Equality Impact Assessment

PART A: General Information

1. Title:

Public consultation on a proposal to permanently close the 12 inpatient beds at Rothbury Community Hospital and consider how existing services could be shaped around a Health and Wellbeing Centre on the hospital site.

2. What are the intended outcomes of this work?

- To ensure frail older people receive as much care as is safely possible in their own homes, so that they are supported to remain independent unless the care they need can only be provided in a hospital.
- To shape existing services around the development of a Health and Wellbeing Centre on the hospital site to provide benefits for the wider population.
- To ensure that the most efficient, effective and economical use is made of staff and financial resources.

3. Who will be affected by this project, programme or work?

The proposal would affect people living in Rothbury and the surrounding area, mainly those who are frail and the older population who require direct admission to a community hospital bed for 'step up' or 'step down' care and their partners/carers. A small number of those using step up and step down care at the hospital are patients with terminal illnesses who are nearing the end of their lives.

Overall, this represents a minority of the 30.4% of people living in Rothbury aged 65 and over (See page 14 of Appendix B of the decision making report) as the trend is now to provide as much support as possible in people's own homes.

However, a larger number of people from the wider population in that area could benefit from the proposed shaping of existing services around a Health and Wellbeing Centre including the relocation of the GP practice (which was under consideration for some time before the engagement and consultation started) and additional virtual outpatient clinics, using technology so that patients can have video consultations with clinicians at other hospitals. (See Section 6.2 of the decision making report for further information about other services that could be provided.)

Background

Rothbury Community Hospital provides a small range of services for people living in the town and surrounding area. It is managed by Northumbria Healthcare NHS Foundation Trust (the Trust). There is a 12-bed inpatient ward and other services include physiotherapy, ante-natal clinics and a limited range of other outpatient clinics. It also provides a base for community health and care staff who support people in their own homes and community paramedics work out of the hospital.

The inpatient ward, which has been suspended since September 2016, mainly

provides care for frail older patients who need ‘step up’ or ‘step down’ care.

Step up care is used for people, usually with an existing health condition, who become unwell (although they are not critically ill) and need hospital care to reduce the risk of further deterioration which could result in an emergency admission for specialist care at the Northumbria Specialist Emergency Care Hospital or another specialist site. Step down care is used for people who have already been in another hospital receiving specialist care for an illness or injury and are recovering but are not well enough or able to go home.

A small number of patients using these beds have terminal illnesses and are nearing the end of their lives.

A review of bed usage at Rothbury during 2016 (available at Appendix A of the decision making report and at www.northumberlandccg.nhs.uk/nhs-publish-findings-review-inpatient-services-rothbury-community-hospital) showed a decline in occupied beds over the past few years. During the year leading up to the interim suspension (September 2015 to August 2016) there was a total of 123 admissions to Rothbury Community Hospital from the town and surrounding area, plus a further 45 involving people from outside the catchment area. This equated to on average half of the beds being used at any one time during the year.

The decline in bed occupancy can be seen from the following figures:

2014/15 – 65.9%
2015/16 – 52.7%
2016/17 – 48.9% (estimated based on figures up to September 2016)

In relation to end of life care, analysis has also shown that over a three and a half year period, from 1 April 2013 to 31 August 2016, a total of 62 patients were admitted or transferred to Rothbury Community Hospital where end of life care was included (i.e. and not just the main reason for admission). This information was included at page 13 of Appendix B of the decision making report.

The decline in bed occupancy is mainly due to medical advances which mean patients are generally spending much less time in hospital. Following routine joint replacements patients are often discharged home within days, with support if needed. Other types of surgery are now less invasive so recovery is quicker and less time is needed in hospital. Patients who have had a stroke now receive care in a specialist stroke unit to increase their chances of a good recovery and much of the rehabilitation is now provided in their own homes. If hospital rehabilitation is needed for North Northumberland patients, this is provided at Alnwick Infirmary where staff with the appropriate skills are available.

The review also showed an increase in care provided in people’s homes by community health and social care staff, which is aimed at supporting people to stay well and independent and reduce avoidable hospital admissions.

This increase in out of hospital care is in line with national policy, in particular NHS England’s ‘Five Year Forward View’, to provide more care out of hospital, so that

people are only admitted when they need clinical care that cannot be provided safely in their own homes. It is reflected in the Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan which sets out how the health and care economy will deliver the requirements of the 'Five Year Forward View' in the long term. It is also in line with the development of new models of care as part of Northumberland's Vanguard programme.

This strategic direction is intended to improve the quality of care for patients and reduce avoidable hospital admissions. There is evidence to suggest that hospital care carries more risk to patient health than care at home, in terms of risk of infection. It can also lead to a loss of independence for patients.

Also, the national drive is now to ensure that people receive the support they need to be able to die in their own homes.

Should patients who would have previously needed inpatient care at Rothbury Community Hospital require admission to a community hospital bed, there is adequate capacity at Alnwick Infirmary or at the Whalton Unit in Morpeth. Since the interim suspension of the Rothbury beds in September 2016, both of these units have had sufficient capacity for those patients who previously would have been admitted to Rothbury Community Hospital.

4. Which groups protected by the Equality Act 2010 and/or groups that face health inequalities are very likely to be affected by this work?

As outlined above, those people most affected are frail older people from the Rothbury Community Hospital catchment area who have used the inpatient ward for step up and step down care, including such patients who are nearing the end of their lives and need non-specialist hospital care.

There would also be an impact on their partners/carers and other family members who are likely to be older people in terms of travelling longer distances to visit loved ones should they need a community hospital bed (which would be at Alnwick Infirmary or the Whalton Unit at Morpeth).

However, as the review of bed usage showed, bed occupancy levels have reduced due to medical advances and the availability of more services available to people in their own homes. Therefore only a minority of older people living in the town and the surrounding area would now receive inpatient care at Rothbury Community Hospital.

During the consultation there was a focus on end of life care with concerns raised that sometimes it is not possible for older people in particular to care for their loved ones at the end of their lives at home with comments that this type of care required someone who is able-bodied and available 24/7.

There were also comments that the permanent closure of the beds would be discriminatory towards older women, who were often widowed after looking after their partners and then were alone in their own homes with no one to look after them.

PART B: Equalities Groups and Health Inequalities Groups

5. Implications of this work for the equality groups listed below
Focusing on each equality group listed below, please answer the following questions:

- **Does the equality group face discrimination in this work area?**
- **Could the work tackle this discrimination and/or advance equality or good relations?**
- **Could the work assist or undermine compliance with the PSED?**
- **Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?**
- **If you cannot answer these questions what action will be taken and when?**

5.1. Age

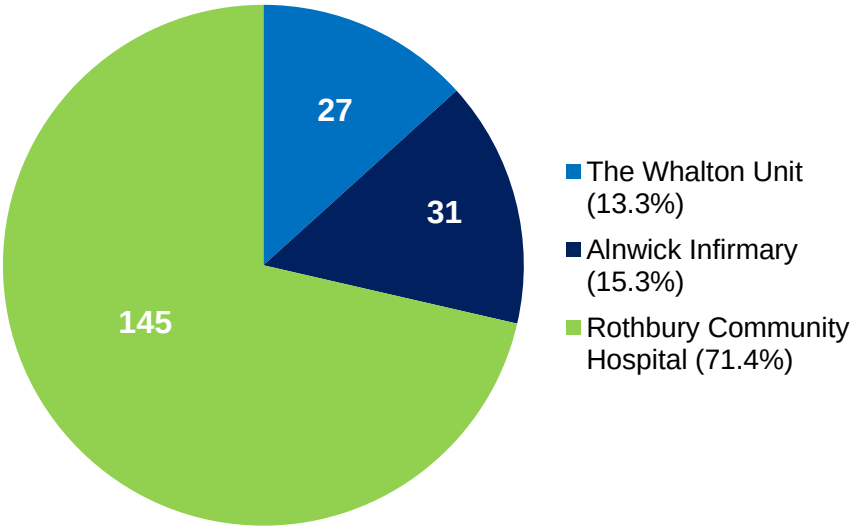
The 12 beds were used to provide care for frail older patients who are now being cared for increasingly in their own homes, including those who are reaching the end of their lives.

As indicated above in Section 3, a review of bed usage at Rothbury has shown a decline in occupied beds over the past few years due to medical advances and more care being provided in people's own homes.

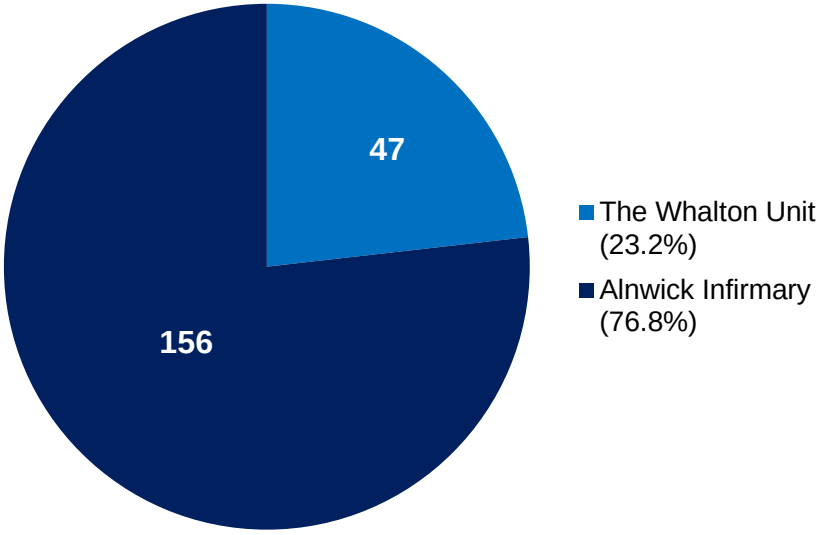
Since the interim suspension of the beds in September 2016, patients from Rothbury and the surrounding area, who are assessed as requiring inpatient community hospital care have been receiving this at Alnwick Infirmary or the Whalton Unit at Morpeth. During this time, both of these units have had sufficient capacity to cope with patients who would previously have been admitted to Rothbury Community Hospital.

However, the NHS Northumberland Clinical Commissioning Group (the CCG) recognises that the interim and proposed permanent closure of the beds result in further travelling, particularly for partners, carers and families. It therefore commissioned a travel impact analysis to gain a better understanding of the impact. This is available at Appendix G of the decision making report.

This shows that of 203 patients who had all of their hospital care at Rothbury Community Hospital during April 2014 to September 2016, for 71.4% (145 patients) Rothbury was the closest site, and for the remainder, Alnwick Infirmary or the Whalton Unit was the closest site, as shown in the pie chart below.



The following pie chart shows which would be the closest site for this cohort of patients with the beds at Rothbury Community Hospital closed. For just over three quarters, Alnwick would be the nearest community hospital.



Also, as indicated above, for patients being admitted to Alnwick Infirmary or the Whalton Unit rather than Rothbury Community Hospital, there is also an impact on partners in terms of additional travelling for hospital visiting and possibly on families and carers if they are travelling from the same area, particularly if they do not have their own transport.

The travel impact analysis and work carried out by the Save Rothbury Community Hospital Campaign group, which was included in their formal response show that bus services are infrequent and that taxi services may not be affordable for some, particular if regular use was required.

The CCG has also explored which community transport schemes exist to support

people living in Rothbury and the surrounding area, for whom travelling to Alnwick or Morpeth for visiting purposes may be a problem.

The Getabout service, run by Adapt, receives funding from Northumberland County Council to support people who have difficulty with essential journeys i.e. not just in relation to health. The service is available to people living across Northumberland, including to residents of Rothbury and the surrounding area, for whom it currently arranges around two to three journeys a week (predominately via the Upper Coquetdale Churches Together volunteer scheme – see below).

The Getabout staff aim to help people find the best way to travel. This could involve advising on public transport, discussions with taxi firms to agree the best price or the use of volunteer drivers. Obviously there is a cost to the user for taxi fares and to cover the expenses of a volunteer driver (50p a mile).

The Getabout service works closely with other local organisations in the Rothbury area which provide community transport. These include the Upper Coquetdale Churches Together which has a list of volunteer drivers who can help local people with travelling to hospitals or GP appointments. The volunteer drivers on this list do not charge for this service. People who wish to use this service (which is advertised in the churches' newsletter) are now advised to ring the Getabout service which makes the necessary arrangements.

The CCG has had discussions with both the Getabout service and Northumberland County Council and both have confirmed that it could be used by people who have real difficulty in visiting loved ones in either Alnwick Infirmary or the Whalton Unit.

Since the interim suspension of the inpatient beds at Rothbury the Getabout service has not received any requests for support with hospital visiting to either Alnwick or Morpeth. Steps could be taken by the CCG and the Trust to ensure that community staff are aware that the Getabout service could support people in this way.

Both the Getabout service and the County Council would need to monitor such use to ensure that sufficient capacity exists.

For people who are relying on lifts or public transport to travel to either Alnwick Infirmary or the Whalton Unit, Morpeth, the flexibility that exists over visiting times on a needs basis will continue.

The CCG has also committed to working with the Trust, the GP practice and the County Council to ensure that community health and care staff working in the Rothbury area are aware of the existence of these schemes.

During the consultation there were comments that to care for a person dying at home requires someone who is able-bodied to be available 24/7 which sometimes presents difficulties for older partners and families.

While there are services to support patients and families in such circumstances, which can include overnight sitting and sometimes overnight support from the rapid response team for people who are assessed as needing this, it is recognised that in some cases

more support may be needed.

Given the ageing population in Northumberland and the need to ensure that future services are delivered at an appropriate level, together with the rurality associated with the area, the CCG is therefore proposing that community based specialist nursing be increased by recruiting an additional palliative care nurse who would be based in Rothbury and work closely with the community nurses.

There were also comments during the consultation about lack of respite beds in Rothbury and initially strong views expressed that the hospital beds could be used for this purpose. While NHS hospitals are not funded to provide respite care, provision is available in Rothbury House, run by Royal Air Force Association.

5.2. Disability

The beds at Rothbury Community Hospital have been used to care for those patients who require step up or step down care, some of whom may have physical difficulties which would affect mobility.

However, in line with national and local policy, these patients are now being cared for increasingly in their own homes. The bed usage review carried out prior to consultation showed a decline over the years with on average only 50% occupancy during 2015/16, mainly as a result of medical advances. There has also been an increase in care provided in people's own homes by health and social care staff.

This strategic direction is intended to improve the quality of care for patients as evidence suggests hospital care carries more risk to patient health than care at home, in terms of risk of infection. It can also lead to a loss of independence for patients.

Should this cohort of patients require admission to a community hospital bed, there is adequate capacity at Alnwick Infirmary or the Whalton Unit at Morpeth.

As set out in Section 5.1 above, the CCG has listened to comments from local people about the impact of the interim bed closure and has proposed some actions to address these.

Rothbury House provides a respite care accommodation in a number of specially adapted rooms. Disabled access is available throughout the house and all rooms are fitted with care call systems.

5.3. Gender reassignment

No impact anticipated for this equality group.

5.4. Marriage and civil partnership

No impact anticipated for this equality group.

5.5. Pregnancy and maternity

No impact anticipated for this equality group.

5.6. Race

No impact anticipated for this equality group.

5.7. Religion or belief

No impact anticipated for this equality group.

5.8. Sex or gender

Section 4 above outlines patient comments that older women could be discriminated against as they are often widowed after looking after their partners and then alone in their own homes with no one to look after them. Section 5.1 above outlines the proposals to mitigate this issue.

5.9. Sexual orientation

No impact anticipated for this equality group.

6. Implications of our work for the health inclusion groups listed below
Focusing on the work described in sections 1 and 2, in relation to each health inclusion group listed below, and any others relevant to your work[1], please answer the following questions:

- **Does the health inclusion group experience inequalities in access to healthcare?**
- **Does the health inclusion group experience inequalities in health outcomes?**
- **Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes?**
- **Could the work assist or undermine compliance with the duties to reduce health inequalities?**
- **Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?**
- **As some of the health inclusion groups overlap with equalities groups you may prefer to also respond to these questions about a health inclusion group when responding to 6.1 to 6.9. That is fine just say below if that is what you have done.**
- **If you cannot answer these questions what action will be taken and when?**

[1] Our Guidance Document explains the meaning of these terms if you are not familiar with the language.

6.1. Alcohol and/ or drug misusers

No impact anticipated for this health inclusion group.

6.2. Asylum seekers and/or refugees

No impact anticipated for this health inclusion group.

6.3. Carers

The strategic direction is to provide more community based care and support for people in their own homes to help them stay well and independent and reduce avoidable hospital admissions. The CCG encourages each Northumberland GP practice to have a carer champion to promote the health needs of carers and ensure support is given if needed. This is delivered in partnership with Carers Northumberland.

The CCG fully recognises the challenges associated with full time caring for a family member however the increased levels of community and home based care should generally have a positive impact on carers and will also reduce the need for hospital admissions.

The travel impact analysis commissioned by the CCG shows that the majority of carers of the smaller number of older patients living in Rothbury and the surrounding area who require admission to a community hospital will travel further for visiting purposes to Alnwick Infirmary or the Whalton Unit.

The role played by carers, who are generally unpaid, is very much valued. During the consultation, Healthwatch Northumberland had discussions with a carers group and it was also clear that some people who spoke at the public meetings during the consultation process were carers. Carers comments have been included in the consultation feedback report at Appendix D of the decision making report) and have also been taken into account in the CCG proposals in relation to end of life and respite care outlined in Section 5.1 above.

Strong messages were received during the consultation about the impact of travel and transport on partners, carers and family members in terms of visiting loved ones, who may previously have been admitted to Rothbury Community Hospital, at Alnwick Infirmary or the Whalton Unit. There were also comments made about the practical difficulties for some of caring for a loved one at the end of their life and about the lack of respite beds in Rothbury.

Steps taken to reduce the impact of these pressures are outlined above in Section 5.1 of the decision making report.

6.4. Ex-service personnel/veterans No impact anticipated for this health inclusion group.
6.5. Those who have experienced Female Genital Mutilation (FGM) No impact anticipated for this health inclusion group.
6.6. Gypsies, Roma and Travellers No impact anticipated for this health inclusion group.
6.7. Homeless people and rough sleepers No impact anticipated for this health inclusion group.
6.8. Those who have experienced human trafficking or modern slavery No impact anticipated for this health inclusion group.
6.9. Those living with mental health issues No impact anticipated for this health inclusion group.
6.10. Sex workers No impact anticipated for this health inclusion group.
6.11. Trans people or other members of the non-binary community No impact anticipated for this health inclusion group.
6.12. The overlapping impact on different groups who face health inequalities
N/A
Short explanatory notes - other groups that face health exclusion **a) As we research and gather more data, we learn more about which groups are face health inequalities. If your work has identified more groups that face important health inequalities please answer the questions (7 and 8) below.** **b) If you have not identified additional groups, that face health inequalities, just say not applicable or N/A**.

7. Other groups that face health inequalities that we have identified **Have you have identified other groups that face inequalities in access to healthcare does the group experience inequalities in access to healthcare and/or inequalities in health outcomes? Please circle as appropriate.**

Yes Complete section 8	**No** Go to section 9	**N/A**

N/A
8. Other groups that face health inequalities that we have identified **Could the work be used to tackle any identified inequalities in access to healthcare or health outcomes in relation to these other groups that face health inequalities? Could the work undermine compliance with the duties to reduce health inequalities and, if so, what action should be taken to reduce any adverse impact? Is the work going to help NHS England to comply with the duties to reduce health inequalities? If you have identified other groups that face health inequalities please answer the questions below. You will only answer this question if you have identified additional groups facing important health inequalities.**
N/A
PART C: Promoting integrated services and working with partners
Short explanatory notes: Integrated services and reducing health inequalities **Our detailed guidance explains the duties in relation to integrated services and reducing health inequalities. Please answer the questions listed below**.
9. Opportunities to reduce health inequalities through integrated services **Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.**

Yes Go to section 10	**No** Go to section 11	**No**

Yes
10. How can this work increase integrated services and reduce health inequalities? **If yes please explain below, in a few short sentences, why the work will encourage more integrated services that reduce health inequalities and which partners we will be working with.**
The increase in out of hospital care is underpinned by close working across health and care organisations, with multi-disciplinary teams now supporting older people with complex health conditions in their own homes. The proposed shaping of existing services around a Health and Wellbeing Centre at Rothbury Community Hospital, including the GP practice, and a range of other services

as set out in Section 6 of the decision making report would also provide opportunities for further integration.

This is in line with Northumberland's involvement in the national Vanguard programme, and the development of an Accountable Care Organisation which is predicated on close working across health and care organisations.

PART D: engagement and involvement

11. Engagement and involvement activities already undertaken
How were stakeholders, who could comment on equalities and health inequalities engaged, or involved with this work? For example in gathering evidence, commenting on evidence, commenting on proposals or in other ways? And what were the key outputs?

Rothbury has a higher older population than other parts of Northumberland (which in turn has a higher proportion of older people than other parts of the region) and therefore any engagement activity in the town is likely to attract attendance by older people.

Three engagement sessions were held in Rothbury during autumn 2016 following the interim suspension of the inpatient ward due to low bed occupancy levels. There was then a public meeting attended by around 300 people to share with them the outcome of the review on how beds were being used in the hospital.

During this engagement activity, a number of themes emerged (see Section 13 below) which were used to inform discussions about options for how the hospital could be used going forward.

There have been ongoing discussions with key stakeholders including the local MP, and councillor, Healthwatch Northumberland and members of a local campaign group which includes carers and current and retired healthcare professionals.

During the process of formal consultation, the CCG made concerted efforts to reach local people and also to ensure that the views of older people were heard. (See the consultation feedback report at Appendix D.) There were two very well attended public meetings, four-drop in sessions, all of which had significant attendance by older people and by local people with an interest in the local community.

Healthwatch Northumberland was asked to have discussions with groups either working with or for older people. Healthwatch made contact with 26 groups and had discussions with five:

- Rothbury Surgery Patient Participation Group
- Upper Coquetdale Churches together
- University of the Third Age
- Rothbury Women's Institute
- Carers attending the Carers Northumberland Support Group.

In addition, formal comments were received from 15 members of the public and from the following groups and individuals:

- Coquetdale League of Friends
- Upper Coquetdale Churches together
- Thropton Women's Institute
- County councillor for Rothbury
- MP for Berwick-upon-Tweed
- Six parish councils – Alwinton, Glanton, Hepple, Rothbury, Thropton and Netherton and Biddlestone.

An online survey (also available on paper) was completed by 376, with 81% of those responding being over the age of 51. 31% said they had a long term condition or disability and 13% cared for someone with a long term condition or disability.

Themes that emerged during the consultation are outlined in the consultation feedback report which is available as Appendix D of the decision making report. Section 5 of the decision making report also includes the themes and responses to them, with proposed steps to reduce any impact of the proposed permanent closure of the inpatient ward.

12. Which stakeholders and equalities and health inclusion groups were involved?

As outlined in the previous section.

13. Key information from the engagement and involvement activities undertaken Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

Feedback during pre-consultation period

During the engagement activities that took place during autumn 2016, it was clear that people had valued the inpatient beds and felt a sense of loss with the interim suspension of the ward. There was also a desire for the provision of more services to be available at the hospital, including the relocation of the GP practice (which had been under discussion for some time).

A number of themes emerged which were taken into account in the development and appraisal of the potential options. The assessment of these options was made available on the CCG's website (www.northumberlandccg.nhs.uk/get-involved/RCHconsultation). Further information is at Appendix C of the decision making report.

- **Referral process**

  There was a little confusion about the referral process into the hospital and anecdotal reports that people were either not being referred or, in some cases, being refused hospital care. There were also different perceptions about the type of

care provided at the hospital. Some questions were raised about bed blocking and the bed management process, and many people suggested using the ward to alleviate bed blocking elsewhere in the system.

- **Care in the community**

Many people said that people did not want care at home and queried the quality of care that would be given and level of resource required to deliver it. There was a sense that care in the community is inadequate and also intrusive, and makes it more difficult for friends and family to visit those receiving care.

- **Rurality and travel**

A significant number of comments concerned the area's rurality. Many people felt that this was not taken into account in the county's healthcare decision making process. There was an overall sense that people are treated unfairly in rural areas. There was also concern about the lack of public transport serving the village and the associated difficulties in visiting loved ones admitted to other hospitals.

- **Future use of the building**

Many people feared that the hospital would close. Others supported the extension of current services, for example relocating the Rothbury GP practice or increasing physiotherapy services, podiatry and diabetes clinics. Some wanted a small general hospital in place with urgent and emergency care facilities as well as inpatient and outpatient services.

- **Combined use**

An overarching theme was the need to consider a combination of health and social care beds. The use of the ward for convalescing, respite, end of life and palliative care was valued enormously, particularly because of the lack of a local nursing home.

Feedback received during consultation process

During the consultation process there were strong views expressed that the inpatient ward at Rothbury Community Hospital should be re-opened. While the consultation also sought views on what services might be included in the shaping of existing services in a Health and Wellbeing Centre on the hospital site, discussions were dominated by concerns about the closure of beds and the impact this would have on older people and on other health and care services. There was also scepticism around how the beds had been managed and about financial savings that would be accrued.

A petition with around 5,000 signatures (80% of signatories lived in Northumberland, of whom 43% were resident in the Rothbury ward) was presented to the CCG which stated: "The Save Rothbury Hospital Campaign believe that the suspension of inpatient services at Rothbury is having significant adverse consequences for our local population…"

Section 5.2 of the decision making report includes the themes that emerged during the consultation with responses from the NHS. Themes and responses included:

- **Concern about travel and distance** – The CCG recognises that there would be an impact in terms of travel and distance. It has received confirmation over use of the Getabout service and is committed to working with the GP practice, the Trust and the Council to ensure that health and care staff working in the community are aware of how this service can be used. The Trust has also confirmed that for people relying on lifts and public transport the flexible arrangements in place over visiting times where needed will continue.

- **Lack of local palliative care beds** – While there are services to support patients and families which can include overnight sitting and sometimes overnight support from the rapid response team for people who are assessed as needing this, it is recognised that in some cases more support may be needed. Given the ageing population in Northumberland and the need to ensure that future services are delivered at an appropriate level, together with the rurality associated with the area, the CCG is therefore proposing that community based specialist nursing be increased by recruiting an additional palliative care nurse who would be based in Rothbury and work closely with the community nurses.

- **Lack of evidence to temporarily close the beds** – The review clearly showed the decline in bed usage which is due to medical advances and more care being provided in people's own homes which is in line with national policy.

- **Closure of beds is resulting in 'significant adverse consequences' for the local population** – Neither the Trust nor the CCG has been made aware of any individual suffering significant adverse health consequences, nor have they received any formal complaints or issues raised through the Patient Advice and Liaison Service which indicate that this has been the case.

- **Better management of beds across community and acute hospitals would help maintain a need for an inpatient ward at Rothbury Community Hospital** – The decline in bed usage is due to medical advances and more care being provided in people's own homes, in line with national policy.

- **Scepticism around financial savings** – Section 10.2 of the decision making report provides more information about financial considerations.

- **Capacity and quality of health and care services provided to people in their own homes** – No issues have emerged during patient experience surveys which continue to show high levels of satisfaction and no complaints have been received.

- **Adverse impact on GP, community and social care services** – **T**he CCG has sought and received confirmation that following the interim closure of the inpatient beds there has been no impact on these and other services as set out in Section 10.3 of the decision making report.

- **The need to future proof** – The CCG could not fund a service which was not being used fully on the basis that in future years it may be needed.

- **Lack of local respite beds** – Respite provision is available at Rothbury House, which is managed by the Royal Air Force Association.

- **Equity for people living in rural areas** – The CCG commissioned a travel impact analysis to understand the travel implications of the interim and proposed closure of the inpatient beds (available at Appendix G of the decision making report). It has also proposed steps to reduce the impact of some of the concerns raised. Also, the proposed reshaping of existing services around a Health and Wellbeing Centre would provide more services for a larger proportion of the local population than is currently the case.

- **Criticism of the consultation process** – The CCG has run a comprehensive process of consultation which provided a range of ways for people to ask questions and make their comments known. All of the feedback received has been analysed and made public.

14. Stakeholders were not broadly supportive but we need to go ahead
If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?
There was broad healthcare system support for the proposal. However the following sections outline general consultation feedback.

Pre-consultation

During the engagement process it was clear that many people wished to see the reinstatement of the inpatient beds. They were also keen to see further services provided from the hospital, including the relocation of the GP practice (which had been under discussion for some time).

The recommendation takes into account the desire to see more services provided from the hospital and is in line with national and local policy to provide more out of hospital care so that frail older people in particular have more support in their own homes to help them stay well and independent.

Also, as the review showed, there has been a decline in bed occupancy at the hospital in recent years, mainly due to medical advances and also an increase in the care provided at home by health and care staff. Given the growth in services provided in people's own homes, it is not expected that bed occupancy will improve significantly.

Increased support in the community to reduce avoidable hospital admissions is aimed at improving the quality of care provided. There is evidence to show that hospital care presents a greater risk, for example, of infection, for older people. Hospital care can also impact on an older person's ability to remain independent.

Given the predictions of a significant increase in the older population in the coming years, the development now of more community based care will mean that services are better equipped to cope with increasing demand in the future.

- Over the next 10 years the number of people aged 19-64 years is set to reduce by 7.9% and the 65 and over group is projected to increase by 22.8%.
- Over the next 20 years the number of people aged 19-64 years is set to reduce by 17% and the 65 and over group is projected to increase by 44.8%.

Rothbury ward has a higher proportion of people aged 65 years and over who state that they are in very good or good health when compared to the Northumberland, North East and England.

Also, in terms of providing more respite care for people in Rothbury, a social provider would need to be identified who would then need to register with the Care Quality Commission. Given the small number of beds, it is unlikely that such an arrangement would be viable or sustainable. See Section 5.1 for mitigating proposals.

In terms of end of life care, figures show a small number of people dying in the hospital with much more support being provided to families so that loved ones can die at home if that is their choice. See Section 5.1 for mitigating proposals.

In addition, the proposal represents more efficient and effective use of staff and financial resources.

In conclusion, it was agreed to consult on the preferred option for the following reasons:

- It enables better use of health resources due to low occupancy levels;
- It allows nursing resource to be moved to higher occupancy hospital site making it a better use of resources;
- The temporary suspension has tested the capacity within the Trust's other inpatient services and within community services and no unexpected service pressures have been experienced;
- It delivers local health services (which was supported by residents in the review) and provides the opportunity for suggestions to shape future provision by the local community;
- It enables further services to be delivered in and or based at the hospital;
- It supports the strategic direction set out in the 'Five Year Forward View' by NHS England.

Post consultation

Strong views were expressed that the inpatient ward should be re-opened and there was clearly a perception that the closure of the beds would have significant adverse consequences on local people.

The decision making report includes a section on themes raised during the consultation with responses to them (Section 5.2 of the decision making report).

Section 10.3 of the decision making report also includes consideration of any possible impact on other local health and care services, including GP services, community nursing, other community hospitals, acute hospitals, the Northumbria Specialist Emergency Care Hospital and the ambulance service. There was no evidence emerging of any adverse health impact following the interim suspension of the inpatient beds.

There was some support for the shaping of existing services around a Health and Wellbeing Centre, there were also strong suggestions that this should be developed alongside the retention of the beds. A solution proposed by the campaign group was assessed by the CCG (included in Section 5.1 of the decision making report).

15. Further engagement and involvement activities planned
Are further engagement and involvement activities planned and if so what is planned, when and why?
The CCG is committed to working with the community and with key stakeholders. It would seek to establish a working group (local community representatives, CCG, GP surgery, local authority and relevant NHS Trusts) as soon as possible post decision to discuss local health and wellbeing needs and how best to address them.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

Northumbria Healthcare NHS Foundation Trust is monitoring the impact of the temporary closure and monitoring patients within the system, both as inpatients and within the community. Monitoring to date has shown no adverse health consequences for patients and no impact on overall system capacity. The small number of patients requiring a community hospital bed have been accommodated at Alnwick Infirmary or at the Whalton Unit, Morpeth, which are the nearest community hospitals with inpatient beds.

Through the travel impact analysis the CCG recognises that the proposal will have an impact for families and loved ones in terms of travel. Mitigating proposals are outlined in section 5.1 above. Additional outpatient appointments in the proposed Health and Wellbeing Centre will however reduce the community's travel overall and result in better health outcomes.

The CCG will continue to monitor the situation via standard reporting mechanisms with the Trust augmented by bespoke reports as required. Travel demand will be monitored by the local authority's oversight of the Getabout service and the CCG will seek patient

feedback data from health consumer organisations.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

Rothbury Community Hospital Inpatient Service Review

Travel Impact Analysis

NHS England Five Year Forward View

Northumberland, Tyne and Wear and North Durham STP

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation

In relation to this work have you identified any

- Important equalities or health inequalities data gaps or
- Gaps in relation to monitoring and evaluation?
-

Yes	No X

19. Planned action to address important equalities or health inequalities data gaps or gaps in relation to evaluation

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

N/A

PART F: Summary analysis and recommended action

20. Contributing to the first PSED equality aim
Can this work contribute to eliminating discrimination, harassment or victimisation? Please circle as appropriate.

Yes	**✓ No**	**Do not know**

If yes please explain how, in a few short sentences

21. Contributing to the second PSED equality aim

Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.

✓ Yes	**No**	**Do not know**

If yes please explain how, in a few short sentences

The ongoing strategy is to provide more support for people in their own homes. Also the reshaping of existing services around a Health and Wellbeing Centre will provide benefits for the wider population.

22. Contributing to the third PSED equality aim
Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.

✓ Yes	No	Do not know

If yes please explain how, in a few short sentences

The further reshaping of existing services in a proposed Health and Wellbeing Centre would result in closer worker across health and care professionals. For example, the re-location of the GP practice will mean that primary care staff are working in the same building alongside a range of health and care professionals, including health trainers.

23. Contributing to reducing inequalities in access to health services
Can this policy or piece of work contribute to reducing inequalities in access to health services?

Yes *	No	Do not know

If yes which groups should benefit and how and/or might any group lose out?

The wider Rothbury population would benefit from the reshaping of existing services around a Health and Wellbeing Centre. One specific example is the embedding of health trainer services in the Health and Wellbeing Centre. They have traditionally worked in more populated areas of Northumberland and welcomed the opportunity to have a base from which to work with the rural community of Rothbury and the surrounding areas.

24. Contributing to reducing inequalities in health outcomes
Can this work contribute to reducing inequalities in health outcomes?

Yes *	No	Do not know

If yes which groups should benefit and how and/or might any group lose out?

As above this should result in benefits for the wider population through the range of services that could be provided in the reshaping of existing services in a proposed Health and Wellbeing Centre.

25. Contributing to the PSED and reducing health inequalities
How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.

The direction of travel is to provide more services out of hospital in people's own homes which will mainly benefit those older people living with complex long term conditions, who are being supported to stay well and independent in their own homes.

The proposed reshaping of existing services around a Health and Wellbeing Centre on the hospital site would result in benefits for the wider population, as a result of the greater integration of services and the potential availability of more services,

particularly using technology, in the hospital.

26. Agreed or recommended actions

What actions are proposed to address any key concerns identified in this EHIA and/or to ensure that the work contributes to the reducing unlawful discrimination/acts, advancing equality of opportunity, fostering good relations and/or reducing health inequalities?

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
Ensure healthcare professionals and patient groups are aware of the transport options for families of patients admitted to other community hospitals	Yes	N/A	3 months post decision	CCG
If proposal approved – recruit an additional palliative care nurse	Yes	Yes	3 months post decision	CCG
If proposal approved – develop a post decision implementation plan	N/A	N/A	3 months post decision	CCG
If proposal approved – establish a working group to further discuss local general health and wellbeing needs	Yes	N/A	Post decision	CCG

PART G: Record keeping

27.1. Date draft circulated to E&HIU	N/A
27.1. Date draft EHIA completed:	4 August 2017
27.2: Date final EHIA produced:	11 September 2017
27.3. Date signed off by Director:	15 September 2017
27.4: Date EHIA published:	To be confirmed
27.5. Review date:	To be confirmed

28. Details of the person completing this EHIA

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29: Name of the responsible Director	
Name	**Directorate**
Annie Topping 	Director of Nursing, Quality and Patient Safety