Equality Impact Assessment

Title of policy / project /service / function	SYMYND Working Together Programme: Non- specialised Children's Surgery and Anaesthesia project
Date of Analysis	April 2016 reviewed and updated July 2016
Completed by	Linda Daniel Commissioner WTP project manager/Mandy Philbin WTP Transformation Lead/ Helen Stevens Associate Director Communications.

What are the intended outcomes of this work? Include outline of objectives and function aims

This project forms part of an over-arching programme of work, of partnership working between both acute providers and commissioners across South Yorkshire, Mid Yorkshire and North Derbyshire (SYMYND) to enable transformational changes to services which individual organisations would not be able to achieve on their own. The commissioner and provider "Working Together Programme's" (WTP's) aim to work jointly to deliver safe, effective and sustainable solutions across healthcare services.

The aim of this project is to ensure that the whole system is designed:
To ensure that children and their families receive the right care at the right time, in the right place as close to home when safe and appropriate to do so and effective monitoring identifies shortfalls in practice and ensures they are addressed.

To put in place a stable well-supported workforce that understands and delivers good practice and improved outcomes for children and young people.

To ensure operational services provide value for money, taking account of the need to reduce costs and are effectively supported to maximise efficiency.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

This work will affect the following groups:

- *Patients / service users*

This includes all children and young people and their parents and carers who may access children's surgical services within the geographical

footprint, it is also recognised that a number of children from outside the area access the services particularly at the tertiary centre (Sheffield Children's NHSFT) and these groups have also been included.

- *Staff*

As he work is focussed upon ensuring there is sufficient clinical expertise to provide the surgical service for the future the workforce profile has been analysed which has shown gaps in service provision. The future service will require a training and education strategy to maintain clinical skills and outreach service provision from the tertiary centre to provide and support future service provision.

- *Partner Organisations*

The WTP is a collaboration of both commissioners and providers across the SYMYND geographical footprint, however it is acknowledged that the following partner organisations may be affected by this work.

  - YAS / EMAS
  - Embrace – Y&H Neonatal and Paediatric Transport Service
  - Northern Lincolnshire and Goole NHSFT
  - WY Healthy Futures programme

Liaison with these associate organisations is ongoing to ensure there is no significant impact upon their services in terms of unexpected activity and variations in patient pathways and flows.

Evidence

What evidence have you considered?

- Royal College Reports

Children's Surgical Forum. Standards for non-specialist emergency surgical care of Children. 2015. Royal College Surgeons (RCS).

British Association of Paediatric Surgeon's Commissioning Guide. Provision of general children's surgery. 2014. BAPS

Children's Surgical Forum. Standards for Children's Surgery 2013. RCS.

Paediatric Intensive Care Society. Standards for the Care of Critically Ill Children 5th edition. 2016

Royal College of Anaesthetists. Guidance on the provision of paediatric anaesthesia services. 2015. RCoA

RCPCH. Facing the Future: Standards for Paediatric Services. Revised 2015. London.

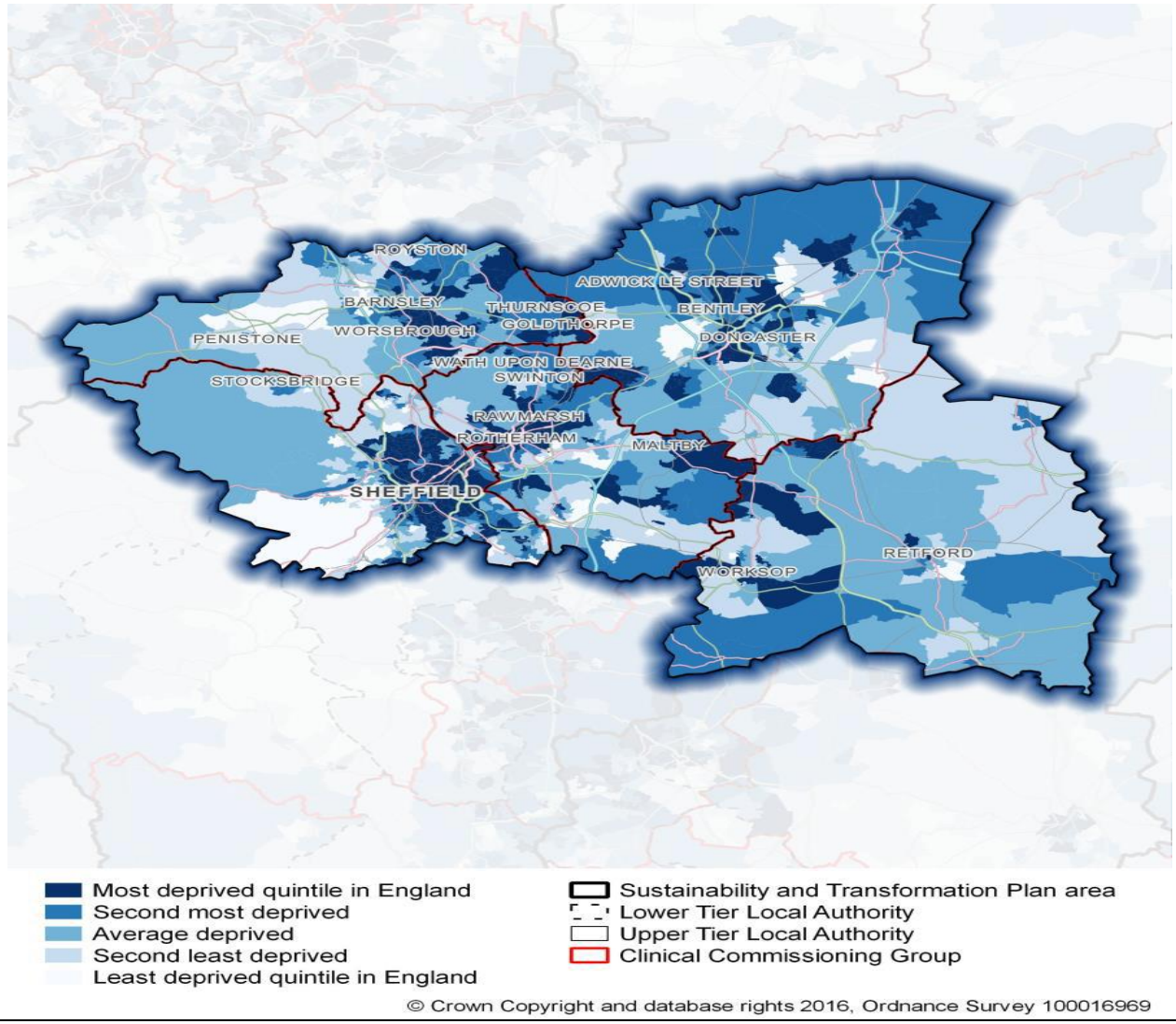
RCPCH, RCN, RCGP, Facing the Future Together for Child Health 2015

RCPCH High Dependency for Children: Time to Move On 2014

RCN Defining staffing levels for children and young people's services. Standards for clinical professionals and service managers 2013

- Public health profiles

Within the geographical footprint 33.6% of the population live in the most deprived areas of England as defined by the Index of Multiple Deprivation (2015)



Key health indicators across CCG's

	NHS Barnsley CCG	NHS Bassetlaw CCG	NHS Doncaster CCG	NHS Rotherham CCG	NHS Sheffield CCG	National average
Total weighted populations 2015/16	254,048	113,236	313,235	259,718	584,334	
Total live births (2013)	2,797	1,207	3,666	3,103	6,553	
Infant mortality (2011-13)	3.7	3.5	5.3	5.4	4.5	4.1
Stillbirth rate (2011-13)	4.3	4.8	5.5	4.2	4.5	4.9
Perinatal mortality (2011-2013)	5.5	6.7	8.4	6.7	6.5	7.1
Smoking at time of delivery (Q4 2013)	19.9%	22.3%	23.7%	19.3%	14.8%	12.3%
Breastfeeding initiation (Q1 2015/16)		66.1%	64.4%	63.3%	78.8%	73.8%
Infants totally or partially breastfed at 6-8 weeks (Q1 2015/16)		37.2%	29.9%		55.2%	45.2%
Infants totally breastfed at 6-8 weeks (Q1 2015/16)		28.9%	20.5%		38.4%	31.0%
Low birthweight (2013)	8.5%	6.6%	9.2%	8.6%	7.7%	7.4%
Deliveries to teenage mothers (% of total births) (2013/14)	2.2%	2.1%	1.9%	1.4%	1.5%	1.1%
Ranking of deprivation of all CCGs (1 most deprived)	39	90	41	46	50	
IMD average score (2015)	29.6	22.7	29.1	28.3	27.6	

This is the core of the analysis; what information do you have that indicates the policy or service might *impact on protected groups, with consideration of the General Equality Duty*.					
	What key impact have you identified?			**What action do you need to take to address these issues?**	**What difference will this make?**
	Positive Impact	Neutral Impact	Negative Impact		
Human rights		X		Will not be adversely affected	
Age	X				Currently there is variability with the age threshold leading to inconsistent pathways across providers. These variations can occur on a weekly basis in some providers dependent upon on-call emergency cover arrangements leading to inequalities in service provision. The project aims to formalise pathways and specifically identifies age thresholds of less than 3 years to ensure surgical services for small children and infants are provided by practitioners who regularly undertake procedures and are skilled in the care and management of this complex group of patients. This transfer of care pathway will ultimately optimise the accessibility to care available for this cohort
Carers	X			Carer information should be produced to help parents and carers understand what the benefits are of receiving urgent care at the point of location and reiterate the correct process for travel claims as appropriate Discuss with public transport providers the accessibility of their services and current routes.	The services proposed will comply with Royal College of Surgeons standards (2013) which recommend partnership relationships between staff and patients and their parents / carers about treatment, decision making, and the organisation of the service including accommodation facilities, information and support services. The Tiered levels of care provision through a “hub and spoke model”, is intended to improve the quality of services for children. It may be more difficult for those living further away from the designated Tier 2 providers which would mean the potential for longer journeys and possibly some increased costs.

				Review the current car parking costs at the proposed sites and evaluate against local hospital costs Availability of parent /carer accommodation facilities in the designated Tier 2 hubs that are in line with national standards.	
Disability		X		Ensure that staff employed in the relevant children's services received disability awareness training in general and more specifically in meeting the needs of users with a learning disability Ensure the receiving organisations have hearing loops installed, British Sign Language interpreters are available, independent advocates are available and written information can be provided in easy read or braille.	Improve staffs knowledge and level of intervention for children under their care.
Sex		X		No adverse impact is expected	The planned model is intended to improve specific children services for all children, regardless of gender.

Race		X		Review patient and carer information to ensure that it is culturally appropriate and informative.	
Religion or belief		X		No adverse impact is expected	
Sexual orientation		X		No adverse impact is expected	
Gender reassignment		X		No adverse impact is expected	
Pregnancy and maternity		X		No adverse impact is expected	
Marriage and civil partnership (only eliminating discrimination)		X		No adverse impact is expected	
Other relevant group				No adverse impact is expected	

Please provide details on the actions you need to take below.

3. Action plan Issues identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
Any reconfiguration of services would need the impact of travelling times and distance to providers upon the population.	Expansion of current parental / carer accommodation facilities would require reviewing at proposed Tier 2 providers. Potential for subsidised parking for parents/ carers during the patient's stay at the Tier 2 centers should be explored through the individual organisation's boards	Patient and public engagement groups for initial feedback to allow consideration by the steering group and Working Together programme board. Wider and formal statutory consultation in advance of any recommendation to Working Together Programme Board Review EIA as part of mobilisation developments this will be undertaken by any organisation affected by change.	Present information to March WTP Board and Core Leaders	PMO lead
Learning disabilities There is the potential that some clinicians may fail to realise or provide appropriate tailored intervention for a child with a learning disability.	Ensure that staff employed in relevant children's services have received Disability Awareness Training in general and more specifically in meeting the needs of users with a learning disability (or have ready access to specialist knowledge and interventions)	Assurance to be gained at individual organisational level by Feb 17	Update at core leaders March 17	Lead Clinician

Carers The Tiered model is intended to improve the quality of services for children. This could possibly, mean that more children will receive care further away from home. This would mean greater commute and possibly greater financial costs for parents/ guardians/carers. .	Carer information should be produced to help parents and carers understand what the benefits are of receiving urgent care at the point of location and reiterate the correct process for travel claims as appropriate Discuss with public transport providers the accessibility of their services and current routes. Review the current car parking costs at the proposed sites and evaluate against local hospital costs. Expansion of current parental / carer accommodation facilities would require reviewing at proposed Tier 2 providers.	Literature review	March 17	Operational Leads within provider organisations

4. Monitoring, Review and Publication			
When will the proposal be reviewed and by whom?	Proposed Model The general principles around provision of safe and sustainable planned surgical care which providers are required to meet are outlined within the Service Specification. The intention of commissioners is to use a 'designation' approach, i.e. units meeting the specification will become designated surgical centres. This will mean designation within the tiers described within the service designation toolkit. This will be organised and planned at a sub speciality level, i.e. the service map for one specialty may differ from that for another specialty. The reason for this is acknowledgment of the accessibility of workforce skills in some sub specialities, which enables some aspects of surgery to be undertaken more easily than others. For non-elective surgery a centre would need to have appropriate paediatric in-patient support in place. The out of ours activity should be considered from the in- hours non elective activity. There should be diversion protocols established based on transfer to appropriate centres through the patch. These should be based upon the areas of time critical surgery agreed from clinical presentation and assessment. The use of outreach services to support tiers 1 and 2, as well as outpatient services will be a key function that will need to be further developed and supported from the centre hosting the expertise. Within the MCN – there should be a clear remit to distribute the workforce across the geography in response to need and to undertake improvement and planning activities to ensure compliant services in the designated units. The options on delivery models will require further work up and will need to undergo testing against patient and public feedback. Formal consultation planned 3rd Oct 2016 to 6th Jan 2017. All findings will be reviewed by the WTP executive group where upon a decision will be made on the preferred model.		
Lead Officer	Tim Moorhead	**Review date:**	February 2017