

Introduction

This is a proposal from ICF and the Strategy Unit at Midlands and Lancashire CSU (SU) to undertake additional analysis of the potential impacts and equality effects of changes to Women and Children services under the Future Fit programme.

Understanding of requirement

ICF and the SU conducted an Integrated Impact Assessment (IIA) of the Future Fit preferred options between May and November 2016. This assessed the potential impacts and equality effects of the proposed changes to acute hospital services under each option. Changes to Women and Children Services under the options were out of scope of the original IIA, and so their potential impacts and equality effects were not fully explored. Additional analysis is now required to address this.

Under the baseline “do minimum” Option A and the preferred Options B and C2, Women and Children services would remain at their current location of Princess Regent Hospital (PRH). Under preferred Option C1 they would be relocated to Royal Shrewsbury Hospital (RSH).

The additional analysis is needed in order to:

- Assess the potential health, access, economic, social, and environmental impacts of this change; and
- Assess the potential equality effects arising from these impacts.

As with the original IIA, potential impacts need to be assessed at the scale of the Future Fit catchment area as a whole, for each of the three areas within it (Telford & Wrekin, Shropshire and affected parts of Powys); and at a more localised scale where relevant.

Potential equality effects need to be assessed for all groups with protected characteristics as defined under the 2010 Equality Act¹ and for any other groups that could potentially be disproportionately or differentially affected by the change (e.g. deprived young families, high risk children, etc.).

The analysis will also, as far as the available data allows, need to assess the impacts and equality effects of the relocation of the different Women and Children services affected (i.e. consultant-led obstetrics, NICU/SCBU and in-patient paediatrics) as well as for the services as a whole.

This additional work will be undertaken and presented as a supplementary analysis to build on and accompany the IIA, although a stand-alone report will be produced.

Methodology

The methodology for this additional analysis will closely follow that of the original IIA (see detailed description in the IIA report) but with a specific focus on assessing the potential impacts and equality effects of the relocation of Women and Children services under Option C1.

SU will again lead on the analysis of the health and access impacts and equality effects. ICF will lead on the analysis of the economic, social, and environmental impacts and equality effects.

The stage-by-stage methodology for undertaking this is set out below.

Stage 1 Scoping

We suggest an initial meeting/teleconference between ICF, SU and local stakeholders to confirm the aims of the analysis and agree which potential impacts the analysis will address. In the original IIA a longlist of impacts was initially developed and then narrowed down to a shortlist of impacts that were assessed in depth (see Annex). This selection was made primarily with the proposed changes to acute services under the preferred options in mind. It will be worthwhile revisiting the shortlisted

¹The nine protected characteristics being: age; sex; sexual orientation; gender reassignment; disability; pregnancy and maternity; marriage and civil partnership; race; and religion or belief.

impacts here and modifying if necessary to reflect the specific focus of this additional analysis on the proposed changes to Women and Children services under Option C1 and the specific services affected.

The previous analysis of protected characteristic groups in the catchment area will also be revisited and if necessary supplemented with additional analysis (i.e. to identify and map further groups at risk of experiencing equality effects arising from changes to Women and Children services under Option C1).

Stage 2 Impacts analysis

The nature of this analysis will depend partly on which impacts are selected in the preceding stage. Wherever possible the same data sources/metrics/measures of impact used in the original IIA will again be employed here, to ensure consistency and read-across between the findings. New data sources/metrics/measures of impact will be identified for any selected impacts not previously reviewed in depth in the IIA. Each potential impact will be analysed in terms of its:

- Likelihood;
- Timescale;
- Direction (i.e. whether it would positive or negative); and
- Scale (for the catchment area as a whole and by geographical areas within it).

In order to triangulate this analysis and collect additional qualitative evidence on the potential impacts we will interview 7-8 stakeholders. This will include: SaTH representative/s with detailed knowledge of current Women and Children provision in the catchment area; and representatives of wider local stakeholders and patient groups (ensuring coverage of Telford & Wrekin, Shropshire, and Powys).

Stage 3 Equalities analysis

The findings from the impacts analysis will be reviewed alongside data on the relative size and geographical distribution of protected characteristic groups in the catchment area and what data is available on the socio-demographic characteristics of current users of Women and Children services. This will be the primary means assessing the extent to which any groups would be disproportionately affected by the relocation of the services.

Interviews will be conducted with 7-8 representatives of the protected characteristic groups potentially at risk of experiencing equality effects arising from changes to Women and Children services. This will provide a further qualitative means of assessing the extent to which groups would potentially be affected disproportionately or differentially (i.e. in different ways to others) by the changes.

Stage 4 Reporting

Our proposal is to produce a separate/free-standing report of the findings from this analysis that can be read alongside the main IIA report. The introductory chapter will make clear reference to the main report, explain why the additional analysis has been undertaken, and outline the methodology used. There will be separate report chapters detailing the health and access, economic, social, and environmental impacts expected for Women and Children services under Option C1. There will be a concluding chapter detailing whether, and if so to what extent, the findings of the analysis affect the overall conclusions drawn in the main IIA report.

Interdependencies

The rigorousness of this analysis and the timing of when it can be completed is dependent on the availability of certain data:

- The reallocation of staff that accompanied the relocation of Women and Children services would be the main driver of any local economic impacts. To analyse this, data would be required from SaTH on the number of full-time equivalent staff reallocated to work in Women and Children services at RSH under Option C1 and, for the purposes of comparison, the number of full-time equivalent staff that would work at Women and Children services at PRH under the other options.

- Changes to road traffic patterns/volumes caused by the relocation of Women and Children services would be a significant driver of any environmental impacts. To analyse this, data would be required from SaTH/SU on the projected number, mode and average distance of journeys to access Women and Children Services under each option.
- Novel analysis will be required in order to generate the drive-time data at the greater level of granularity required, we would require data at a sufficient level of detail to identify e.g. consultant-led obstetrics, NICU/SCBU and in-patient paediatrics.
- Changes to the physical infrastructure of either hospital made on account of the relocation of Women and Children services would also be a driver of any environmental impacts. Details of proposed changes would be required from SaTH in order to account for this. Equally we appreciate detailed architectural plans may not yet be available, and as any resultant environmental impacts are also likely to be quite limited in scale, this is less of a priority.
- Any equality effects arising out of the relocation of Women and Children services would partly reflect the socio-demographic characteristics of the women and children who use these services. Data on these characteristics would be required from SaTH to fully assess potential equality effects.

Indicative timetable

The Future Fit project team has asked that this analysis is completed by the end of February 2017. Until the scope is agreed and data is available, we cannot confirm that we can comply with this timetable and all dates agreed will be based on the presumptions that

- (i) this data can be made available in a usable format by 27th January 2017.
- (ii) expert representatives will be made available to guide the scope of the proposal in line with this specification

Experience and expertise

ICF

ICF is a leading public policy consultancy with over 200 UK staff. We have a long track record of undertaking impact assessments and evaluations for local authorities, CCGs, UK government departments and the European Commission. Examples include:

- Equalities Impact Assessment of the Multi-speciality Community Provider programme for Dudley CCG (2016).
- Assessment of the economic impacts of Health Service Spending in the Black Country, which we undertook in partnership with the Strategy Unit (2016).
- Impact assessments for Leeds City Council (2015), Birmingham University (2007) and a major West Midlands employer (2015) concerning their future plans for service delivery and/or investment.
- Impact evaluations for Ofqual (2013a, 2013b), BIS (2016), Skills for Care (2013), and the European Commission (2013, 2015a, 2015b, 2015c, 2016a, 2016b) across a range of policy areas.

We also have extensive knowledge and experience of the health sector, and in particular of contemporary developments in how health provision is organised and delivered. Examples include:

- Research and evaluation support for the NHS England Vanguard's Multi-speciality Community Providers Programme (2015-16), which we are providing in partnership with the Strategy Unit.
- Research for Prostate Cancer UK to support the development of a system transformation programme for prostate cancer (2014).
- An evaluation of 12 innovative service delivery models for patients with long term conditions currently being trialled by Camden CCG (2014-16).

- A review of cancer surgery services across the UK for Cancer Research UK (2013). We were also subsequently commissioned to explore the impact of health reforms and efficiency savings programme on cancer services in England (2014).

Project team

The key members of the project team for the original IIA will work on this additional analysis. Paul Mason will again be Project Director and Tim Knight Project Manager. James Kearney and Peter Farrar from the original IIA team will also contribute to the analysis.

Paul Mason (Project Director, ICF). Paul is Senior Managing Consultant and leads ICF's Health and Care work. He has over 17 years' research experience and specialises in programme and impact evaluation. He is currently directing our project to provide research and evaluation support for the NHS England Vanguard's Multi-speciality Community Providers Programme. He has previously directed evaluations and assessments of initiatives including Leeds City Council's DfE-funded children's social care system change programme, Camden CCG's long term conditions programme and Guy's and St Thomas' Charity Research Investment programme.

Tim Knight (Project Manager, ICF). Tim is a Senior Consultant with over 12 years' research experience. He project managed a led our recent Equalities Impact Assessment for Dudley CCG and has project managed other projects for clients including Defra, DWP, DfE, DfT and the Home Office. He is experienced in both qualitative and quantitative techniques, and worked on our evaluation of the impacts of innovative service delivery models for patients with long term conditions for Camden CCG. He also has notable experience in equality issues, having previously undertaken research for DWP to explore the interactions between disability, gender, age, ethnicity and sexual orientation.

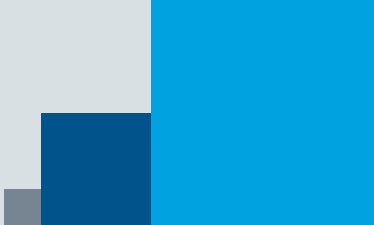
James Kearney (Project Analyst, ICF). James is a Senior Consultant with eight years research experience. He has particular expertise in assessing the impact and VfM of health programmes. He is led our recent assessment of the economic impact of Health Service Spending in the Black Country and carried out much of the impact analysis for our evaluation for Camden CCG. He has previously estimated the impact of re-designed cancer care pathways for PCUK and undertaken similar analyses for the Department of Health in Ireland and Public Health England North West.

Peter Farrar (Project Analyst, ICF). Peter is a Consultant with extensive experience of quantitative analysis, stakeholder consultations, and document and evidence review, applied to a range of health and care sector evaluations at national and European level. He is currently leading our evaluation of a Manchester Cancer programme for involving cancer patients in service design, and also undertook evidence review for our evaluation for Camden CCG.

TBC (Project Analyst, Strategy Unit) A member of our expert analytical team will run the drive time analysis from the beginning, focusing on the detailed impacts for women and children, based on new data to be provided.

David Frith (Managing Consultant, Strategy Unit). David has over seven years' experience working in strategic and project roles for NHS clients. This has seen him work across commissioner, provider and regional/national organisations to support the identification and implementation of service transformation. David's previous career in the voluntary sector gave him broad experience across a number of areas including service development, education, urban regeneration and community care. It also strengthened his commitment to collaborative, partnership working for the common good.

Ruth Lemiech (Principal Consultant, Strategy Unit). Ruth specialises in large scale change programmes, notably: providing support for initial scoping options, working with key stakeholders especially in primary care and wider community to supports structured partnership working; programme co-ordination; expert support through the national reconfiguration process; personal 'trusted advisor' support to leaders of change programmes; and robust evaluation to ensure learning is captured and embedded. Ruth is passionate about data and encourages innovation and evidenced based decision making using all available sources.



Further information

To discuss this proposal or for any further information please contact:

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Annex

Longlist and shortlist of impacts assessed in main Future Fit IIA

All potential impacts identified in scoping	Shortlist of key impacts
Health & Access	Health & Access
clinical effectiveness	clinical effectiveness
patient safety	patient safety
patient experience	patient experience
workforce recruitment and retention	workforce recruitment and retention
services delivered in local community	services delivered in local community
demands on local ambulance service	travel times to access acute and emergency care
travel times to access acute and emergency care	travel times to access non-complex planned care
travel times to access non-complex planned care	convenience of access to non-complex planned care by public transport
convenience of access to non-complex planned care by public transport	
local levels of physical activity	
local levels of drug/alcohol/tobacco use	
local levels of accidents	
Economic	Economic
local businesses	local businesses
local employment	local employment
local education/training opportunities	local education/training opportunities
local economy	local economy
local house prices	local house prices
local tourism	
Social	Social
local well-being	local well-being
local community cohesion	local community cohesion
local deprivation	local deprivation
local traffic/congestion levels	local traffic/congestion levels
local crime levels	
accessibility and quality of local green spaces	
Environmental	Environmental
greenhouse gas emissions	greenhouse gas emissions
air pollution	air pollution
noise pollution	noise pollution
biodiversity	biodiversity
cultural heritage	cultural heritage
water pollution	
waste generation and disposal	
flood risk	
landscape and visual impact	