DRAFT Future Fit Integrated Impact Assessment:

Additional analysis of potential changes to Women's and Children's services

21 July 2017

ANNEXES

Annex 1 IIA clinical workshop attendees

27th June 2017 |9am – 3:30pm | Shrewsbury Town Football Club | Sovereign Suite

Accepted Invitation:	**Organisation**	**Check In**
Ruth Lemiech	Strategy Unit	✔
David Frith	Strategy Unit	✔
Debbie Vogler	Shrop CCG	✔
Haley Barton	Shrop CCG	✔
Daphne Lewis	Healthwatch Shropshire	✔
Terry Harte	Healthwatch Shropshire	✔
Helen Onions	T&W Public Health	✔
~~Jayne Thornhill~~ Frances Hunt	Powys Council	✔
John Reid	Public Health Shropshire	✗
Di Beasley	T&W CCG	✔
Kate Shaw	SATH	✗
Louise Jones	SATH	✗
Pam Schreier	STP Comms & Engagement	✔
Sharon Smith	T&W CCG Engagement	✔
Susan Stavrides	Powys	✔
Paul Mason	ICF	✔
Kate Ballinger	Healthwatch T&W	✔
Dr Marie Lewis	GP Powys	✔
Cate Langley	Powys (Head of midwifery)	✔
Alison Wood	Lead Nurse CDOP T&W and Shropshire	✔
Graham Shepherd	Shropshire Patient Group	✔
Dr Finola Lynch	GP Shropshire	✔
Dr Andrew Cowley	SATH Consultant Paediatrician	✔
Wendy Tyler	SATH Neonatal	✗
Emma Sandbach	Public Health Shropshire	✔
Tentative Response:		
Adrian Osbourne	Powys	✗
Declined Invitation:		
Dr Jessica Sokolov		✗
Emma Dodson	SATH	✗
Helen Jenkinson		✗
Liz Noakes		✗
Christine Morris		✗

Penny Haswell		✗
Dr Sanjeev Deshpande	SATH	✗
Karen Higgins	Shrop CCG	✗
No Response:		
Dr Stephen James	Shrop CCG	✗
Mr Andrew Tapp	SATH Consultant Obs & Gynae	✗
David Heath		✗
Gwyneth Passant		✗
Hayley Thomas		✗
Dr Andrew Inglis	GP T&W CCG Board Member	✔
Jane O'Loughlin		✗
Tim Knight	ICF	
Lynn Atkin	SATH	✗
Sarah Williams		✗
Julie Thornby		✗
Judy Cotton (PA to Alison Smith)		✗
Sharon Stuart (PA to Kate Shaw)		✗
Dr Tabitha Parsons	SATH	✗
Carol Aldridge	SATH	✗
Dr Martyn Underwood	SATH	✗
Mr Andrew Sizer	SATH	✗
Dr Adam Gornall	SATH Consultant Obs & Gynae	✔
Sarah Jamieson		✗
Anthea Gregory-Page	SATH	✗
Maggie Kennerley (Midwife)	SATH	✔
Wendy Cutchie	SATH	✗
Sam Davies	SATH	✔
Jo Banks	SATH	✗
Tom Jones	SATH	✔
On the day attendees:		
Gina Powell		✔
Nicki Ballord		✔
Dr Angela Hulme		✔
Marie Hotchkiss		✔
Gill Stewart		✔
Dr Jim Hudson		✔
Katie Langford		✔

Pre-reading provided to attendees at the clinical workshop, 27th June

List of documents and information that will be provided as pre-reading in advance of the workshop

a. A document summarising the workshop approach
b. Clear statement from SaTH on service configuration currently and as envisaged under options B and C1
c. Travel time access data for women and children's services
d. Maternal and infant health report, January 2017
e. Joint child death panel report (five year)
f. Maternity analysis Jan 15 to Dec 16
g. Summary of Welsh sources

Optional wider reading (not necessary for the workshop)

h. 2011 Equality impact assessment
i. 2016 Integrated Impact Assessment received by Future Fit programme board
j. Comparison of West Midlands child health profiles
k. Commissioning for value packs

Annex 2 Journey time analysis methodology

All journey times and distances have been calculated using TRACC software, the Integrated Transport Network road network, INRIX detailed road-speeds datasets and the latest Public Transport schedules for bus, train, coach and metro from Basemap. To aid comparison and due to limitations in data (times of travel) both car and public transport journeys have been calculated for off-peak travel (between 10am and 4pm).

Given there is no indicator of mode of travel (other than ambulance) in the datasets, the analysis of car and public transport journeys has been applied to the entire dataset for both to give an even representation of potential impacts. Allocating patients to a mode of transport at random has the potential to provide misleading results.

It should be noted that the data presented here represents ONLY the impacted populations – those who's journey would have been different under an alternative option. The figures will not reconcile with the baseline data presented in section 2 which covers the entirety of activity for this basket of in-patient and out-patient services. Journeys returned as 'inaccessible' by the TRACC software have been excluded from counts – journeys can be excluded for a variety of reasons including travel > 200km, walk to nearest road network or public transport stop > 1mile or walk between public transport stops is > 1mile. This affects a tiny proportion of all potential journeys, the vast majority of which remain accessible albeit variable in length.

We have made several assumptions about the flow of patients for the proposed changes given the clinical model and for consistency with previous work undertaken for the Future Fit programme.

In brief, these are:

- The majority of outpatient services will not be affected by the proposed changes to Women and Children – they will be offered equally across both PRH and RSH sites. The only exception is Cystic Fibrosis and Oncology clinics as they will need to be alongside the inpatient ward.
- Ambulances will convey patients directly to the relevant 'hot' site when admission is likely.
- Current users of SATH services will continue to do so i.e. no market share losses or gains are expected to external providers as a result of the proposed changes.
- Under Option B and C1, the 'vast majority' of Gynaecology in-patient day cases would be seen at the 'warm' site – RSH or PRH respectively. It has not been possible to describe the 'vast majority' of cases in terms that can be recognised in the datasets so we have assumed 100% of this activity will attend the active 'warm' site in that option.
- All admitted activity will go straight to the emergency 'hot' site in that option regardless of mode of conveyance – this assumes perfect knowledge of services for paramedic staff and the public who may have first attended via A&E departments. Acknowledging that 'walk-in' pathways would still exist at the remaining Urgent Care Centre, we have estimated the potential number of patients this may affect, therefore could require an intra-hospital transfer for admission to specialist ward.

Certain personal characteristics that define the equality groups are not capture nor recorded in routine datasets. As such, we cannot quantify the impact on number of patient journeys by:

- Sexual identity
- Religion
- Marital status or
- Disability

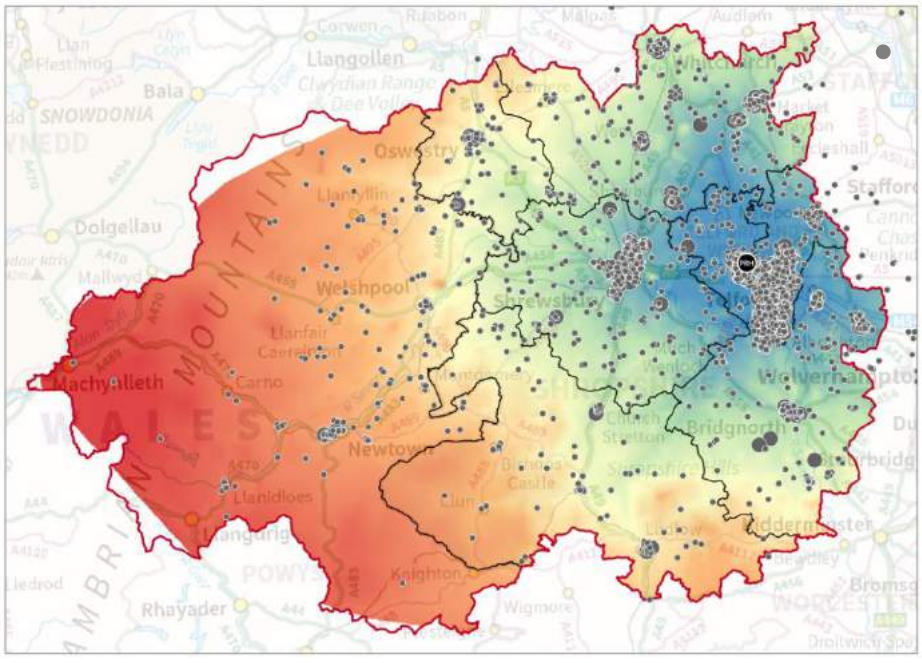
The data does however allow us to assess the differential impacts on people by their age, gender, ethnic group and additionally for context their socio-economic status. By definition of the services under review, the impact on pregnancy and childbirth is being assessed throughout this IIA.

Supplementary information is provided with this IIA profiling the 9 localities across the Future Fit footprint for Women and Children demographic and health service usage markers and also estimates the scale of the population in those areas in the protected characteristics groups. This should be considered alongside the access data in this chapter to make an assessment of which group(s) **may** be affected by the changes.

All maps that show the location of journey origins (patient home postcodes) are overlaid against the modelled journey times by both car and Public Transport to the site/s in question. The time boundaries and colour-coding for those maps are:

Map shading	Car time-boundaries	Public Transport time-boundaries
	< 15 mins	< 30 mins
	15-29 mins	30-59 mins
	30-44 mins	60-89 mins
	45-59 mins	90-119 mins
	60+ mins	120+ mins

Colours are interpolated (estimated) between all known journey times to represent a gradual change in journey times rather than a crude cut-off between different areas. These maps (example below) are a visual representation of the data used to assess the potential impact on journey times and distances.



- = Patient home location

= Hospital site

As public transport journeys are calculated based on trip schedules rather than use of the road network, no journey distances are available and have only been reported for car/van journeys.

Shrewsbury and Telford Hospitals Trust (SATH) provided all the in-patient and out-patient data extracts (2015/16 financial year) used for these analysis along with ward, clinic, specialty, consultant and other code lookups required to assign all the activity to the relevant Women's and Children's services as described by SATH.

Annex 3 Locality profiles

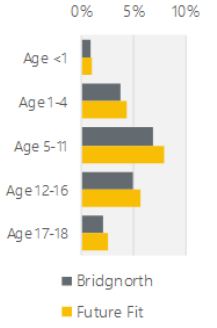
Locality profile for Women & Children Future Fit impact assessment:

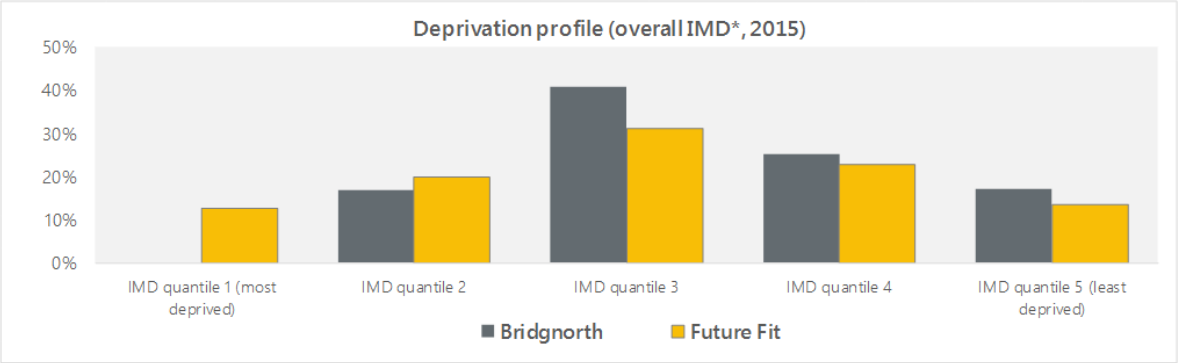
Bridgnorth

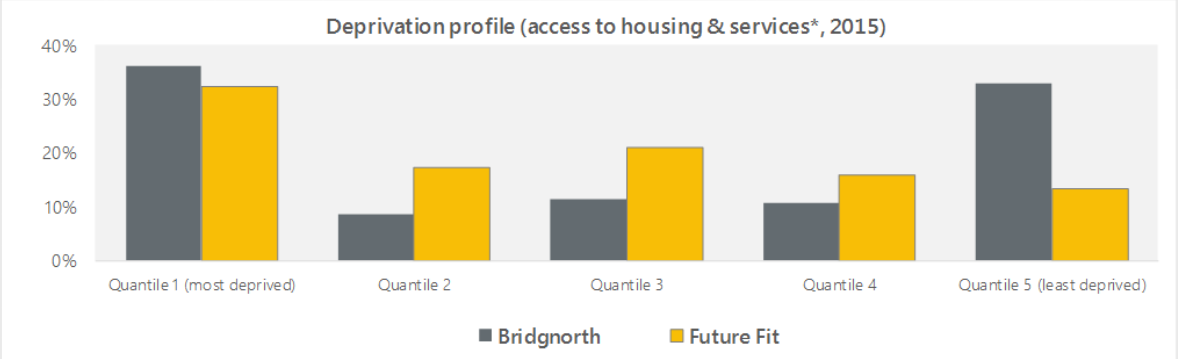
Key demographic variables

	Bridgnorth	Future Fit
Total population, 2015 MYE	55,823	551,694
% of Future Fit footprint	10.1%	-
Male population, 2015 MYE	27,887	273,745
Female population, 2015 MYE	27,936	277,949
Male : Female ratio	50 : 50	49.6 : 50.4
Under 18 population, 2015 MYE	9,732	111,754
% of population	17.4%	20.3%
Females aged 16-44, 2015 MYE	7,947	88,655
% of population	14.2%	16.1%
Birth inpatient spells, 2015/16	413	4,689
Fertility rate / 1000 Females 16-44	52.0	52.9

CYP age profile



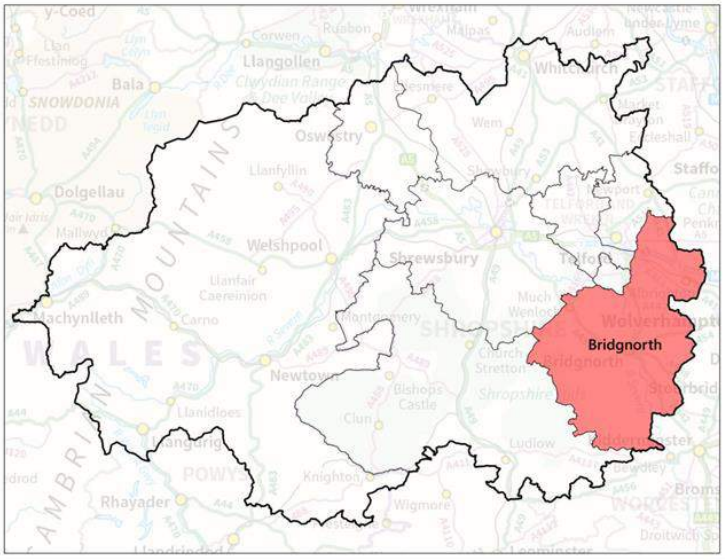


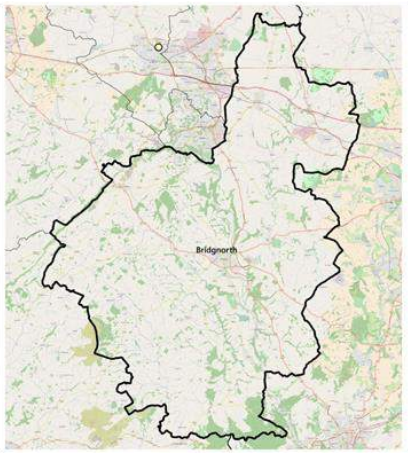


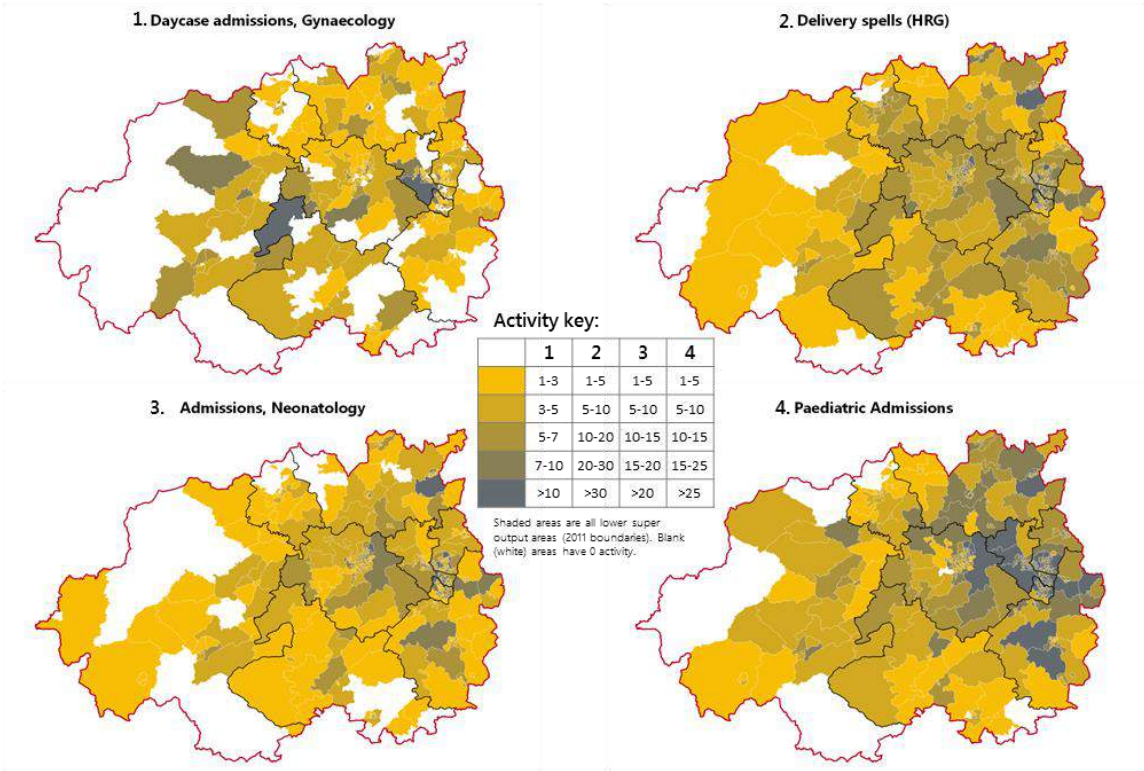
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		Bridgnorth		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	9,132	19.8%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	5,185	9.3%	52,017	9.4%
Ethnic origin: White females	Census 2011	27,078	96.9%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	803	3.1%	19,195	5.1%
Religion: None (females)	Census 2011	4,766	17.1%	60,200	21.7%
Religion: Christian females	Census 2011	20,561	73.6%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	265	9.3%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	712	1.5%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	33	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

	Bridgnorth			Future Fit		
Description	count	rate [6]	rank [7]	count	rate [6]	rank
Daycase admissions for gynaecology [2]	77	9.7	9	1,135	12.8	-
Spells of care with delivery episode [3]	413	52.0	5	4,689	52.9	-
Inpatient admissions for Neonatology [4]	239	57.9	8	2,977	63.5	-
Paediatric inpatient admissions [5]	543	55.8	4	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	27.9	89.8
Avg.* time to RSH site	36.3	97.0

* From all postcodes within the locality

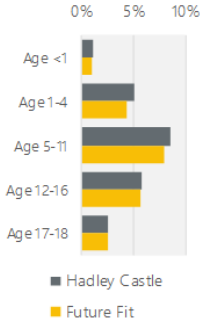
Locality profile for Women & Children Future Fit impact assessment:

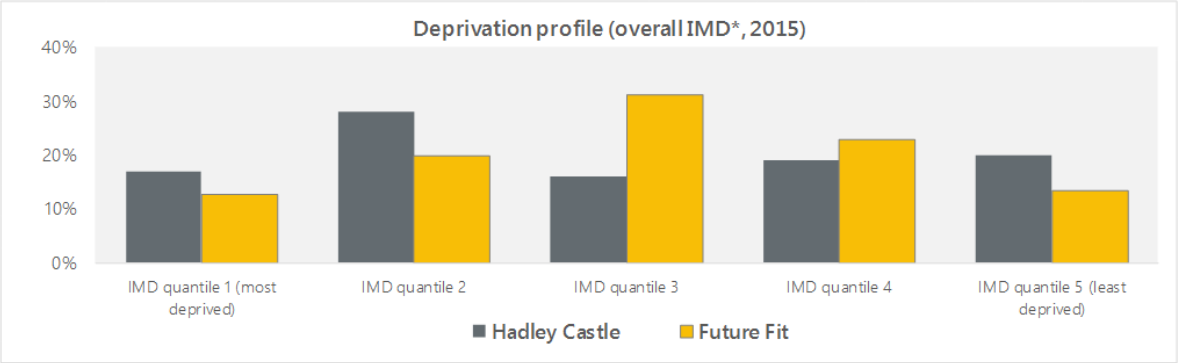
Hadley Castle

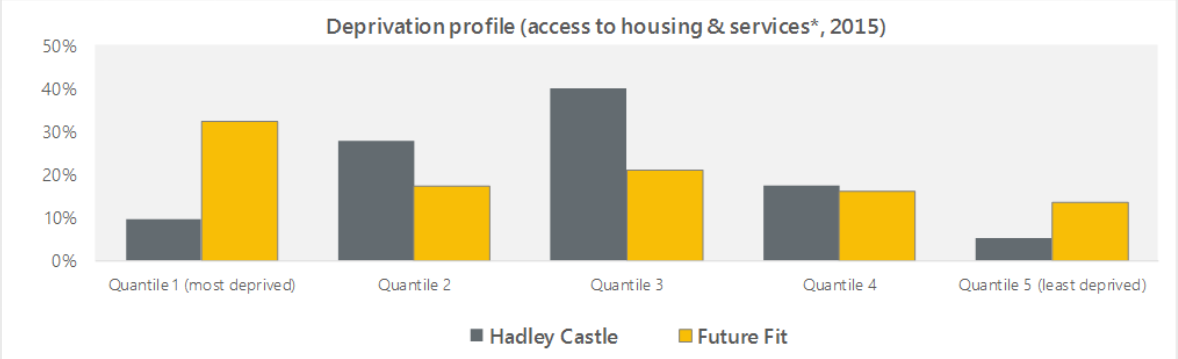
Key demographic variables

	Hadley Castle	Future Fit
Total population, 2015 MYE	73,366	551,694
% of Future Fit footprint	13.3%	-
Male population, 2015 MYE	36,430	273,745
Female population, 2015 MYE	36,936	277,949
Male : Female ratio	49.7 : 50.3	49.6 : 50.4
Under 18 population, 2015 MYE	16,013	111,754
% of population	21.8%	20.3%
Females aged 16-44, 2015 MYE	13,462	88,655
% of population	18.3%	16.1%
Birth inpatient spells, 2015/16	789	4,689
Fertility rate / 1000 Females 16-44	58.6	52.9

CYP age profile



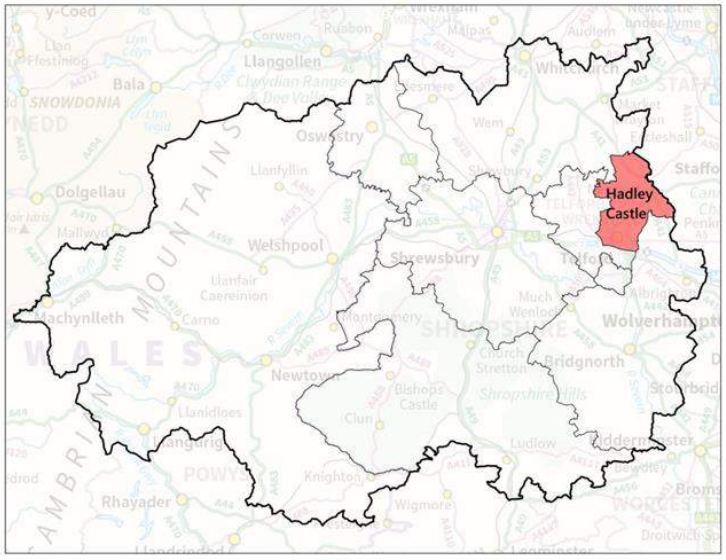


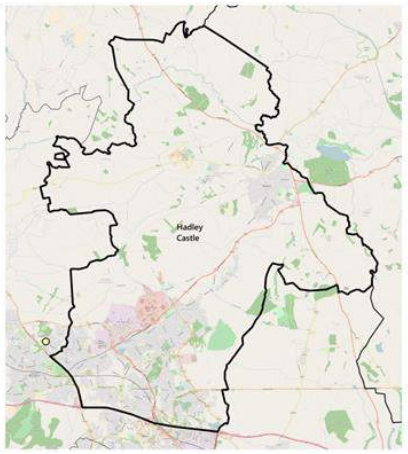


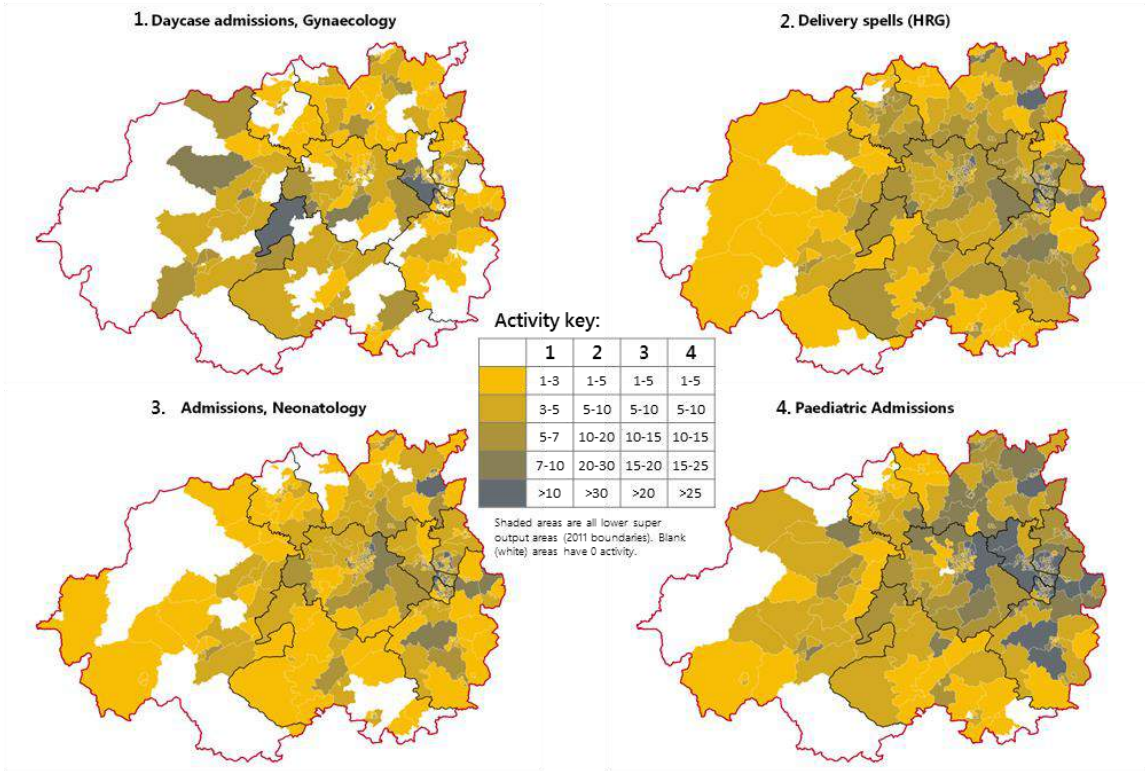
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		Hadley Castle		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	10,595	18.5%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	6,856	9.3%	52,017	9.4%
Ethnic origin: White females	Census 2011	33,483	90.7%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	5,421	9.3%	19,195	5.1%
Religion: None (females)	Census 2011	7,834	21.2%	60,200	21.7%
Religion: Christian females	Census 2011	24,507	66.3%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	1,649	12.4%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	970	1.7%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	44	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

	Hadley Castle			Future Fit		
Description	count	rate [6]	rank [7]	count	rate [6]	rank
Daycase admissions for gynaecology [2]	142	10.5	8	1,135	12.8	-
Spells of care with delivery episode [3]	789	58.6	4	4,689	52.9	-
Inpatient admissions for Neonatology [4]	537	68.1	3	2,977	63.5	-
Paediatric inpatient admissions [5]	1,194	74.6	2	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	12.0	48.5
Avg.* time to RSH site	29.3	78.6

* From all postcodes within the locality

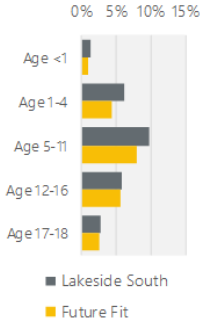
Locality profile for Women & Children
Future Fit impact assessment:

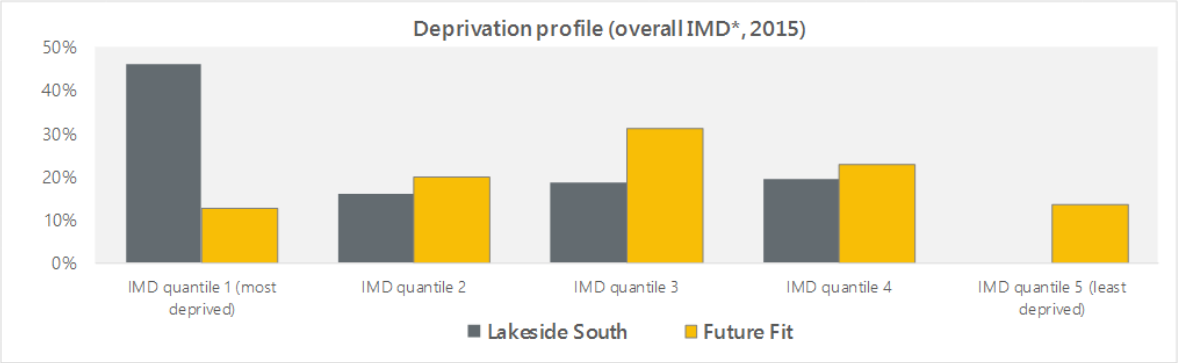
Lakeside South

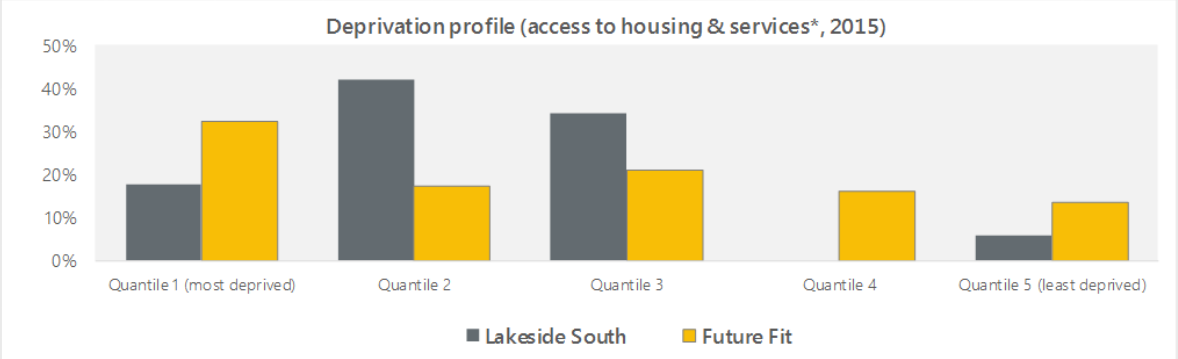
Key demographic variables

	Lakeside South	Future Fit
Total population, 2015 MYE	42,430	551,694
% of Future Fit footprint	7.7%	-
Male population, 2015 MYE	20,870	273,745
Female population, 2015 MYE	21,560	277,949
Male : Female ratio	49.2 : 50.8	49.6 : 50.4
Under 18 population, 2015 MYE	10,424	111,754
% of population	24.6%	20.3%
Females aged 16-44, 2015 MYE	7,952	88,655
% of population	18.7%	16.1%
Birth inpatient spells, 2015/16	578	4,689
Fertility rate / 1000 Females 16-44	72.7	52.9

CYP age profile



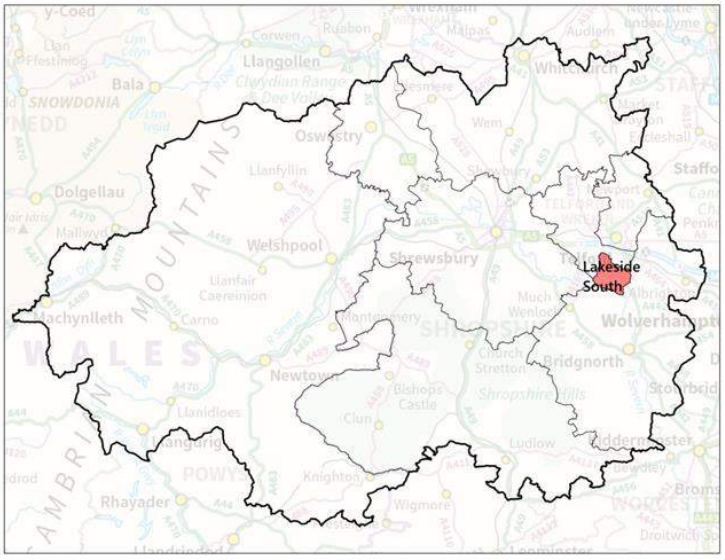


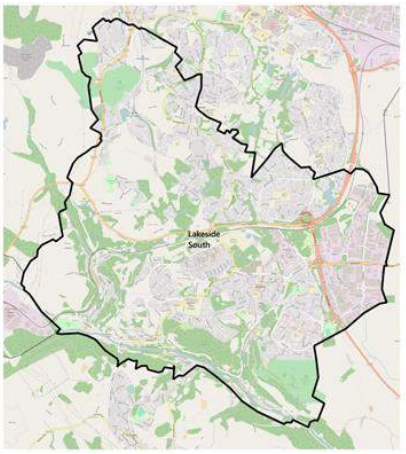


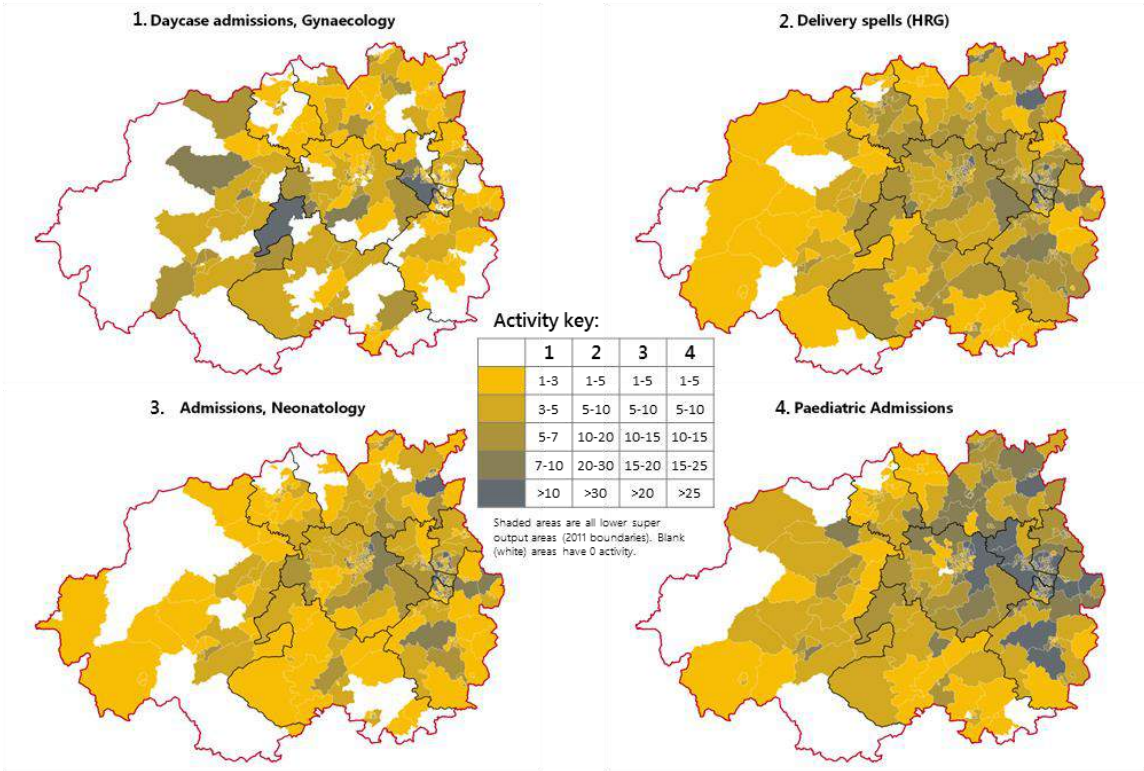
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		Lakeside South		Future Fit	
Characteristic	**Source / Notes**	n	%	n	%
Married or civil partnership	Census 2011	5,526	17.3%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	4,161	9.8%	52,017	9.4%
Ethnic origin: White females	Census 2011	19,892	92.3%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	1,771	7.7%	19,195	5.1%
Religion: None (females)	Census 2011	6,620	30.7%	60,200	21.7%
Religion: Christian females	Census 2011	12,385	57.4%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	408	11.9%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	550	1.7%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	25	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

	Lakeside South			Future Fit		
Description	count	rate [6]	rank [7]	count	rate [6]	rank
Daycase admissions for gynaecology [2]	103	13.0	5	1,135	12.8	-
Spells of care with delivery episode [3]	578	72.7	1	4,689	52.9	-
Inpatient admissions for Neonatology [4]	360	62.3	6	2,977	63.5	-
Paediatric inpatient admissions [5]	741	71.1	3	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	14.6	58.4
Avg.* time to RSH site	27.7	80.6

* From all postcodes within the locality

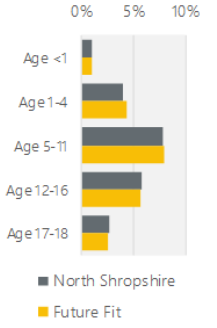
Locality profile for Women & Children Future Fit impact assessment:

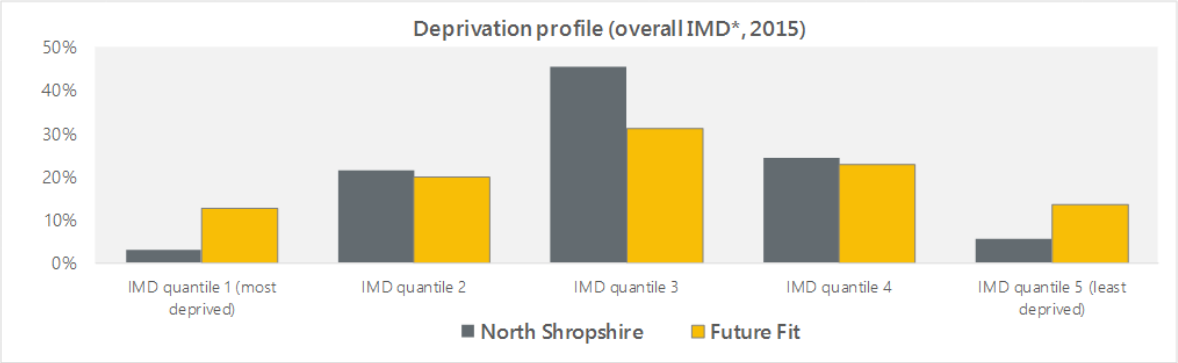
North Shropshire

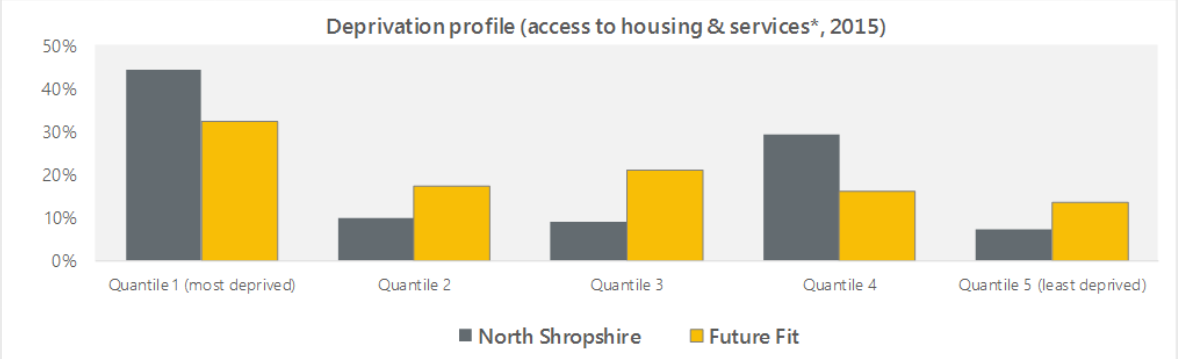
Key demographic variables

	North Shropshire	Future Fit
Total population, 2015 MYE	65,705	551,694
% of Future Fit footprint	11.9%	-
Male population, 2015 MYE	33,206	273,745
Female population, 2015 MYE	32,499	277,949
Male : Female ratio	50.5 : 49.5	49.6 : 50.4
Under 18 population, 2015 MYE	12,980	111,754
% of population	19.8%	20.3%
Females aged 16-44, 2015 MYE	9,858	88,655
% of population	15.0%	16.1%
Birth inpatient spells, 2015/16	488	4,689
Fertility rate / 1000 Females 16-44	49.5	52.9

CYP age profile



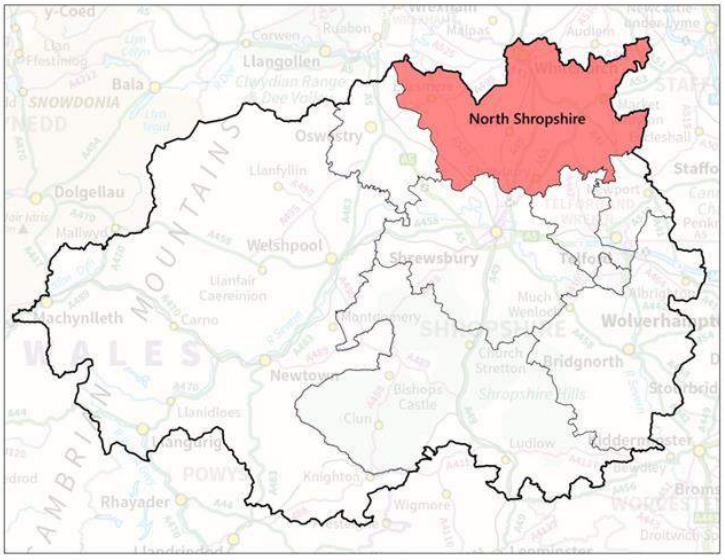


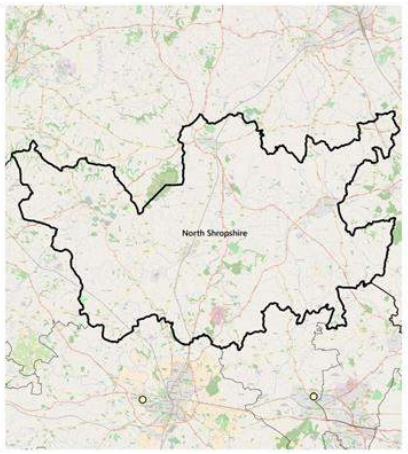


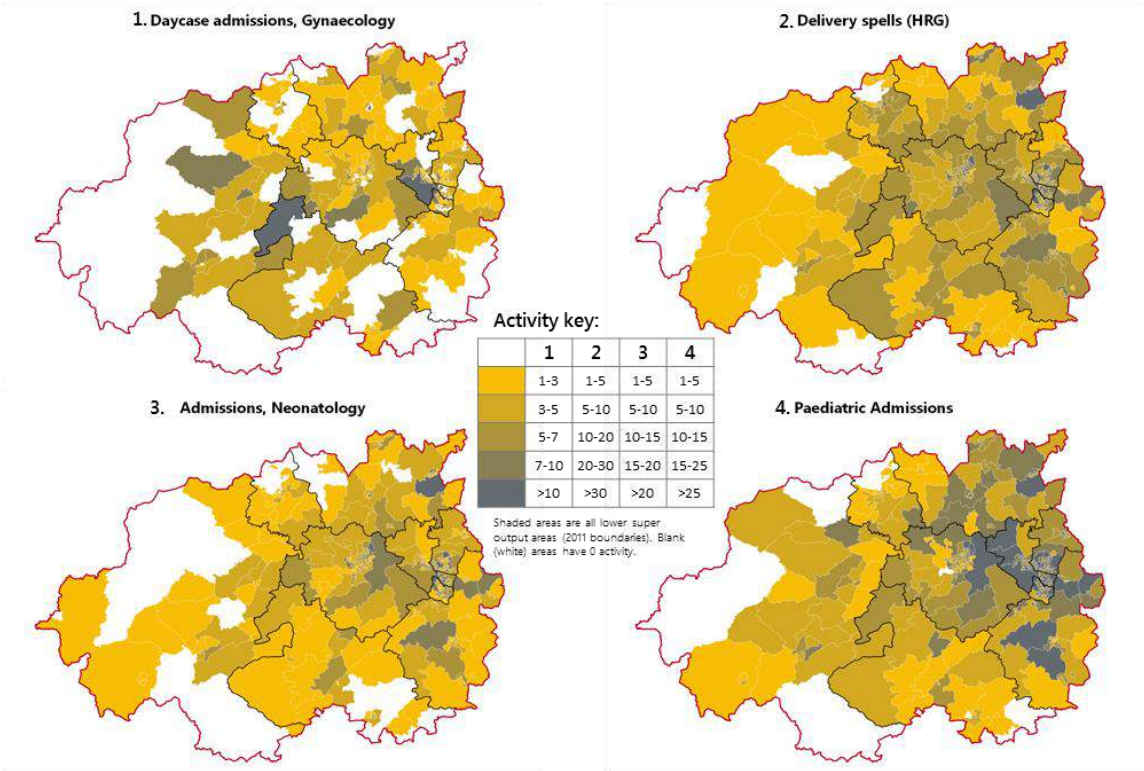
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		North Shropshire		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	10,135	19.2%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	5,811	8.8%	52,017	9.4%
Ethnic origin: White females	Census 2011	31,146	95.8%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	1,082	4.2%	19,195	5.1%
Religion: None (females)	Census 2011	5,446	16.8%	60,200	21.7%
Religion: Christian females	Census 2011	23,928	73.6%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	254	9.6%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	849	1.6%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	39	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

	North Shropshire			Future Fit		
Description	count	rate [6]	rank [7]	count	rate [6]	rank
Daycase admissions for gynaecology [2]	140	14.2	3	1,135	12.8	-
Spells of care with delivery episode [3]	488	49.5	6	4,689	52.9	-
Inpatient admissions for Neonatology [4]	319	65.4	4	2,977	63.5	-
Paediatric inpatient admissions [5]	643	49.5	5	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	30.8	108.5
Avg.* time to RSH site	33.7	75.9

* From all postcodes within the locality

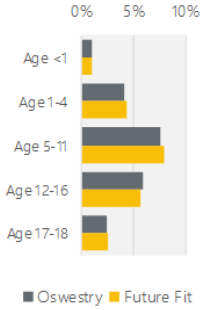
Locality profile for Women & Children
Future Fit impact assessment:

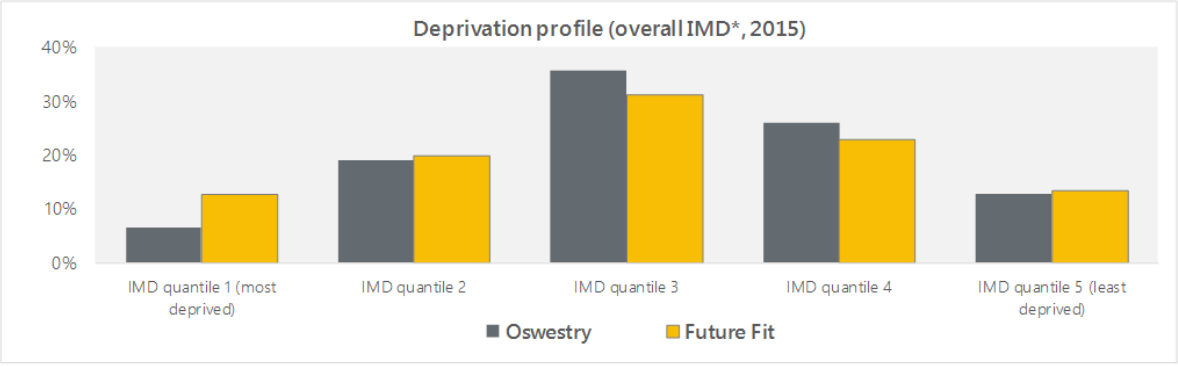
Oswestry

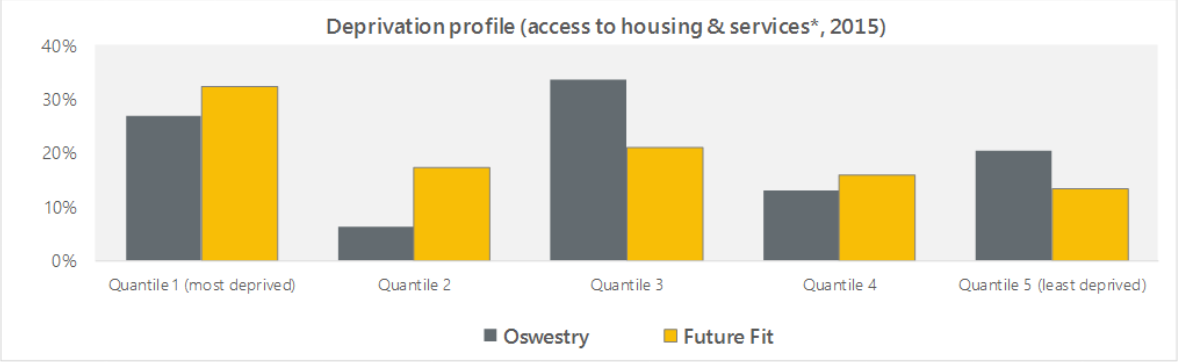
Key demographic variables

	Oswestry	Future Fit
Total population, 2015 MYE	41,433	551,694
% of Future Fit footprint	7.5%	-
Male population, 2015 MYE	20,271	273,745
Female population, 2015 MYE	21,162	277,949
Male : Female ratio	48.9 : 51.1	49.6 : 50.4
Under 18 population, 2015 MYE	8,184	111,754
% of population	19.8%	20.3%
Females aged 16-44, 2015 MYE	6,747	88,655
% of population	16.3%	16.1%
Birth inpatient spells, 2015/16	292	4,689
Fertility rate / 1000 Females 16-44	43.3	52.9

CYP age profile



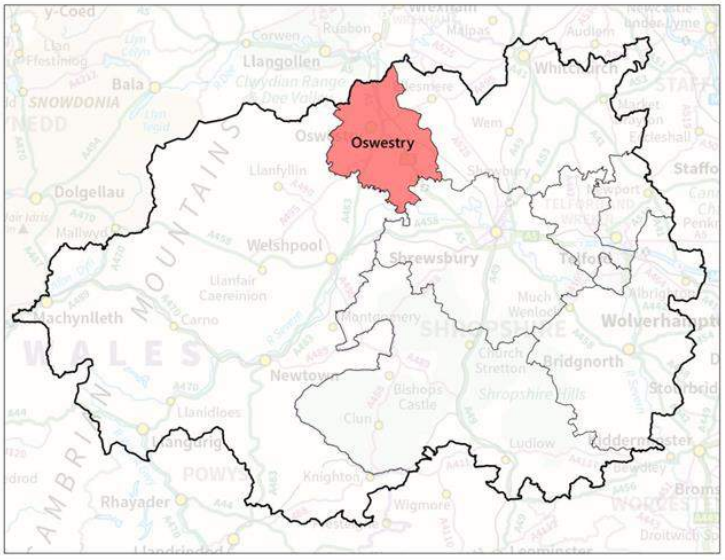


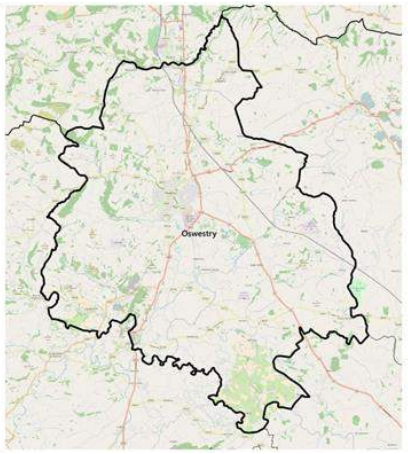


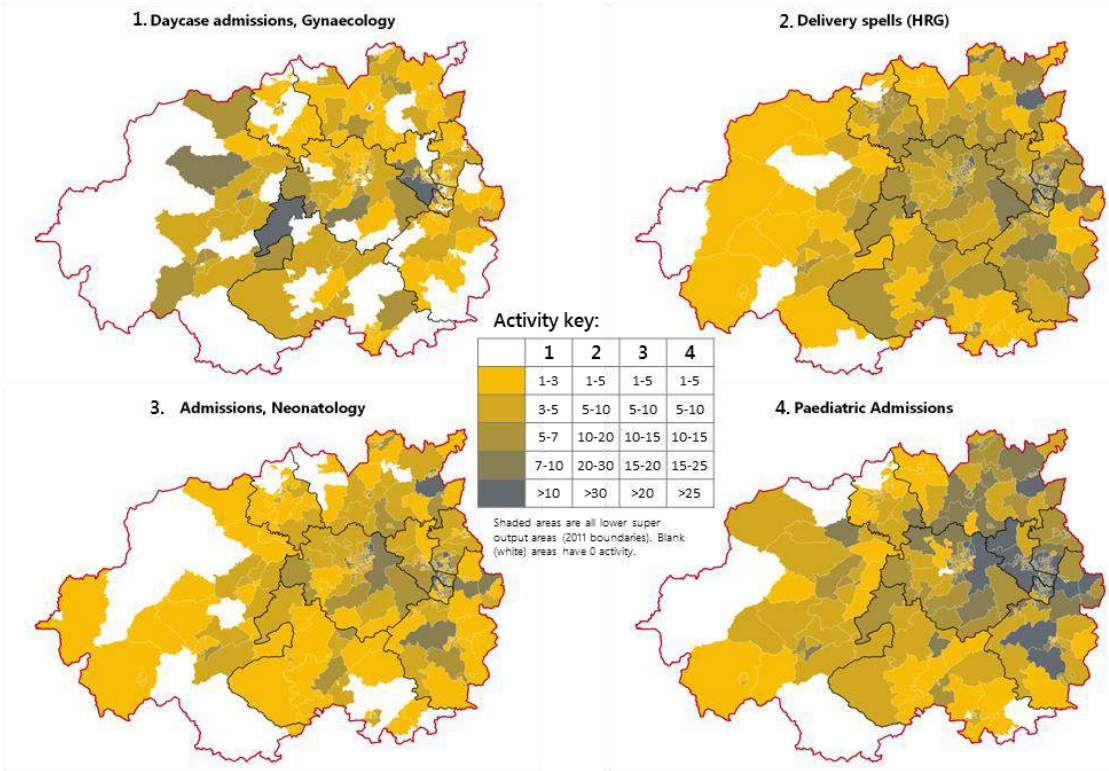
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		Oswestry		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	6,171	18.6%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	3,982	9.6%	52,017	9.4%
Ethnic origin: White females	Census 2011	20,436	96.6%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	823	3.4%	19,195	5.1%
Religion: None (females)	Census 2011	4,238	20.0%	60,200	21.7%
Religion: Christian females	Census 2011	14,911	70.5%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	240	9.5%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	531	1.6%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	25	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

Description	Oswestry count	Oswestry rate [6]	Oswestry rank [7]	Future Fit count	Future Fit rate [6]	Future Fit rank
Daycase admissions for gynaecology [2]	73	10.8	7	1,135	12.8	-
Spells of care with delivery episode [3]	292	43.3	8	4,689	52.9	-
Inpatient admissions for Neonatology [4]	124	42.5	9	2,977	63.5	-
Paediatric inpatient admissions [5]	154	18.8	9	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	45.2	107.9
Avg.* time to RSH site	25.2	68.2

* From all postcodes within the locality

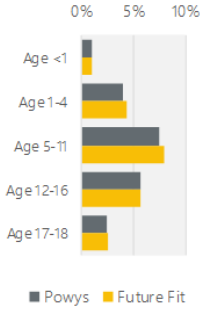
Locality profile for Women & Children Future Fit impact assessment:

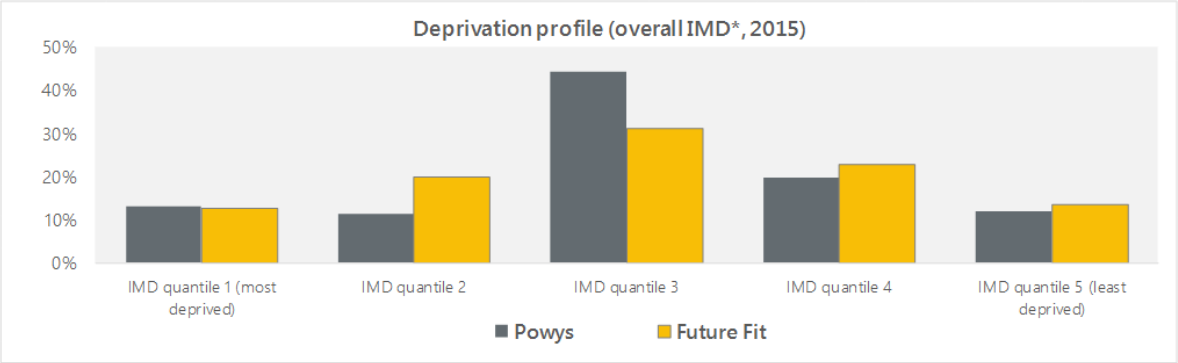
Powys

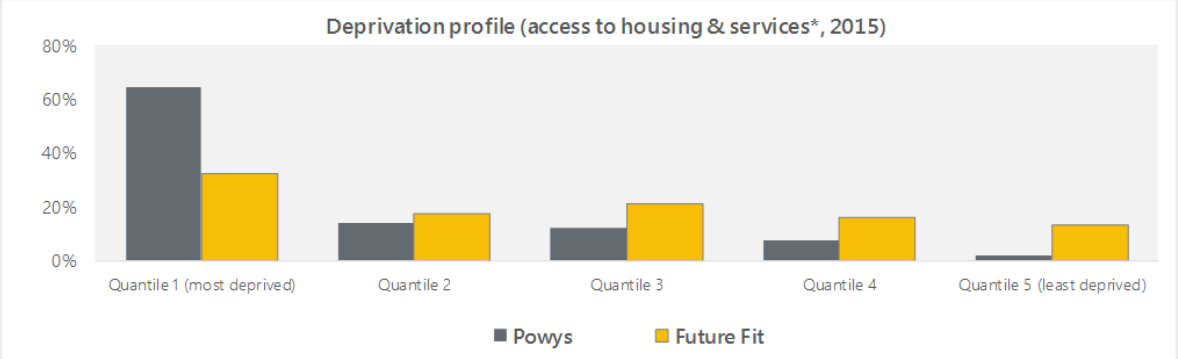
Key demographic variables

	Powys	Future Fit
Total population, 2015 MYE	69,155	551,694
% of Future Fit footprint	12.5%	-
Male population, 2015 MYE	34,422	273,745
Female population, 2015 MYE	34,733	277,949
Male : Female ratio	49.8 : 50.2	49.6 : 50.4
Under 18 population, 2015 MYE	13,334	111,754
% of population	19.3%	20.3%
Females aged 16-44, 2015 MYE	10,000	88,655
% of population	14.5%	16.1%
Birth inpatient spells, 2015/16	208	4,689
Fertility rate / 1000 Females 16-44	20.8	52.9

CYP age profile



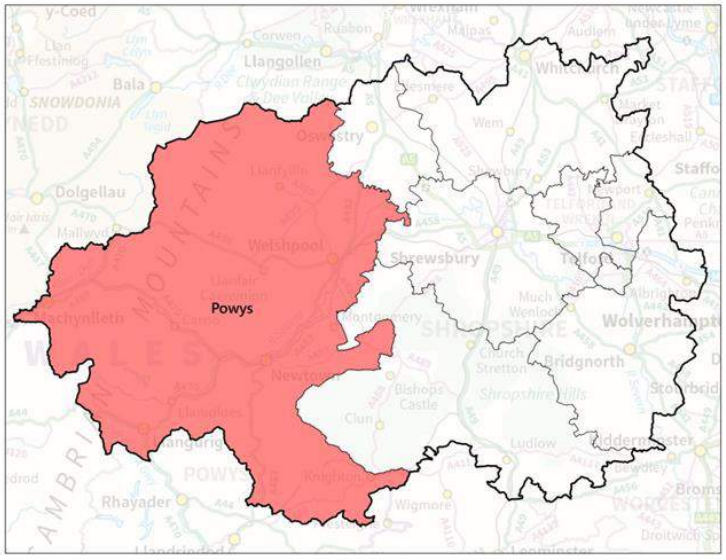


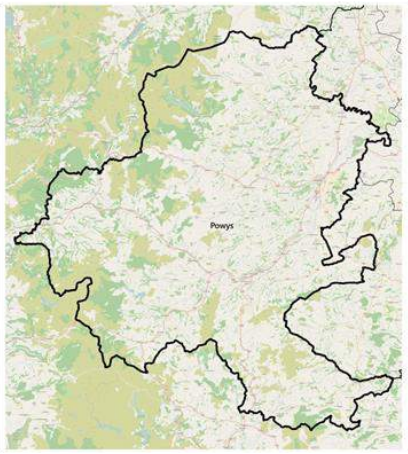


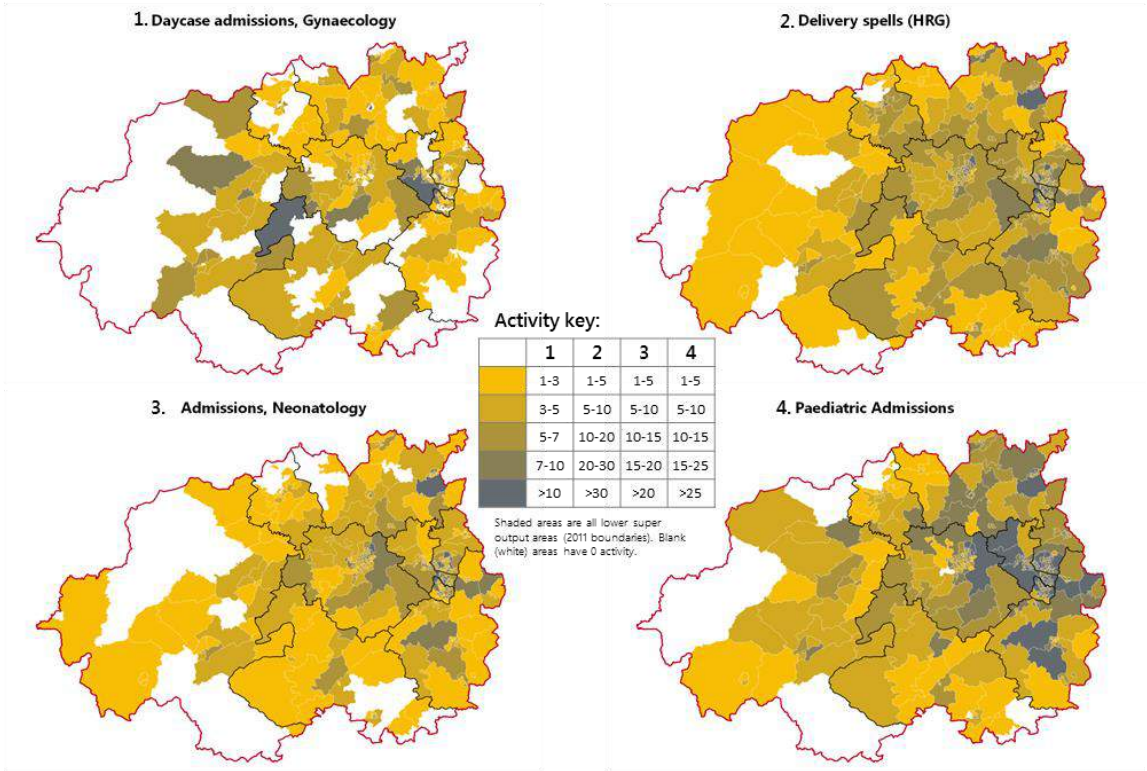
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		Powys		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	10,463	18.7%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	7,191	10.4%	52,017	9.4%
Ethnic origin: White females	Census 2011	34,470	99.2%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	843	0.8%	19,195	5.1%
Religion: None (females)	Census 2011	8,666	25.0%	60,200	21.7%
Religion: Christian females	Census 2011	22,816	65.7%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	495	9.4%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	870	1.6%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	41	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

	Powys			Future Fit		
Description	count	rate [6]	rank [7]	count	rate [6]	rank
Daycase admissions for gynaecology [2]	113	11.3	6	1,135	12.8	-
Spells of care with delivery episode [3]	208	20.8	9	4,689	52.9	-
Inpatient admissions for Neonatology [4]	152	73.1	1	2,977	63.5	-
Paediatric inpatient admissions [5]	302	22.6	8	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	66.1	133.2
Avg.* time to RSH site	46.7	92.1

* From all postcodes within the locality

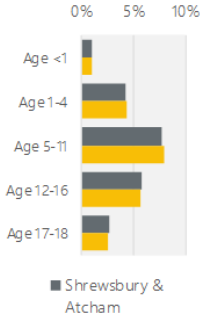
Locality profile for Women & Children Future Fit impact assessment:

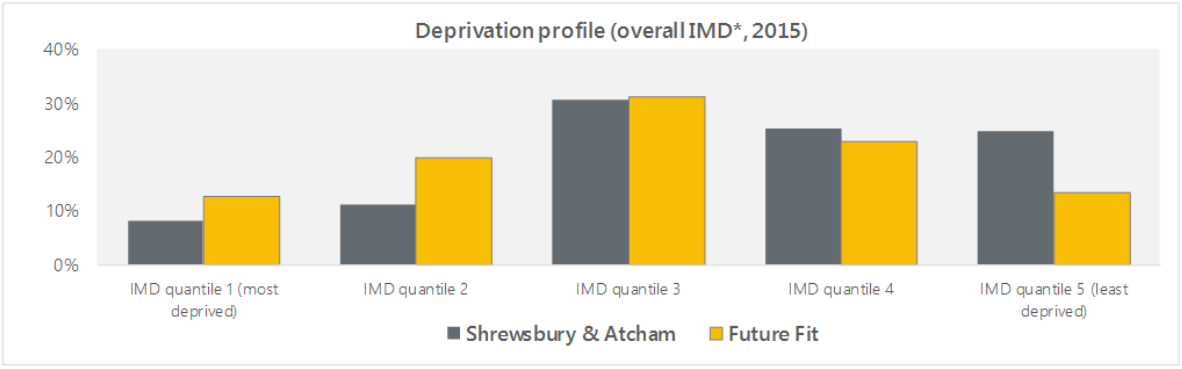
Shrewsbury & Atcham

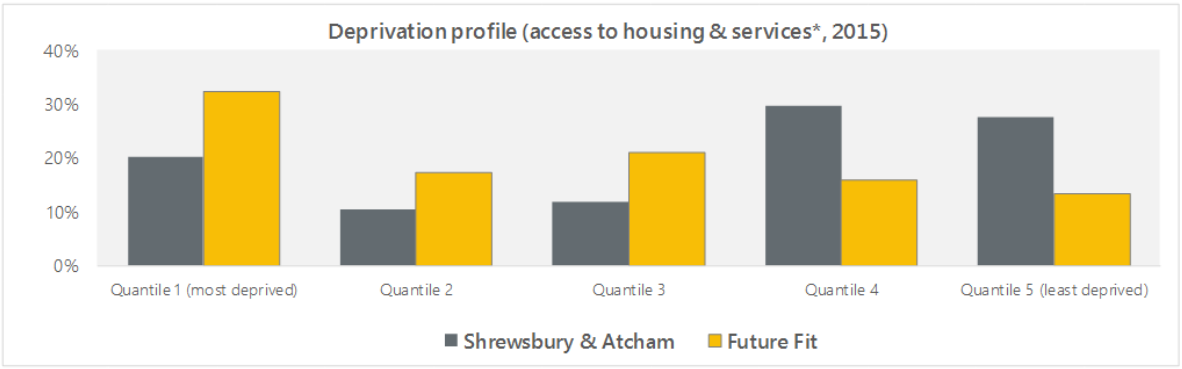
Key demographic variables

	Shrewsbury & Atcham	Future Fit
Total population, 2015 MYE	103,650	551,694
% of Future Fit footprint	18.8%	-
Male population, 2015 MYE	50,985	273,745
Female population, 2015 MYE	52,665	277,949
Male : Female ratio	49.2 : 50.8	49.6 : 50.4
Under 18 population, 2015 MYE	20,824	111,754
% of population	20.1%	20.3%
Females aged 16-44, 2015 MYE	17,045	88,655
% of population	16.4%	16.1%
Birth inpatient spells, 2015/16	1,029	4,689
Fertility rate / 1000 Females 16-44	60.4	52.9

CYP age profile



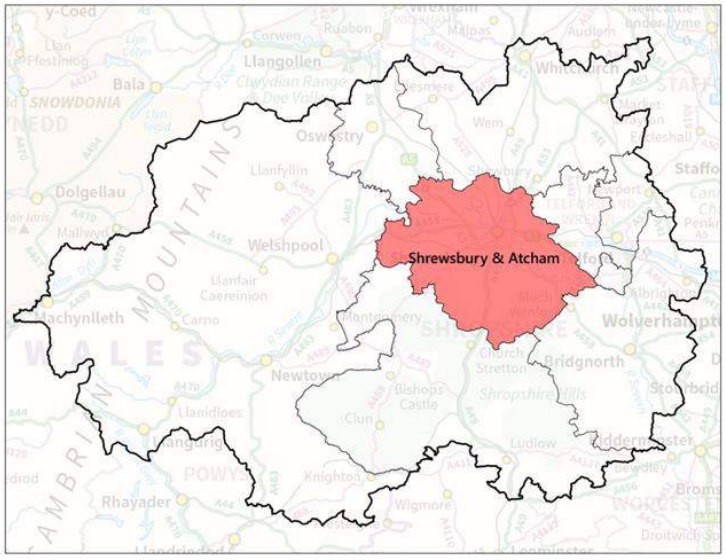




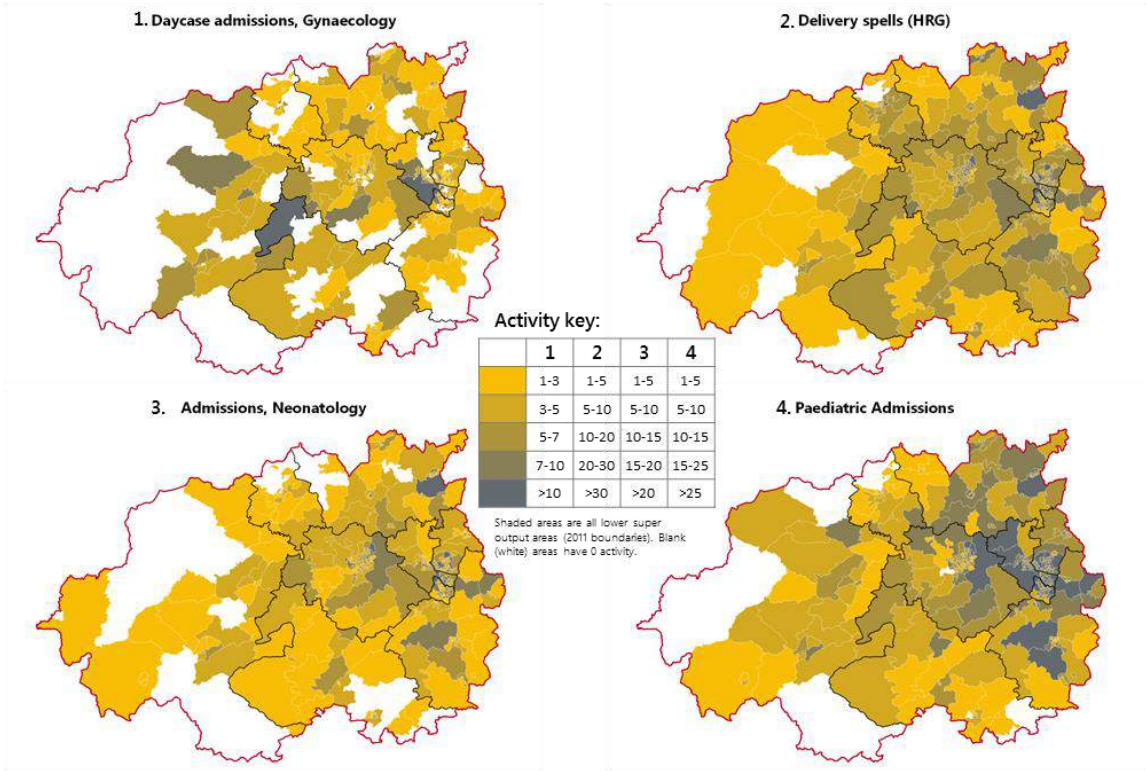
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		Shrewsbury & Atcham		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	14,881	18.0%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	9,139	8.8%	52,017	9.4%
Ethnic origin: White females	Census 2011	50,406	95.7%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	2,817	4.3%	19,195	5.1%
Religion: None (females)	Census 2011	11,823	22.4%	60,200	21.7%
Religion: Christian females	Census 2011	35,609	67.6%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	705	9.9%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	1,334	1.6%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	62	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

	Shrewsbury & Atcham			Future Fit		
Description	count	rate [6]	rank [7]	count	rate [6]	rank
Daycase admissions for gynaecology [2]	242	14.2	4	1,135	12.8	-
Spells of care with delivery episode [3]	1,029	60.4	3	4,689	52.9	-
Inpatient admissions for Neonatology [4]	639	62.1	7	2,977	63.5	-
Paediatric inpatient admissions [5]	896	43.0	6	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	24.2	66.4
Avg.* time to RSH site	11.7	34.5

* From all postcodes within the locality

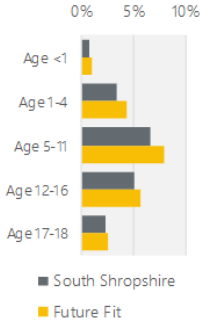
Locality profile for Women & Children Future Fit impact assessment:

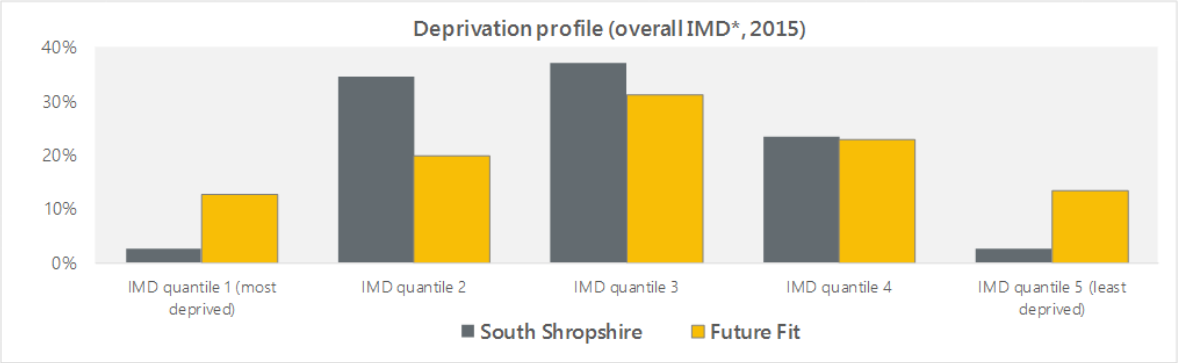
South Shropshire

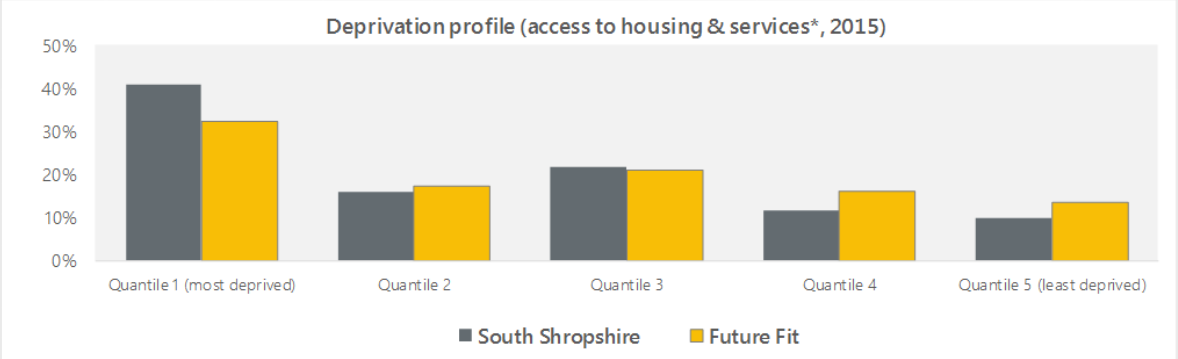
Key demographic variables

	South Shropshire	Future Fit
Total population, 2015 MYE	44,769	551,694
% of Future Fit footprint	8.1%	-
Male population, 2015 MYE	22,077	273,745
Female population, 2015 MYE	22,692	277,949
Male : Female ratio	49.3 : 50.7	49.6 : 50.4
Under 18 population, 2015 MYE	7,569	111,754
% of population	16.9%	20.3%
Females aged 16-44, 2015 MYE	5,772	88,655
% of population	12.9%	16.1%
Birth inpatient spells, 2015/16	251	4,689
Fertility rate / 1000 Females 16-44	43.5	52.9

CYP age profile



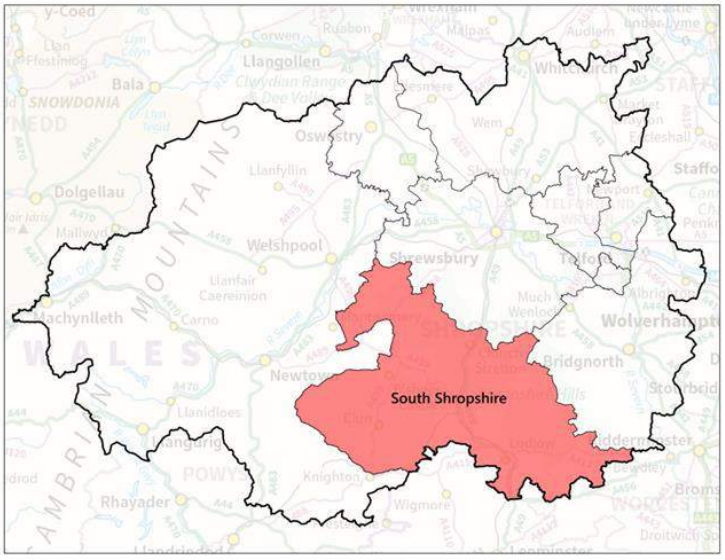


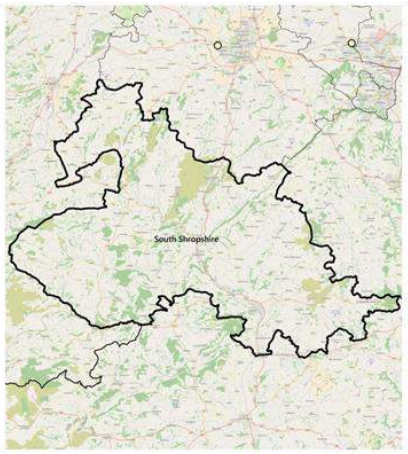


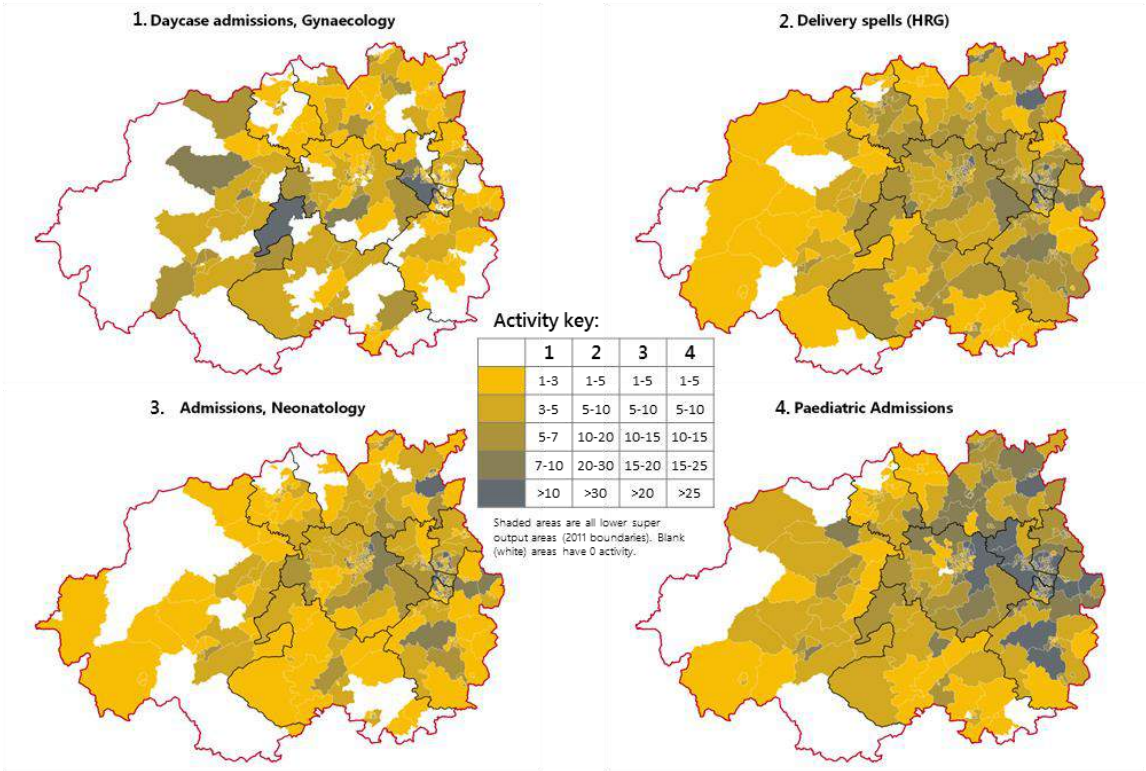
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		South Shropshire		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	6,877	18.5%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	4,607	10.3%	52,017	9.4%
Ethnic origin: White females	Census 2011	22,255	98.1%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	737	1.9%	19,195	5.1%
Religion: None (females)	Census 2011	4,454	19.6%	60,200	21.7%
Religion: Christian females	Census 2011	16,146	71.2%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	309	9.2%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	559	1.5%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	27	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

Description	South Shropshire count	South Shropshire rate [6]	South Shropshire rank [7]	Future Fit count	Future Fit rate [6]	Future Fit rank
Daycase admissions for gynaecology [2]	82	14.2	2	1,135	12.8	-
Spells of care with delivery episode [3]	251	43.5	7	4,689	52.9	-
Inpatient admissions for Neonatology [4]	157	62.5	5	2,977	63.5	-
Paediatric inpatient admissions [5]	177	23.4	7	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	49.2	117.8
Avg.* time to RSH site	42.0	80.6

* From all postcodes within the locality

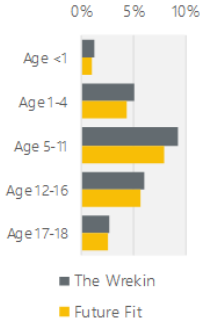
Locality profile for Women & Children Future Fit impact assessment:

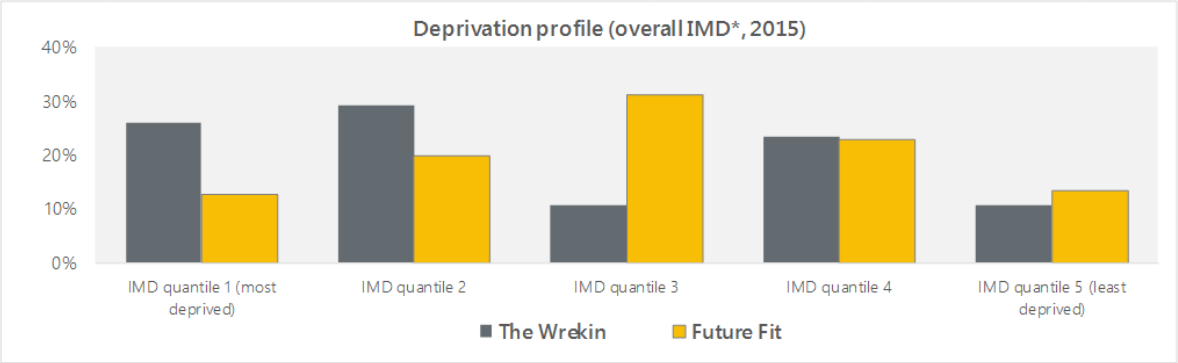
The Wrekin

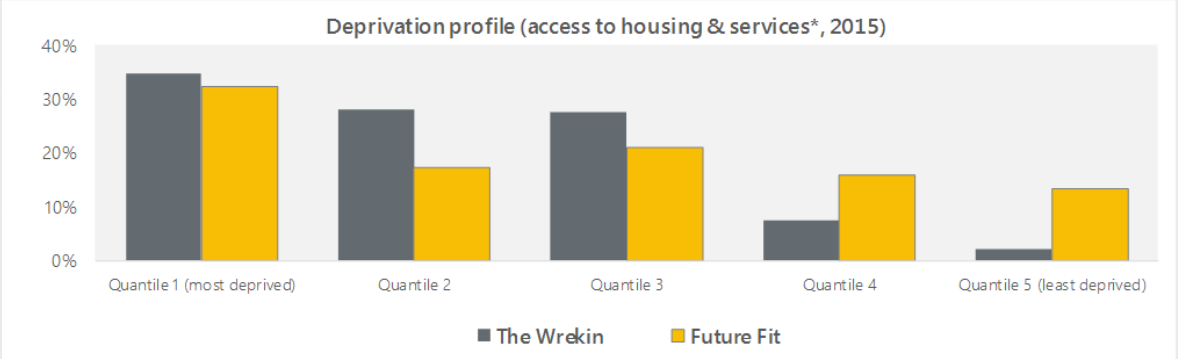
Key demographic variables

	The Wrekin	Future Fit
Total population, 2015 MYE	55,363	551,694
% of Future Fit footprint	10.0%	-
Male population, 2015 MYE	27,597	273,745
Female population, 2015 MYE	27,766	277,949
Male : Female ratio	49.8 : 50.2	49.6 : 50.4
Under 18 population, 2015 MYE	12,694	111,754
% of population	22.9%	20.3%
Females aged 16-44, 2015 MYE	9,872	88,655
% of population	17.8%	16.1%
Birth inpatient spells, 2015/16	641	4,689
Fertility rate / 1000 Females 16-44	64.9	52.9

CYP age profile



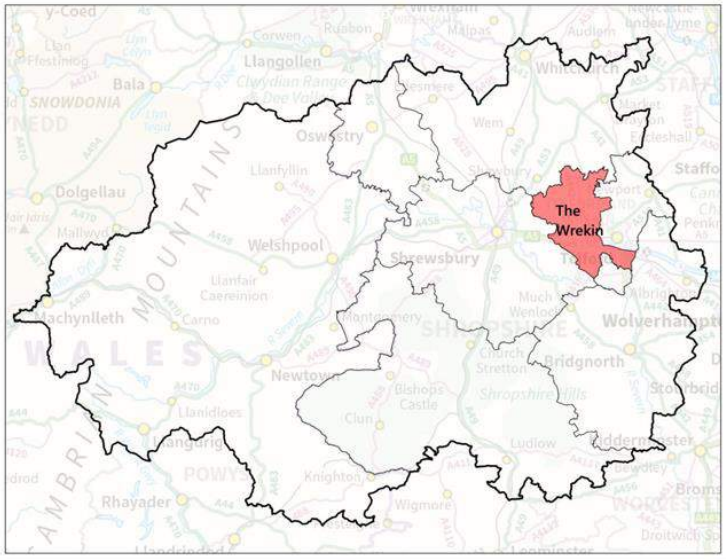


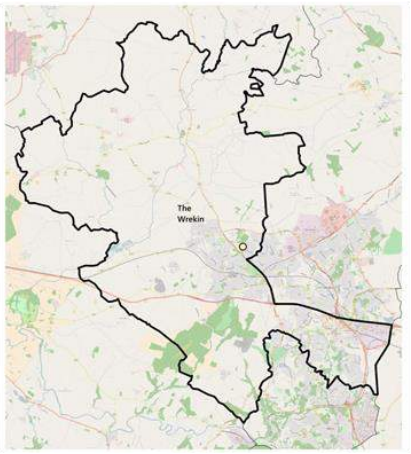


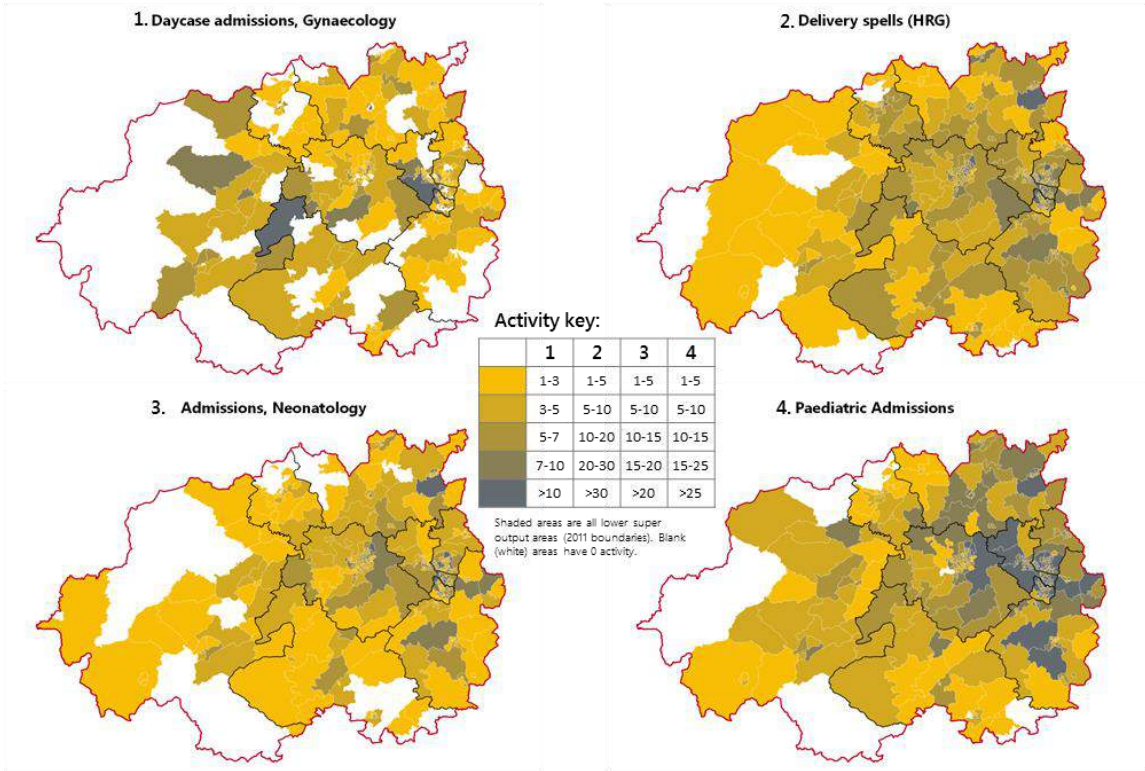
* English IMD 2015 used. Powys calculated based on equivalent Welsh IMD 2014.

Population estimates for other protected characteristic groups

		The Wrekin		Future Fit	
Characteristic	Source / Notes	n	%	n	%
Married or civil partnership	Census 2011	8,090	19.0%	81,870	18.6%
Women with disability	Census 2011, day-to-day activities limited	5,085	9.2%	52,017	9.4%
Ethnic origin: White females	Census 2011	24,621	88.7%	263,787	94.9%
Ethnic origin: BAME females	Census 2011: travellers, mixed, asian, black and other	4,898	11.3%	19,195	5.1%
Religion: None (females)	Census 2011	6,353	22.9%	60,200	21.7%
Religion: Christian females	Census 2011	17,532	63.1%	188,395	67.8%
Religion: Other females	Census 2011: muslim, sikh, hindu, buddhist, jewish and other	1,509	14.0%	5,834	10.6%
Gay, Lesbian, Bi-sexual & Other	Integrated Household Survey, 2014	717	1.7%	7,092	1.6%
Transgender community (WAB)	Johnson (2001) - GIRES (2008) & Wilson (1999)	33	0.1%	329	0.1%







'Need' for Women & Children's services: Proxy measures [1]

Description	The Wrekin count	The Wrekin rate [6]	The Wrekin rank [7]	Future Fit count	Future Fit rate [6]	Future Fit rank
Daycase admissions for gynaecology [2]	163	16.5	1	1,135	12.8	-
Spells of care with delivery episode [3]	641	64.9	2	4,689	52.9	-
Inpatient admissions for Neonatology [4]	450	70.2	2	2,977	63.5	-
Paediatric inpatient admissions [5]	1,054	83.0	1	5,704	51.0	-

Notes: [1] All activity relates to SATH sites only 2015/16. People across the footprint may use alternative providers. [2] Treatment function code 502. [3] Selected HRG from 'NZ' chapter, includes Consultant and Midwife deliveries. [4] Treatment function code 422. [5] Admissions to SATH wards WD18. [6] Crude rates per 1,000 population women 16-44 for gynae and deliveries, per 100 deliveries for neonatal and per <18 population for paediatrics. [7] Rank per 9 FF localities (1 = highest).

In minutes	Car	Public trans.
Avg.* time to PRH site	8.8	28.7
Avg.* time to RSH site	23.5	71.2

* From all postcodes within the locality

Annex 4 Future Fit Pre-Consultation Engagement Activities to support Draft IIA Report

As part of the IIA, public engagement was undertaken via an online survey and focus groups across Shropshire, Telford and Wrekin and Powys. In addition, information was made available through partner organisations including Healthwatch, Powys CHC and voluntary sector organisations, signposting to the online survey. Individual reports for Shropshire, Telford & Wrekin, Powys and the online survey are included within the appendices and a summary of activity included below.

For the attendees at the Shropshire based focus groups, the consensus was that Shrewsbury is easier to access for the majority of the people spoken to. Moving the centre would have a positive impact. However there were several references to the quality of the environment, organisation and care at the current site and concern voiced about whether this same high standard would be achieved if services were moved. In addition the Shropshire Health Champions spoke to nine attendees, mostly inpatients at the children's unit at Princess Royal Hospital. Some respondents would be less impacted if the services were delivered from Shrewsbury whereas others would be more, due to travel times and convenience.

For the attendees at the two Telford and Wrekin focus groups, Telford was the preferred site of choice. Attendees stated that it was closer to home and raised concerns about the cost of travel and access to transport if the services moved to Shrewsbury. Respondents also raised concerns about whether a new site at Shrewsbury would offer the same quality of environment as the unit so recently opened at Telford.

In Powys a range of stakeholders were engaged including service users and their families, councillors, general public, third sector organisations, Powys Community Health Council and staff of Powys Teaching Health Board and Powys County Council. Activity included distribution of the NHS Future Fit "Shaping healthcare together" overview questionnaire directly to service users, their families, carers and the Powys Community Health Council. Events, which were advertised on the PTHB website, Twitter, Facebook and partners' websites and information issued via partners including the Powys Association of Voluntary Organisations. In addition, Powys residents had access to the online survey and were able to respond to a dedicated email address.

The engagement with the people of Powys identified overwhelmingly positive impacts if the Women and Children's Centre moves from Telford to Shrewsbury. They report that this would address the overwhelmingly negative impact when these services moved from Shrewsbury to Telford in 2014.

If the Women and Children's Centre moves from Telford to Shrewsbury the main potential areas for action are:

- Engage clinicians and service users in the design of the new facilities in Shrewsbury, to create services of at least a similar standard to the Women and Children's Centre in Telford.
- Recognise that even by moving services from Telford to Shrewsbury this is still a round trip in excess of 50 miles for many Powys residents and issues of travel and access need to be considered on an ongoing basis, including options for bringing more care closer to home (including through modern digital solutions).

The online survey attracted 719 responses between Monday 19 June and Monday, 10 July. A summary of the responses is provided below:

- Around half of all participants stated their last experience of the service was with a family member or someone they care for, with the vast majority attending with a child/children.
- 42% used the services to give birth in the consultant led unit, with around one quarter using the service for post natal and ante natal care.
- Over two thirds of respondents stated they did not have a choice of where to go for treatment and over half of these were given an explanation into why the centre was the best place for them.
- Personally owned vehicles were the most widely used method of travel and also the most predominantly stated method of travel if services were transferred to Shrewsbury.
- 61% of respondents stated that their journey would be longer to Shrewsbury, with 34% stating it would take less time.
- Over half stated their journey would be more difficult and one quarter (25%) stating it would be easier if the services were relocated to Shrewsbury.
- Over half of the respondents stated that proximity to home was the key influencer for deciding to use the services based at the Telford site.

The more detailed survey findings are provided below:



Background and objectives

- NHS Future Fit is working with local patients, public and health professionals to improve hospital services across Shropshire, Telford and Wrekin.
- As part of this, there is a requirement to understand how users may be affected if women and children services were moved from The Princess Royal Hospital to The Royal Shrewsbury Hospital.
- In order to gauge current levels of accessibility and measure the impact of any service relocation, a quantitative survey was developed and distributed through a variety of channels across the region.
- The objectives of the survey were;
  - To gauge current levels of accessibility and to measure how this would be impacted by any movement in services
  - To understand key influencers and motivations behind choosing where individuals seek treatment
- The survey was for anyone who has used the services for women and children at the Princess Royal Hospital in Telford in the last two years as a patient, relative, friend or carer.

Fieldwork

- In order to generate the greatest response an online survey and paper questionnaire were available for participants to complete
- The online survey was distributed through a variety of channels including e-newsletters and direct correspondence.
- Participants were also able to download and complete the paper questionnaire which were collected by the CCG.
- The survey was live between Monday 19th and Friday 30th June 2017.
- Overall, **719** responses were received;



Presentation notes

- Percentages are shown to 0 decimal places, therefore, if values do not add to 100%, this is due to rounding
- Data labels are not included on charts for values below 3%

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

NHS

Survey findings



MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

NHS

Use of the women and children services



Service use

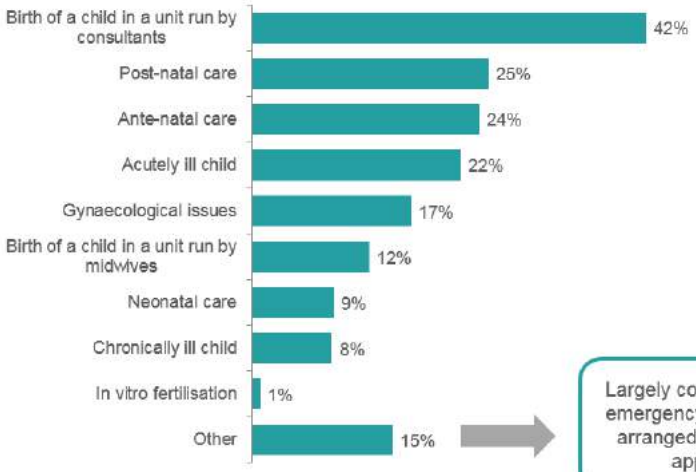
Around half of participants state their last experience of the service was with a family member or someone they care for, with the vast majority of these attending due to their child / children.



Q1. Thinking about your last experience of the women and children hospital services at the Princess Royal Hospital in Telford, was it for you or a member of your family? Base: 719
Q2. who was it? Base: 368

Service use

42% used the women and children services to give birth in a unit run by consultants whilst around one quarter used the service for post-natal and ante-natal care.



Largely consists of use in an emergency or attending pre-arranged outpatient/ clinic appointments

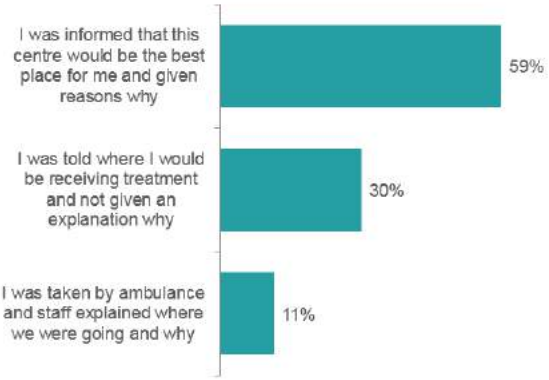
Q3. Please tell us why you used the women and children hospital services? Base: 719

Service choice

*Over two thirds state they **did not** have choice of where to go for treatment. Over half of these were given an explanation into why this centre was the best place for them, however 3 in 10 were told where they would receive treatment without any explanation.*

68%
Did not have a choice of where to go for treatment

Of these



32%
Did have a choice of where to go for treatment

Q8. Did you have a choice of where to go for treatment? Base: 719
Q9. If you didn't have a choice of where to go for treatment, which of the following statements most applies to you? Base: 486 (Those who did not have choice)

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

NHS

Accessibility

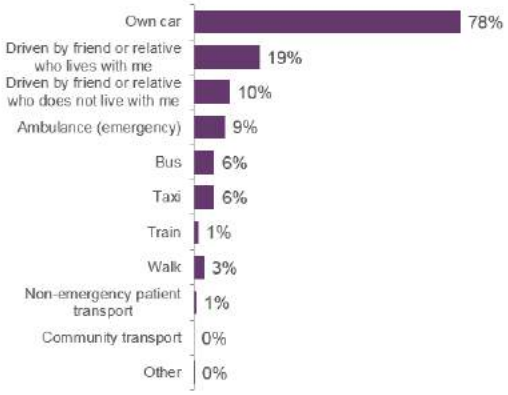


10

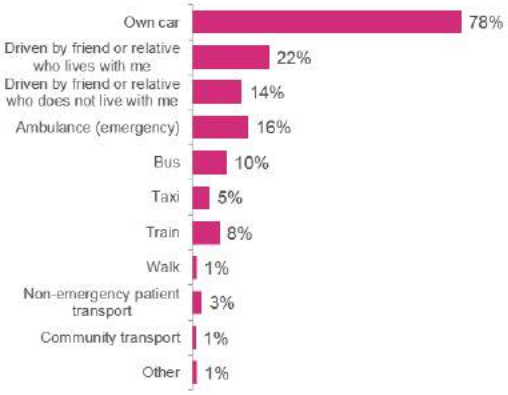
Method of travel

Personally owned vehicles are the most widely used method of travel to Princess Royal Hospital. It is also the most predominantly stated method of travel if services were to be relocated to Royal Shrewsbury Hospital.

Current method of travel to Princess Royal Hospital



Most likely method of travel to Royal Shrewsbury Hospital

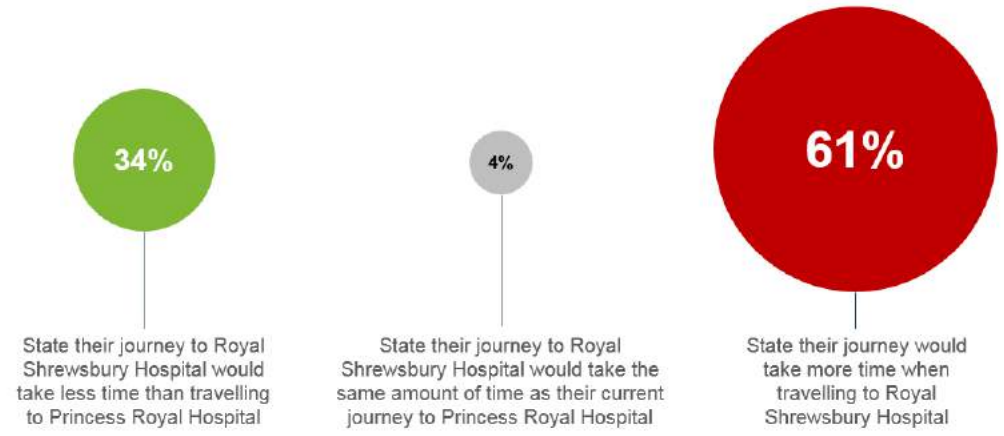


Q4. How do you usually travel to the service at The Princess Royal Hospital for treatment? Base: 718
Q10. How would you be most likely to travel to the Royal Shrewsbury Hospital for treatment? Base: 718

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT 11

Journey duration

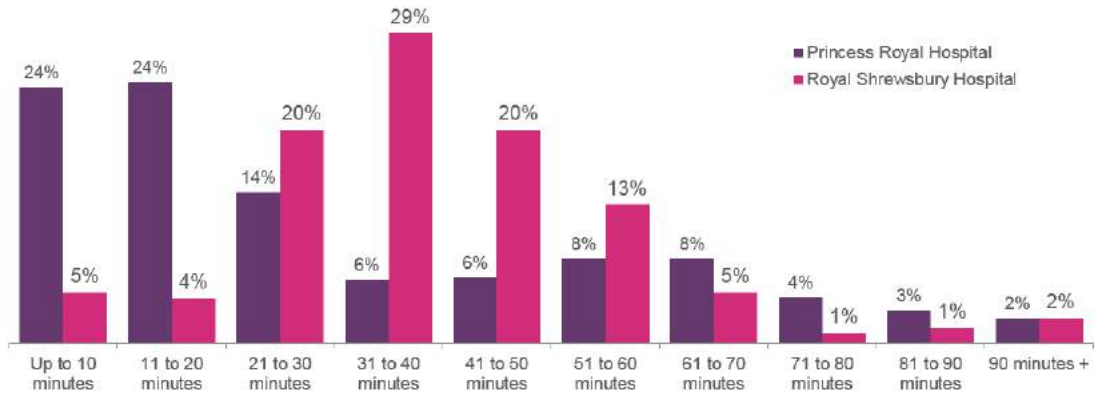
When comparing their current journey to their proposed journey to Royal Shrewsbury Hospital, over 6 in 10 (61%) state it would take longer, however around one third state it would take less time.



Q5. How long does the journey to the Princess Royal Hospital take on a normal day without any restrictions on the roads or public transport (door to door)? Base: 719
Q11. Approximately how long would the journey to The Royal Shrewsbury Hospital take on a normal day without any restrictions on the roads or public transport (door to door)? Base: 719

Journey duration

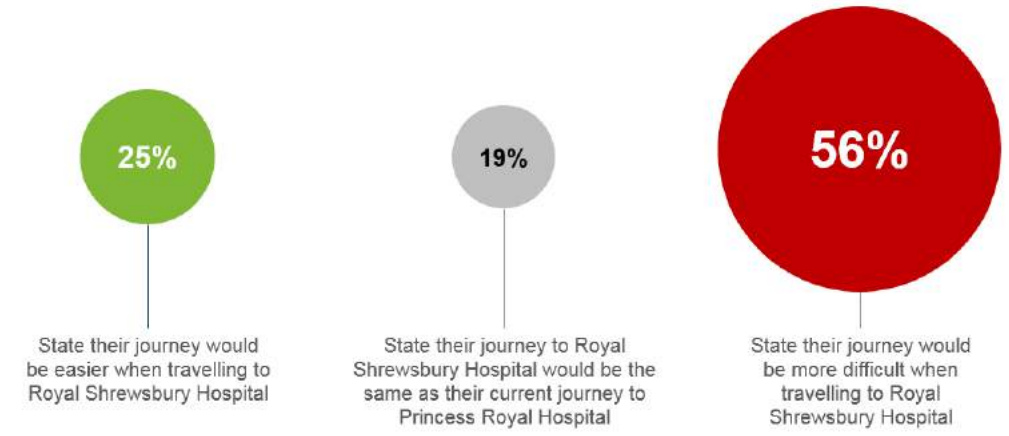
Around half state their journey to Princess Royal Hospital takes less than 20 minutes, compared to 9% for Royal Shrewsbury Hospital. Additionally, around 7 in 10 believe their journey to Royal Shrewsbury Hospital would take between 21 and 50 minutes.



Q5. How long does the journey to the Princess Royal Hospital take on a normal day without any restrictions on the roads or public transport (door to door)? Base: 719
Q11. Approximately how long would the journey to The Royal Shrewsbury Hospital take on a normal day without any restrictions on the roads or public transport (door to door)? Base: 719

Access

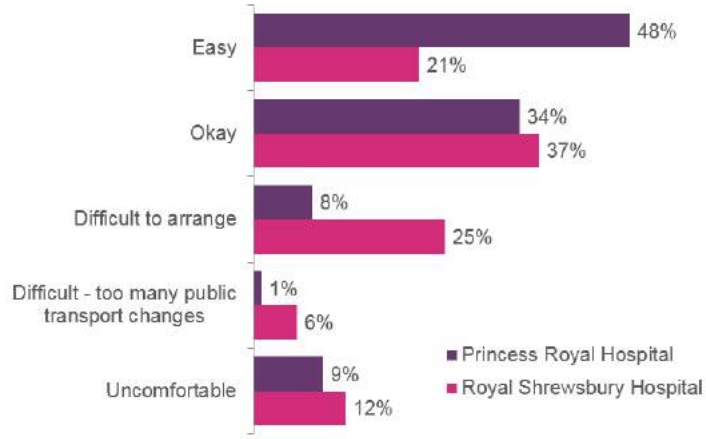
When comparing their current journey to their proposed journey to Royal Shrewsbury Hospital, over half (56%) state it would be more difficult, whilst one quarter say it will be easier.



Q6. Which one of the following best describes your journey to the Princess Royal Hospital? Base: 719
Q12. Which one of the following would best describe your journey to the Royal Shrewsbury Hospital? Base: 719

Access

Over 8 in 10 state their journey to Princess Royal Hospital is 'Easy' or 'Okay'. However the proportion using these descriptors drops to just over half (57%) when respondents consider their potential journey to Royal Shrewsbury Hospital, with a large cohort (25%) stating it would be 'Difficult to arrange'



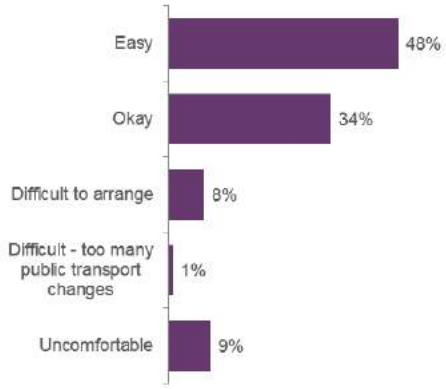
A potential reason for this shift could be due to the fact that survey participants live closer Princess Royal Hospital.

However the location of participants was not captured in the survey to analyse this further

Q6. Which one of the following best describes your journey to the Princess Royal Hospital? Base: 719
Q12. Which one of the following would best describe your journey to the Royal Shrewsbury Hospital? Base: 719

Access

The majority of the 48% stating it is 'Easy' to travel to PRH feel their journey to RSH would be 'Okay' (38%) or 'Difficult to arrange' (34%). Conversely, the majority of those stating their journey to PRH is 'Difficult to arrange' would find it easier to travel to RSH



Travel to Royal Shrewsbury Hospital	Easy	Okay	Difficult to arrange	Difficult – too many transport changes	Uncomfortable	Base
Easy	9%	38%	34%	5%	14%	348
Okay	32%	34%	20%	6%	9%	246
Difficult to arrange	39%	39%	17%	0%	6%	54
Difficult - too many public transport changes	14%	43%	14%	29%	0%	7
Uncomfortable	33%	39%	3%	6%	19%	64

Q6. Which one of the following best describes your journey to the Princess Royal Hospital? Base: 719
Q12. Which one of the following would best describe your journey to the Royal Shrewsbury Hospital? Base: 719

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

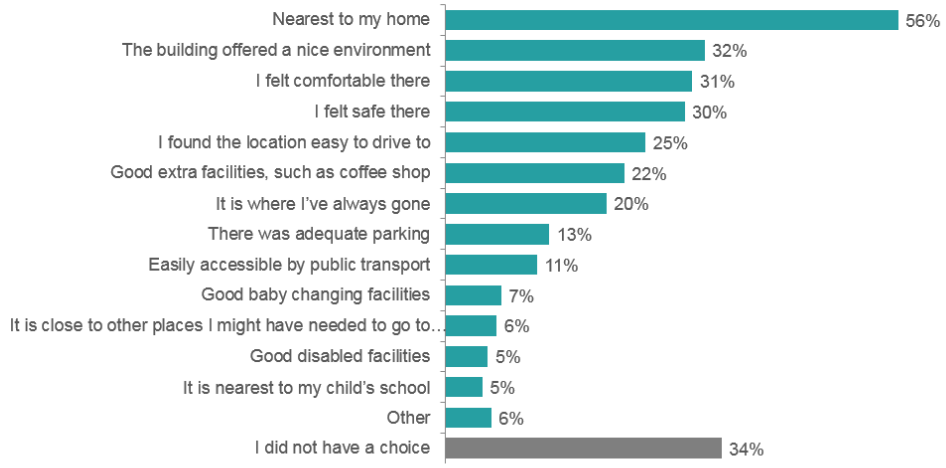
NHS

Influencing patient decision making



Influencing decision

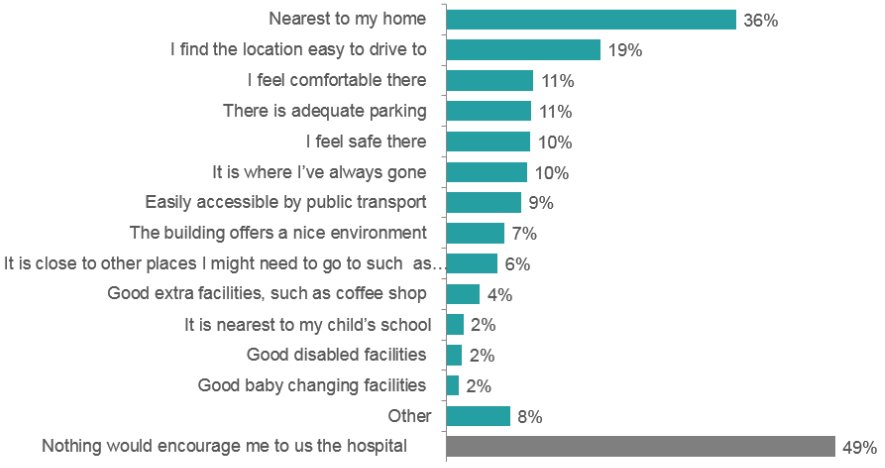
Over half (56%) state proximity to home as a key influencer when deciding to use PRH, other key influencers include; building environment, comfort and safety.



Q7. What influenced your choice to use the Princess Royal Hospital? Base: 718

Encouraging RSH use

Nothing would encourage around half (49%) of participants to use RSH. However of those who are willing to use it, proximity to home, easy access, comfort, parking and safety are key encouraging factors.



Q13. Which of the following would encourage you to use The Royal Shrewsbury Hospital? Base: 715

MIDLANDS AND LANCASHIRE
COMMISSIONING SUPPORT UNIT

NHS

Demographics – to follow



20

Annex 5 Powys Equalities Impact Assessment

Equality Impact Assessment Engagement Summary Report

Engaging with the People of North Powys in relation to options for changes to Women and Children's Services in Shropshire and Telford & Wrekin as part of the NHS Future Fit Programme

Version 1.0, 7 July 2017
Engagement and Communication Team, Powys Teaching Health Board (powys.engagement@wales.nhs.uk)

1. Background

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is one of several neighbouring health care providers with whom Powys Teaching Health Board has a contractual arrangement to provide certain services for Powys residents.

Due to challenges affecting the sustainability of safe services provided by SaTH, a review programme called NHS Future Fit is currently under way to agree the future configuration of acute and community hospital services in Shropshire and Telford & Wrekin (including for neighbouring communities in mid Wales who rely in these services).

As part of the preferred option recommended by the NHS Future Fit Programme Board in November 2016, the Royal Shrewsbury Hospital would become the main Emergency Centre for the area. Under this option, the Royal Shrewsbury Hospital would also provide Consultant Maternity, Neonatal and Paediatrics (i.e. moving from Telford to Shrewsbury). Any change of this nature would be subject to widespread consultation.

This Equality Impact Assessment specifically relates to the potential impact of moving Consultant Maternity, Neonatal and Paediatrics from Telford to Shrewsbury. The NHS Future Fit review is therefore asking the people of North Powys for their views on "how much moving the women and children's centre and services from The Princess Royal Hospital, Telford to The Royal Shrewsbury Hospital would affect them", particularly patients who have used the service in the past two years.

The Powys Perspective

The significant majority of health care for the people of Powys is provided locally through primary and community care, and self care. However, the sparsely populated geography of Powys means that it is not viable to provide safe district general hospital services within the county, and instead most in-patient secondary and specialist care services are provided through contracts with neighbouring health boards in Wales and NHS Trusts in England.

Powys Teaching Health Board has a responsibility to ensure the services it provides, and those it arranges on behalf of its residents, are clinically safe and effective and offer the best possible outcomes. It also has a responsibility to consider the experiences and satisfaction of patients

accessing those services and in particular the impact to the groups protected under the Equality Act 2010.

The geography of Powys means that county residents will access Consultant Women and Children's Services from a wide range of different providers around our borders. Services in Shropshire and Telford & Wrekin are primarily accessed by residents of central and eastern Montgomeryshire in north Powys. Access to services from central and eastern Montgomeryshire has recently been affected by previous changes to services in Shropshire and Telford & Wrekin through the "Keeping It In The County" programme. This included the establishment of the Shropshire Women and Children's Centre in Telford in September 2014, which saw the transfer of consultant maternity & neonatal in-patient services from Shrewsbury to Telford (these services were previously provided in Shrewsbury and not in Telford), and the merger of consultant paediatric in-patient services into the new Telford facility (these services had previously been provided from both Shrewsbury and Telford).

2. Equality Impact Assessments and the Equality Duty

It is a statutory requirement in Wales under the Specific Equality Duty for Wales (Equality Act 2010) for Health Boards to undertake an Equality Impact Assessment when changes to patient services are proposed. This duty to undertake an Equality Impact Assessment cannot be devolved by the Health Board. Therefore, the NHS Future Fit team has agreed that Powys Teaching Health Board's contribution to their overarching integrated impact assessment will comprise a separate section summarising the Health Board's Equality Impact Assessment, which is provided through this report.

Statistics regarding the profile and demography of the population served by SaTH - including Powys residents - can be found in the overarching integrated impact assessment produced by the NHS Future Fit programme team (NHS Future Fit, 2017).

3. What do we know about the experiences of Powys residents?

Continuous engagement with Powys residents consistently identifies access to services as a cause for concern – particularly in relation to distance; mode, costs and availability of travel; and, the associated implications for visiting family members and carers.

Examples of how this has been evidenced and articulated include the South Wales Programme Equality Impact Assessment (Powys Health Board, 2014) and through engagement activities such as "How Fair is Powys" (Powys Health Board, 2013). The experiences and challenges include:

- the additional cost of fuel if the distance is greater

- road conditions affecting travel time, particularly in winter, or where the single main transport route is affected by roadworks or road traffic incidents
- availability of public transport and community transport
- how close public transport stops to the facility
- car parking in the alternative site including the number and location of disabled facilities
- the environment and culture of the alternative site, (culture in this context mean for example attitude to Welsh speakers, same sex couples, ethnic groups etc.)
- lack of familiarity with new service locations (particularly for people affected by sensory loss or other cognitive impairment)
- facilities to stay with loved ones particularly parents and carers and family friendly and accommodating policies
- visiting arrangements
- the impact on siblings and single parent families.

These concerns are especially relevant for people who do not own or have no access to a car or who live alone. Even if people do have access to a car, fuel poverty can be a problem given the distances people in Powys might have to travel. Taxi travel is not always available in rural Powys, and can be expensive. Public transport is also often not an option, not only because of availability, but due to frequency and timing of services.

Typical mitigations for these issues might include:

- seeking to retain services as close to communities as possible
- offering patients the choice to be referred to a different provider
- working with providers of public transport regarding times, drop off points and fares. (The low numbers of Powys patients affected reduce our influence to do this).
- finding ways of alleviating the financial burden for those most disadvantaged or deprived groups and or who do not own or have access to a car (e.g. through healthcare travel costs schemes, patient transport schemes)
- working with the provider to arrange appointments to match bus timetables, school times etc. and to avoid unnecessary travel. (For example scheduling appointments and diagnostic test locally if possible, or providing “one stop shop” clinics to reduce multiple journeys)
- seeking alternative service models using locally based professionals (e.g. clinical nurse specialists or advanced practitioners) or using telehealthcare and other digital or mobile solutions that connect the service user with the healthcare professional remotely without the need for travel.

Through continuous engagement on the NHS Future Fit programme to date, women, children and families have reported an increased burden as a result of the transfer of consultant women and Children's services from Shrewsbury to Telford in 2014, e.g.

- Newtown is the largest population centre within Powys and is in the catchment of The Shrewsbury and Telford Hospital NHS Trust. It also has some of the highest levels of deprivation in the county. A Newtown resident with access to a car would take approximately 50 minutes to drive to Royal Shrewsbury Hospital, a journey of 26 miles. Residents living west of Newtown would face significantly longer journey times, particularly during regular periods of traffic congestion through Newtown.
- The transfer of services from Shrewsbury to Telford extended this journey time by 20 to 30 minutes and by a further 22 miles to 48 miles (if following the main signposted route). Wrexham Maelor is slightly closer for some Powys residents (44 miles) but normally with a longer journey time.
- The significant majority of Powys residents driving to Telford would need to take the Shrewsbury ring road, passing nearby to the Royal Shrewsbury Hospital.
- There is a direct train route from Caersws, Newtown and Welshpool to Shrewsbury and then to Telford. Direct bus routes also travel from mid Wales to Shrewsbury and then on to Telford.
- The main public transport routes from Wrexham to mid Wales are via Shrewsbury, both by bus or train.
- No Powys residents live closer to Telford than they do to Shrewsbury.

Who is accessing services from SaTH?

During 2015, 224 Powys births were recorded in SaTH facilities. The significant majority of these were in the consultant maternity unit in Telford. This represented approximately 20% of all births to Powys residents.

4. What the people of Powys told us

As part of our Equality Impact Assessment we have undertaken a period of structured engagement to listen to the views of the people of Powys, focusing on those communities in central and eastern Montgomeryshire for whom hospitals in Shropshire and Telford & Wrekin may be their main provider of consultant women and Children's services.

This has formed part of an overall programme of engagement across Shropshire, Telford & Wrekin and mid Wales by the NHS Future Fit Programme Board, with our role being to advise its development (through

our membership of the Programme Board) and to deliver local engagement.

Locally, the health board has worked with representatives from Powys Community Health Council, Powys County Council and Powys Association of Voluntary Organisations to shape our local delivery of this NHS Future Fit engagement programme.

The engagement period set through the NHS Future Fit Programme Board was from 19 June 2017 to 30 June 2017. We note that information and materials were not shared by the NHS Future Fit Programme with Powys Teaching Health Board until 20 June 2017, and the health board took prompt action to activate its plan for local delivery in order to reduce adverse impact on the ability of people in Powys to engage.

Our local engagement has sought to consider issues such as:

- What do affected groups and the wider public think of the proposed changes?
- What, are the issues and what suggestions do they have to overcome these issues?
- Conversely, do they welcome the changes?
- How representative are the views we have heard?

Our local engagement process involved a range of methods which targeted the following stakeholders:

- Service users and their families – for example, by sharing information via frontline staff working in women and Children's services in Powys.
- Local Councillors and Town & Community Councils – e.g. via email, and a presentation to Newtown and Llanllwchaiarn Town Council.
- General public - e.g. via drop-in sessions in Newtown and Welshpool, and via social media, and through a presentation to Newtown Health Forum
- Third sector organisations – through distribution via Powys Association of Voluntary Organisations.
- Powys Community Health Council.
- Staff of PTHB and Powys County Council – via internal staff briefings.

Distribution

- The NHS Future Fit "Shaping healthcare together" overview questionnaire was distributed directly to service users, their families, carers and the Powys Community Health Council.
- Events were advertised on the PTHB website, Twitter and Facebook (Our initial Facebook post had a reach of over 5000 including 51 shares. It was also posted into relevant local Facebook "groups" to encourage feedback. Partner organisations also posted the information via their channels – e.g. Powys Youth, Powys Family Information Service, Powys Children and Young People's Partnership, PAVO, Newtown Health Forum, NPTC Newtown Health and Social Care Team, Credu).
- Patients had the opportunity to return their completed surveys directly to the health board or via www.elesurvey.co.uk/f/614394/118c during the engagement period.
- Information was published on the website of the Powys Teaching Health Board.
- Information was sent to Powys Association of Voluntary Organisations, Powys Teaching Health Board and Powys County Council for distribution through their organisations and networks.
- A dedicated email address was also provided as a mechanism of providing feedback.
- Individuals were invited to contact the health board to offer depth interviews to discuss and share their own experiences.

Online survey responses submitted via the link above are being analysed by ICF on behalf of the NHS Future Fit Team and an analysis of responses from respondents from Powys has been requested.

Local qualitative and face-to-face responses are summarised below.

Ethnicity

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all ethnic groups for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

One respondent reported that she had felt "more comfortable in the ward in Telford than in Shrewsbury" and that she considered the higher level of ethnic diversity within the Borough reflected in both the staffing and patient group to be a factor.

No other negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to ethnicity.

Religion

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all religious groups for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to religion.

Age

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all age groups for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

Respondents also noted that with services based in Shrewsbury more Powys residents would be able to access the hospital within one hour by car or ambulance, which could be particularly important to older and frail individuals particularly in an emergency situation.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to age.

Disability

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all disabilities for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

Respondents also noted a public transport journey to Shrewsbury would normally involve a more direct route and fewer changes (compared with a journey to Telford) which could be significantly beneficial for people with reduced mobility.

One respondent noted that the current Women and Children's Centre in Telford had significantly improved access compared with the previous unit in Shrewsbury, and similar lessons from user experience would need to be incorporated into the development of replacement facilities in Shrewsbury.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to disability.

Gender

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all genders for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

Respondents also noted that currently women in Powys were disadvantaged compared to men in that their specialist services were located further away in Telford whilst the majority of services for men could be accessed in Shrewsbury.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to gender.

Sexual Orientation

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all sexual orientations for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be

significantly more accessible both for those with access to a car and those without access to a car.

One respondent noted that whilst Shrewsbury was already "a considerable distance away, it is closer than Telford – so my girlfriend would find it more easy to visit me in hospital, which would be a comfort" and less isolating.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to sexual orientation.

Gender Reassignment

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all gender reassignment status for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to gender reassignment.

Marriage and Civil Partnership

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury across all marriage and civil partnership statuses groups for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

Respondents felt that reduced journey times would make it more likely for couples, regardless of their marital status, to stay together during maternity care or during care of their sick child particularly as travel to Telford typically involved a round trip of around 100 miles for people from mid Wales, or a journey of around 90 miles to other alternative services in Wrexham.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to marriage & civil partnership.

Pregnancy and Maternity

Respondents indicated that there would be particularly significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury for pregnancy and maternity for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

Several respondents shared their experiences of difficulties with journeys from Powys to Telford when in labour, or with concerns about their pregnancy. One respondent reported that when her child was in neonatal care which involved daily journeys of a 100 mile round trip to Telford to see her child. Other respondents also shared similar experiences of visiting sick children in hospital. One respondent reported that on one occasion when she was concerned about potential Braxton Hicks contractions she had chosen to drive herself to Telford and a combination of road problems meant that the journey from mid Wales took five hours.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to pregnancy & maternity.

Welsh Language

Respondents indicated that there would be significant equality benefits from moving the Women and Children's Centre from Telford to Shrewsbury for all parts of the Trust catchment in Powys, in relation to significantly improved access to services.

Respondents noted that public transport routes to Telford (and also to Wrexham) were via Shrewsbury. Also, the journey by car or by ambulance from Powys to Telford would take the majority of Powys residents via Shrewsbury. Responses suggested that Shrewsbury would therefore be significantly more accessible both for those with access to a car and those without access to a car.

Respondents also shared their experiences or perceptions that access to Welsh language speaking staff was more likely in Shrewsbury than in Telford due to its proximity to the Welsh border, and this might be particularly important for young children for whom Welsh is the first language or for older women accessing specialist gynaecology services for whom Welsh is their first language (particularly if they are additionally affected by sensory or cognitive impairments, e.g. dementia, which affects their ability to understand English as a second language).

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to Welsh Language.

Evidence from the 2011 census evidences the number of residents in North Powys over the age of 3 who have an understanding of the Welsh language is:

Residents	Knowledge of the Welsh language	No knowledge of the Welsh language
59,549	18,586	40,963

Car Ownership

For the purpose of the engaging with the People of North Powys in regard to NHS Future Fit in Shropshire and Telford & Wrekin Women and Children's Services, it is not known how many of the service users are car owners; however given the nature of the service users, one could expect that patient will be required to travel a considerable distance to access this service, often reliant of others to convey them. We heard from many respondents about how a 50 minute journey to Shrewsbury could take considerably longer during times of heavy traffic, road traffic incidents or roadworks, and then still needing to travel the further 22 miles to Telford Hospital.

At the time of our engagement event in Welshpool the main road to Shrewsbury was closed due to an incident with traffic being diverted via

Llandrinio or Oswestry leading to considerably increased distance and time. Respondents also reported being relatively familiar with Shrewsbury due to its proximity but many respondents reported that they were not familiar with Telford and that they had faced difficulties in finding the hospital. One individual shared her story of taking over 5 hours to travel from Newtown to Telford due to a road traffic incident. Patients informed us that the main A483/A458 and the M54 can often cause excessive delays to their journeys, even when being conveyed by emergency services.

Respondents also expressed particular concerns in relation to public transport. Whilst public transport routes to Shrewsbury from Newtown and Welshpool, onward travel to Telford may involve additional changes. Also, some Powys residents reported that they had transferred their care from Telford to Wrexham as a result of the changes to hospital services in 2014 but by public transport this still normally required them to travel via Shrewsbury.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to car ownership.

Deprivation

Newtown is the largest population centre in Powys and is located within the catchment for The Shrewsbury and Telford Hospital NHS Trust. Newtown is one of the two highest areas of deprivation in Powys.

Some respondents described the difficulties they had faced in paying for the costs of travel and accommodation when visiting women or children in hospital in Telford, as it may not always be possible to make the 100 mile round trip within a single day or the late time of admission required an overnight stay in an unfamiliar area. Respondents generally felt that it was much easier to return home from Shrewsbury than from Telford as the reduced round trip in excess of 50 miles would normally be more manageable, or friends and neighbours with access to a car may be more likely to offer help.

No negative impacts of moving consultant Women and Children's services from Telford to Shrewsbury were reported in relation to deprivation.

Other factors

One respondent noted that having moved from Telford to mid Wales, she had good access to child care from friends and family if she needed to use services in Telford. One respondent noted that her parents lived in Telford and were able to help with childcare when she needed to take a sick child to hospital.

Respondents who had experienced the services in Telford felt that the facilities were of a very high standard and that replacement services in Shrewsbury should be established to a similar standard, with engagement of clinicians and service users.

Respondents also commented on the wider current context for women and Children's services in Shropshire including the concerns that had led to the current reviews of quality and safety, and the review of midwife-led units in Shropshire (an extended temporary closure of three midwife-led units in Shropshire was announced by The Shrewsbury and Telford Hospital NHS Trust during the engagement period).

Respondents noted that whilst NHS car parking in Wales was free, travel to hospitals in England meant that some Welsh residents faced charges that other Welsh residents did not pay.

Respondents noted that a relocation of services from Telford to Shrewsbury would mean a longer journey time for Telford residents than they currently face, but that "but the journey from Telford to Shrewsbury and to a number of other hospitals is still shorter than the journey to Shrewsbury for us in Powys".

5. What our clinicians told us.

Powys clinicians we spoke to were overwhelmingly positive about the potential equality benefits from moving consultant women and Children's services from Telford to Shrewsbury.

They did raise some concerns about the potential adverse impact on the reputation of Shropshire's women and Children's services arising from multiple changes exacerbated by the concerns that have led to the current reviews of quality and safety, alongside the current review of midwife-led units. Together these issues may have an impact on the birth choices made by the women of Powys.

One respondent noted that the birth centre model in Powys may be something that Shropshire could learn from, as it could maintain local access to midwife-led births whilst not requiring multiple centres to remain fully staffed even if no women are using them.

Clinicians noted that multiple changes can also have an impact on staff morale and recruitment, making it vital that the NHS Future Fit reaches a prompt conclusion to agree and deliver the future model of hospital services in the county.

6. Summary of Impacts

Our engagement with the people of Powys has identified overwhelmingly positive impacts if the Women and Children's Centre moves from Telford to Shrewsbury. They report that this would address the overwhelmingly negative impact when these services moved from Shrewsbury to Telford in 2014.

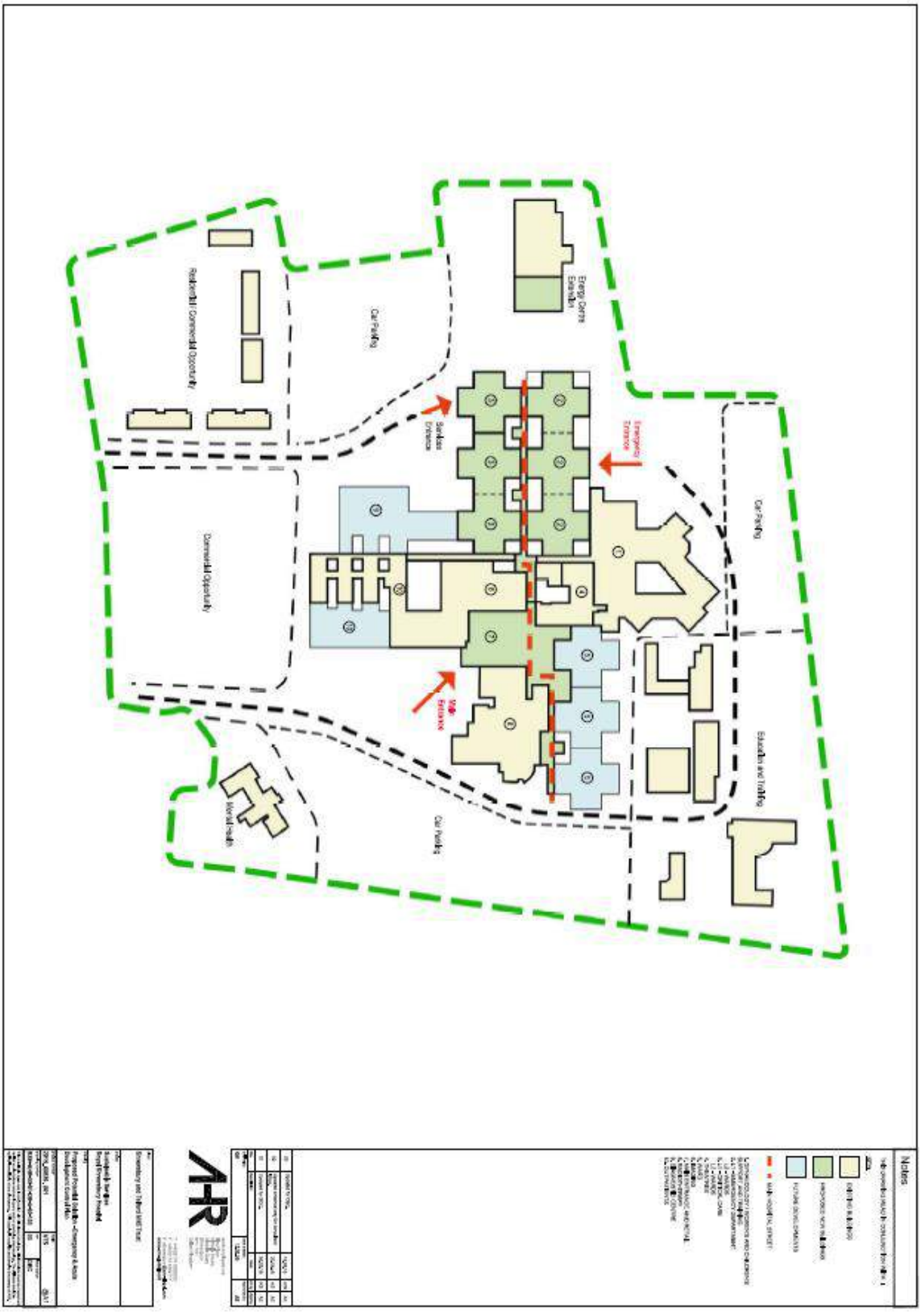
If the Women and Children's Centre moves from Telford to Shrewsbury the main potential areas for action are:

- Engage clinicians and service users in the design of the new facilities in Shrewsbury, to create services of at least a similar standard to the Women and Children's Centre in Telford.
- Recognise that even by moving services from Telford to Shrewsbury this is still a round trip in excess of 50 miles for many Powys residents and issues of travel and access need to be considered on an ongoing basis, including options for bringing more care closer to home (including through modern digital solutions).

The health board will continue to engage with patients, their families and carers to review both positive and negative impacts, and to discuss and deliver mitigation that address negative impacts.

Annex 6 Architectural plans for RSH: Option C1

In-patient Women's and Children's services would be located within the new build planned at RSH to accommodate Emergency Care services under Option C1.



Annex 7 Caesarean Section Delivery Rates

Descriptor	APR	MAY	JUN	Q1	JUL	AUG	SEP	Q2	OCT	NOV	DEC	Q3	JAN	FEB	MAR	Q4	YTD
% of Deliveries - Category 1 C/Section	4.1%	3.4%	1.4%	3.0%	2.3%	2.9%	3.3%	2.8%	3.0%	3.7%	1.6%	2.8%	3.0%	2.7%	4.0%	3.2%	3.0%
% of Deliveries - Category 2 C/Section	5.6%	6.1%	7.8%	6.5%	4.8%	7.1%	5.9%	5.9%	6.3%	6.3%	7.2%	6.6%	7.3%	7.2%	8.8%	7.7%	6.7%
% of Deliveries - Category 3 C/Section	3.1%	1.5%	1.7%	2.1%	2.0%	2.1%	3.3%	2.5%	2.6%	1.3%	2.4%	2.1%	1.5%	1.5%	3.0%	2.0%	2.2%
% of Deliveries - Category 4 C/Section	7.1%	9.3%	5.3%	7.3%	8.0%	5.2%	9.2%	7.6%	5.9%	7.1%	10.3%	7.7%	8.0%	7.2%	8.0%	7.7%	7.6%
Combined Emergency C Section %	9.7%	9.6%	9.2%	9.5%	7.0%	9.9%	9.2%	8.7%	9.4%	9.9%	8.8%	9.4%	10.3%	9.9%	12.8%	11.0%	9.6%
Combined Elective C Section %	10.2%	10.8%	6.9%	9.4%	10.0%	7.3%	12.6%	10.0%	8.4%	8.4%	12.7%	9.8%	9.5%	8.6%	11.1%	9.7%	9.7%

Shropshire CCG

Descriptor	APR	MAY	JUN	Q1	JUL	AUG	SEP	Q2	OCT	NOV	DEC	Q3	JAN	FEB	MAR	Q4	YTD
% of Deliveries - Category 1 C/Section	4.2%	4.6%	1.3%	3.5%	3.3%	3.7%	2.8%	3.2%	4.2%	3.1%	1.5%	2.9%	2.8%	2.8%	2.0%	2.6%	3.0%
% of Deliveries - Category 2 C/Section	3.7%	6.1%	8.8%	6.0%	4.3%	5.3%	5.1%	4.9%	7.0%	5.2%	7.8%	6.7%	4.2%	6.5%	9.7%	6.7%	6.1%
% of Deliveries - Category 3 C/Section	1.4%	1.5%	2.5%	1.8%	1.6%	2.1%	2.8%	2.2%	1.9%	1.6%	1.5%	1.6%	1.9%	0.9%	2.0%	1.6%	1.8%
% of Deliveries - Category 4 C/Section	5.6%	9.6%	6.3%	7.2%	6.0%	6.3%	9.7%	7.5%	5.1%	5.2%	10.7%	7.0%	7.1%	6.5%	7.7%	7.1%	7.2%
Combined Emergency C Section %	7.9%	10.7%	10.1%	9.5%	7.6%	9.0%	7.9%	8.1%	11.2%	8.3%	9.2%	9.6%	7.1%	9.3%	11.7%	9.3%	9.1%
Combined Elective C Section %	7.0%	11.2%	8.8%	8.9%	7.6%	8.5%	12.5%	9.7%	7.0%	6.8%	12.1%	8.7%	9.0%	7.4%	9.7%	8.7%	9.0%

Telford CCG

Descriptor	APR	MAY	JUN	Q1	JUL	AUG	SEP	Q2	OCT	NOV	DEC	Q3	JAN	FEB	MAR	Q4	YTD
% of Deliveries - Category 1 C/Section	4.4%	2.4%	1.7%	2.8%	1.6%	2.4%	3.2%	2.4%	1.6%	3.0%	1.4%	2.0%	3.1%	3.1%	5.8%	4.0%	2.8%
% of Deliveries - Category 2 C/Section	8.2%	6.6%	5.2%	6.6%	5.8%	8.9%	6.5%	7.0%	5.5%	7.1%	5.5%	6.0%	10.6%	6.8%	5.8%	7.7%	6.8%
% of Deliveries - Category 3 C/Section	3.8%	1.8%	0.6%	2.0%	2.6%	1.2%	3.8%	2.6%	2.7%	1.2%	4.1%	2.6%	0.6%	2.5%	2.9%	2.0%	2.3%
% of Deliveries - Category 4 C/Section	8.8%	8.4%	4.0%	7.0%	7.4%	4.8%	8.6%	7.0%	7.1%	8.9%	10.3%	8.7%	9.3%	8.0%	8.1%	8.5%	7.8%
Combined Emergency C Section %	12.6%	9.0%	6.9%	9.4%	7.4%	11.3%	9.7%	9.4%	7.1%	10.1%	6.8%	8.1%	13.7%	9.9%	11.6%	11.7%	9.6%
Combined Elective C Section %	12.6%	10.2%	4.6%	9.0%	10.0%	6.0%	12.4%	9.6%	9.9%	10.1%	14.4%	11.3%	9.9%	10.5%	11.0%	10.5%	10.1%

Figure 1. A classification relating the degree of urgency to the presence or absence of maternal or fetal compromise



Urgency	Definition	Category
Maternal or fetal compromise	Immediate threat to life of woman or fetus	1
	No immediate threat to life of woman or fetus	2
	Requires early delivery	3
No maternal or fetal compromise	At a time to suit the woman and maternity services	4

Locality of mother	Normal	Assisted	Csection (planned)	Csection (emergency)	Grand Total
Bridgnorth	296	47	26	44	413
North Shropshire	345	49	40	54	488
Oswestry	236	21	16	19	292
Shrewsbury & Atcham	742	110	85	91	1,028
South Shropshire	186	25	22	18	251
Hadley Castle	552	81	79	77	789
Lakeside South	421	44	53	60	578
The Wrekin	456	59	60	66	641
Powys	129	23	24	33	209
Future Fit	**3,363**	**459**	**405**	**462**	**4,689**

Locality of mother	Normal	Assisted	Csection (planned)	Csection (emergency)
Bridgnorth	71.7%	11.4%	6.3%	10.7%
North Shropshire	70.7%	10.0%	8.2%	11.1%
Oswestry	80.8%	7.2%	5.5%	6.5%
Shrewsbury & Atcham	72.2%	10.7%	8.3%	8.9%
South Shropshire	74.1%	10.0%	8.8%	7.2%
Hadley Castle	70.0%	10.3%	10.0%	9.8%
Lakeside South	72.8%	7.6%	9.2%	10.4%
The Wrekin	71.1%	9.2%	9.4%	10.3%
Powys	61.7%	11.0%	11.5%	15.8%
Future Fit	**71.7%**	**9.8%**	**8.6%**	**9.9%**

All data from SATH sites for 2015/16 covering patients in Shropshire, T&W and affected areas of Powys.