
	Relevance to healthcare need	4	-12	-12
	Acceptable health care	0	2	2
Impacts relating to environmental determinants of health	Transport	-2	-2	-2
	Natural and built environment	0	0	0
	Pollution	-2	-2	0
	Housing	0	0	0
Impacts relating to Economic determinants of health	Education, skills and learning	0	0	0
	Employment	0	0	0
	Business development	0	0	0
	Financial inclusion	0	0	0
TOTAL	**ALL**	**185**	**-13**	**-11**

4.3 Integrated impact assessment – benefits and risks (stroke)

4.3.1 Communities affected by the proposed stroke service changes

The IIA highlights how stroke service users living in South Tyneside are most likely to be affected by the changes to stroke services. The EqIA and the HIIA indicated that communities in South Tyneside and certain vulnerable groups might be more likely to be affected – both positively and negatively - by the changes. The identified groups were deemed to be more affected because of their increased risk of stroke and their vulnerability to some of the changes. They included:

- Socioeconomic deprivation (63% of South Tyneside households in South Tyneside and 64% in Sunderland are deemed to be living with some level of deprivation)
- Disability (23% of people in both South Tyneside and Sunderland have some level of disability)
- Race (4.9% of South Tyneside people are from a BME community and 5.2% of Sunderland people)
- Age (18% of South Tyneside people are aged 65 or over and 17% of Sunderland people)

4.3.2 Benefits of proposed stroke service changes

The IIA highlighted similar benefits across the equalities and health and health inequalities impact assessment. These included:

- Improved and sustainable levels of specialist medical staff
- Improved and sustainable levels of specialist stroke allied health professionals
- Improved and sustainable quality of stroke care 24/7

These improvements can deliver multiple benefits for stroke sufferers and their carers, family and friends:

- Reduced mortality
- Reduced morbidity
- Less disability and / or sensory impairment
- Improved quality of life and emotional wellbeing
- Less social dependency
- Improved stroke prevention

The IIA highlights how all of these improved outcomes can have a significant impact on population health and health inequalities across South Tyneside and Sunderland.

4.3.3 Risks of proposed stroke service changes and suggested mitigation

A number of drawbacks to the proposals are highlighted by the IIA, although the IIA emphasises that the identified drawbacks were rarely significant enough to offset the strongly positive benefits identified. The drawbacks and mitigating action suggested in the IIA are listed in table 4-5 below. The IIA indicates that suggested mitigating actions are not intended to be a recommendation or an instruction and should be considered with realistic reference to what can be achieved in the face of overstretched resources and the economic pressures on the NHS, hospitals and acute stroke services.

Table 4-5 Drawbacks and suggested mitigations of proposed stroke service changes

Drawbacks	Suggested mitigations
Ability to understand and adapt to the changes in service provision	• Patient and public information campaigns could promote understanding and enable service users can get the maximum benefits from the service reconfiguration • Population health education promoting the FAST test could improve timely access, promote better outcomes and reduce health inequalities • Stroke prevention programmes targeting at risk groups (could reduce their stroke risk and further reduce health inequalities) • A cross area stroke user group could be supported to champion the needs of patients, their carers, friends and relatives. • The new service specification could specify responsibilities for monitoring and evaluation of service outcomes • Oversight arrangements could ensure scrutiny of surveys and timely solutions to emerging problems.
Additional travel burden for carers, families and friends from South Tyneside visiting stroke survivors in Sunderland	• A range of opportunities to minimise the additional travel costs could be explored. Possibilities include provision of shuttle buses between hospital sites or less costly alternatives such as volunteer drivers or subsidised parking at hospital sites • Additional disabled parking bays could be provided at both hospital sites • Patient and public information campaigns could maximise the benefits of any new transport services • Future service user experience surveys could monitor and evaluate travel needs and experiences with reference to differences between equality groups in South Tyneside and Sunderland. • Oversight arrangements could ensure scrutiny of user experience data and ensure that this information is translated into timely and appropriate service developments whenever necessary.

Emergency transfers between South Tyneside and Sunderland hospitals	• The service specification could include provision to identify and minimise delays in A&E assessment and inter-hospital transfer for all stroke patients • The capacity of the North East Ambulance Service to respond to the increased demand for transfers needs to be clarified – this is underway and will provide valuable information • Relevant A&E and NEAS performance data could be collected, monitored and evaluated in a timely manner • Oversight arrangements could scrutinise data and hold the system to account to ensure timely solutions to emerging problems
Integrated and continuous health & social care for stroke survivors and their carer(s)	• Best practice could be adopted in terms of provider handovers and integrated care planning with special reference to the needs of priority equality groups (Older people, disabled groups, BME groups, socioeconomically deprived groups) • South Tyneside and Sunderland hospitals could initiate a programme of primary, community and social care engagement across South Tyneside and Sunderland to promote communication and collaboration across the system • A multi-agency improvement collaborative could lead service improvements at the system level • Patient safety incident data could be collected, monitored and evaluated • User experience survey data should be collected, monitored and evaluated • Oversight arrangements could ensure scrutiny of safety and experience data and hold the system to account to ensure timely solutions to emerging problem
Additional pressures placed on hospital services in Sunderland and on the ambulance services. Sustained capacity to meet the needs of an ageing population	• Further modelling could be helpful to assess the future capacity of all services involved in the care of this population. This is a national priority for stroke and other age related illnesses. • User experience survey data, patient safety incident data and other quality indicators at hospital level could be collected, monitored and evaluated • Oversight arrangements could ensure scrutiny of quality data and hold the acute provider to account to ensure timely solutions to emerging problem • Formal modelling could shed light on the future health care needs and the level of capacity required to meet those needs • Considering prioritising existing plans to improve early supported discharge work will reduce lengths of stay and free up capacity

Some loss of public sector skills, jobs and public sector investment in South Tyneside	• Other Path to Excellence proposals could be developed in ways that offset the apparent losses in South Tyneside. For example, this might entail some Sunderland hospital functions being transferred to South Tyneside
Increased traffic flowing between South Tyneside and Sunderland	• The transport analysis currently underway could provide insights into possible risks and mitigating actions • Wherever possible, any new transport initiatives could seek to minimise air and nose pollution, avoid congestion and promote road safety. Possibilities include park and ride facilities with free hospital shuttle buses.

5.0 Obstetrics and gynaecology IIA

5.1 Demographical context (obstetrics and gynaecology)

Relevant demographical context for the IIA relating to women's and maternity services and specific equality groups are listed in table 5-1 below. Rates of smoking among women at the point of birth are significantly higher than the national average in both South Tyneside and Sunderland, which can lead to poor health outcomes for both mother and baby. Rates of under-18s conceptions are also high, despite reductions in recent years, with teenage pregnancies having increased risk of low birth-weight babies. The number of low birth weight babies in South Tyneside is broadly in line with the England average but higher than the national average in Sunderland. Both areas have lower breastfeeding rates.

Table 5-1 Selected demographical details

	Equality group	South Tyneside Count (%)	Sunderland Count (%)
Race	**BME groups**	7,259 (4.9)	14,326 (5.2)
	Babies born to mothers born in Middle East and Asia (2014)	61 (3.8)	94 (3.3)
Pregnancy & maternity	**Women aged 15-44 years**	28,024 (36.6)	54,215 (38.3)
	Number of live births (2015)	1,647	2,889
	Number of under 18s births 2014	33	70
	Number of births to women over 35 2014/15	171	379
Disability	**Disability – day to day activities limited a little or a lot**	34,069 (23%)	63,366 (23%)
Socio-economic deprivation	**Socio-economic Deprivation – households with some level of deprivation**	42,315 (63%)	76,645 (64%)

5.2 Equality Impact Assessment (EqIA) (obstetrics and gynaecology)

5.2.1 Total Equality Impact Scores

When summed together, the large positive and small negative impacts resulted in strongly positive impact scores for all equality groups as indicated by the summary in table 5-3 below. The lower scores for option 2 reflect the reduction in either consultant or midwifery-led birthing options within South Tyneside. The IIA highlights that for either option, the considerable benefits for all equality groups outweigh any of the drawbacks identified during the assessment.

Table 5-3 Total Equality Impact Scores (obstetrics and gynaecology)

Equality group	Total Equality Impact Scores	
	Option1	Option 2
Sex/ gender	6	3
Sexual orientation	9	9
Gender reassignment	9	9
Race	3	3
Marriage and civil partnership	9	9
Pregnancy / maternity	6	3
Religion or belief	9	9
Disability	3	3
Socioeconomic deprivation	3	3
Age	3	3

5.2.1 Health and Health Inequalities Impact Assessment (HIIA) (obstetrics and gynaecology)

When summed together, the majority of the total HIIA impact scores were positive as indicated by the summary below:

Table 5-4 Total Health Inequalities Impact Scores (obstetrics and gynaecology)

Impact domains	Attributes	Option 1	Option 2
Health outcomes of O&G services	Mortality	16	18
	Spontaneous vaginal delivery	15	3
	Obstetrics interventions	18	5
	Transfers of care	1	8
	Delivering a baby without serious medical problems	14	18
	Infant feeding	0	0
	Maternal health	14	4
	Infant health	14	10
	Life expectancy	10	10
	Quality of life	4	4
Access to high quality health care outcomes	Effective health care	18	18
	Safe health care	8	12
	Cost efficient health care	11	7
	Relevance to healthcare need	10	2
	Acceptable health care	5	-2
Environmental determinants of health	Transport	-4	-4
	Natural and built environment	0	0
	Pollution	-2	-2
	Housing	0	0
Economic determinants of health	Education, skills and learning	0	0
	Employment	0	0
	Business development	0	0
	Financial inclusion	0	0
TOTAL	**ALL**	**152**	**111**

The total HIIA integrated impact scores show that both options were assessed as having a strongly positive impact on health and health inequalities. Option 1 had a higher net total impact score than Option 2 as a result of more positive scores for access to high quality healthcare.

5.3 Integrated impact assessment – benefits and risks (obstetrics and gynaecology)

5.3.1 Communities affected by the proposed obstetrics and gynaecology service changes

The IIA indicated that communities in South Tyneside and certain vulnerable groups might be more likely to be affected by the changes. The identified vulnerable groups were:

- Socioeconomic deprivation
- Disability (physical, mental, learning)
- Race (BME communities)
- Age (older women, older and teenage mothers)
- Women who misuse alcohol or drugs
- Sensory impairment
- Women with co-morbid conditions

These groups are most affected because these groups have a higher risk of perinatal complications (during mid-late pregnancy, birth or after birth) and will therefore benefit from the proposed improvements to service quality, but be equally vulnerable to any drawbacks.

5.3.2 Benefits of proposed obstetrics and gynaecology service changes

The IIA illustrates that both options could achieve significant positive impacts on health with minimal negative or neutral impacts. The benefits identified by the HIIA were similar to those identified by the EqIA and related to the following improvements in the services provided:

- More sustainable and consistent high quality care, regardless of the day of the week of the time of day – for women, mothers and babies
- Safer care due to sustained and improved levels of specialist staffing - especially in obstetric care and special baby care - able to provide timely intervention and avoid clinical deterioration
- More cost-efficient obstetrics and gynaecology services
- More ‘normal’ birth experiences with less avoidable obstetric interventions and associated complications (more associated with option 1 than option 2)

The IIA highlights how such advantages can ensure that mothers have a positive experience of pregnancy and birth so that their babies have the best start in life which, in turn, will be fundamental to improving population health and reducing inequalities in health across South Tyneside and Sunderland.

5.3.3 Risks of proposed obstetrics and gynaecology service changes and suggested mitigations

A number of drawbacks to the proposals are highlighted by the IIA, although the IIA emphasises that the identified drawbacks were rarely significant enough to offset the strongly positive benefits identified. The drawbacks deemed to have the greatest impact, and mitigating actions suggested in the IIA, common to both options are listed in table 5-5 below, together with specific drawbacks to the individual options.

Table 5-5 Drawbacks and suggested mitigations of proposed obstetrics and gynaecology service changes

Drawbacks	Suggested mitigating action
Both options	
Barriers to access Understanding and adapting to the new changes	• Patient and public information campaigns could be developed and targeted to promote understanding and enable service users to adapt to the changes in an elective or emergency situation • A cross area 'women's services' user group could be supported to champion the needs of women, their carers, partners, friends and relatives with an emphasis on vulnerable groups. • The new service specification could specify responsibilities for monitoring and evaluation of service outcomes including equity of access • Oversight arrangements could scrutinise equity and satisfaction data and ensure that this information is translated into timely and appropriate service developments whenever necessary.
Challenges to continuity of care	• Introduce arrangements to monitor user satisfaction and critical incidents relating to service continuity and coordination for all users, especially vulnerable groups. These arrangements could ensure that intelligence is translated into service developments as appropriate and necessary. • Integrated records and information systems could be developed to promote information sharing and communication across service and sector boundaries. • Introduce arrangements to monitor equity of access audit data for each service and ensure that this information is translated into timely and appropriate service developments whenever necessary
Travel and transport costs	• A range of opportunities to minimise the additional travel costs could be explored. Possibilities include provision of shuttle buses between hospital sites or less costly alternatives such as volunteer drivers or subsidised parking at hospital sites

	• Additional disabled and maternity parking bays could be provided at both hospital sites • Patient and public information campaigns could maximise the benefits of any new transport services • Future service user experience surveys could monitor and evaluate travel needs and experiences with reference to differences between equality groups in South Tyneside and Sunderland. • Oversight arrangements could scrutinise user experience data and ensure that this information is translated into timely and appropriate service developments whenever necessary.
Traffic and pollution	• Wherever possible, any new transport initiatives could seek to minimise air and noise pollution, avoid congestion and promote road safety. Possible solutions include park and ride facilities with free hospital shuttle buses and less costly options advocating car share schemes • The transport analysis currently underway could provide additional insights into this aspect of the reconfiguration
Local economy	• Other Trust functions eg IT, quality assurance, R&D, could be provided in South Tyneside to develop skills, jobs and investment in the borough.
Cost-efficient health care	• Commissioners could agree specifications which reflect NHS and public health advice to maximise opportunities to promote health and reduce health inequalities • The promotion of home births (appropriately risk assessed) could deliver further cost efficiencies while mitigating against the reduced delivery options in South Tyneside • Consideration of further local developments to enhance the local non-acute elements of maternity pathway, as per Better Births' recommendations, could ensure the best possible, locally delivered maternity care
Sustainable healthcare	• Oversight arrangements could monitor demand and supply linked with population projections and modelling to identify and plan for any future capacity issues.

Transfers of care during labour or immediately after the birth (more common to option 1)	• The capacity of the North East Ambulance Service to respond to the increased demand for timely and emergency transfers could be clarified using data modelling - this is already underway and further work is ongoing. • The proposed health service specifications could include protocols which address how the risks associated with potential delays in transfer and handovers of care will be minimised • The proposed health service specifications could include processes to promote and monitor patient safety relating to transfers and handovers of care • Oversight arrangements could monitor patient safety, user satisfaction, and critical incidents relating to inter hospital transfers and handovers of care and ensure that this information is translated into service developments as appropriate and necessary. • Oversight arrangements could monitor ambulance performance data and ensure that this information is translated into service developments as appropriate and necessary
Acceptable health care (more common to option 2)	• As per suggested mitigating actions listed against the barriers to access and challenges to continuity of care drawbacks listed above, in order to ensure a positive patient experience
Obstetric interventions (more common to option 2)	• The promotion of home births (appropriately risk assessed) could mitigate against unnecessary obstetric interventions • Clinical audit, guidelines and protocols could be developed to minimise unnecessary obstetric interventions

6.0 Paediatrics IIA

6.1 Demographical context (paediatrics urgent and emergency care)

The population of Sunderland is almost twice that of South Tyneside. Both areas have a similar proportion of children (20%)[2] with almost one quarter of them living in low income families and very small numbers with mothers born in the Middle East and Asia[3] as per table 6-1.

Table 6-1: Selected demographic details of deprivation and BME communities in the local population

	South Tyneside	Sunderland
Number and percentage of children living in low income families	6,565 (26%)	11,525 (24%)
Number and Percentage of babies born to mothers born in Middle East and Asia (%)	61 (4%)	94 (3%)

Comparative statistics indicate that both localities experience high rates of rates health care utilisation which, for acute paediatric problems, are higher than the national average[2]. Children's A&E attendance rates are significantly greater than their admission rates as indicated in Table 6-2

Table 6-2: Healthcare utilisation data

	South Tyneside	Sunderland
Number of A&E attendances 0-19 year old 2014/15	18,466	45,442
Number of emergency hospital admissions 2014/15	2,720	5,353

[2] Source ONS - see Full Paediatric IIA in Supporting Documentation for more details
[3] Source PHE - see Full Paediatric IIA in Supporting Documentation for more details

6.2 Equality impact assessment (EqIA) (paediatric urgent and emergency care)

6.2.1 Total equality impact scores (paediatric urgent and emergency care)

When summed together, the large positive and small negative impacts resulted in strongly positive impact scores for all equality groups as indicated by the summary in table 6-3 below:

Table 6-3: Total EqIA impact scores (paediatric urgent and emergency care)

Equality group	Total Equality Impact Scores	
	Option 1	Option 2
Sex/ gender	6	6
Sexual orientation	9	9
Gender reassignment	9	9
Race	6	3
Marriage and civil partnership	9	9
Pregnancy / maternity	7	5
Religion or belief	9	9
Disability	6	3
Socioeconomic deprivation	6	3
Age	6	3

For both Options, the total EqIA impact scores were positive for all equality groups. The IIA shows that, for either option, the considerable benefits for equality groups outweigh any of the drawbacks identified during the assessment.

6.3 Health and health inequalities impact assessment (paediatric urgent and emergency care)

6.3.1 Total Health and Health Inequality Impact scores (paediatric urgent and emergency care)

When summed together, the majority of the total HIIA impact scores were positive as indicated by the summary in table 6-4 below:

Table 6-4: Total HIIA scores (paediatric urgent and emergency care)

Impact Domains	Impact Domain Attributes	Option 1	Option 2
Health status relating to use of acute paediatric services	Disease management	13	8
	Emotional Wellbeing	12	9
	Prevention	12	6
	Safeguarding	9	3
	Avoidable health care	8	8
Health status relating to access to high quality health care	Effective health care	13	10
	Safe health care	6	0
	Cost efficient health care	4	3
	Relevance to healthcare need	8	8
	Acceptable health care	-2	-6
Health status relating to Environmental determinants of health	Transport	-2	-2
	Natural and built environment	0	0
	Pollution	-2	-2
	Housing	0	0
Economic determinants of health	Education, skills and learning	0	0
	Employment	0	0
	Business development	0	0
	Financial inclusion	0	0
TOTAL	**ALL**	**79**	**45**

6.4 Integrated impact assessment – benefits and risks (paediatric urgent and emergency care)

6.4.1 Communities affected by proposed paediatric changes

The combined paediatric IIA highlighted a number of vulnerable groups likely to be most affected – either positively, negatively or both – by the proposed changes. These groups, which are more likely to need and use paediatric urgent and emergency care services, were:

- Children and families affected by socio-economic deprivation,
- Children and families affected by substance or alcohol misuse
- Infants and Young people
- BME communities
- Children in need of safeguarding

- Children and families affected by physical or mental illness, disability or sensory impairment
- Pregnant and recently delivered mothers and their babies

6.4.2 Benefits of proposed paediatric changes

Benefits identified by the HIIA were similar to those identified by the EqIA and related to improvements in the services provided. Anticipated improvements highlighted included:

- More sustainable and consistent high quality care, regardless of the day of the week of the time of day
- Safer care due to improved levels of specialist staffing able to assess and treat children promptly
- Improved levels of specialist staff and resources able to deal with rising population needs in terms of scale and complexity, including more specialist skills, services and jobs in Sunderland
- Cost savings in the face of economic austerity

The IIA highlighted how these service improvements could have profound benefits for children, especially in relation to

- More effective and timely treatment of acute illnesses
- Less risk of deterioration
- Less pain and distress due to delays in assessment and treatment
- Shorter hospital stays and less admissions or readmissions
- Improved capacity to identify and safeguard children in need

It emphasises that, given the proposed service changes will benefit all service users, as well as vulnerable and equality groups, that they could lead to significant benefits to child health and inequalities across South Tyneside and Sunderland, giving children 'a better start in life' and 'enabling all children, young people and adults to maximize their capabilities and have control over their lives', in line with the evidenced-based national Marmot Review which sets out key actions to reduce health inequalities over the longer term[4].

6.4.3 Risks of proposed paediatric changes and suggested mitigations

The IIA was clear that the drawbacks of the paediatric urgent and emergency care proposals were rarely significant enough to offset the strong positive benefits identified. Drawbacks of both options and mitigations suggested by the IIA author are set out in table 6-5 below.

[4] The Marmot Review. Fair Society, healthy lives. Strategic review of Health Inequalities in England (2010) Available at http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

The identified drawbacks were considered to pose a greater risk to the vulnerable groups identified in 6.4.1 above and also those living in South Tyneside with implications for health inequalities within and across South Tyneside.

Table 6-5: Drawbacks and suggested mitigations of proposed paediatric service changes

Drawbacks	Suggested mitigations
The challenges of understanding and adapting to the proposed changes Vulnerable groups experiencing possible barriers to access	• Helping everyone to understand and adapt to the new changes, especially vulnerable groups. • Patient and public information campaigns could be developed and targeted to promote understanding and enable service users to adapt to the changes in the face of a child with an acute illness and ensure care can be given in the right place at the right time. • A cross-area young people's user group could be supported to champion the views and needs of young people. • The new service specification could specify responsibilities for monitoring and evaluation of service outcomes including equity of access • Introducing oversight arrangements could ensure scrutiny of equity and user experience data and ensure that this information is translated into timely and appropriate service developments whenever necessary • Community engagement and development schemes could be implemented to build the capability and confidence of children and their parents and carers to self-care and use health services appropriately, for example, the provision of education interventions in schools and the community.
Continuity of care during hand overs between hospitals and when crossing local authority and CCG boundaries	• New oversight arrangements could monitor user satisfaction and critical incidents relating to service continuity and coordination for all users, especially vulnerable groups and ensure that this information is translated into service developments as appropriate and necessary. • New oversight arrangements could monitor equity of access audit data for each service and ensure that this information is translated into timely and appropriate service developments whenever necessary • Protected learning events for relevant professional groups, could help to build relationships and improve skills and knowledge especially with reference to adoption and development of key care pathways • NHS patient safety initiatives could focus on quality assuring handovers between different teams

	• Whole system learning collaboratives could help to build strategic connections across the system and to drive through system-wide improvements. • System-wide collaboratives could champion the development of integrated records and information systems to promote information sharing and communication across service and sector boundaries
Increased travel costs (personal, social and economic)	Addressing travel and transport costs especially for vulnerable groups including: • A range of opportunities to minimise the additional travel costs could be explored. Possibilities include provision of shuttle buses between hospital sites or less costly alternatives such as volunteer drivers or subsidised parking at hospital sites • Additional disabled and maternity parking bays could be provided at both hospital sites • Patient and public information campaigns could maximise the benefits of any new transport services • Future service user experience surveys could monitor and evaluate travel needs and experiences with reference to differences between equality groups in South Tyneside and Sunderland. • Oversight arrangements could be introduced to scrutinise user experience data and ensure that this information is translated into timely and appropriate service developments whenever necessary.
Acutely ill children being transferred from South Tyneside to Sunderland	• The capacity of the North East Ambulance Service to respond to the increased demand for timely and emergency transfers could be clarified using data modelling • The proposed health service specifications could include protocols which seek to avoid delays in transfer and handovers e.g. application of early warning systems and provision for patient safety • Oversight arrangements could be introduced to monitor patient safety, user satisfaction, and critical incidents relating to inter hospital transfers and handovers of care and to ensure that this information is translated into service developments as appropriate and necessary. • Oversight arrangements could monitor ambulance performance data and ensure that this information is translated into service developments as appropriate and necessary

Increases in demand for acute ambulance services and acute paediatric services in Sunderland	• Ambulance capacity is already under review • The impact on other aspects of the Sunderland hospital services can be monitored and addressed • Commissioners will inevitably monitor and evaluate the ongoing performance of these providers and ensure service improvements as necessary.
Increases in traffic commuting between South Tyneside and Sunderland	• Wherever possible, any new transport initiatives could seek to minimise air and noise pollution, avoid congestion and promote road safety. Possible solutions include park and ride facilities with free hospital shuttle buses and less costly options such as advocating car share schemes • The transport analysis currently underway will provide additional insights into this aspect of the reconfiguration

7.0 Common impacts across three clinical areas

The IIAs have highlighted some clear benefits and risks that are common to all three acute service areas that are subject to change proposals. Common benefits are highlighted in table 7-1 and common drawbacks and suggested mitigating action are in table 7-2.

Table 7-1: Common benefits of stroke, obstetrics and gynaecology and paediatric change proposals

Highlighted benefits of change options from IIA	Stroke	O&G	Paeds	All
More sustainable and consistent care, regardless of day/time of presentation	✓	✓	✓	✓
Safer care due to improved levels of specialist staff	✓	✓	✓	✓
Improved levels of specialist staff and resources	✓*	✓	✓	✓*
More specialist skills, services and jobs in Sunderland	✓	✓	✓	✓
Cost savings	✓	✓	✓	✓
More efficient and timely treatment of acute illness	✓*	✓	✓	✓*
Less risk of deterioration	✓*	✓	✓	✓*
Reduced stroke mortality	✓			
Improved stroke prevention	✓			
Less disability and sensory impairment from stroke	✓*			
Improved quality of life and emotional wellbeing following stroke	✓*			
Less social dependency following stroke	✓*			

**Stroke option 1*

Table 7-2: Common drawbacks and suggested mitigating actions of stroke, obstetrics and gynaecology and paediatric change proposals

	Drawbacks and suggested mitigating actions from IIA	Stroke	O&G	Paeds	All
Access, experience and education	Patient and public information campaigns could be developed and targeted to promote understanding and enable service users to adapt to the changes	✓	✓	✓	✓
	A cross-area user group could be supported to champion the views of service users, their families/carers.	✓	✓	✓	✓
	The new service specification could specify responsibilities for monitoring and evaluation of service outcomes including equity of access	✓	✓	✓	✓
	Introducing oversight arrangements could ensure scrutiny of equity and user experience data and ensure that this information is translated into timely and appropriate service developments whenever necessary	✓	✓	✓	✓
	Community engagement and development schemes could be implemented to build the capability and confidence of children and their parents and carers to self-care and use health services appropriately, for example, the provision of education interventions in schools and the community.			✓	
	Stroke prevention programmes targeting at risk groups (could reduce their stroke risk and further reduce health inequalities)	✓			
	The promotion of home births and use of clinical guidelines and protocols to mitigate risk of unnecessary obstetric intervention		✓***		
Continuity of care	New oversight arrangements could monitor user satisfaction and critical incidents relating to service continuity and coordination for all users, especially vulnerable groups and ensure that this information is translated into service developments as appropriate and necessary	✓	✓	✓	✓
	Protected learning events for relevant professional groups, could help to build relationships and improve skills and knowledge especially with reference to adoption and development of key care pathways			✓	
	NHS patient safety initiatives could focus on quality assuring handovers between different teams	✓**	✓	✓	
	Whole system learning collaboratives could help to build strategic connections across the system and to drive through system-wide improvements	✓	✓	✓	✓
	System-wide collaboratives could champion the development of integrated records and information systems to promote information sharing and communication across service and sector boundaries	✓**	✓	✓	
	The service specification could include provision to identify and minimise delays in A&E assessment and inter-hospital transfer for all stroke patients	✓	✓	✓	✓
Capacity and perfor	Oversight arrangements could monitor ambulance performance data and ensure that this information is translated into service developments as appropriate and necessary	✓	✓	✓	✓

	The impact on other aspects of the Sunderland hospital services can be monitored and addressed	✓	✓	✓	✓
	Commissioners will inevitably monitor and evaluate the ongoing performance of these providers and ensure service improvements as necessary	✓	✓	✓	✓
	Oversight arrangements could monitor demand and supply linked with population projections and modelling to identify and plan for any future capacity issues (NB: this is a national priority for stroke and other age related illnesses.) to ensure future sustainability	✓	✓***		
	The current plans for early supported discharge will reduce lengths of stay and free up capacity - this service development should therefore be developed as a priority	✓			
Economic	Other Path to Excellence proposals could be developed in ways that offset the apparent economic losses in South Tyneside. For example, this might entail some Sunderland hospital functions being transferred to South Tyneside e.g. quality improvement.	✓	✓	✓	✓
Pollution	Wherever possible, any new transport initiatives could seek to minimise air and noise pollution, avoid congestion and promote road safety. Possible solutions include park and ride facilities with free hospital shuttle buses and less costly options such as advocating car share schemes	✓	✓	✓	✓
Travel and transport	A range of opportunities to minimise the additional travel costs could be explored. Possibilities include provision of shuttle buses between hospital sites or less costly alternatives such as volunteer drivers or subsidised parking at hospital sites	✓	✓	✓	✓
	Additional disabled (and maternity) parking bays could be provided at both hospital sites	✓	✓	✓	✓
	Patient and public information campaigns could maximise the benefits of any new transport services	✓	✓	✓	✓
	Future service user experience surveys could monitor and evaluate travel needs and experiences with reference to differences between equality groups in South Tyneside and Sunderland.	✓	✓	✓	✓
	Oversight arrangements could be introduced to scrutinise user experience data and ensure that this information is translated into timely and appropriate service developments whenever necessary.	✓	✓	✓	✓

*** Stroke options 2 and 3 only*

**** O&G option 2 only*

8.0 Next steps

The IIAs will inform the public consultation methodology to ensure that all of the impacted communities highlighted are given an opportunity to comment on both the proposals and the anticipated benefits and drawbacks highlighted by the IIA. This IIA summary and each individual IIA will be available for review as part of the public consultation process, enabling content relevance to be thoroughly tested.

The IIAs specifically invite stakeholders to:

1. Consider and give due regard to the nature, scale, and scope of the benefits and challenges identified by the IIA
2. Consider and highlight any other positive or negative impacts which should be incorporate into the assessment
3. Consider the suggested mitigating actions and identify whether there are other opportunities to maximise the benefits arising from the proposed reconfiguration
4. Identify mitigating actions which should be implemented and consider contributing to the development of relevant mitigating action plans.

Feedback gathered as part of the consultation process will enable the IIAs to evolve and develop into final IIAs that will be considered as part of a full range of clinical and non-clinical data that will inform the final decision-making process.