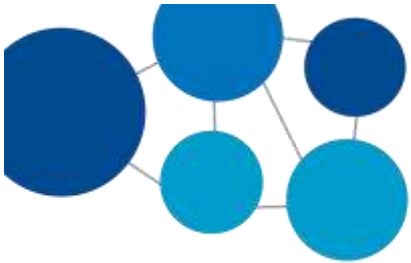


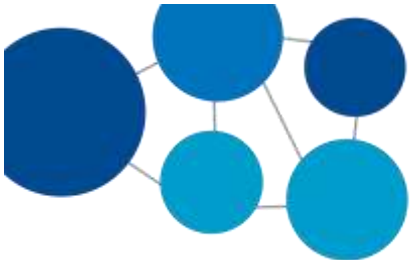
EIA Mitigation Action Plan (December 2018)

Source of Recommendation		Recommendation for Actions	Led by	Progress Status
Equality effects				
Equality Impact Assessment	1	<p>Developing an effective communications and engagement strategy: Looking to address continued confusion from the public including those with a protected characteristic of the difference between emergency, planned and urgent care and which services are available on each site. The use of various tools such as on-line video, talking stories of services now and the proposed changes, emphasising that there will be urgent care on both sites where the majority of people will be able to go as before. Advertising and materials should be in different languages and formats where appropriate. Work with voluntary and community organisations to disseminate information to their groups.</p>	STP Communications and Engagement Workstream	<p>Develop a communications and engagement plan for post decision-making as part of the Implementation Oversight Group (Communications plan and associated costings in development to secure budget).</p> <p>Initial activity to include on-going PR, an e-newsletter (in development), social media, the Future Fit website and a newsletter for cascading through networks and potentially an insert in local newspapers.</p>



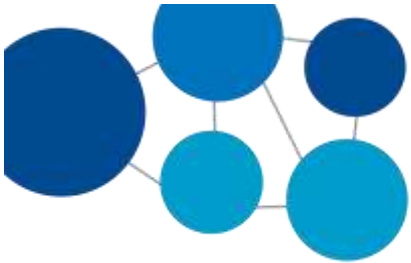
Source of Recommendation		Recommendation for Actions	Led by	Progress Status
Equality Impact Assessment	2	<p>Developing a strong public awareness campaign: Clear communications about the correct service to access in the case of an urgent or emergency medical need is required and which services are available on each site. Consider different tools and languages/formats to reach the widest possible audience including people with a protected characteristic. Target in particular those groups most likely to access A&E services, for example, young men, parents of young children, older people and new migrants. Also, women particularly those living in a deprived or rural area and BAME women as most frequent users of women’s and children’s services and therefore most likely to be impacted on by any changes.</p>	STP Communications and Engagement Workstream	<p>Build on the above communications and engagement plan to mirror ongoing development activity.</p> <p>Integrate learning from the communications and engagement plan developed for the potential overnight closure of the A&E department at PRH.</p> <p>Use tools and materials to promote in locations most likely to be used by people from a protected characteristic group and those more likely to access the services being considered for change.</p>

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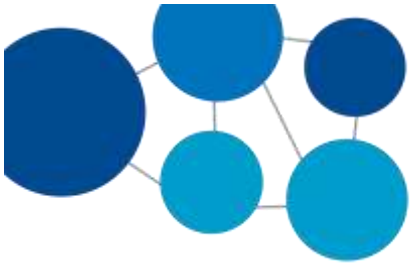


Source of Recommendation		Recommendation for Actions	Led by	Progress Status
Equality Impact Assessment	3	<p>Travel and Transport: Incorporate the potential impacts of access and travel on protected characteristic groups as set out in this EIA into the Travel and Transport Mitigation Plans. Mitigations include a review of appointment times by the Acute Trust and how these could be adjusted to take increased travel times and costs into account, particularly for groups who are more likely to travel by public transport such as people living in deprived areas, older people and younger people and people who are likely to have to travel further, for example, people living in rural areas, people with a disability and homeless people. Also women travelling while in labour or with a sick child.</p>	Travel and Transport Group	<p>A Travel and Transport Group is established and has produced a draft Action Mitigation Plan. (appendix 4 DMBC)</p> <p>Feedback from people with a protected characteristic in relation to travel and transport has fed into the work of the Travel and Transport Group. The mitigations for impacts on protected characteristic groups have been incorporated into the plan.</p> <p>The STP Communications and Engagement Lead attends the travel and transport group meetings. Public and patient representatives are also invited to these meetings.</p>

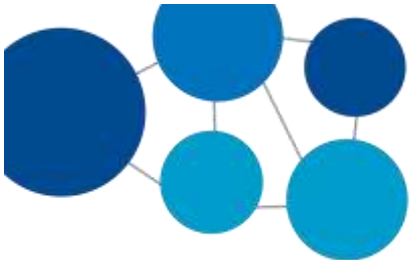
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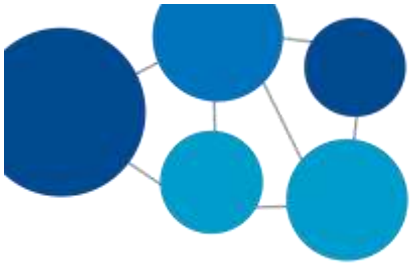
Source of Recommendation		Recommendation for Actions	Led by	Progress Status
Equality Impact Assessment	4	<p>Community Care: Consider how the Care Closer to Home and the Neighbourhood strategies for Shropshire, Telford & Wrekin and Mid Wales might mitigate some impacts in looking at avoiding the need for hospital admission, the need to travel to hospital for appointments and for any other opportunities for enhancing local services for some groups. Particular consideration given for groups who are more likely to travel by public transport such as people living in deprived areas, older people and younger people and people who are likely to have to travel further, for example, people living in rural areas. Example of developments under consideration include tele-medicine.</p>	Shropshire Care Closer to Home/Telford Neighbourhoods / Powys Health and Care Strategy Programme Boards	<p>Community integrated care boards meet on a regular basis and plans are well developed. Public and patient representatives continue to be involved in the development and evolution of the plans.</p> <p>The DMBC incorporates updated plans for the Shropshire Care Closer to Home, the T&W Neighbourhoods work and an update on similar strategies in Powys. Appendices 11, 12 and 13 of the DMBC provide the reports. A narrative is included within the main body in Section 9.2 that describes how these strategies mitigate the impacts identified.</p> <p>Each plan and / or the combined plan will need to be accompanied by an Equality Impact Assessment.</p> <p>The impacts identified in the Future Fit EIA will be incorporated into the community integrated care EIA.</p>



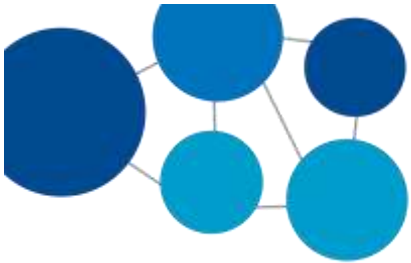
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Equality Impact Assessment	5	<p>Addressing the areas of mitigation in the Women’s and Children’s Integrated Impact Assessment in 2017, that were set out in three broad areas to address the anticipated impacts relating to a consolidation of women’s and children’s services including:</p> <ol style="list-style-type: none"> I. Reducing unnecessary journeys and transfers for young children II. Safe care pathway agreements for children III. Reducing risk factors before, during and after pregnancy (particularly for young women, older women, BAME women, lesbian and bisexual women and women living in deprived areas.) This will include the work within the LMS Programme. 	<p>SaTH</p> <p>SaTH STP PMO leads in particular LMS and Prevention Programmes working with the Health and Wellbeing Boards of all three councils.</p>	<p>Care pathways have been developed between SaTH and the ambulance service that set out those children who can be taken to the UCC on the planned care site.</p> <p>QIAs are available in appendix 17 of the DMBC.</p> <p>The work around reducing risk factors before, during and after pregnancy are incorporated in the project plans for the LMS and Prevention workstreams of the STP and through to the Health and Wellbeing Boards of the councils.</p> <p>The work to develop the clinical model for enhanced community midwifery hubs is progressing. Location of these hubs will be influenced by such factors as population data, deprivation and risk factors, number of deliveries, complexity of pathway and access</p>



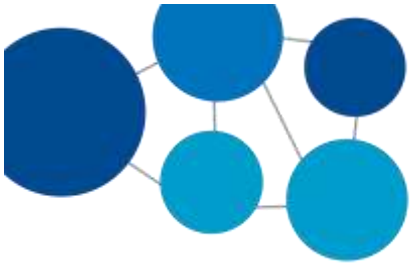
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Equality Impact Assessment	6	<p>Ensuring the on-going review of midwife-led services considers findings and analysis in the Future Fit EIA and feeds into the developing model of care for midwife-led services and in particular in the design, location and scope of community hubs under consideration.</p>	MLU Programme Board	<p>The Future Fit Programme team is supporting the MLU Programme Board in the development of pre-consultation activity and materials, including the MLU EIA.</p> <p>Pre-consultation activity has included extensive public and patient engagement and a Pre-Consultation Engagement report is in development to show how this activity has influenced options development.</p> <p>The work to develop the clinical model for enhanced community midwifery hubs is progressing. Options are in development to improve the model of midwifery led care that will:</p> <ul style="list-style-type: none"> - Increase sustainability of service provision - Improve equity of access - Improve outcomes for women and their families. <p>Location of these hubs will be influenced by such factors as population data, deprivation and risk factors, number of deliveries, complexity of pathway and access . Further work to be done to ensure understanding by the Estates workstream of the STP in the development of multiple 'hubs' for health and care service delivery, including the community hospital sites.</p>



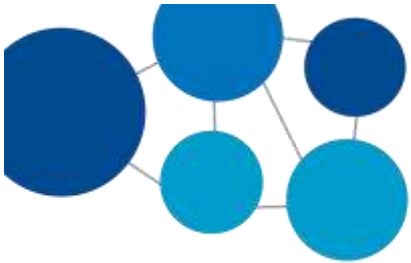
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<p>Equality Impact Assessment</p>	<p>7</p>	<p>Ensuring the provision of appropriate accommodation for parents/carers whose child is an inpatient to mitigate the impact of longer journey times and increased costs.</p>	<p>SaTH</p>	<p>Like for like accommodation has been assumed by SaTH and incorporated into the planning assumptions in the PCBC and referred to within the mitigation of the DMBC.</p> <p>To be incorporated into the work programme of the Implementation Oversight Group.</p>



Source of Recommendation		Recommendation for Actions	Led by	Progress Status
<p>Equality Impact Assessment</p>	<p>8</p>	<p>Continue to work collaboratively to build on existing and planned public health interventions and a more proactive system-wide approach to prevention, bridging deprivation and other health equalities gaps</p>	<p>STP Population health and Prevention workstream</p> <p>Future Fit programme, transport group, IIA, Neighbourhood working, MLS, and all elective care programmes</p>	<p>The system population health and prevention enabling workstream is working to:</p> <ol style="list-style-type: none"> 1. Embed population health management and prevention through all services and workstreams, this will involve: 2. Systematically understand need and capabilities across the system 3. Systematically raise awareness and deliver lifestyle advice, signposting and referral by healthcare and other professionals, e.g. through MECC +, PHE's One You, including for a range of public health interventions 4. Improve the prevention, detection and diagnosis of CVD, specifically diabetes and hypertension 5. Radically upgrade the role of the NHS in tackling harmful alcohol consumption, through screening, identification, brief advice and referral into treatment services 6. Deliver prevention expectations of the national Cancer Strategy 7. To ensure the systematic delivery of mental wellbeing services, including identification of mental ill health and prioritisation of emotional support 8. Work together to make best use of resource and expertise <p>This enabling programme needs to ensure that all transformation programmes work to reduce health inequalities; this includes Future Fit. programme, transport group, IIA, Neighbourhood working, MLS, and all elective</p>



Source of Recommendation		Recommendation for Actions	Led by	Progress Status
Equality Impact Assessment	9	Continue to work collaboratively with the voluntary sector, community groups, Healthwatch and patient reference groups to carry out more detailed assessments of potential impacts in future phases of the development including the design phase and through to implementation.	STP Communication and Engagement Workstream Implementation Partnership Board.	Develop a communications and engagement strategy and delivery plan. Identify budget / resource requirements. Develop post decision-making EIAs aligned to future phases of development as required.
Equality Impact Assessment	10	Continue to improve the volume and diversity of patient views and increase future opportunities for on-going engagement and establishing long term relationships with the protected characteristic groups as a result of the links developed through the Future Fit consultation.	STP Communication and Engagement Workstream	Build on the above communications and engagement plan. Identify budget / resource requirements above and beyond the two CCG engagement teams.
Equality Impact Assessment	11	Continue to consider an inclusive approach to language barriers through fair access to information, services and premises supported by embedding equality and inclusion compliance for all sections of our local community.	STP Implementation Partnership Board	Build into the design and development plans for the redevelopment.



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Equality Impact Assessment	12	Consider the translation, interpretation and other services available to people whose first language isn't English in delivering any newly configured service to ensure that it is effective and that speakers of other languages are not being negatively impacted on when they access services.	STP Implementation Partnership Board	Build into the design and development plans for the redevelopment.
Equality Impact Assessment	13	Noting the limited activity data breakdown available, consider how the collection and analysis of data and information can be improved to better understand patient flows and experience of the protected characteristics.	SaTH	Review the availability of existing activity data in relation to the nine protected characteristics and investigate the possibility of enhancing this data and to monitor the level of access to different services by different groups.
Equality Impact Assessment	14	Continue to share with the groups that have been engaged with: particularly the voluntary sector and others representing seldom heard groups, the outcomes of the consultation to ensure that they are aware of how their feedback is utilised in any decision-making process.	STP Communication and Engagement Workstream / Future Fit Programme Board	Activity forms part of the post-decision making communications and engagement plan.