

Merton Council

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda

Membership

Councillors:

Councillor Anita Schaper (Chair), RB Kingston
Councillor Ian Lewer (Vice-Chair), LB Wandsworth
Councillor Andrew Howard, LB Merton
Councillor Annamarie Critchard, LB Wandsworth
Councillor Zully Grant-Duff, Surrey CC
Councillor Sherwan Chowdhury, LB Croydon
Councillor Edward Joyce, LB Sutton
Councillor Peter McCabe, LB Merton
Councillor Munir Ravalia, RB Kingston
Councillor Colin Stears, LB Sutton
Councillor Andy Stranack, LB Croydon
Councillor Matthew Hull, LB Richmond
Councillor Richard Warren, LB Richmond
Councillor Nick Darby, Surrey CC

Date: Wednesday 30 January 2019

Time: 7.00 pm

Venue: Room 3.1&3.2 - 120 Broadway Wimbledon SW19 1RH

This is a public meeting and attendance by the public is encouraged and welcomed.
For more information about the agenda please contact or telephone .

All Press contacts: communications@merton.gov.uk, 020 8545 3181

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda

30 January 2019

- 1 Apologies for Absence
- 2 Declarations of pecuniary interests
- 3 Minutes of the previous meeting held on 26 June 2018 1 - 4
- 4 Delivering the Congenital Heart Disease Standard in London - NHS England 5 - 20

This report sets out proposals for re-location of a number of health services which will have an impact on residents in South West London. Committee Members are asked to comment on the report and consider if they wish to provide a formal response if there is a public consultation.
- 5 South West London Health and Care Partnership 21 - 58

This presentation provides an overview of the Sustainability and Transformation Partnership in South West London. Committee Members are asked to comment on the proposals.
- 6 Improving Healthcare Together 2020-2030 - Programme Update 59 - 66

This Committee has established a sub-committee with membership from Merton, Sutton and Surrey councils to conduct detailed scrutiny of the proposals within the Improving Healthcare Together 2020-2030 Programme. Committee Members requested for information updates on the progress with this work. The sub-committee chair, Cllr Stears, will also update provide an update on the scrutiny of this programme.
- 7 South West London Health Scrutiny Trigger Document - to follow

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE
26 JUNE 2018

(7.00 pm - 8.40 pm)

PRESENT Councillors; Anita Schaper (in the Chair), Sherwan Chowdhury, Zully Grant-Duff, Graeme Henderson, Andrew Howard, Edward Joyce, Rebecca Lanning, Ian Lewer, Wyatt Ramsdale and Colin Stears.

Andrew Demetriades, Joint Programme Director Acute Sustainability Programme Sutton, Merton and Surrey Downs CCGs, James Blythe, Managing Director Merton and Wandsworth CCG, Dr Jeff Croucher, Chair, NHS Sutton CCG, Colin Thomson, Chair, NHS Surrey Downs. Stella Akintan, Scrutiny Officer.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Cllr Annamarie Critchard, (Wandsworth) Councillor Peter McCabe (Merton), Councillor Andy Stranack (Croydon), Cllr Munir Ravalia (Kingston).

2 ELECTION OF CHAIRMAN (Agenda Item 2)

The Scrutiny officer asked for nominations for chair of the committee, Councillor Anita Schaper, accepted the nomination.

RESOLVED

Councillor Anita Schaper was duly elected as Chair of the South West London and Surrey Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

3 ELECTION OF VICE-CHAIRMAN (Agenda Item 3)

The Chair asked for nominations for vice-chair of the committee, Councillor Lewer accepted the nomination.

RESOLVED

Councillor Ian Lewer was duly elected as Vice- Chair of the South West London and Surrey Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

4 AGREEMENT OF TERMS OF REFERENCE AND RULES OF PROCEDURE (Agenda Item 4)

Agreed by the Committee

5 IMPROVING HEALTHCARE TOGETHER 2020- 2030 (Agenda Item 5)

The Joint Programme Director for Acute Sustainability gave an overview of the report and highlighted that Epsom and St Helier Trust developed a Strategic Outline Case which set out three key challenges; clinical sustainability, modernising the estate and financial sustainability. The Trust conducted an engagement exercise and made recommendations to address these challenges and identified potential solutions.

Sutton, Merton and Surrey are the three principle customers of services from Epsom and St Helier therefore the respective Clinical Commissioning Groups have formed the Improving Healthcare Together 2020-2030 programme to look at the challenges identified by Epsom and St Helier. It was recommended that the Joint Health Overview and Scrutiny Committee should mirror the NHS arrangements.

A recent meeting of the Committees in Common agreed the initial proposals within the Improving Healthcare Together Programme and given approval for the work to move to the engagement stage. The CCG's are keen to engage with all sections of the public and local authorities.

Members noted that the report is still at a high level and asked if the figures are predicated on current provision and if so what assumptions will be made. The Managing Director for Merton and Wandsworth said the current assumptions are broadly based on current services, this information is still being compiled. Further information will model the demographic and non demographic growth as well as planned commissioning changes. As the population is ageing, south west London will need the range of services that are provided at the moment retaining the current acute services and any potential solution must retain acute services within the combined geography.

Members were concerned that a reconfiguration of acute services could result in a change in patient flows as residents may use acute services elsewhere rather than local community services. The Managing Director for Merton and Wandsworth said they recognise there may be a change in the local authorities who are affected by the change in acute configuration. They have commissioned some work to assess travel times as many acute services are accessed by ambulance, there is a need to understand how patient flows will change. They will also look at the impact of deprivation and how deprived communities access care differently and if they use more acute care.

There are no results at this stage, the outcomes from the reviews will feed into engagement when the information becomes available. The Improving Healthcare Together Programme is also working closely with other acute providers to ensure they are not de-stabilised by this process.

Members asked how the CCG's can lead on the provision of healthcare from modern buildings when the power to raise this funding rests with the acute trusts. The Joint Programme Director for Acute Sustainability said Commissioners will play an important role in developing the pre-consultation business case which will demonstrate if the proposals are affordable, they are also working with regulators and the Trust. Members noted it will not be possible to go to public consultation until support in principle is secured for capital investment.

6 ESTABLISHMENT OF SUB-COMMITTEE TO CONSIDER IMPROVING HEALTHCARE TOGETHER 2020-2030 PROGRAMME (Agenda Item 6)

Members agreed to form a sub-committee to scrutinise the Improving Healthcare Together Programme and that membership of the sub-committee will initially comprise of Sutton, Merton and Surrey. This is subject to further information from the NHS and on the basis of the information presented may open the sub-committee to full voting rights for other local authorities in the South West London area.

The Committee had concerns about the delegating power to the sub-committee but upon discussion it was agreed that decision making should rest with the authorities who are most affected. The CCGs confirmed they will have a better understanding of the impact on other boroughs when the analysis is completed.

Members asked for all the JHOSC membership authorities to be kept up to date with the latest developments within the Improving Healthcare Together Programme.

The committee made some revisions to the recommendations set out on page 27 of the agenda.

RESOLVED

The Committee agreed to the establishment of a sub-committee to carry out detailed scrutiny of the Improving Healthcare Together 2020-2030 programme.

The Committee agreed that the membership of the sub-committee include one member from the affected boroughs of Merton Surrey and Sutton, which may be subject to revision as a result of evidence arising from the on-going NHS work programme.

The committee agreed that the final decision making power is delegated to the sub-committee.

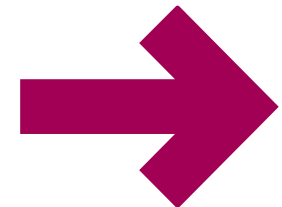
The Committee agreed to appoint Councillor Steers as the interim Chair of the sub-committee and that the formal appointment of Chair would be made at the first meeting of the sub-committee.

NHS England

Delivering the Congenital Heart Disease standards in London

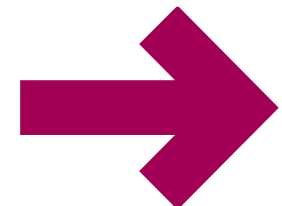
Presentation to the
South West London Joint Health Oversight and
Scrutiny Committee

30th January 2019



What we will cover

- The **NHS England decision** – what it said
- How the decision is **directing our work**
- What is **Congenital Heart Disease?**
- **Our understanding** of the Royal Brompton and Kings Health Partners proposal
- **Our understanding** of the Chelsea & Westminster and Imperial College Healthcare proposal
- The **people** that any move will affect
- **Process to building a commissioner view of services** in London to take to consultation



NHS England decision

In November 2017 the NHS England Board made a number of decisions about the provision of CHD services; one of which confirmed that:

'NHS England should work with RBH and other potential partners on the full range of options for delivering a solution that could deliver full compliance with the standards and ensure the sustainability of other connected services. Progress should be reviewed by the NHS England Board over the next two years. Should a credible solution not have been presented by the end of November 2019 in the form of a submitted Outline Business Case, supported by NHS England, referral to the Specialised Services Commissioning Committee will be made to confirm that the process of decommissioning level 1 services for children should begin, with alternative arrangements put in place to ensure patients are able to benefit from receiving care from centres compliant with the required standards.'

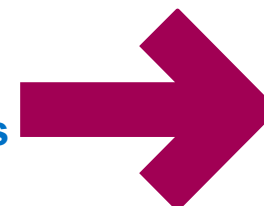
Timeline

NHS England's Board decision included a timeline to monitor progress of the programme of work, this included;

- requirement for RBH to submit a strategic outline case (SOC) by 30th June 2018
(met by the provision of feasibility study)
- that there is an OBC (now called a Strategic Case) by Nov 2019
- and full paediatric colocation is achieved by April 2022.

To achieve this timeline we propose going to **public consultation on options by Summer 2019**

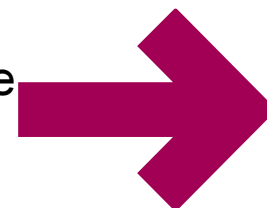
www.england.nhs.uk



Our work

We are:

- working, as directed by the NHS England board, with Royal Brompton and Kings Health Partners on the development of their proposal and on any alternative proposition
- **actively looking at alternative options** that meet the Congenital Heart Disease co-location requirements
- ensuring we have all **the intelligence, data, informatics and stakeholder input** to build our own commissioner view point of the proposal
- working to the timeline given by the NHS England Board which includes key dates such as paediatric colocation and progress dates for the proposal as a whole
- preparing for a **full public consultation** on the options that will be before us - this could include a preferred option



Congenital Heart Disease in London

What is Congenital Heart Disease (CHD)?

Congenital heart disease (CHD) refers to a heart condition or defect that develops in the womb, before a baby is born. There are many different forms of CHD. Some people with CHD do not require any form of surgery or interventional procedure. Some require surgery before, or immediately after birth. Advances in early diagnosis mean that most babies born with CHD now grow up to be adults, living full and active lives.

Where is Congenital Heart Disease treated in London?

In London there are 3 Level One providers of CHD services:

- Guys & St Thomas' NHS FT, with the children's services provided in the Evelina Children's Hospital and the adult service provided at St Thomas'
- Great Ormond St NHS FT and Barts NHS Trust providing children's and adults care together as joint service across the two sites
- Royal Brompton and Harefield NHS FT providing children's and adults services at the Chelsea site.



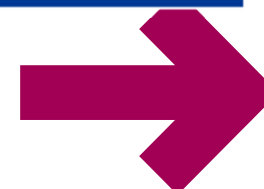
Paediatric Collocation - CHD National standards

The CHD national standards for paediatric collocation for Level 1 services state that the following services **must** be located on the same hospital site as Specialist Children's Surgical Centres, creating an appropriate environment for children's care.

Paediatric Cardiology	Paediatric Airway Team	Paediatric Surgery	Specialised paediatric anaesthesia
PIC & HDU beds	Non-nationally designated cardiac ECMO	Paediatric Nephrology/Renal Replacement Therapy	Paediatric Gastroenterology

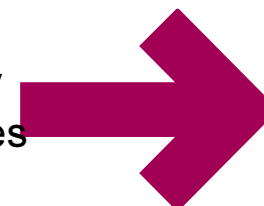
The following paediatric services **should** also ideally be located on the same hospital site, but must be able to provide urgent telephone advice or visit or transfer care within four hours if needed

Neonatology	Clinical Haematology	Respiratory Medicine	Neurosurgery
Child Psychiatry	Neurology	Orthopaedics	Endocrinology
Infection Control	Plastic Surgery	Microbiology & Clinical Biochemistry	Pharmacy



Significance of standards

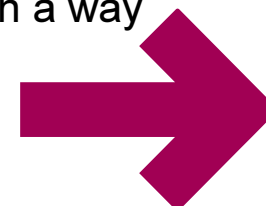
- The **Royal College of Paediatrics and Child Health** said:
*'We fully support these standards. We welcome the statement that **specialist children's cardiac services should only be delivered in settings where a wider range of other specialist children's services are also present on the same hospital site**. It is essential that other services required to provide optimum care for children, are based in the same hospital as children's cardiac services, particularly when a child's condition is complex or complications arise.'*
- **125 surgeries undertaken by surgeons** – the wide range of conditions under the CHD umbrella and their often complex nature means that in order to maintain proficiency in all types of CHD surgery, CHD surgeons defined 125 surgeries a year as the minimum number of surgeries a surgeon should do – this equates to about 3 a week
- **Surgeons working in teams of 4** – in order that there is effective cover 24/7, support from wider team for complex cases, time for training and holidays a minimum of 4 surgeons will be required in each team from 2021
- **Changes in practice** regarding use of catheter intervention rather than surgical intervention, highlights the need for surgical teams to work closely together and for London, may point towards the need for two robust centres



The commissioner understanding of the RBH and KHP proposal

The proposition from RBH/KHP includes as we view it:

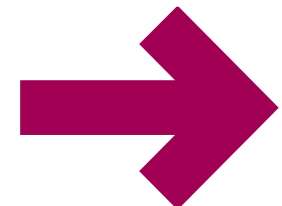
- the movement of all **adult and paediatric services from the RBH Chelsea** site to a centre of '**cardio-vascular and respiratory excellence**' on the St Thomas' campus
- that the Chelsea site services includes; all paediatric services, all adult congenital heart disease services, approximately half of the planned surgical work that RBH provides and the majority of respiratory services RBH provides
- **no change to Harefield services** - the heart attack centre delivering the unplanned emergency work, heart & lung transplant and remaining elective work will remain as is
- the **services and care** that RBH provide through other North West London providers **can continue as it does now**
- that the RBH has wanted to find, and has actively looked for, a partner organisation for some time. In order to allow it to move to premises, develop and work in a way that fits the future pattern of cardiac care, in order to maintain, build upon and prevent damage to its status as a **world class provider of care**



The commissioner understanding of the C&W and IHC proposal

The proposition from C&W and IHC includes as we view it:

- they agree that **paediatric CHD services would move from the RBH Chelsea** site to a compliant CHD centre
- **that the Cystic Fibrosis service – both adult and paediatric moves from the Chelsea site to the Chelsea and Westminster Hospital** and complex asthma, complex allergies and obstructive sleep apnoea would also be part of a new integrated children's hospital
- there would be a **new national cardiovascular and respiratory centre of excellence at Hammersmith Hospital** and the **cardiovascular and respiratory adult services** currently provided for from the Chelsea site would move there



Where do inpatients (specialised) accessing the Brompton on Chelsea come from?

CCG AREA	Number of inpatients	Percentage of total
South East	1,636	30.00%
North West London	1,284	23.54%
Midlands and East	1,155	21.18%
South West London	580	10.63%
South West	230	4.22%
North Central London	226	4.14%
North East London	168	3.08%
South East London	111	2.04%
North	64	1.17%
TOTAL	5,454	

Based on inpatient activity (inpatient elective, non elective, critical care, excess bed days, occupied bed days) as reported in SLAM (contractual data set) for the Brompton site.

Population based on ONS Mid-2016 Population Estimates for Clinical Commissioning Groups in England .

Where do outpatients (specialised) accessing the Brompton on the Chelsea site come from?

CCG AREA	Number of outpatients	Percentage of total
North West London	4,228	27.92%
South East	3,420	22.59%
Midlands and East	2,741	18.10%
South West London	2,531	16.72%
North Central London	728	4.81%
North East London	585	3.86%
South East London	522	3.45%
South West	327	2.16%
North	59	0.39%
TOTAL	15,141	

Based on outpatient activity as reported in SLAM (contractual data set) for the Brompton site. Population based on ONS Mid-2016 Population Estimates for Clinical Commissioning Groups in England.

How many patients (specialised) accessing the Brompton at Chelsea come from South West London?

INPATIENT

CCG	NUMBER
NHS Kingston CCG	128
NHS Merton CCG	95
NHS Croydon CCG	143
NHS Richmond CCG	151
NHS Sutton CCG	137
NHS Wandsworth CCG	193

OUTPATIENT

CCG	NUMBER
NHS Kingston CCG	492
NHS Merton CCG	336
NHS Croydon CCG	522
NHS Richmond CCG	661
NHS Sutton CCG	526
NHS Wandsworth CCG	810

Based on the outpatient/ inpatient activity as reported in the trust's contractual data set for the Brompton site.

Understanding the commissioners view point

To make sure we make the best commissioning decisions for London and the patients the providers in London serve, we have:

- undertaken three focused pieces of work looking at the requirements for **paediatrics, adult cardiac and adult respiratory**
- established an **'Programme Board'** following guidance on managing reconfigurations, ensuring that we have the correct assurance process around our work and have regular input with those who have responsibility in this process. Chaired by the Regional Director of Specialised Commissioning, membership includes the medical directors representing north and south London, as well as the specialised commissioning medical director, CCG and NHS Improvement representatives
- set up **two advisory groups** to help us in our work
 - **clinical advisory panel** – chaired by Professor Sir Michael Rawlins and including the Royal Colleges of Paediatrics and Child Health, Surgeons, Anaesthetists, Nurses, the Vascular Society; the Society of Cardiothoracic Surgeons and the British Congenital Cardiac Society among others
 - **patient and public voices group** - made up of the associations and organisations that represent the users of the Royal Brompton and those with the conditions that the Royal Brompton treats.
- begun **pre consultation engagement activity** which will continue into Summer 2019

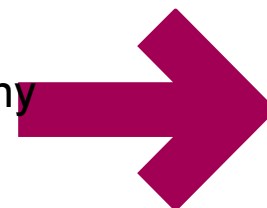
www.england.nhs.uk



What are we doing re: pre-consultation

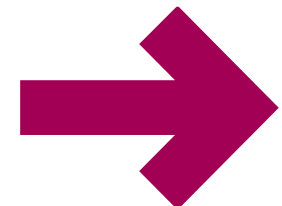
We have begun a process of pre consultation engagement and communication; this means we are working closely with many interested parties about this significant change. These stakeholders include but are not limited to:

- North West London and South London CCGs
- CCGs outside of London with significant number of patients affected by any potential change
- Healthwatch groups and representatives
- Patient groups and organisations, charities with specific interest in change and the conditions being provided for and public interest groups – some of whom are part of the Patient and Public Voice Group
- North West London providers and particularly those where there are interdependencies with RBH
- Providers in Midlands and South who have relationships and patients in common with RBH
- Clinical experts and clinical organisations through our Clinical Advisory Panel
- Cardiac providers in London
- Academic organisations
- Health Education England
- The London Mayoral team, local councillors and overview and scrutiny committees and local MP's



Conclusion

- We will continue on our pre-consultation engagement, both through our CAP and PPV group and many others, such as yourselves, Healthwatch London and colleagues in South & North London
- We should have a **clearer view by end February** on what our **consultation parameters** will be and particularly whether we will be supporting 'a preferred option' in the consultation.



This page is intentionally left blank

Overview of South West London Health & Care Partnership

South West London Joint Health Overview Scrutiny
Committee meeting

Wednesday 30 January 2019

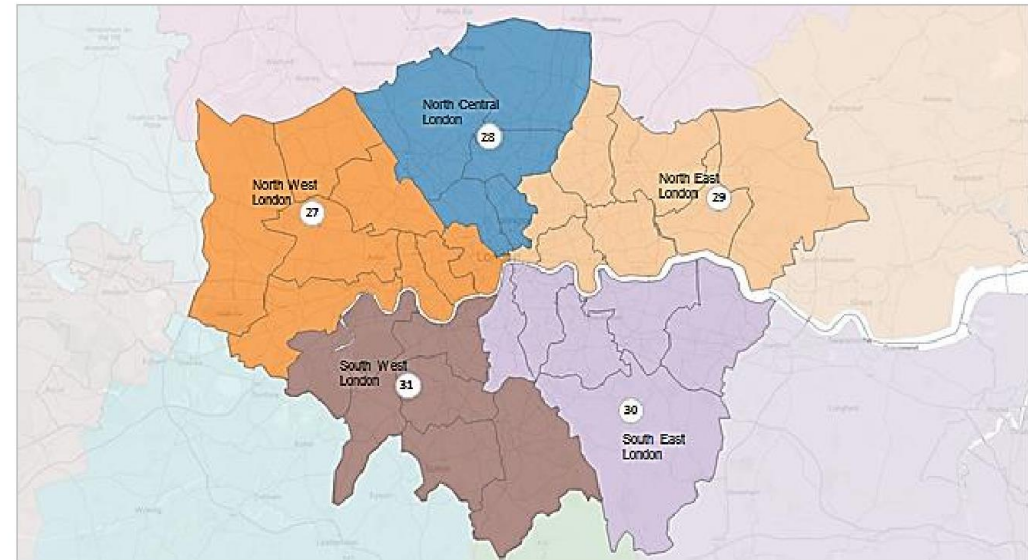
We want to use our time with you today to:

- Explain what an STP is
- Share how and why we refreshed the STP vision for South West London
- Share our emerging priorities for South West London including:
- Discuss developing Local Health and Care Plans for each borough
- Outline NHS Long Term Plan & what it means for South West London
- Update you on our work programmes and their achievements

What is an STP

- It's a partnership: care is better when it is centred around a person, not an organisation.
- Bring together all NHS organisations with local authorities and other partners, to work together to provide joined-up care for local people
- Delivering the NHS Five Year Forward View- 44 STPs in England areas were originally identified as the geographical “footprints” on which the plans were based. They were plans not partnerships.

- Page 27
- Page 23
- 5 STPs were created in London
 - South West London
 - South East London
 - North Central London
 - North East London
 - North West London



Who makes up the Health and Care Partnership

Local NHS clinical commissioning groups, provider trusts, local authorities and patient representatives across south west London came together to form the South West London Health and Care Partnership.

South West London's Health and Care Partners are:

- Our six Clinical Commissioning Groups (CCG) of: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Our six local authorities: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Our acute and community providers: Central London Community Healthcare, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, The Royal Marsden Foundation Trust, St George's NHS Foundation Trust, and Your Healthcare
- Our two mental health providers: South West London and St George's Mental Health NHS Trust, South London and the Maudsley NHS Foundation Trust
- GP Federations in each of the six boroughs
- London Ambulance Service
- Healthwatch

We want local people to [start well, live well and age well](#).

In November 2017 we refreshed the South West London STP because:



- The perception of the South West London STP has been:
 - Closure of hospitals
 - Hospital bed reduction
 - Stakeholders were not signed up to the financial analysis
 - Some local authorities did not feel fully involved and felt social care was not integral enough in the plan

Our refreshed approach is emphasising:

- Prevention and early intervention - tackling the social determinants of health
- Local partnerships strengthening focus on locality teams made up of community, primary and social care
- The actions that we will take to deliver improvements for local people
- The progress we have made at local level for patients in our first year

We engaged around creating the STP refresh

We listened to feedback and developed a two-stage approach to the refresh to allow time for discussions with organisations and with relevant key stakeholders, and more time to develop fully worked up *Local Health and Care Plans*.

Stage one : November 2017

South West London STP one year on: a discussion document which outlines Health and Care commitments and priorities for the next two years, context including financial and clinical issues, and our delivery so far

Stage Two : Spring 2019

Publish “Local Health and Care Plans” for each borough The borough’s vision; model for health and care; local context and challenges; actions to address financial and clinical sustainability issues and meet the health and care needs of the local population. We will co-produce these plans with local authorities and wider partners.

Feedback from local communities informed the November 2017 Refresh

Keeping in touch with local communities

- Local events for people to discuss the Partnership with clinicians, managers and local authorities in our six boroughs.

Grassroots engagement

- Working with local Healthwatch organisations, we have run an extensive grassroots engagement programme, reaching 5,000 seldom heard people - shortlisted for a national award.

Patient and Public Engagement Steering Group

- Our Patient and Public Engagement Steering Group (PPESG) advises us on all communications and engagement with representatives from across each borough



Our approach to patient engagement

Direct involvement



Julia – Cancer Clinical Design Group

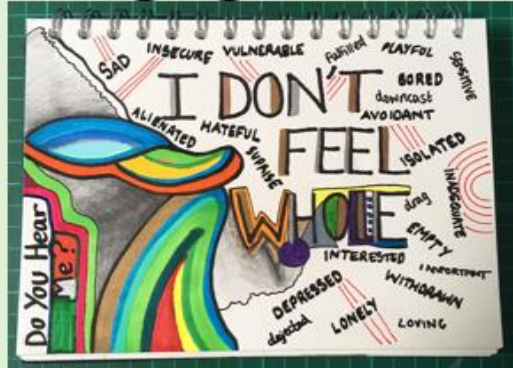
- Decision making level
- Independent challenge
- Reps (PPVs and HW) on clinical/strategic groups, patient stories
- PPESG

Wider participation



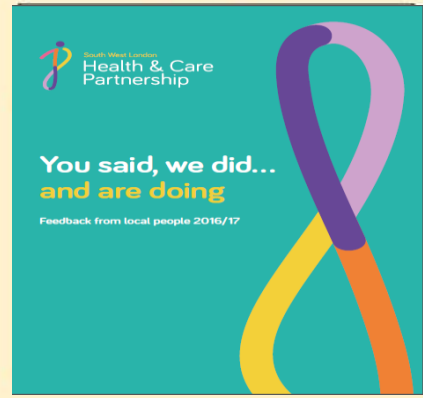
- Ongoing conversations, builds relationships
- Insight informs strategy development + work streams
- Grassroots outreach

Targeted engagement



- Influence and shape service/pathways in each work stream
- Focus groups, surveys, face to face e.g. perinatal mental health; CYP people self harm

You Said: We Did



- 5,000 contacts last year
- Feedback to each work stream/and SRO
- This report details impact

As our result our refreshed partnership approach is... ..



- A local approach works best for planning health and care.
- Strengthen the focus on prevention and keeping people well – the greatest influences on our health and wellbeing are factors such as education, employment, housing, healthy habits in our communities and social connections.
- The best bed is your own bed – lets keep people well and out of hospital.
- Care is better when it is centred around a person, not an organisation. Clinicians and care workers tell us this.
- The South West London Health and Care Partnership is coming together to champion children and young peoples' mental health as a shared health promotion and prevention priority.
- Involving people at local level will remain critical.

Page 33

Page 20



System-wide focus on one single health prevention priority

Children and Young People's Mental Health

- This year the Health and Care Partnership agreed to work on one health promotion and prevention priority as a system. We have therefore worked with Directors of Public Health to identify what that priority should be for the next 1-2 years.
- Across south west London we have a high number of children who are self-harming, and through talking to children and young people themselves, partners across education, health and care, and parents, we now know that one of the key root causes of self-harm, is the lack of consistent wellbeing support and early intervention for our young people.
- As part of our refreshed strategy, the South West London Health and Care Partnership is coming together to champion children and young peoples' mental health as a shared health promotion and prevention priority.
- Our ambition is to reduce by 20%, the number of children and young people presenting at A&E as a result of self-harm, over the next three years.

System-wide focus: Children and Young People's Mental Health

- Health and Care Partnership agreed to this one health promotion and prevention priority as a system.
- Across south west London we have a high number of children who are self-harming.
- Since January 2018, we have come together as a children and young people's partnership group, made up of Head Teachers, GPs, mental health professionals, health and social care professionals and the voluntary sector from across south west London - people on the front-line who work with children every day.
- We also engaged with over 1,200 children, young people, parents and carers in our boroughs to prioritise these actions for us.

Our picture of CYPMH transformation in SWL



The partnership has secured £1.85m funding for Children and Young People

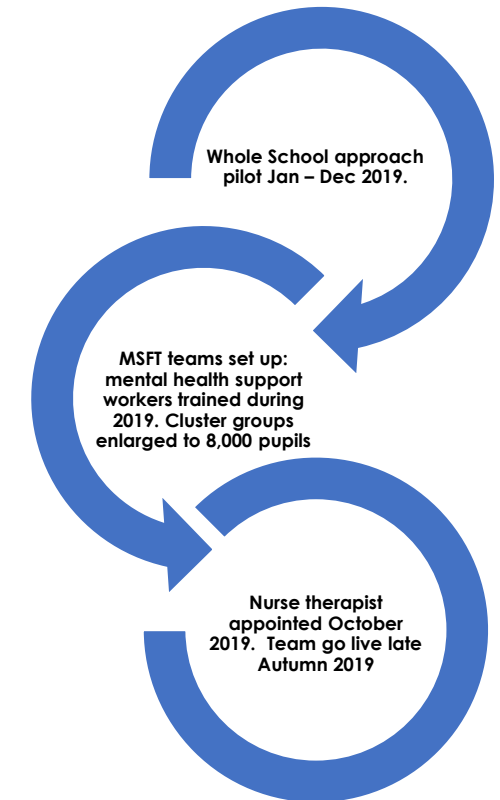
- Secured £1.85m of national trailblazer funding to create mental health support teams in three of our SWL Boroughs, building on the work we are already doing.
- This will include new services such as online peer support for young people, mental health first aid for teachers and courses for parents to help them talk to their children about mental well-being, a single point of access for services, and a directory of services.
- While the trailblazer pilot covers the boroughs of Merton, Sutton and Wandsworth; Croydon, Kingston and Richmond will be “fast followers” to adopt the learnings from these initial pilots

Mental health support teams – summary

- It is intended that each mental health support team (MHST) will cover a cluster group of schools, each with a population of approximately 8,000 children and young people. We will deliver a phased roll out and expect the teams to be fully live from late Autumn 2019.
- The MHST includes Mental Health Support Workers who will be trained by Health Education England ("HEE") during 2019. HEE are currently recruiting to these posts. Training is being delivered across a number of universities in England and the MHSW will be allocated to trailblazer sites during their training (expected from January 2019). We will be linked with students from Kings College London.
- The South West London bid set out how we will link the MHST to the work already being undertaken on the 'whole school approach' which itself is being piloted from January 2019. Given this, it is anticipated that we will work with the cluster groups that already exist in order to build upon this work. These cluster groups are currently c 4,000-5,000 pupils and as such we will need to expand the current cluster groups to ensure population coverage of 8,000



- MHSTs are intended to deliver evidence based interventions in or close to schools for those with mild to moderate mental health issues (estimated at 500 interventions per 8,000 students per year).
- They will help children and young people with more severe needs access the right support.
- The service model will be determined locally and our proposals for this for each of our boroughs will be developed in early 2019.
- We will engage with children and young people in the development of the MHSTs. To ensure that we meet our commitments in this area we will ensure that all workstreams build in engagement as part of their plans.
- We have committed to supporting the national evaluation of this work. This will align with our own analysis that we are undertaking as part of the whole school approach.



Developing Local Health and Care Plans



We believe in an inclusive and innovative approach to care.

www.swlondon.nhs.uk

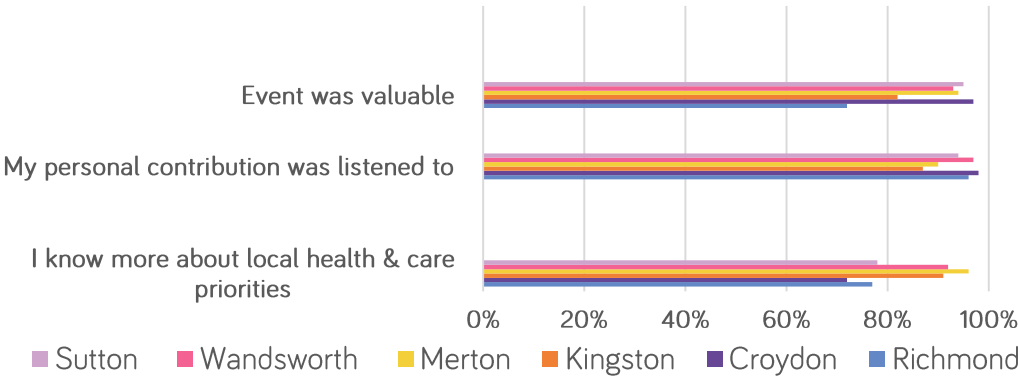
Local Health and Care plans- Background

- In November 2017, we agreed that, to produce borough based local health and care plans.
- Since that time local systems have been working on defining their cases for improvement and using this information have held engagement events to define actions that will have the greatest impact on the issues identified.
- In November 2018 we held health and care plan events in each borough
- Aim was to help define actions for next two years that will have biggest impact on the population
- Design groups held in each borough with representatives from Health, Social Care and the voluntary sector partners
- On average 150 people attended each event – just under 1000 people in total



High level feedback from participants at the events ...

% of people who felt the event was worthwhile



‘We are all saying and wanting the same thing for the borough; customer, colleagues, family and friends’



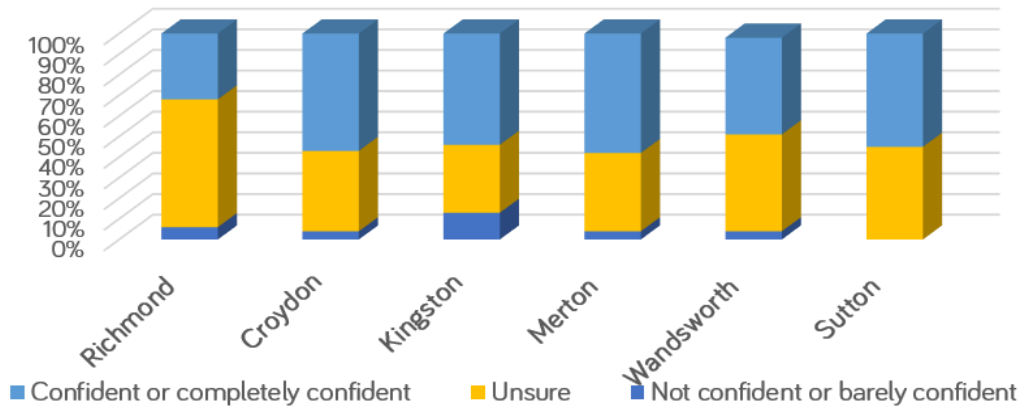
‘Eye-opening and reassuring’

‘I got to mix and mingle with brilliant people from all walks of life’

‘Everyone listened with no interrupting and equal opportunities’



Priorities outlined will make a positive difference to health and care services in this borough



‘The time spent and the efforts put in the event made me confident about the future results’



Local plans to address local issues

- These plans will:
 - Identify what it means to *start, live and age well* in the borough and the actions that will be taken to ensure the vision for each is met
 - Be co-designed and owned by both health and local authority partners
 - Address the developing health and care needs of the local population
 - Outline the vision for health and care locally and the health and care model in the borough
 - Identify and address financial issues in the borough so that we can take a system-wide approach to our collective financial challenges
 - Identify and address workforce, clinical and other sustainability issues in the borough
 - Outline what the local system will do to support the SWL health prevention/promotion priority (Children and Young People's Mental Health)
 - Be designed to meet national performance targets or other requirements

The draft structure of a health and care plan

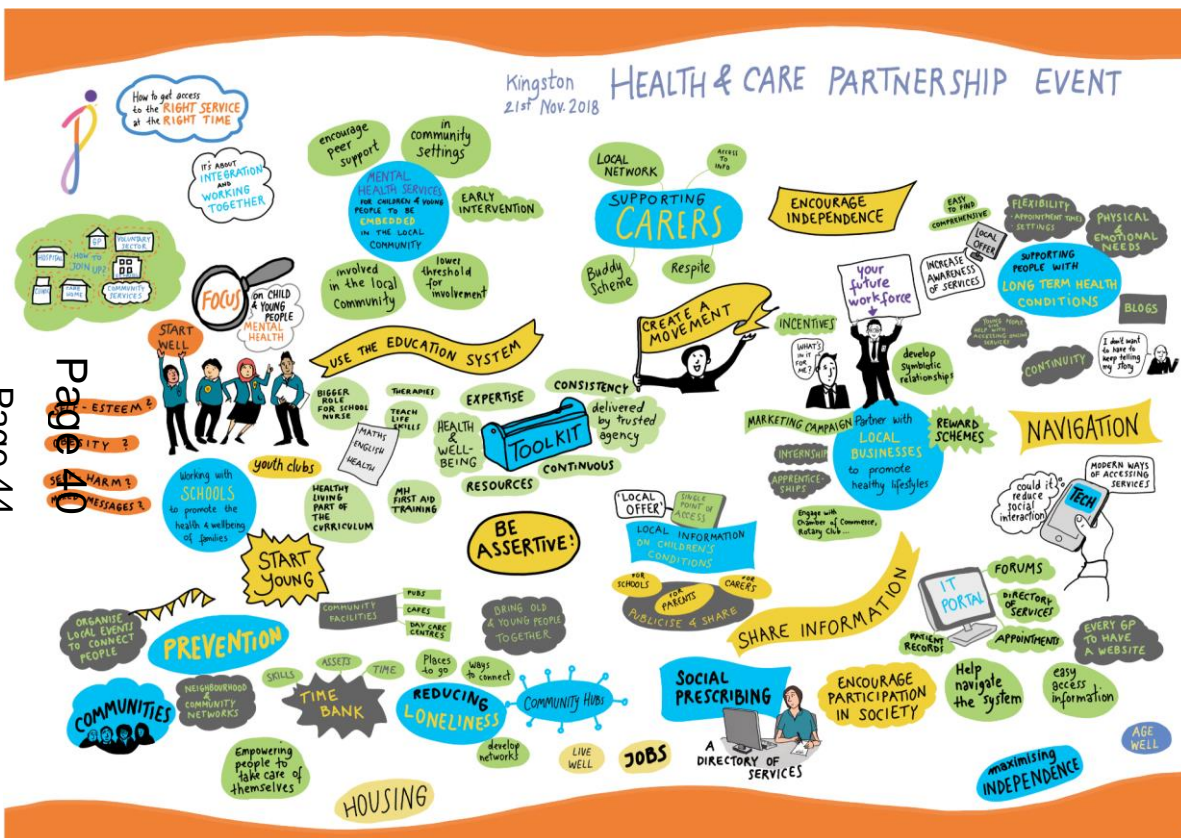
- Our Health and Care Partnership and joint vision
- Understanding our borough: A case for improvement
 - Demographics
 - Challenges (including financial sustainability)
- Our picture of health and care: Our model for health and care
- What local people have told us
- Taking action
 - Start well
 - Live well
 - Age well
- Expected Benefits and investment required
- How will we measure the impact of this plan
- Implementation and delivery plan



We have created a visual summary for each borough ...

... *still to be approved by each design group*

Kingston-Upon-Thames



Richmond-Upon-Thames



Merton Local Health & Care Plan

Electronic app to self-identify need



South West London
Health & Care
Partnership

Start well, live well, age well



www.creativeconnection.co.uk



Croydon



Croydon local Health & Care plan engagement event



South West London
**Health & Care
Partnership**
Start well, live well, age well

Start well, live well, age well.



www.creativeconnection.co.uk



DRAFT

Sutton



Wandsworth



NHS Long Term Plan

- In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year.
- In return, the NHS was asked to come together to develop a long term plan for the future of the service, detailing our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.
- A number of working groups – comprising local and national health and care leaders, clinical experts and patient representatives – were established and engaged extensively with relevant stakeholders to develop specific proposals for inclusion.

NHS Long Term Plan

The Long Term Plan sets out specific ideas and ambitions for how the NHS can improve over the next decade: covering all three life stages:

- Making sure everyone gets the best opportunity to **start well**;
through better maternity services, joining up services from birth through to age 25, improving care for children with long term conditions like asthma, epilepsy and diabetes; revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.
- Delivering world-class care for major health problems to help people **live well**;
with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world. Supporting individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds.
- Supporting people to **age well**;
with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people by increasing the numbers of people who can take control of their healthcare through personal budgets.

NHS Long Term Plan: High level messages

- Focus on prevention and reducing health inequalities – specific new evidence-based NHS prevention programmes
- New clinical standards will be set to build on successes of stroke etc – Clinical standards review will be published in Spring 2019
- NHS priorities for care quality and outcomes improvement for the next 10 years, wider that then FYFW – cancer, mental health, diabetes, multimorbidity, healthy aging including dementia, children’s health and wellbeing, maternity and neonatal, cardiovascular and respiratory conditions and learning disability and/or autism
- Reforms to hospital emergency care – every hospital with a type 1 A&E dept will move to a Same Day Emergency Care model; hospitals will establish acute frailty services
- Roll out of NHS Personalised Care model across the country
- The NHS and social care will continue to improve performance at getting people home without unnecessary delay
- Boost “out of hospital care” – Primary care and community care funding and requirements
 - Urgent community response and recovery support to deliver within two hours of referral
 - Reablement care within 2 days of referral
 - Primary care networks created with new “shared savings” scheme

NHS Long Term Plan: High level messages

- Renewed commitment that mental health services will grow faster than the overall NHS budget – new ringfenced investment fund created (£2.3 bn by 2023/24)
- Guaranteed NHS support to people living in care homes – vanguard model rolled out
- Greater recognition and support for carers – Quality Markers in primary care that highlight best practices in carer support and identification
- Workforce is a significant focus - Expansion in nursing and other undergraduate places; new routes into nursing and other disciplines include apprenticeships; flexible rostering will become mandatory; doubling of volunteers
- Better use of data and digital technology
- Integrated Care Systems across the country by April 2021
- Funding
 - Major reforms to NHS financial architecture, payment systems and incentives
 - New financial recovery fund and “turnaround” process established
 - Expectation that over the next 5 years the NHS, trust sector, local systems and individual organisations will return to financial balance
- Legislative changes that would support more rapid progress outlined

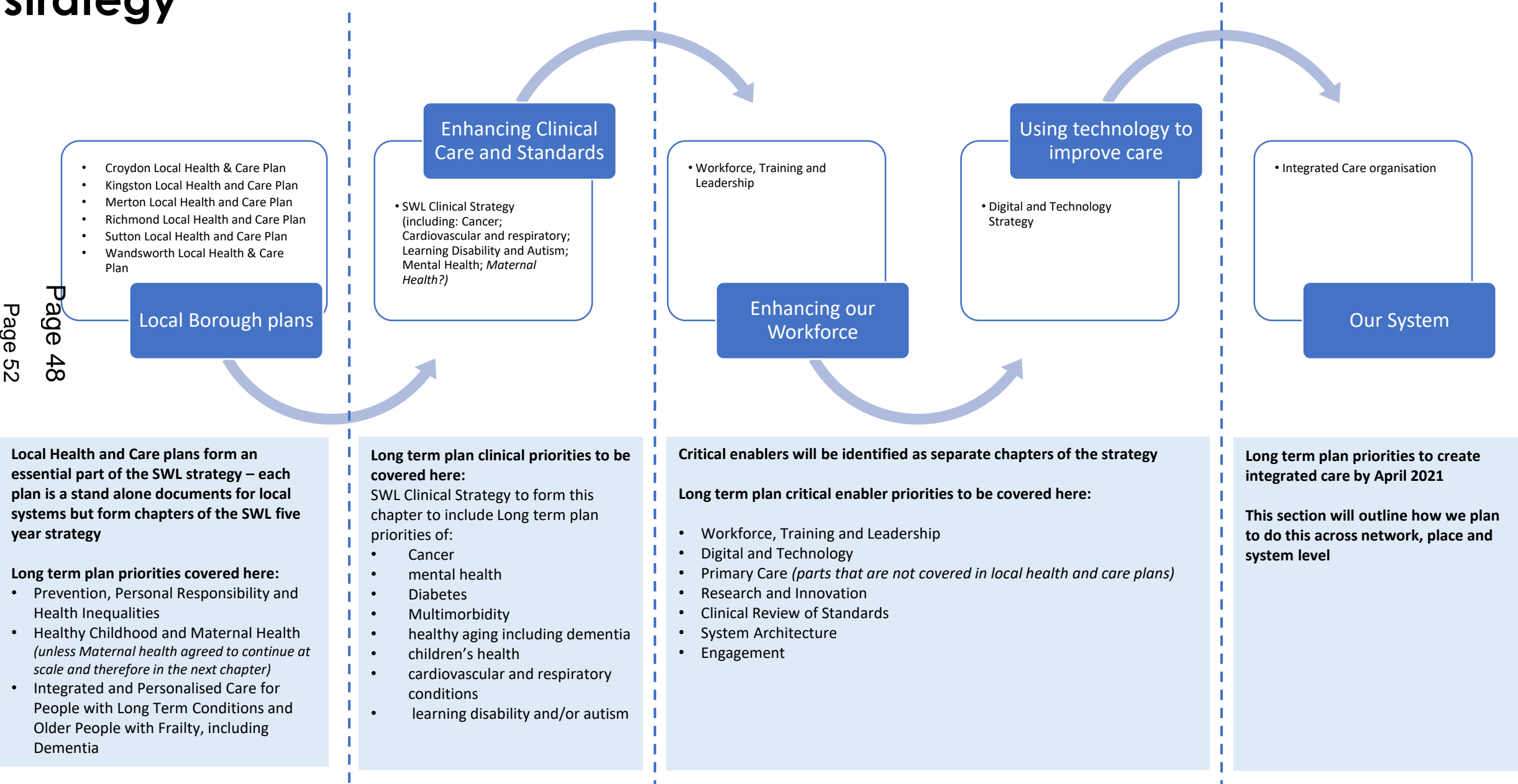
NHS Long Term Plan- what does it mean for SWL?

- Now the plan has been published, local SWL health and care organisations, working together as part of systems, are being asked to develop their own strategies for the next five years.
- These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.
- Staff, patients, the public and stakeholders will have the opportunity to help determine what the plan means for their area, and how services need to adapt and improve.
- Local Healthwatch groups will receive national funding to support local health organisations in ensuring that the views of patients and the public are heard. Age UK will be leading work across a range of other charities to provide specific opportunities to hear from people with specific health needs.



Current thinking on SWL and the requirement to develop a 5 year strategy

Page 52
Page 48



Our work programmes and their achievements...



We believe in an inclusive and innovative approach to care.

www.swlondon.nhs.uk

We work in partnership with CCGs and Provider Trusts ...



For each programme there is a Senior Responsible Officer and in most cases a Clinical Lead.

All Senior Responsible Officers (SROs) are either Managing Directors or Alliance Directors:

Mental Health and learning disabilities – Tonia Michaelides, Managing Director Kingston and Richmond CCGs

Primary Care – Lucie Waters, Managing Director Sutton CCG

Cancer and Urgent and Emergency Care (UEC) – Jonathan Bates, Director of Commissioning Operations, SWL Alliance

Planned Care – James Blythe, Managing Director Wandsworth and Merton CCGs

Digital and workforce – Karen Broughton, Director of Transformation and Strategy

Maternity and children and young people – Gwen Kennedy, Director of Quality

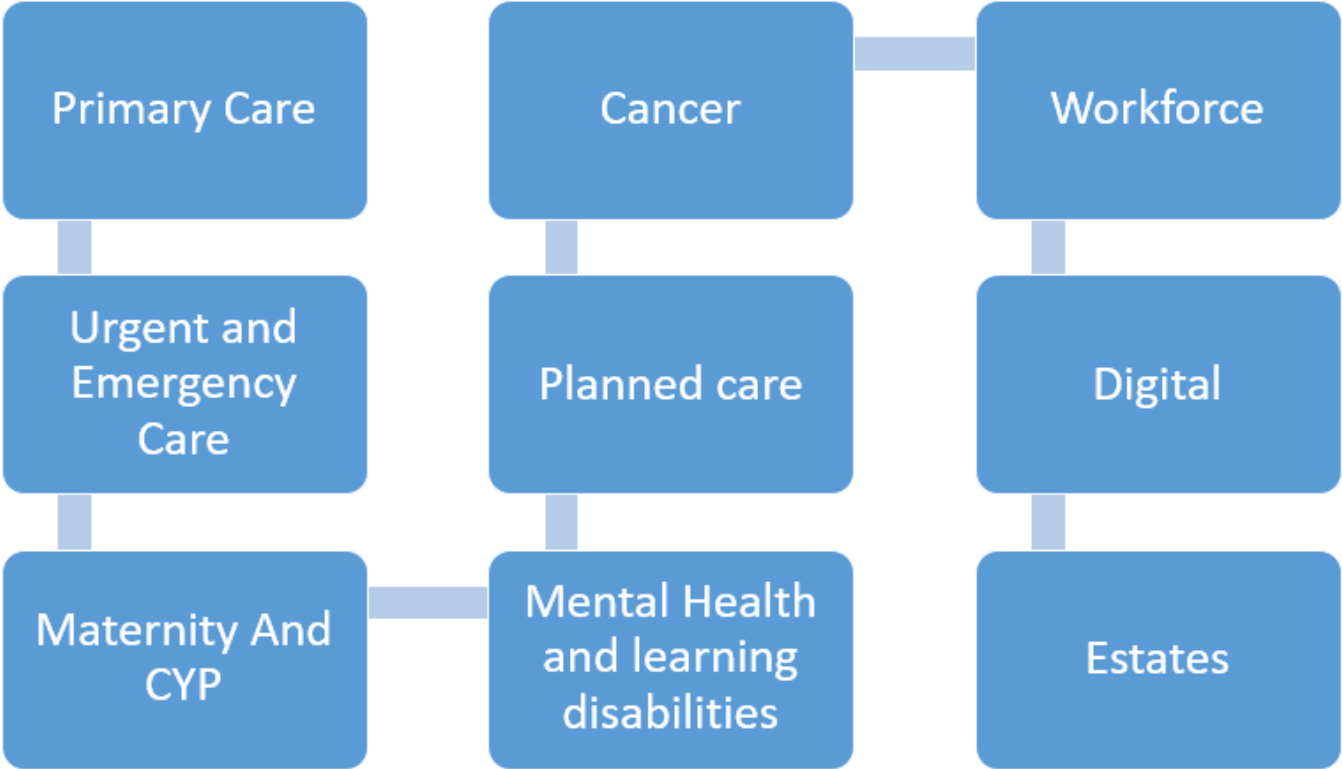
Estates – James Murray, Chief Finance Officer

This is how we ensure that the work of the health and care partnership joins the work being undertaken in the CCGs and Provider Trusts.

Programmes are typically delivered in partnership across the CCGs, NHS Providers and the Programme office teams



The Health and Care Partnership programmes fall into a number of categories



Programme summaries and achievement to date



Primary Care :

Transformation of SWL primary care services focuses on three main projects; Workforce, Access (including online consultations) and Provider Development, to ensure primary care is sustainable in the future.

Programme achievements to date:

- Developed and completed International GP prospectus to attract International candidates to South West London
- Provided SWL wide nurse training for CCGs. The scheme provided over 400 places for updates on various areas (such as immunisations, Cervical Screening and Asthma).
- Implemented 111 Direct booking service which enables direct booking from A&E into access hubs
- Rolled out Access Hubs across SWL which now has additional 21,000 appointments per month
- Developed and implemented the resilience process for 2018/19
- Deployed DoctorLink online service to SWL practices that helps patient to locate the most appropriate service for their condition
- Developed Primary Care at Scale assurance pack to secure second tranche transformation funding
- Resilience programme delivery started across SWL; AT Medics and TLE (Transforming Learning Environments) Miac have been commissioned by Battersea Healthcare to provide Organisational Development support to practices in the resilience programme.

Mental Health (MH):

The national strategy implementation plans set out in the Mental Health Five Year Forward View articulates the national ambitions, objectives and targets for mental health. This comprises: ensuring crisis care is available 24/7 in all our hospitals (all ages), eliminating out of area placements, ensuring early access to services for people experiencing psychosis, implementing a perinatal mental health service, improving access to psychological therapies, increasing diagnosis rates of dementia, developing suicide prevention plans for each borough, secure care, ensuring we meet national MH workforce requirements, improving our MH services for children and young people.

Programme achievements to date:

- Undertook audit of mental health crisis attendances in A&E to identify the scale and cause of increase
- Deployed the new SWLSTG Perinatal Mental Health service which went live on 1 November, accepting referrals for women delivering at St George's Hospital
- Designed a combined SMI and diabetes annual physical health check template for piloting in Kingston
- Implemented NICE guidance of dementia care
- Facilitated contract negotiation of new cognitive stimulation therapy for Dementia patients
- Drafted wave 2 Individual Placement Support Transformation Fund proposals for Croydon, Kingston and Richmond



Urgent and Emergency Care (UEC):

The UEC Programme encompasses all parts of the UEC pathway from NHS 111 Online through to Hospital Discharge. The overall aim is to ensure patients get the right care in the right place at the right time, encouraging appropriate use of services and reducing inefficiency and inconsistency along every part of the pathway.

Programme achievements to date :

- Facilitated and completed audit of all Urgent Treatment Centre facilities
- Enabled the upload of ACPs (Appropriate Care Pathways) into MiDos (Directory of Services) which will increase visibility of alternatives to conveyances, improve reporting of usage and will also enable crews to provide feedback when services are not working well.
- Facilitated the development of Winter Plans, reviewed and submitted to NHSE/I
- Conducted deep dive to develop recommendation for improving handover and realistic targets for 15 minute handover.
- Audited ambulance conveyances which identified that 12% of services should not have been conveyed to hospitals
- Worked with Trusts towards an overall reduction of super stranded patients by 25%.
- Facilitating the IUC re - procurement activities
- Carried out MH compact self assessment & plan for implementation
- Initiated SWL UEC Forum joint meetings with H2H teams to align plans and progress reports between UEC and BCF

Maternity:



The maternity programme sets out the local plans to meet the ambitions set out in Better Births to improve outcomes for women, babies and their families and to improve women’s experience of maternity services. For South West London there are 4 key programmes to support these ambitions:

- 1. increasing choice for women (where SWL is one of 7 pioneers),
- 2. developing continuity of carer so that women receive continuity of the person caring for them during pregnancy, birth and postnatally,
- 3. improving the safety of care so we halve the number of still birth, neonatal deaths, maternity deaths and brain injuries by 2025,
- 4. strengthening our perinatal mental health provision.

Programme achievements to date:

- Development and roll out of My Maternity Journey, a booklet to help support women through their maternity journey and to help assist them understanding what choices are available to them. This is received by all women who book into South West London Hospitals and we are currently evaluating its impact.
- Continuity of carer models are currently being rolled out in all trusts so that by March 2019 20% of all women booked on a maternity pathway will be receiving Continuity of Carer
- Implementation of programmes to improve safety within our maternity services such inter-utero guidelines, and ensuring that women who deliver prematurely given birth in specialist hospitals.
- Deployed the new SWLSTG Perinatal Mental Health service which went live on 1 November, accepting referrals for women delivering at St George’s Hospital

End of Life Care (EOLC)



The aim of the SW London work programme is to ensure all CCGs are implementing all elements of best practice to achieve better outcomes for patients and the optimal QIPP opportunity. By Increased identification, increased awareness, increased numbers of people on an Advanced Care Plan, increased numbers of people with an Advanced Care Plan on ‘Coordinate My Care’, better use of statutory community and voluntary sector agencies to reduce unnecessary hospital admissions, to reduce the number of admissions in the last 90 days of life and to increase achievement of the preferred place of death

Programme achievements to date:

- Engagement, writing and submission of full Partnership Application to Macmillan for EOLC Nurses in Care Homes across SWL project – as part of SWL exemplar submission.
- Implementing the Digital Proof of Concept pilot in Sutton
- Scoping work ongoing for Palliative Care Review
- Developed scope document to test Coordinate My Care usage in care homes with an EOLC nurse
- Drafted bid to support Care Homes to digitally participate in Multi Disciplinary Teams
- Supported graduation of 16 Care Home Managers on the Leadership programme through South London Health Innovation Network.
- Provided support to Croydon CCG to launch the Red Bag in Croydon – Red Bag is now live across whole of South West London.



Cancer:

The Cancer Programme is committed to improving cancer survival rates in south west London, by ensuring that more people are diagnosed and treated earlier and that we provide the highest quality of care and support for people living with and beyond cancer, all whilst improving the patient experience and reducing cancer wait times.

Programme achievements to date:

- Programme achievements to date:
- 5 Year Cancer Strategy
- Continued development the 5 year Cancer strategy for SWL, which will set a SWL wide vision and implementation plan to ensure SWL CCGs and providers deliver on the identified needs of patients and others.
- Macmillan Primary Care Nursing Project
- Developed general practice nursing competency document and the Training Needs Assessment document for the Macmillan primary care nursing project. The output from this informs our Education & Influence Strategy and our education delivery plan for 2019.
- The education plan includes a series of taster sessions for GPNs on cancer as a long term condition ,a learning toolkit which includes video content and testing of a Cancer Community Nursing Module for Community Nurses
- Patient focus group conducted exploring the experience of Cancer Care Reviews and Prostate Cancer follow-up reviews. Insight will feed into the design and delivery of education offer and other project outputs .



Diabetes:

The Diabetes programme is focused on improving the uptake of structured education, setting up new Multi – disciplinary footcare teams across SWL to reducing amputations by improving the timeliness of referrals from primary care and expanding the diabetes inpatient specialist nursing services. Our national Test Bed project’s aim is to change the dynamics of health management by empowering patients to take control of managing their condition through the use of a combination of technology and we have received very positive feedback from NHSE and Innovate UK about the work done to date. We have also started work on a joint project working with the SWL Mental Health programme due to the large crossover in prevalence between diabetes and mental health.

Programme achievements to date:

- Set up of diabetes dashboard and data collection from providers
- Successful procurement and launch of South London education booking service
- Successful bid and launch of NHS Test Bed Initiative Project
- Led and completed the roll out of digital education pilot
- New referral system agreed
- Referral app developed and accepted by EMIS
- First practice visits undertaken for embedding of training as part of the Test Bed project
- Set up and held the 1st training session for GP practices
- Developed and shared the report on the 7 day working pilot for the Diabetes Inpatient Specialist Nurse
- Developed communications approach and designed the patient pathway for the test bed programme



Learning Disabilities:

The vision of the programme is to; reduce reliance on inpatient services for people with learning disabilities and/or autism, with behaviours that challenge. South West London TCP's Plan set out to achieve this vision through supporting people with learning disabilities and/or autism to live better quality lives in the community, with increased use of personal health budgets, focusing on prevention of unnecessary admissions and re-admissions to mental health or learning disabilities institutions and avoidance of lengthy stays in hospital, increasing crisis prevention support services across SWL.

Programme achievements to date:

- Facilitated scheduling and planning of roll out of Positive Behavioural (PBS) support system of care with chosen provider
- Defined and designed the Referral process and criteria for Positive Behavioural Support. Facilitated a panel to identify clinical cases which would benefit from Intensive PBS input
- Developed Crisis House specification to provide residential support to South West London Learning Disability residents in crisis.
- Continued work on reduction of inpatient numbers through surgeries and production of forecast position for March 2019



Workforce

The workforce programme aims to increase retention, improve engagement and increase recruitment opportunities across health and care organisations in the South West London area using co-created system wide tools, methodology and resources.

Programme achievements to date:

- Working in collaboration with Health Education England's analysts, NHSi and SWL HCP using the Urgent and Emergency Care planned care work stream to develop a workforce planning methodology
- Epsom and St Helier self rostering established in 16 wards, also extending into AHP staff groups
- Developing talent management methodology, identifying roles to start the process and testing
- CLCH Nursing Academy commissioned to develop nursing programme for care home, primary care, social care and trust nurses which will support nurse/AHP progression.
- Creation and production of a "jobs that care" board game to help school and college children and young people to better understand that jobs that exist in health and care – 30 games delivered
- Developed a proposal for a centralised procurement system.
- Radiographer Career Framework developed



Digital

The Digital Portfolio is delivering eight capabilities to improve care for the population through sharing information and technology. These capabilities provide different aspects by enabling sharing of information to improve health and care decision making, supporting Clinical Portfolio initiatives and targets for improved services and thus improving the experience of the population in the South West London. Using assessment of Digital Maturity to benchmark current maturity levels to then compare and evaluate improvement as a result of completion of key programmes.

Programme achievements to date:

- Developed digital strategy for SWL HCP
- Drafted Information Sharing Agreement and Private Notice
- Developed business case for Interoperability as part of the Connecting My Care Programme
- Developed business case for the HSLIP (Healthcare System Led Investment and Prioritisation) £10.6m funding
- Supporting technology enabled bids across the SWL HCP such as Skype for business MDT, NHS Apps inclusion
- Engaged with the One London LHCRE to collaborate on the accelerator projects
- Producing initial draft of portfolio dashboard information to mitigate risk further around dependencies as all portfolio projects increase in complexity

Queen Mary's Hospital Roehampton



- We want to develop Queen Mary's Hospital in Roehampton as a vibrant site offering a range of high quality community services for local people which support the clinical and financial sustainability of health and care across south west London. Whilst the four acute hospitals in south west London are at full working capacity, Queen Mary's with its modern buildings and diagnostic facilities, has space for more services.
- Queen Mary's currently offers more than 60 services, which are provided by Kingston Hospital, Chelsea & Westminster Hospital and South West London & St George's Mental Health Trust. Services include outpatient rapid diagnostic facilities, mental health community services, sexual health, neurorehabilitation, amputee rehabilitation, limb fitting, cancer screening and treatment, burns dressing, dermatology, families and children's services and a day case unit which offers diagnostic service for endoscopy and urology. As well as offering outpatient services, Queen Mary's has 20 beds in the rehabilitation centre, 69 mental healthcare beds and 50 elderly and intermediate care beds.
- There is also a minor injuries unit on the site. Queen Mary's has been recommended as a designated urgent treatment centre which if approved would extend services currently provided at the existing minor injuries unit.
- Recently there have been some changes to the services at St Mary's, with some moving to other locations leaving parts of the site empty. Further changes on the site are planned including the move of three mental health wards managed by South West London & St George's Mental Health NHS off the site to new premises at Springfield in 2021.
- To plan Queen Mary's future, clinicians, health and care professionals and patients from across south west London are working together. Over the next few months we will be analysing the future health and care needs of local people, and working with health and care partners in south west London to identify services that we can offer at Queen Mary's.

Any Questions ?

This page is intentionally left blank



Improving Healthcare

Together 2020-2030

NHS Surrey Downs, Sutton and Merton CCGs



Programme update

January 2019

Page 63

Page 59

Agenda Item 6



The challenges



Epsom and St Helier hospitals have faced significant challenges for many years. Surrey Downs, Sutton and Merton CCGs are looking in detail at these and developing some solutions so the hospitals can deliver high quality care for local people in the future. The challenges are:

Page 64

Page 60

Clinical

Epsom and St Helier does not have the workforce to meet the clinical standards for six major acute services to deliver high quality care 24/7 on two hospital sites.

Estates

Many of the Trust's buildings were built before the NHS was founded and are rapidly aging. They are not designed for modern healthcare, an issue repeatedly highlighted by the CQC, including in its latest report in May 2018.

Financial

The Trust has an underlying financial deficit which is getting worse each year. In 2017/18 it has increased to £37million. The financial position will worsen unless changes are made.

A clinical vision for the future



In 2018 three CCGs came together and formed a **Clinical Advisory Group** to think of solutions to some of these challenges. The group membership includes clinicians from across the Sutton, Merton and Surrey Downs area. All CCGs:

- Have a clear vision to prevent illness, join up health and social care and make sure the sickest patients have access to the best possible care
- Are clear that all hospitals in the local area are needed

The **Clinical Advisory Group** is developing a model for the whole area based on clinical standards, evidence and best practice.

Task and finish groups worked on more detailed areas of the clinical model during August and September.

The clinical model has been taken through the approval process of the **Joint London and South East Clinical Senates**. Independent clinicians will review the model and provide feedback.

The options have been tested with local GPs in the three areas through **GP locality meetings**.

Most health services in the local area will not change

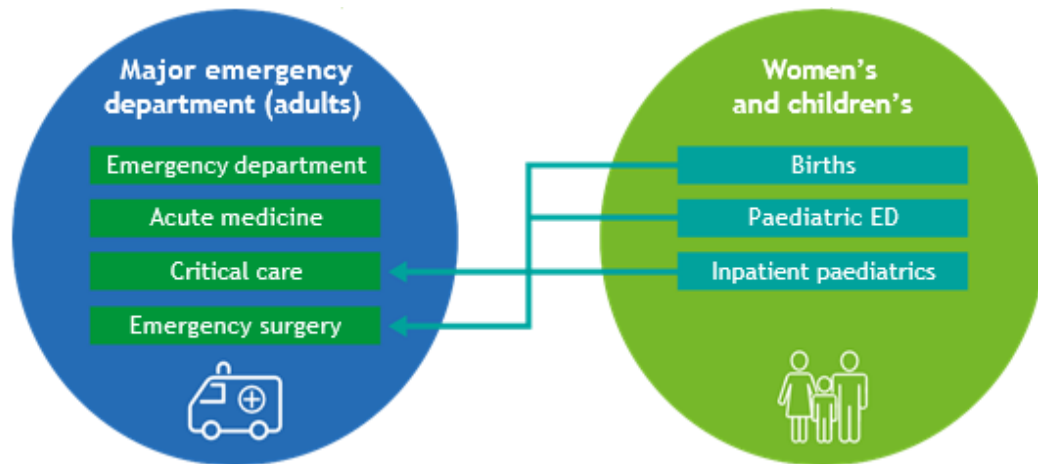
The majority of services, 85 per cent, will be unaffected and will continue to be delivered from both Epsom and St Helier hospitals, regardless of any changes to other services.

The small number of services that do need to change, are known as major acute services.

Majority of services stay the same



Emergencies, maternity and services for the seriously ill need to change



Our potential solutions



In June 2018 the Committees in Common of the three CCGs approved the [Issues Paper](#) and **began an early engagement period**, which ran until the end of October 2018.

The potential solutions put forward, proposed bringing treatment for emergencies, maternity and the seriously ill into one new acute facility in the area.

There are no proposals to close any existing hospitals, and both Epsom and St Helier hospitals would still provide 85 per cent of services including urgent treatment centres.

It was proposed that the new acute facility could be built on either Epsom, St Helier or Sutton hospital site:

- Locating major acute services at **Epsom Hospital**, and continuing to provide all other services at both Epsom and St Helier
- Locating major acute services at **St Helier Hospital**, and continuing to provide all other services at both Epsom and St Helier
- Locating major acute services at **Sutton Hospital**, and continuing to provide all other services at both Epsom and St Helier

Early engagement activity



A wide variety of people were engaged through different activities including targeted work with protected groups and deprived communities.

The range of activities included:

- 12 public discussion events
- 6 high street and mobile engagement events
- 6 focus groups with people who use the following services: maternity, paediatrics and A&E
- 15 independently facilitated workshops and focus groups with protected characteristic, seldom heard and deprived communities
- Community outreach with 18 equalities groups flagged by the initial equalities analysis
- Emails, letters, telephone calls and via a dedicated website, as well as Twitter and Facebook

The programme works with its **Stakeholder Reference Group** as part of its core governance arrangements. This group scrutinises plans and ideas and makes recommendations to enhance the proposals.

Early engagement feedback themes



Over 1,000 people and organisations have taken part to date.

The feedback is helping to shape proposals providing challenge as well as ideas.

The feedback also provides a list of things that are important to local people – including travel, parking and safety. These will be used to test options.

All information gathered from the engagement activities has been collated and analysed independently by The Campaign Company and published on a dedicated website [here](#).

All reports have been published including the equalities reports [here](#).

Key themes include:

- Clear consensus things must change to continue to provide high quality care for our communities, not just now but in the future
- No agreement about the type of change needed, with people both in favour of consolidating services and in keeping things the same
- Very clear that people value their local services and while many responses highlighted that people are willing to go further for better care, there is a natural sentiment to favour keeping services closer to home
- People raised concerns about travel and access to hospitals, especially for those who are more isolated and less mobile
- Public have suggested a 'status quo' option, for consideration as part of the options for consultation

What are we doing now?



- Work has been commissioned to provide evidence to inform any decisions:
 - An **Integrated Impact Assessment** – phase one is completed and published [here](#)
 - A **Deprivation analysis** – published on the website [here](#)
 - A **Travel Time analysis** – phase 1 is completed and a summary is on the website [here](#)
 - The second phase of the **Integrated Impact Assessment** is underway, this looks at the positive and negative impacts of any potential changes to services, as well as mitigation the CCGs could take, such as transport solutions.
- Since July, **work has been ongoing with local NHS providers** (Kingston, Croydon, St George's, Ashford St Peter's, Royal Surrey, Surrey and Sussex, London Ambulance Service and South East Coast Ambulance Service) to understand any impact of potential changes. Providers are developing a detailed impact assessment in four areas; capacity, estates and capital, income and expenditure and workforce.

All of the above work will go through an assurance and assessment process during 2019 with NHS England, NHS Improvement, London and South East Clinical Senates and the Joint Health Overview and Scrutiny Committees.

Later in 2019, the three CCGs will consider any outputs from the assurance process and all of the above information, as well as the financial assessment, before determining whether they wish to proceed to public consultation on any proposals.