Full Equality Analysis Template

Consolidation of In-patient Children's & Young Peoples services to Lincoln County Hospital and subsequent impact on Neonatal and Maternity Services

Currently, United Lincolnshire Hospitals NHS Trust (ULHT) provide a range of Acute and Community children's & young people's (C&YP) Services.

With regards to hospital-based services, ULHT provides C&YP Services for children ranging from 0 to 18 years of age, including: an Emergency Service with links to acute inpatient beds, Elective and Day Case Services, Day Assessment Unit, a broad range of outpatient services with visiting specialist consultants and intermittent respite care for specific diseases.

At Lincoln County Hospital, a 24 hour C&YP Service is provided, which includes: Elective and Day Case Surgery, Emergency Services via the Emergency Department as well as direct GP referrals to the Consultant Paediatrician, there are also a range of Outpatient Clinics. The paediatric medical workforce also provides clinical cover to both the Maternity and Neonatology Services. Current bed configuration is a general acute C&YP ward which is at a 19 bedded configuration but has capacity to increase to 24 beds and an assessment unit which has an 8 bed configuration.

At Pilgrim Hospital, Boston, a 24 hour C&YP Service is provided, which includes: Elective and Day Case Surgery, Emergency Services via the Emergency Department, direct GP referrals to the Consultant Paediatrician and Outpatient Services. The medical workforce also provides clinical cover to both the Maternity and Neonatology Services. Current bed configuration is a 19 bedded paediatric in-patient ward, which currently undertake assessment activity as this is not a separate clinical area and is included in the nursing establishment unlike the service on the LCH site.

At Grantham and District Hospital, The Kingfisher uUit is open between 10am and 5pm Monday to Friday and provides an outpatient service only. Children in the Grantham area who have presented at Accident and Emergency that require emergency care and review by a consultant paediatrician are transferred to Lincoln or Boston for this care. Transfer will only take place after review by an accident and emergency doctor or GP (based in the department) and a registered adult nurse. Very few children require this on a daily basis. I would query this as the data I have seen is just under 5,000 attendances. The EM standards of an ED are very explicit as to what services and staffing should be provided in caring for the C&YP in the ED and currently ULHT does not meet those standards in any of the 3 ED's.

Both in-patient services need to comply with the RCPCH's *Facing the Future: Standards for Acute General Paediatric Services – revised 2015.* Standard 5 states:

> "*Every child with an acute medical problem who is referred for a paediatric opinion is seen by, or has their case discussed with, a clinician with the necessary skills and competencies before they are discharged. This could be: a paediatrician on the consultant rota, a paediatrician on the tier two (middle grade) rota, or a registered children's nurse who has completed a recognised advanced children's nurse practitioner programme and is an advanced children's nurse practitioner".*

ULHT predict that from July 2018 there will only be one wte. substantive middle grade Doctor available to work on the PHB paediatric middle grade rota of 8. ULHT currently only employ 0.5wte advanced children's nurse practitioner so the option is to increase the number of consultant paediatricians. ULHT have been continually recruiting paediatric consultants since May 2017 with very limited success.

Concerns have been raised internally to ULHT by the Women's and Children's Clinical Directorate regarding the fragility of Children's Services particularly at Pilgrim Hospital, Boston resulting in an internal risk summit called by ULHT and chaired by the Medical Director on the 10th April 2017 where five potential options moving forward were presented

- **Option 1:** No change to current model
- **Option 2:** Temporary closure of Paediatric inpatients at Pilgrim Hospital, a Paediatric assessment model in place & retain Consultant led Obstetrics and Neonatology at Pilgrim Hospital
- **Option 3**: Temporary closure of Paediatric inpatient service, Neonatology and Consultant Led Maternity services at Pilgrim Hospital. Facilitate a midwifery led unit at Pilgrim Hospital as a temporary mitigation and a Paediatric assessment model
- **Option 4**: Maintain two site working for paediatric inpatients, Consultant led Obstetrics & Neonatology, but reduce paediatric bed numbers on each site to align with staff availability
- **Option 5:** With effect from July 1, 2018, providers across the region to support Neonatal Medical cover (Consultants and/or Middle Grade doctor) for Pilgrim Maternity and Neonatology

It was reported that Option 2 was the favoured option though not agreed by the system due to the concerns that obstetrics and neonatology required nationally specified level of paediatric medial staffing. Subsequent to that meeting further refinement to the options have been proposed by ULHT as follows

Option One	• Maintain Current Services at Pilgrim Hospital, this is reliant on finding additional multi-professional staff from agency to cover paediatric, maternity & neonatal services
Option Two	• Temporary Closure of the Paediatric inpatient ward at Pilgrim with effect from 31st July 2018 • Temporary redirection of paediatric emergencies transported by ambulance to Pilgrim – redirected to nearest A&E or UCC

	• Temporary re-direction of urgent GP paediatric referrals to neighbouring organisations • Paediatric support in the A&E department at Pilgrim Hospital to assess, discharge or transfer to Lincoln inpatient ward • Retain running of Consultant led Obstetric and Neonatology services on the Pilgrim site (& the Lincoln site) for the foreseeable future, this is reliant on finding additional medical staff from Agencies with effect from July • Increase gestational age for delivery within the high risk birthing unit from 30 weeks to 34 weeks
Option Three	• Temporary closure of Paediatric inpatient services at Pilgrim from 31st July 2018 • Temporary redirection of paediatric emergencies transported by ambulance to Pilgrim – redirected to nearest A&E or UCC • Temporary re-direction of urgent GP paediatric referrals to neighbouring organisations • Paediatric support in the A&E department at Pilgrim Hospital to assess, discharge or transfer to Lincoln inpatient ward • Retaining Consultant led Obstetrics and Neonatology at Pilgrim until July 31st when medical staffing reduces beyond the ability to support Neonatology. From July 31st Temporary closure of Consultant led Obstetrics and Neonatology at Pilgrim until the staffing gaps could be addressed • Increase gestational age for delivery within the high risk birthing unit from 30 weeks to 34 weeks • Establish a midwifery led birthing unit at Pilgrim Hospital and a co-located midwifery led birthing unit at the Lincoln Hospital to facilitate increased activity on the consultant led unit.
Option Four	• Maintain Current Paediatric inpatient services, Consultant led Obstetrics and Neonatology services at Pilgrim & Lincoln Hospital Temporary Transfer of staff (medical and nursing) from Lincoln Hospital to Pilgrim Hospital. • Stop all paediatric inpatient and day case elective (planned) activity for all paediatric specialities at both Lincoln and Pilgrim Hospital sites (This will require adjustment to bed numbers at Lincoln and cancellation of some elective activity at Lincoln) • Stop all general Paediatric outpatient appointments
Option Five	With effect from 31st July, 2018, providers across the region to provide Neonatal Medical cover (Consultants and/or Middle Grade doctor) for Pilgrim Maternity and Neonatology.

Who will be affected?

Staff:
ULHT Clinical staff working in Accident and Emergency, C&YP Wards & Clinics Maternity, Neonatal, Physiotherapist, Dieticians, Pharmacists, Occupational Therapists
ULHT non clinical staff, PALS, Complaints, Staff Engagement Team, Human Resources, Finance, Communications Team, Estates and Facilities, Catering, Volunteers
East Midlands Ambulance Team
General Practitioners and Practice Nurses
Urgent Care Staff
Health Visitors and School Nurses
Community Paediatric Consultants and Community C&YP Nurses
Children Centre Staff and neighbourhood teams
Clinical and non-clinical staff at NWAFT, NLAG, QEKL, NUH

Patients

Children under 16 and under 25 for SEND
Neonates and Well babies

Users

Young Carers and Carers
Parents
Families

Evidence

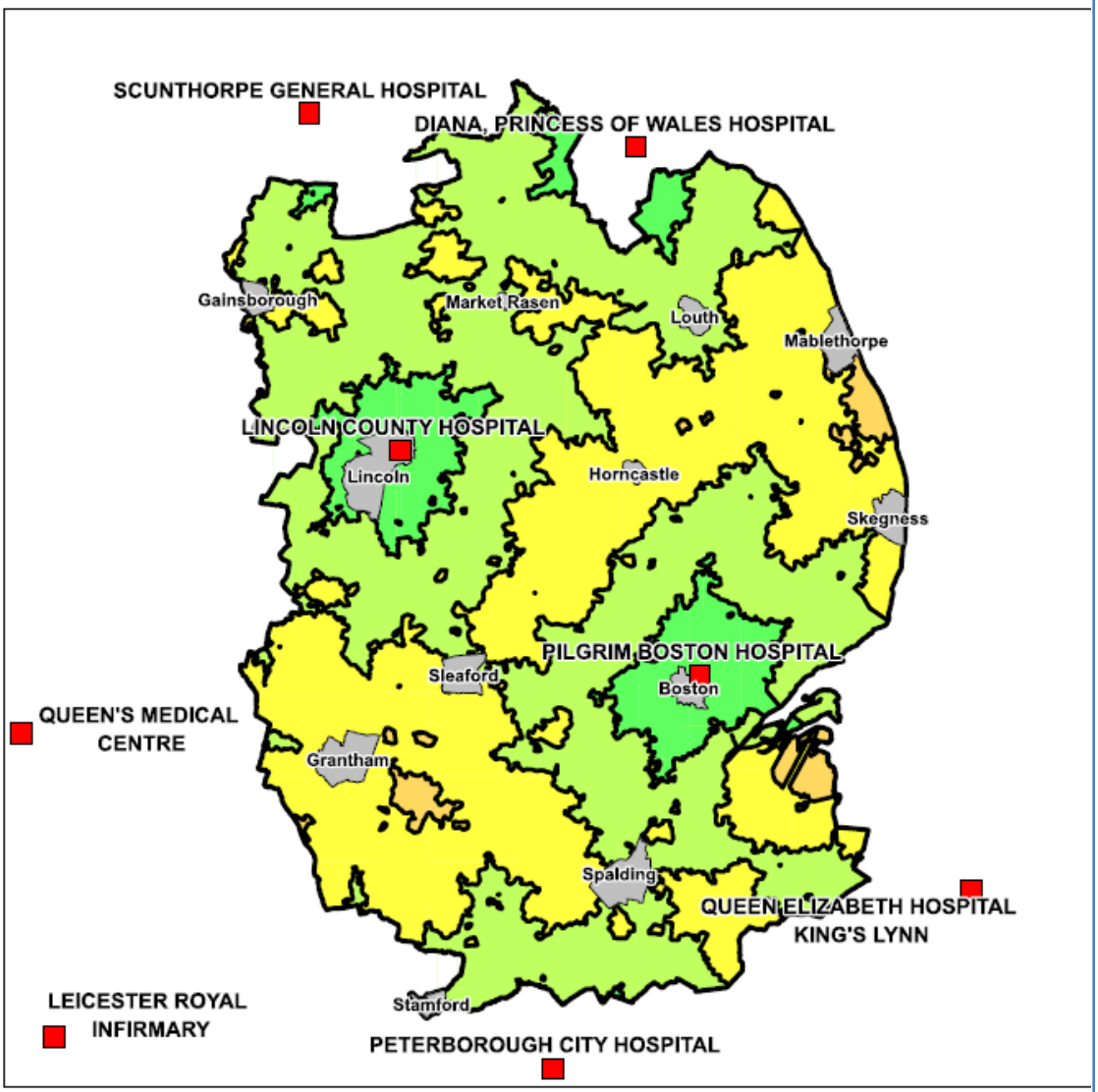
- Public Health – Finger Tips Reports
- Public Health – Child Health Outcome Report – March 2017
- ONS 2011 Census
- ONS Religion in England and Wales 2011
- Joint Strategic Needs Assessment (JSNA)
- Lincolnshire Research Observatory 2011 Census Country of Birth, Ethnicity and Nationality of Lincolnshire Residents
- LRO Schools Population Characteristics (SQL Latest Census) English as an additional Language, 2013
- EMMBRACE Saving Lives, Improving Mothers' Care**.** Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15. December 2017
- SuS Activity Data for 2016/2017
- Emergency Planning Services, Draft Final Report: Lincolnshire STP Obstetric and Paediatric Modelling. April 2018
- Lincolnshire Research Observatory
- Better Births Engagement Results
- ULHT Women's and Children's Engagement Results
- Intercollegiate Guidelines for Safer Childbirth: Minimum Standards for the organisation and delivery of care in labour, 2007
- RCPCH's *Facing the Future: Standards for Acute General Paediatric Services – revised 2015.*
- Defining staffing levels for children and young people's services. *RCN standards for clinical professionals and service managers. 2013*
- Department of Health (2009) *Toolkit for high quality neonatal services*, London: DH.
- RCPH Guidance of Short Stay Paediatric Assessment Units
- Section 11, Children's Act, 2004
- Working together to safeguard children, 2015
- Children's and Families Act, 2014
- Special Educational Needs and Disability Code of Practice: 0 to 25 Years (January 2015)
- Equality Act, 2010

General impact (accessibility and socioeconomics)

Transport modelling completed by the Lincolnshire STP team shows that any reduction in provision or removal of services from Boston Pilgrim hospital will have a negative impact on travel times to alternative provision form areas around Boston and along the east coast.

Map 1 – Current confguration

STP Transport Impact Maps - Women and Children's Services
Map 01 - Car travel times to Women and Children's centres (including Boston)



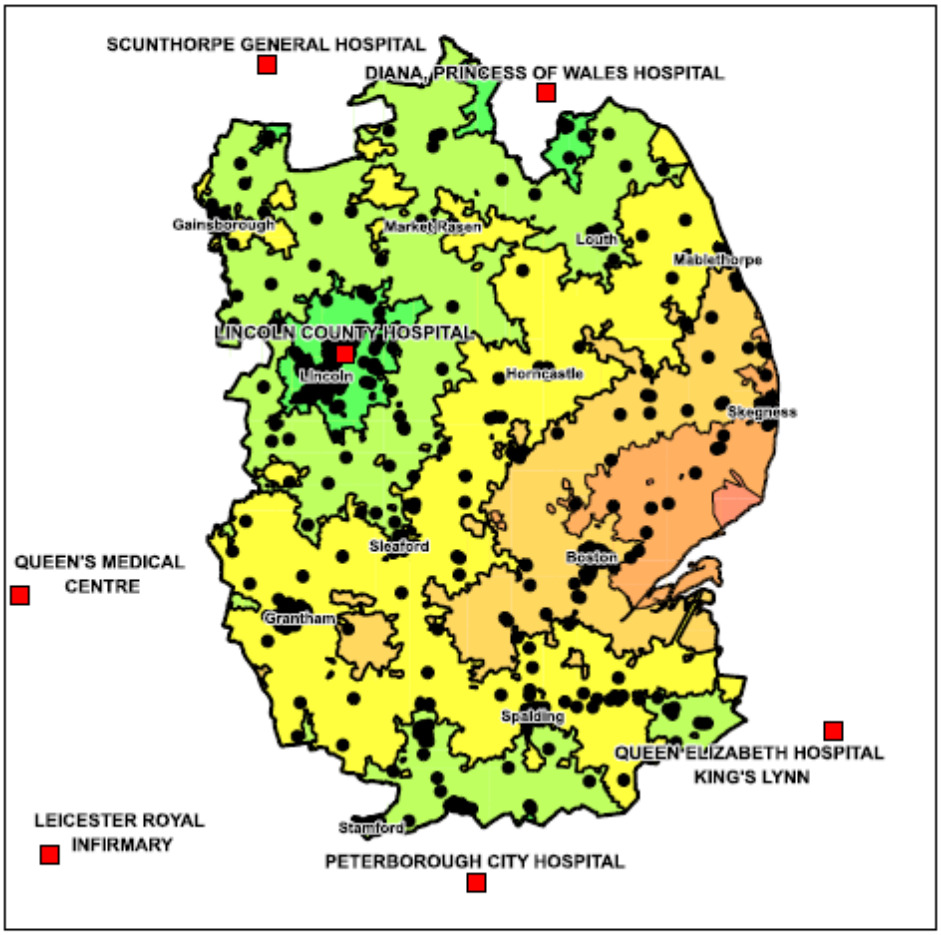
TravelTime	Population	Cumulative	Cumulative%
0 - 15 Mins	252,678	252,678	34%
15 - 30 Mins	297,490	550,168	74%
30 - 45 Mins	186,903	737,071	99%
45 - 60 Mins	6,342	743,413	100%

Key

- 0-15 minutes
- 15-30 minutes
- 30-45 minutes
- 45-60 minutes
- 60-75 minutes
- 75-120 minutes
- 120-240 minutes
- 240+ minutes

Map 2: Travel times if services are not available at Boston Pilgrim hospital

STP Transport Impact Maps - Women and Children's Services
Map 04 - Car travel times to Women and Children's centres (excluding Boston)



TravelTime	Population	Cumulative	Cumulative%
0 - 15 Mins	183,035	183,035	25%
15 - 30 Mins	207,232	390,267	52%
30 - 45 Mins	218,230	608,497	82%
45 - 60 Mins	115,175	723,672	97%
60 - 75 Mins	19,741	743,413	100%

Key
- 0-15 minutes
- 15-30 minutes
- 30-45 minutes
- 45-60 minutes
- 60-75 minutes
- 75-120 minutes
- 120-240 minutes
- 240+ minutes

Richard Porter, 5th April 2018, richard.porter@lincolnshire.gov.uk

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During the week, a population of 42,784 do not have access to public transport to an emergency department which rises to 318,216 on a Sunday. This will impact on families visiting children in hospital and accessing emergency paediatric care.

- Additionally, if there is no paediatric support at Boston Emergency Department, the lack of public transport infrastructure has the potential to place greater demand on East Midland Ambulance Services
- Patient transport needs to keep pace if services are centralised.

Maternity

- High Reliance on taxis to get to hospital, not affordable for those on low incomes

- Low social-economic backgrounds rely on ambulances alone, so will be disadvantaged compared to those with transport.
- Number of parents do not own a car therefore they have to reply on public transport.

Deprivation: overall deprivation, measured by the Index of Multiple Deprivation (IMD) in 2015, shows that Lincolnshire ranked 92nd overall (where 1st is the most deprived). However, there is a lot of regional variation with some areas of Lincolnshire (including some in Boston and East coast) being classed among the 10% most deprived in the country.
There are links between deprivation and some of the protected characteristics are recognised; for example: people in more deprived areas are more likely to live in poor health and have disability. Ethnic minorities are also often concentrated around the areas classed as more deprive These concerns were raised by parents in the engagement sessions undertaken by the Trust where the following trends emerged:

- Issues with travelling for care if family has no car- public transport

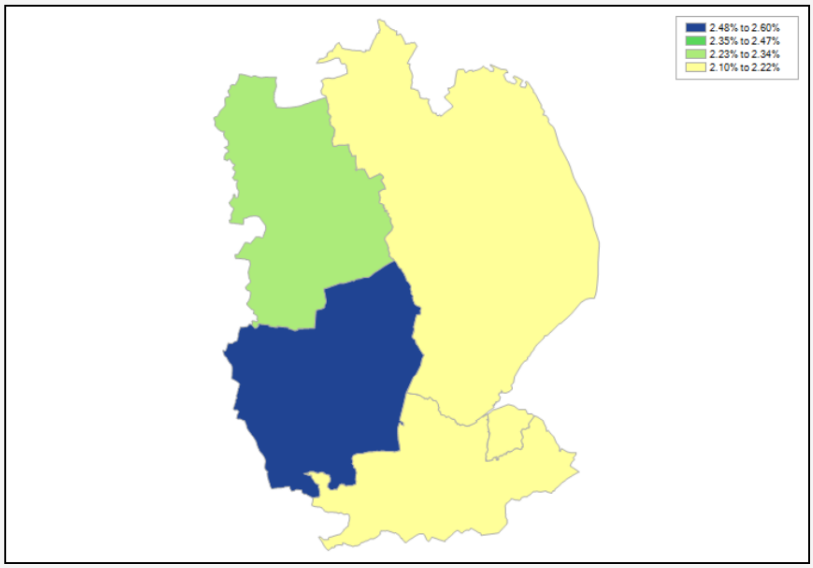
Disability

In Lincolnshire in 2014/15, 10.3% of Children in Need had a disability (England average is 12.8%). There are around 250 children and young people open to the Children with Disabilities Social Care team with approximately 40% aged 14-18. All of these children and young people have severe or profound disabilities (Source: LCC MOSAIC case management system). In January 2017 there were 105,806 pupils on the roll in Lincolnshire maintained and academy schools, of these 15.9% (approx. 16,820 pupils) are in receipt of some form of provision for their SEND

The graph below reports this data by home address of the C&YP and shows higher incidence rates in South West CCG; however the more complex cases are in Lincolnshire East CCG

SEN Action by Home Address, %: Pupils, SEN A School or Early Years (schools census), January 2015

Source: Lincolnshire County Council Childrens Services / LRO **Produced:** 18/04/2018



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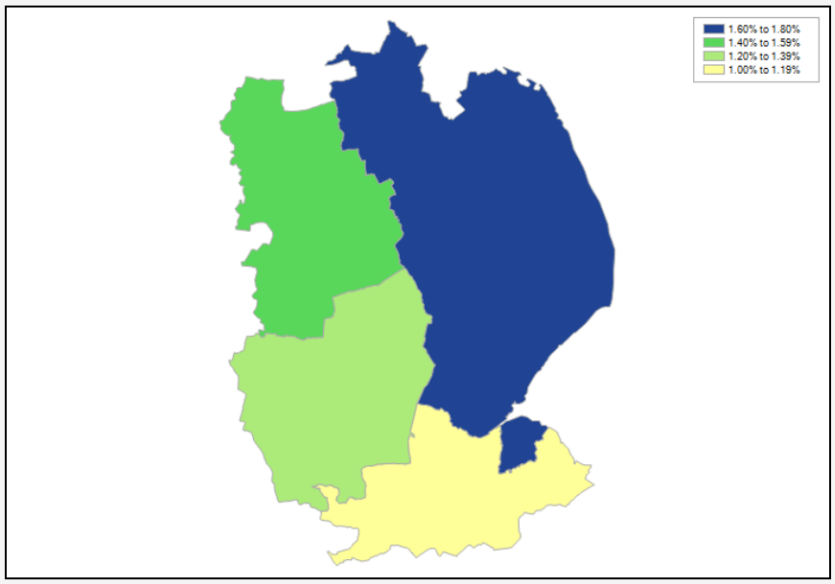
SEN Action Plus by Home Address, %: Pupils, SEN P School or Early Years (schools census), January 2015

Source: Lincolnshire County Council Childrens Services / LRO **Produced:** 18/04/2018



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Under the Children's and Families Act 2014, NHS providers and Commissioners have a responsibility that health provision promotes the well-being of children or young people in its area who have special educational needs or a disability. Well-being to include physical, mental and emotional health. Given that Children with physical

disability may require on-going support from their local paediatric unit. Temporary closure of acute services in Boston reduces access for this group and has the potential to adversely impact on their clinical outcomes. Greater travelling times will also lead to more time away from education so also impacting on their educational attainment. So consideration regarding assistance with travelling is required.

Across Lincolnshire there are 76 children receiving very complex health packages through the continuing health care team (25 LWCCG, 25 LECCG, 20 LSWCCG, and 12 LSCCG) with a range of providers delivering that care at home. Of the 76 children, 11 have intensive support with their tracheostomy of which 5 live in Lincolnshire East, 2 in West, 2 in South West and 2 in South CCG. Withdrawing in-patient Paediatrics from Pilgrim will result in longer travelling times and potentially delayed treatment in the case where non-invasive ventilation is required.

The Equality Act, 2010 outlines the requirement to offer reasonable adjustment and the Trust needs to consider how Children with disabilities receive an equitable service throughout the county as well as ensuring that the decision to consolidate services does not disadvantage this group of children.

Engagement sessions undertaken by the Trust with parents report that proper consideration is given to children with speciality needs who require stability and familiarity as well as those children with long term conditions such as heart, epilepsy, chronic asthma who need immediate attention, this will be particularly relevant to C&YP.

Further engagement sessions are required where voices of C&YP with disabilities are gathered. Several forums facilitated by the Lincolnshire County Council as well as a Commissioner led SEND user group are in place and the Trust should give consideration to eliciting views through these groups to satisfy their responsibilities under Working together to safeguard children, 2015, Children's and Families Act, 2014 and Special Educational Needs and Disability Code of Practice: 0 to 25 Years (January 2015) when redesigning services.

Other considerations that required greater exploration are:

1. Number of disabled parents/ family members required to travel greater journey times to visit or accompany their children to in-patient care at Lincoln County Hospital rather than Pilgrim Hospital at Boston.
2. What is the impact of temporary closure on Young Carer's of disabled parents not only their own access to health but also assisting the access to health for their parents.
3. Impact on disabled mothers and fathers receiving maternity care given that the temporary withdrawing of a paediatric medical workforce has an immediate impact on the Trust's ability to provide maternity and neonatal care at the Pilgrim Hospital.

Sex

Consideration to the following issues is required:

1. Gender of parent who has the main childcare responsibilities
2. Impact of centralised services and increased travelling times on other family and caring responsibilities

3. Impact of increased time away from work for different genders

Nature of the services at risk of being temporarily closed or reduced services affects females more than males (Please see maternity and pregnancy section).
According to 2011 Census, in Lincolnshire, females were nearly 10 times more likely than males to be economically inactive due to carrying for family. It is therefore reasonable to assume that females are more likely to look after children (including taking them for medical appointments) and be more affected by changes to configuration of services.
Females are also more likely to be carers (please see further in this document).
Nationally, females are less likely to hold a driving license (DVLA, January 2012) so would be more affected by lack of public transport provision.
Single mothers accounted for 91% of single parents, nationally in 2014. (ONS, Households and Families).

Race

In 2011, 7.1% of Lincolnshire residents were born outside the UK; 4.5% hold only a non-British passport. This figure had doubled since 2001 largely due to the new EU accession states. Lincoln, Boston and South Holland have the greatest proportion of foreign-born residents. Boston is the only district in Lincolnshire where proportion of non-UK born (15.1%) is higher than England's rate.

Ethnic Group	Boston		East Lindsey		Lincoln		North Kesteven		South Kesteven		West Lindsey		Lincolnshire	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%
White	62,592	96.8	134,314	98.5	89,379	95.6	105,835	98.2	130,394	97.5	87,600	98.2	610,114	94.9715
White: English/Welsh/Scottish/Northern Irish/British	54,221	83.9	131,717	96.6	83,653	89.4	103,343	95.9	125,261	93.6	85,977	96.3	584,172	90.9
White: Irish	208	0.3	490	0.4	719	0.8	512	0.5	656	0.5	411	0.5	2,996	0.5
White: Gypsy or Irish Traveller	63	0.1	61	0.0	80	0.1	74	0.1	78	0.1	161	0.2	517	0.1
White: Other White	8,100	12.5	2,046	1.5	4,927	5.3	1,906	1.8	4,399	3.3	1,051	1.2	22,429	3.5
Mixed/multiple ethnic groups	664	1.0	937	0.7	1,230	1.3	791	0.7	1,142	0.9	630	0.7	5,394	0.8
Mixed/multiple ethnic groups: White and Black Caribbean	171	0.3	414	0.3	367	0.4	242	0.2	410	0.3	222	0.2	1,826	0.3
Mixed/multiple ethnic groups: White and Black African	114	0.2	87	0.1	189	0.2	91	0.1	138	0.1	58	0.1	677	0.1
Mixed/multiple ethnic groups: White and Asian	167	0.3	261	0.2	372	0.4	256	0.2	304	0.2	205	0.2	1,565	0.2
Mixed/multiple ethnic groups: Other Mixed	212	0.3	175	0.1	302	0.3	202	0.2	290	0.2	145	0.2	1,326	0.2
Asian/Asian British	928	1.4	789	0.6	1,794	1.9	750	0.7	1,580	1.2	728	0.8	6,569	1.0
Asian/Asian British: Indian	374	0.6	231	0.2	522	0.6	217	0.2	509	0.4	370	0.4	2,223	0.3
Asian/Asian British: Pakistani	148	0.2	63	0.0	139	0.1	29	0.0	93	0.1	64	0.1	536	0.1
Asian/Asian British: Bangladeshi	72	0.1	100	0.1	139	0.1	68	0.1	63	0.0	0	0.0	442	0.1
Asian/Asian British: Chinese	130	0.2	198	0.1	452	0.5	215	0.2	436	0.3	130	0.1	1,561	0.2
Asian/Asian British: Other Asian	204	0.3	197	0.1	542	0.6	221	0.2	479	0.4	164	0.2	1,807	0.3
Black/African/Caribbean/Black British	278	0.4	264	0.2	778	0.8	251	0.2	509	0.4	224	0.3	2,304	0.4
Black/African/Caribbean/Black British: African	174	0.3	160	0.1	504	0.5	108	0.1	330	0.2	127	0.1	1,403	0.2
Black/African/Caribbean/Black British: Caribbean	57	0.1	75	0.1	165	0.2	101	0.1	117	0.1	74	0.1	589	0.1
Black/African/Caribbean/Black British: Other Black	47	0.1	29	0.0	109	0.1	42	0.0	62	0.0	23	0.0	312	0.0
Other ethnic group	175	0.3	97	0.1	360	0.4	139	0.1	163	0.1	68	0.1	1,002	0.2
Other ethnic group: Arab	63	0.1	40	0.0	175	0.2	43	0.0	48	0.0	38	0.0	407	0.1
Other ethnic group: Any other ethnic group	112	0.2	57	0.0	185	0.2	96	0.1	115	0.1	30	0.0	595	0.1

The non-white population make up 2.4% of the total population in 2011 compared to 1.4% in 2001. The proportion of people born in the Middle East and Asia is significantly lower in Lincolnshire (1.1%) than in England (4.8%) or in the East Midlands (3.4%). The proportion of people born in African countries is also much lower in Lincolnshire (0.6%) than in England (2.4%). Over 28,500 people speak a foreign language as their main language. 69.3% of those speak English well; which is below the national average

People born outside the UK tend to be younger than the general population of Lincolnshire. Over a quarter of people born outside the UK were aged 25-34 in April 2011. The same age group makes up 10.7% of the general population in Lincolnshire. Differences in age structure are even greater in Boston and South Holland districts, where nearly a third of the non-UK born population was aged between 25 and 34 so likely to be parents. This population data suggests higher

demand for women's and children services and so will be significantly impacted by the temporary closure of paediatric and/ or neonatal and maternity services at Pilgrim Hospital, Boston and moved to Lincoln County Hospital.

Given the higher concentration of adults being of childbearing age it is not surprising that 12% of school children are from a minority ethnic group. Reviewing the Lincolnshire School data that reports on English as an additional language; the average percentage of children across Lincolnshire is 6% though reviewing this data by economic area and CCG level, there are higher concentration of children speaking English as an additional language in Boston (21%), Lincoln (10%) and Spalding/ Holbeach (10%). This data reinforces that a considerable ethnic group will be adversely impacted through the temporary closure or reduction of services at the Pilgrim Hospital.

Unsurprisingly, there is a link with deprived wards and higher levels of residents born abroad. The consideration for C&YP reconfiguration is when considering infant mortality rate for England and Wales though low, mother's county of birth and parent's socioeconomic status are risk factors and services should be designed so health inequalities are minimised as far as possible.

Additionally, 24% of those mothers that died nationally between 2013-15 were born abroad of which 13% were from East Europe particularly Poland. During the same period over a quarter of birth in England and Wales were to women born outside the UK. Access to maternity care is therefore of paramount importance for the population of Boston which has a high concentration of young Eastern Europeans.

Temporary closure of services therefore negatively impacts on the significant ethnic population in the Boston area.

Engagement sessions with Eastern European mothers reported that they culturally expect to be admitted to hospital earlier to give birth, have more availability of C-sections and have a less focus on natural birth. They want a doctor present for all births.

Age

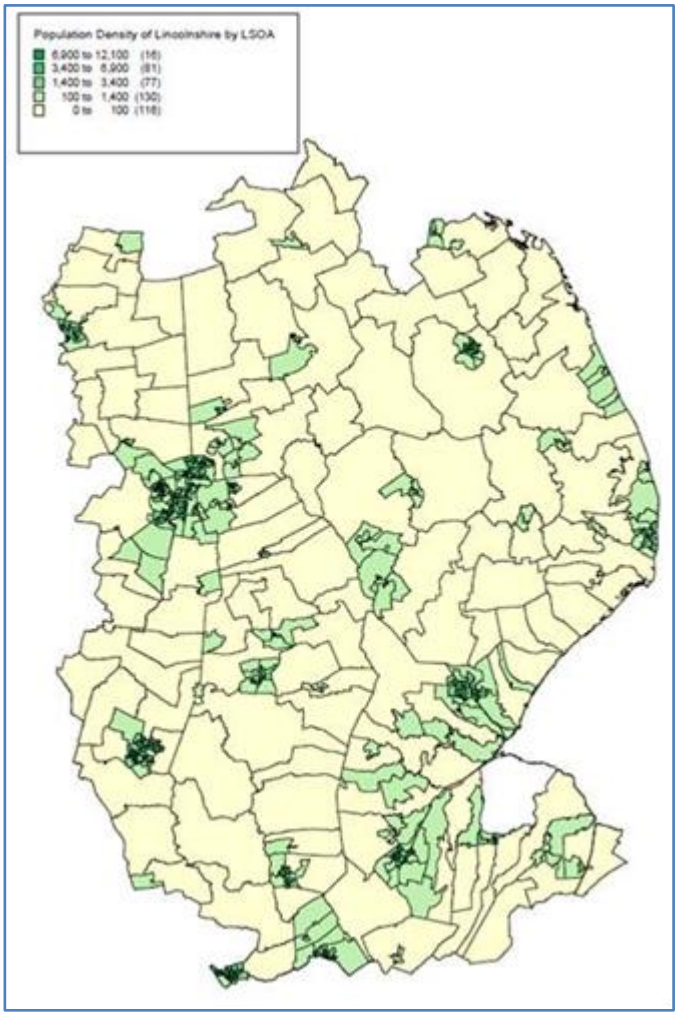
Children and young people under the age of 20 years make up 21.7% of the population of Lincolnshire. 15.8% of the population are aged 0-14, compared with a national average in England of 17.3%.

The number and proportion of children across the four CCGs is illustrated in the table below (based on mid 2014 population figures from ONS for 0-15 year olds):

CCG Area	Total Number of Children	Proportion of Children
East Lincolnshire	37,616	16.4%
West Lincolnshire	39,025	16.8%
South West Lincolnshire	21,070	17.3%
South Lincolnshire	26,601	17.9%

Lincolnshire	124,300	17%

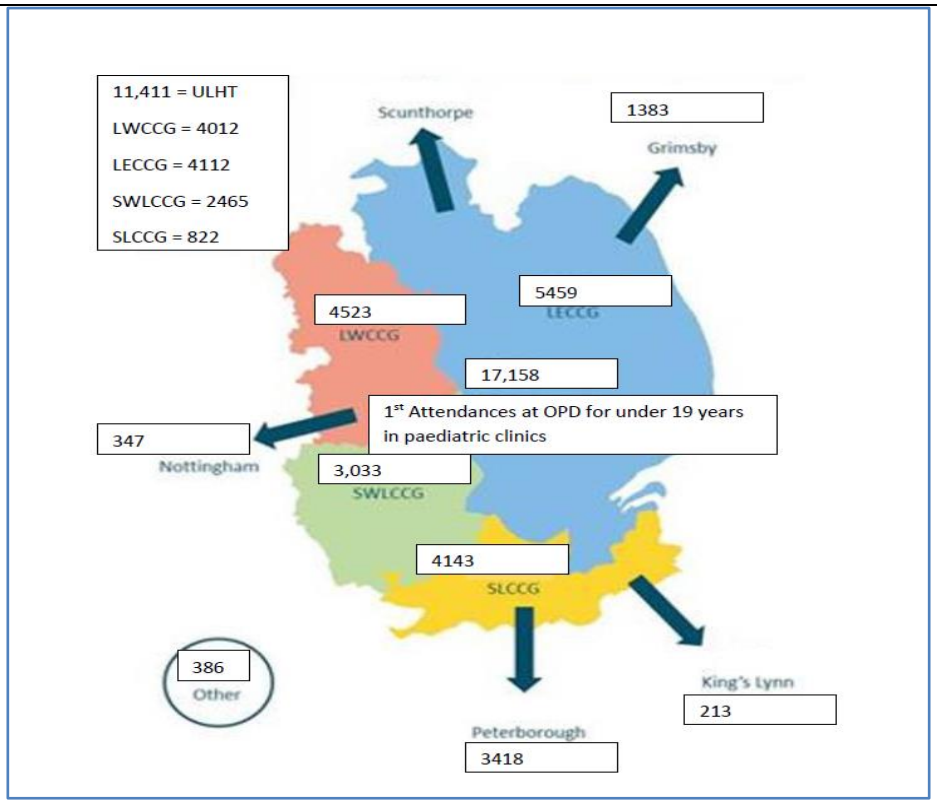
Across Lincolnshire there are several areas that have a higher density of children. The highest densities of children are concentrated predominantly in the urban areas of Gainsborough, Lincoln and surrounding neighbourhoods. There are pockets of high-density areas of children in Bourne, Stamford and Boston with the east coast having a much lower density areas.



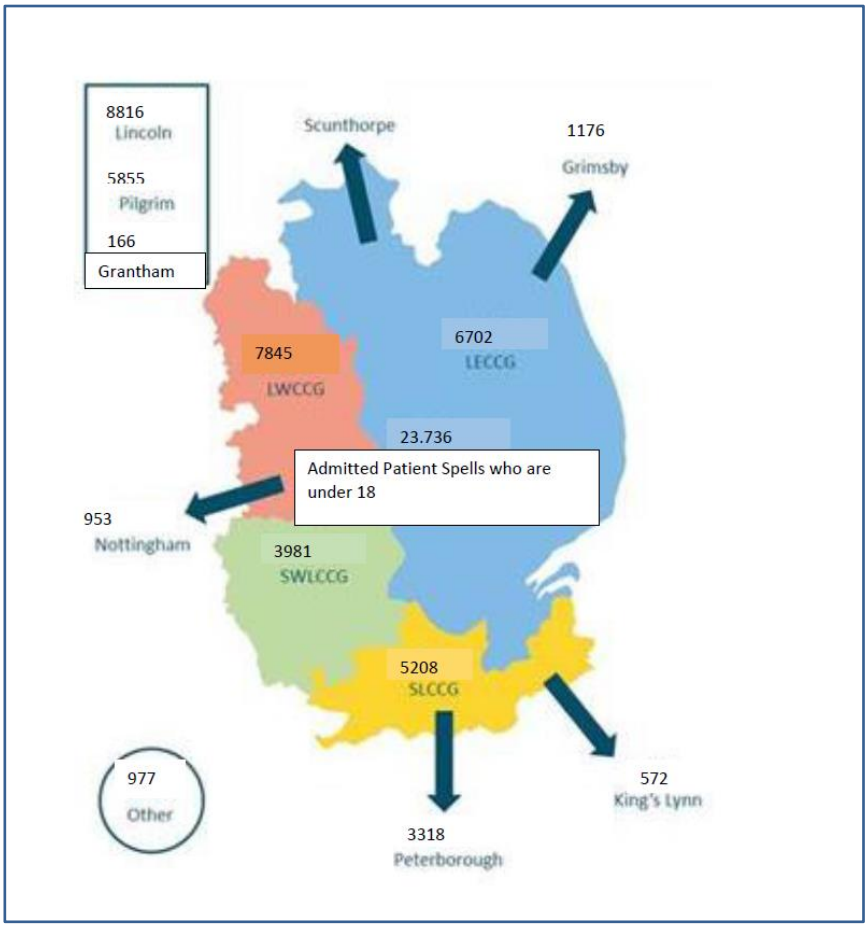
This population data is aligned with the referral activity data by CCG regarding C&YP under 19. The following graphs illustrate the referrals activity data by CCG and by provider.

The countywide level of C&YP poverty is better overall than the England average of 20.1%, with 18.1% of children aged under 16 year's old living in poverty in 2014. However, this rises to 23.3% in Lincoln and 23.9% in East Lindsey.

Given the higher levels of deprivation in East Lindsey and the higher density of children living in Skegness with poor access to Lincoln by Public Transport; temporary closure of the inpatient acute C&YP ward significantly reduces access thus having the potential to widen health inequalities further; so consideration how this risk will be mitigated is required.



The next graph reports admitted patients spells for children 18



Both graphs highlight the significant number of C&YP being referred to ULHT from Lincolnshire West and East CCG. Temporary closure of in-patient services will significant impact on the population in Lincolnshire East. Access is then compounded by the lack of public transport infrastructure.

In the current configuration of C&YP acute clinical services, a population of 6,342 would be required to travel 30-45 minutes to access a maternity or C&YP site. Reconfiguration of C&YP services due to medical workforce issues automatically leads to non-compliant paediatric medical cover for a special care baby unit and an obstetric unit as on Pilgrim Hospital site as there will be insufficient medical cover. The temporary closure of services leads to a population size of 186,903 travelling 30-45 minutes and 6,342 45-60 minutes to their nearest maternity or C&YP site.

Child Health Outcomes vary across the county with both Lincolnshire West and East having significantly more children compared to the regional and national average attending emergency departments. The impact of removing paediatric medical cover from Pilgrim hospital requires further thought given that in 2016/2017 approximately 3000 children presented at Pilgrim Hospital, Boston Emergency Department. Parents expressed that they tended to access ED directly rather than going through their GP or NHS 111 so these cultural norms of accessing services needs to be considered to ensure that there is adequate paediatric expertise in the Emergency Department at Pilgrim hospital, Boston

Lincolnshire East also have higher rates of obesity in children aged 4-5 and 10-11years which has the potential to increase their risk of developing diabetes. This will place additional demand for hospital services and through temporary closure has the potential to delay initiation of treatment in the case of diabetic ketoacidosis or other acute diabetic issues. Lincolnshire South report having more children with one or more missing, decayed or filled teeth than the national and regional average though the number of admissions to hospital for dental procedures is currently in line with the national average.

All NHS provider organisations are required to consider their obligation under Section 11 of the Children's Act 2004 and Working Together to Safeguard Children, 2015; which places duties on NHS Trusts to ensure their functions, and any services that they provide safeguard and promote the welfare of children. This statutory responsibility includes the requirement to listen to children and take account of their wishes and feelings in both individual decisions, and development of services. To date, ULHT have engaged with a range of groups and parents regarding views of paediatric services. Themes emerging from that engagement are:

- Some parents were concerned about safety if they needed to travel in an emergency/ feel that centralising services will cost lives
- No consensus on travelling times for emergency care was gained through the engagement sessions
- In case of emergency, the majority of parents take their children to A&E in Pilgrim
- Majority of parents would expect their child to be admitted to the local (Pilgrim) hospital. Some families had to travel to Leicester or Nottingham. They would

expect paediatrician to care for their child at all times.

- Most agreed that emergency C&YP care needs to stay on the Pilgrim hospital site in Boston.
- A handful suggested that if you centralise maternity and paediatric service, there needs to be a way for partners and other children to stay overnight with you.
- There was a concern around lack of paediatric provision for holidaymakers on the East Coast at peak times
- It is very difficult to get a GP appointment so people end up going to Pilgrim ED.
- Worry that if we centralise, more children will be sent out of county for care as Lincoln County Hospital, will not be able to cope with the numbers.
- Some expressed concern about poor reputation of Lincoln C&YP services

However, the Trust needs to consider how they will engage directly with children in eliciting the views to satisfy this responsibility as C&YP have a right to receive and impart information, to express an opinion and to have that opinion taken into account in any matters affecting them from the early years. Their views should be given due weight according to their age, maturity and capability (Articles 12 and 13 of the United Nations Convention on the Rights of the Child). Additionally, how the children's welfare is protected and safeguarding through temporary closure of C&YP services and the subsequent impact on Neonatology and Maternity services requires careful consideration and mitigated actions to be developed.

Lincolnshire east CCG have also undertaken a survey where 141 people responded to a question on access to emergency care of which 29% expected to be seen the same day and 33% to be reviewed by someone with specialist paediatric training which has an impact on the staffing model in the Emergency Department at Pilgrim Hospital. There was support for GP's to extend their services for children (63%).

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

Consideration is required regarding

- Children with indeterminate gender
- Parents

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

Consideration is required regarding

- Children who are aware of their sexual orientation
- Same Sex Parents

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

National statistics report that for the county of Lincolnshire over 60% of the population report their religion to be Christian – ONS 2011

Pregnancy and maternity

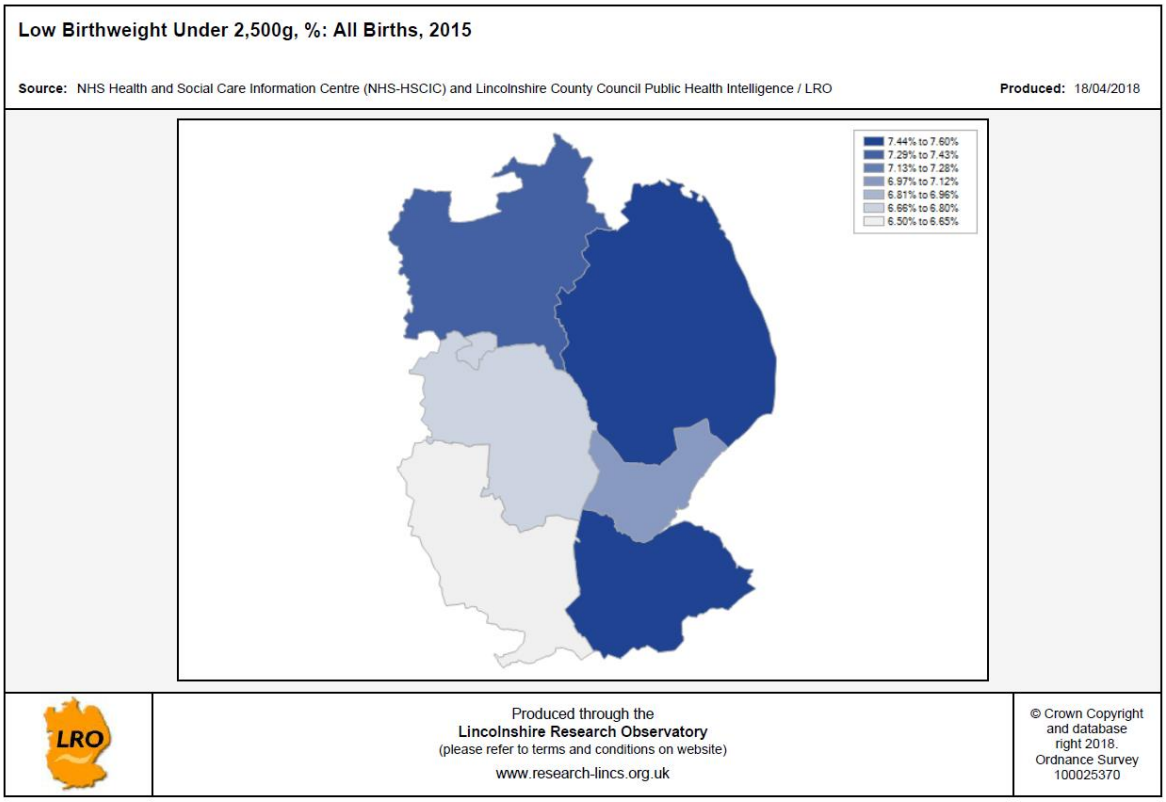
Across the 4 Lincolnshire CCGs there were 7783 women who gave birth in 2016/2017, with 5448 of these births taking place at United Lincolnshire Hospitals NHS Trust, 3278 at Lincoln County Hospital and 1948 at Pilgrim Hospital in Boston. 222 women chose to give birth at home. Lincoln County Hospital has the highest birth rate in the county.

The intercollegiate guidance of Safer Childbirth: Minimum Standards for the organisation and delivery for the care in Labour, 2007; provide the following guidance for paediatricians where there is a Special Care Baby Unit (previous known as a level 1 unit):

- On-site obstetric clinicians must have access to senior colleagues within 10 minutes who have advanced skills for immediate advice and urgent attention
- In order to stabilise babies particularly for units without a Neonatal Intensive Care Unit or a Local Neonatal Unit, there should be a designated link paediatrician for labour ward and neonatal services who is responsible for clinical standards of newborn babies
- Labour Wards should have 24 hour availability of a consultant paediatrician (or equivalent non consultant career grade doctor) trained and assessed as competent in advanced life neonatal life support who can attend within 30 minutes
- For middle grade doctors, there should be 24 hour availability of resident doctors holding MRCPCH or equivalent and trained in advanced neonatal life support
- For speciality trainees 1-2 and advanced neonatal nurse practitioners, there should be 24 hour cover and that they are trained and competent in neonatal care.

Currently, the Lincolnshire infant mortality is similar to that reported regionally and nationally (2.4-3.6 per 1000 compared to 3.7-3.9). However, low birth rate is a leading contributory factor to infant mortality rates and this is shown geographically across Lincolnshire below

Any consolidation of medical staffing in paediatrics that leads to the deficit in the above standards then affects the viability of both the neonatal and obstetric service.

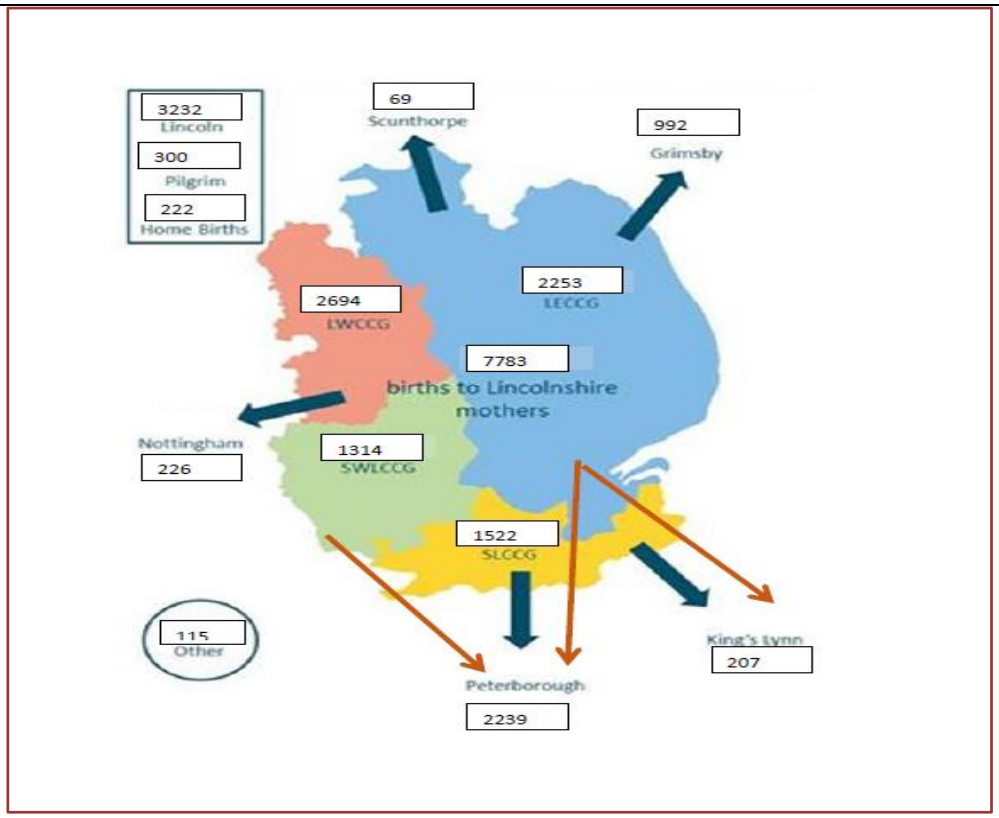


South Holland and East Lindsey report the highest number of low birth weight with babies. The temporary closure or reduction of C&YP, neonatal and maternity clinical care will adversely impact on access for this group of women and their babies. Consideration needs to be given with regarding to continuity of carer maternity models that are known to improve clinical outcomes such as birth weight in these areas as a preventative measure moving forward.

Consideration, is also then required regarding travelling times and distances so as to access neonatal care at Lincoln County Hospital and other providers. If the baby is expected to be born with a low birth weight.

Population predictions of women aged 15-44 years show a stable or a slight fall in the number of women considered to be of child birthing age within all four CCG areas in Lincolnshire (projected up to 2037). This is against an increasing population projection in general.

Exploratory work regarding anticipated displaced activity as a result of consolidating obstetric units at Lincoln is shown in the diagram below



This would result in ULHT's birth rate reducing from 5448 to 3752 if women then access their nearest maternity unit which will incur longer travelling times.

The latest maternity dashboard reported in January 2108 12 BBA's (Born before Arrival); it is likely that as families have longer to travel to birth in an obstetric unit, this figure could potentially increase.

Family and Friends recommend rate is 94.7% as an average for the past year for feedback on Birth which is rag rated as "red"' which is likely to deteriorate further for ULHT if services are temporarily closed or reduced.

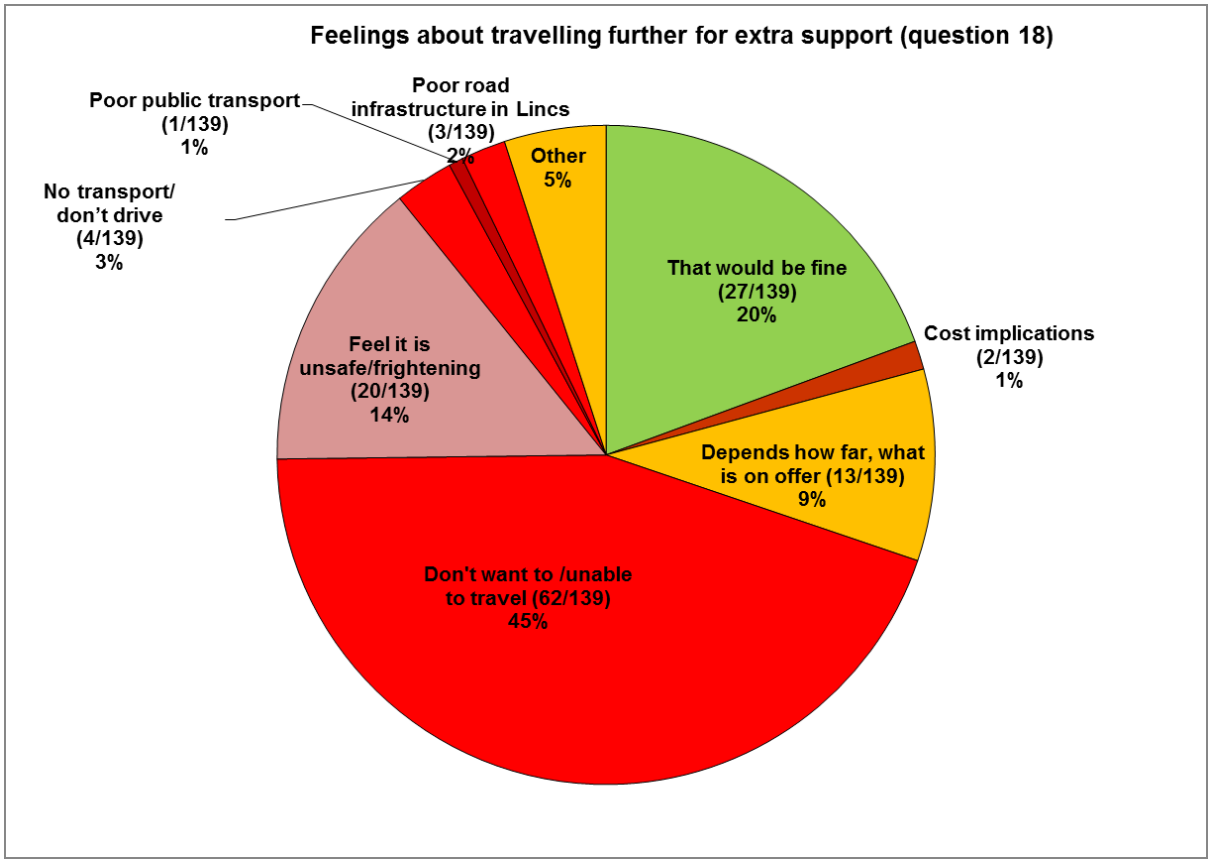
Some women will travel further as they choose to have either an epidural or to be in an obstetric unit. This was confirmed in the ULHT engagement sessions undertaken where the following themes were articulated:

- Anxiety from mothers in the Boston area about having to travel for maternity care more often- cost, stress, appointment times (difficult to get to early appointments if they are far away)
- Overall feeling was that maternity services at Lincoln county Hospital would not be able to cope if everything was centralised there.
- Many people in the Boston area said they are worried that babies will die if there isn't a consultant presence at Boston.
- A large number of women said they would not use a midwifery-led unit at Pilgrim. Too scary and something might go wrong. Expect pain relief and consultant care close to home.

Additionally, engagement work has been undertaken by Lincolnshire East CCG as

part of the STP Women's and children's services review. A survey was undertaken with 349 people responded of which 219 were from Lincolnshire East. The following outlines the main findings from the Lincolnshire East area as they are mostly affected by the proposals

- 50% of respondents wanted obstetric services on both sites
- 84% wanted to give birth in an obstetric unit and 10% would birth in a midwifery led unit
- See graph below regarding comments on travelling to a central site



The teenage pregnancy rate throughout the whole of Lincolnshire is similar to the England average. Only Lincoln and Boston are significantly above the national average for teenage pregnancy rates, with Lincoln being the highest at 36 per 1,000. The percentage of births to mothers over the age of 35 years is lower than England at 15.7% compared to 21.1%. Delayed booking, poor antenatal attendance are familiar patterns often presenting in labour. Consideration regarding continuity of carer for teenage pregnant young children will be essential to maximise clinical outcomes for young mums.

Marriage and Civil Partnership Consider and detail (including the source of any evidence) on same sex people who are in a civil partnership, and heterosexual people and same sex people who are married.

See above

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

Lincolnshire has an estimated 84,000 unpaid carers who provide support to families and friends who live with ill-health, frailty or a disability. (LCC JNSA)

Over **20,000** of carers reported providing more than 50 hours of caring a week. (2011 Census)

Additionally, 10,350 people in Lincolnshire were in receipt of carers allowance in August 2017, according to DWP. Out of those, 3,720 in Boston and East Lindsey. More than a half of recipients were age 18-49, who were more likely to be parents of young children as well carers and could be adversely affected by the proposed changes to the services. Three quarters of people receiving carers allowance are females (DWP, August 2017, via Nomis).

Potential for children to feel more isolated whilst in hospital if families live further away either due to the journey times, the lack of public transport and caring conflicts with other members of the family whether this is school runs or working.

Increased requirement for carers to stay in services are further away which again impacts on the other caring responsibilities and work commitments

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

Engagement and involvement

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Whilst there has been a degree of engagement with parents, it is recognised that engagement with C&YP is required

How have you engaged stakeholders in testing the function proposals?

The proposals have not been fully developed – this appraisal has been completed with the assumption that the removal of the in-patient ward and paediatric medical workforce will lead to the cessation of neonatal and maternity services at Pilgrim Hospital, Boston

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Undertaken by the Communication Team at ULHT

Summary of Analysis

Overall a negative impact is anticipated from the analysis and the proposal moving forward need to consider and include action that would mitigate this risk

The significance of the impact of any decision made by ULHT's board needs to consider the wide safety issues on the population and the transfer of risk to other providers.

Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).
See attached action plan – ULHT to develop

Advance equality of opportunity Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

ULHT to complete

Promote good relations between groups Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).
ULHT to complete

What is the overall impact?

	Option 1	**Option 2**	**Option 3**	**Option 4**	**Option 5**
Disability	Neutral	Negative	Negative	Negative	Negative
Age	Neutral	Negative	Negative	Negative	Negative
Sex	Neutral	Negative	Negative	Negative	Negative
Gender reassignment	Neutral	Neutral	Neutral	Neutral	Neutral
Sexual orientation	Neutral	Neutral	Neutral	Neutral	Neutral
Race – negative impact	Neutral	Negative	Negative	Negative	Negative
Pregnancy and maternity	Neutral	Negative	Negative	Negative	Negative
Religion	Neutral	Neutral	Neutral	Neutral	Neutral
Marriage and civil partnership	Neutral	Neutral	Neutral	Neutral	Neutral
Carers	Neutral	Negative	Negative	Negative	Negative
Overall	**Neutral**	**Negative**	**Negative**	**Negative**	**Negative**

Addressing the impact on equalities Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.
See attached action plan – ULHT to develop

Action planning for improvement See attached action plan – ULHT to develop
Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment There is a requirement to: Undertake engagement with children and young people regarding proposed service changes and future options To undertake specific engagement with children with disabilities, parents and carers and user groups regarding the proposed service changes and future options To scope an option that mitigates the significant clinical risk of displaced obstetric activity Further activity has been included in the action plan See attached action plan – ULHT to develop

For the record Name of persons who carried out this assessment: Penny Snowden, Deputy Chief Nurse – Lincolnshire East CCG
Date assessment commenced: 18th April 2018
Name of responsible Director/ General Manager: Neill Hepburn, Medical Director
Date assessment was signed: