Public Document Pack

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
EXTRAORDINARY MEETING - AGENDA

7.00 pm	**Wednesday 6 November 2019**	**East Ham Town Hall, 328, Barking Road, East Ham, London, E6 2RP**

COUNCILLORS:

LONDON BOROUGH OF BARKING & DAGENHAM

Councillor Eileen Keller
Councillor Mohammed Khan
Councillor Paul Robinson

LONDON BOROUGH OF WALTHAM FOREST

Councillor Umar Alli

LONDON BOROUGH OF HAVERING

Councillor Nic Dodin
Councillor Nisha Patel (Chairman)
Councillor Ciaran White

ESSEX COUNTY COUNCIL

Councillor Chris Pond

LONDON BOROUGH OF REDBRIDGE

Councillor Stuart Bellwood
Councillor Beverley Brewer
Councillor Neil Zammett

EPPING FOREST DISTRICT COUNCIL

Councillor Alan Lion (Observer Member)

CO-OPTED MEMBERS:

Ian Buckmaster, Healthwatch Havering
Mike New, Healthwatch Redbridge
Richard Vann, Healthwatch Barking & Dagenham

For information about the meeting please contact:
Anthony Clements
anthony.clements@oneSource.co.uk 01708 433065

Protocol for members of the public wishing to report on meetings of the Jont Committee

Members of the public are entitled to report on meetings Committees except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise London Borough of Havering Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

NOTES ABOUT THE MEETING

1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interests in any of the items on the agenda at this point of the meeting. Members may still disclose an interest in an item at any point prior to the consideration of the matter.

4 DEVELOPING A RESPONSE TO THE NHS LONG TERM PLAN (Pages 1 - 16)

Report attached.

5 MOORFIELDS HOSPITAL PLANNED RELOCATION (Pages 17 - 34)

Report attached.

Anthony Clements
Clerk to the Joint Committee

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Havering
LONDON BOROUGH

OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 6 NOVEMBER 2019

Subject Heading:	Developing a local response to the NHS Long Term Plan
Report Author and contact details:	**Anthony Clements, Principal Democratic Services Officer, London Borough of Havering**
Policy context:	**The information presented gives details of the current work on local aspects of the NHS Long Term Plan.**
Financial summary:	**No impact of presenting information itself.**

SUMMARY

NHS officers will present to the Joint Committee details of current work being undertaken in relation to local implementation of the NHS 5 year plan.

RECOMMENDATIONS

That the Joint Committee scrutinises the information presented and takes any action it considers appropriate.

REPORT DETAIL

Officers will update the Joint Committee on a number of areas of work under way to implement locally the commitments of the NHS long Term Plan which was published in January 2019.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

East London Health & Care Partnership

Developing a local response to the NHS Long Term Plan

Update for INEL and ONEL joint health overview and scrutiny committee

Simon Hall
Director of Transformation

6 November 2019

NHS Long Term Plan

- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well
- We have been working locally to plan how we will deliver the Long Term Plan's commitments over the next five years. We are calling this our Strategy Delivery Plan (SDP)
- On 27 September 2019 we submitted a draft document to NHS England.
- Draft on our website www.eastlondonhcp.nhs.uk to allow people the opportunity to have their say on the content.
- Now in the process of incorporating feedback ahead of a final version being submitted to NHS England on 15 November 2019, which will also include commitments on finance and key service targets.

Our challenges

Our challenges cannot be addressed simply by doing more of the same:

- We are facing substantial population growth (from 2.02m to 2.28m by 2028, 13% growth over the next 10 years).
- There are significant variations in clinical quality and outcomes across our health and care economy that need to be tackled in order to make a real impact on health inequalities.
- We already have a significant workforce challenge across both health and care services and our population growth will exacerbate demand for services if we continue to deliver them in the same way.
- Demand is projected to outstrip our resources and capacity which means we need to look at how we provide care and our financial models and systems. These challenges span both health and social care, and mean we need to agree a different way across all our partner organisations to manage financial risk.

In order to continue to respond to the health and care needs of our local population we need to do things radically differently.

Responding to our challenges

East London Health & Care Partnership

- Greater emphasis on preventing ill health, and empowering local people to take more control over their health and lifestyle choices (prevention and personalisation)
- Ensuring the health and care services we do provide are integrated, joined up and appropriate for people's needs (integrated care)
- Rapidly modernising local approaches to health and care provision, utilising the academic and research base we have in north east London for the good of our local population (modernisation).

One page summary

East London Health & Care Partnership

Our key challenges	➢ Growing population and increasing demand – 13% projected growth in the next 10 years, we need to respond to demand differently if we're going to manage this successfully ➢ Health inequalities – we need to make more progress in tackling the health inequalities of our local population. ➢ An unbalanced delivery system– we are set up to respond to illness and need to refocus towards prevention and population wellness ➢ Workforce – we currently have 11% vacancies across our system putting pressure on the existing workforce and our ability to recruit and retain staff; we need to grow our own going forward and think about different roles.				
Our top priorities	✓ Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred ✓ Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it ✓ Population Health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact ✓ Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence) ✓ Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21st century health and care provision				
Our change programmes	**A better start in life** Improving maternity services and supporting young people to have the best start in life they can.	**Living well** Supporting people to live healthy and happy lives, to manage any long-term health problems, and to age well.	**A good end to life** Helping people as they get older, and supporting people and their families through death ensuring dignity and choice of where to die.	**Better mental health** Putting mental health on an equal footing to physical health, removing stigma and providing better support in the community.	**Seldom heard communities** We are committed to working in partnership with patients and communities who experience health inequalities to help reduce these, help them to access the support that suits them, and promote environments that are fair and free of discrimination.

Our ambition: What we will deliver for…

East London Health & Care Partnership

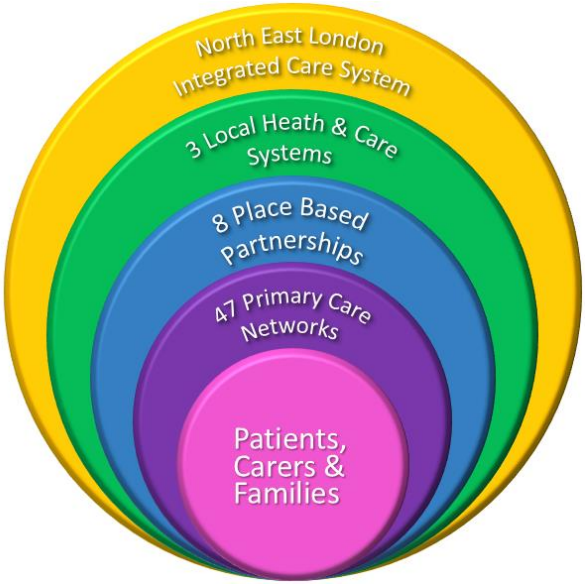
Local people	Health and care staff
don't notice organisational boundaries – it is all one health and care system working together to provide the best care	can easily talk to and share information with staff working in other organisations so they can provide the best care
are supported to stay well	support people to stay healthy, with a focus on longer-term health and wellbeing and prevention
can access the best care possible in modern, fit for purpose facilities	work in modern, fit for purpose facilities that make it easy to do their jobs well
can view their patient record online, and are confident it is stored securely	can easily and securely access patients records in order to provide knowledgeable, consistent care, and don't have to ask people to repeat themselves
access care provide by skilled, motivated, kind staff with a culture of continuous improvement	are supported to provide the best care by continually developing their skills and expertise and are offered training want to work in north east London because there are flexible, innovative roles with opportunities to develop
benefit from world class research and innovation which means earlier diagnosis and more effective treatments	can use research and innovation to provide the best care

How we will make change happen:

East London Health & Care Partnership

Strategy delivery plan

- Integrating care for our local residents through improved and responsive out of hospital services.
- Tackling demand in a meaningful way, focused on addressing the social determinants of health.
- Developing our clinical services to support our population needs, taking a different approach to services for the young and the old in our communities
- Delivering a 21st century NHS for our local population using the opportunities afforded to us by new technology, quality improvement, urban regeneration and research opportunities.



Through our Integrated Care System

Working better as a "System"

- Developing collective responsibility for population health across all partners
- Strengthening clinical leadership from network to ICS level and across all health and care disciplines
- Enhancing place-based partnerships, particularly with local authorities and embedding patient and public engagement.
- Empowering local people to take more control over their health and lifestyle choices
- Utilising the centres of excellence and models of good practice that exist already across NEL for the maximum benefit of our local communities

System enablers

- **Workforce** Addressing retention through supporting our current workforce to thrive, improving our leadership culture, developing new roles, and embedding a culture of learning and development
- **Digital** Further developing our capability to share records and accelerating the use of digital for patients in primary care.
- **Estates** Working together to delivery care in modern, fit for purpose buildings
- **Finance & analytics** Taking a visionary approach to finance, making population health our key financial driver

Delivering by developing an ICS

We have all committed to working together in a collaborative way to deliver local health and care services which mean local people have more options, better support and properly joined up care at the right time in the best care setting.

Integral to this will be how we develop our north east London Integrated Care System (ICS) by April 2021.

ICSs bring together local organisations in a pragmatic and practical way to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services and health with social care. They will have a key role in working with local authorities at ‘place’ level and through systems, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

What is our plan?

East London Health & Care Partnership

We want to make some changes to how we are organised to provide better and more joined-up services as an **integrated care system (ICS)**. This will include:

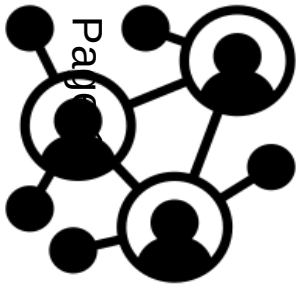
- all GP practices working together in **primary care networks**
- seven **place-based partnerships** drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three **local systems** looking more strategically at what makes sense to be provided across a wider geographical area
- a **single commissioning group** for north east London, led by local doctors, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health

These changes support the commitments set out in the NHS Long Term plan.

NEL Integrated Care System

East London Health & Care Partnership

An integrated care system is a new way of working together:



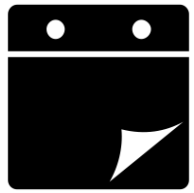
- The old ways of working, with the separation of commissioners and providers, independent organisations following their own agendas and competition between providers is being replaced by a new culture of co-operation, collaboration, integration and system-based working.
- There will be a new focus on population health, and this will become everyone's business. Providers will not just be responsible for the people they treat but have a collective responsibility for the whole population's health alongside commissioners
- We are still at the beginning of considering how this will work across NEL. We will need the support of our local partners, communities and staff to develop how this will work.
- This will only be achieved by sharing the responsibility with local authorities and other partners.

A single NEL CCG

East London Health & Care Partnership

- We currently have **seven clinical commissioning groups** in north east London buying and planning services – this can **lead to variation**
- **No birds eye view** in north east London. A single commissioner would **focus on health needs of the whole population**
- Primary care networks, place based partnerships and local systems will take a **local view** in future
- Will look to retain what's working well locally and share best practice across NEL

- Single commissioner could also **commission some specialist services** for the whole of north east London, for example cancer care and children's services
- Single commissioner would be **led by doctors** and other healthcare professionals
- All **seven CCGs need to agree this approach.** If they do, we will apply to NHS England in autumn 2020 to create a single CCG to **start in April 2021.**



Why change?

East London Health & Care Partnership

People with several health conditions can find that no one sees the whole picture or supports their individual needs

Some duplication in services, which is inefficient, and some gaps which can mean people don't get the treatment and care they need

There's no single organisation with an overview of health needs of the whole of north east London, with the funding to deliver change

There are lots of health and care service organisations which can be complicated to navigate

Our current system means health and care organisations can be competing - this can stop them working together in the wider interest of local people

Next steps

East London Health & Care Partnership

- See the plan as a working document rather than something that will sit on a shelf
- Develop a plain English summary and easy read version
- Maximise opportunities for engagement and involvement – for local people, health and care staff, and our partner organisations
- Agree an accountability framework with each part of our ICS in order that we are all clear on what is being delivered where
- Work more closely with our elected representatives, particularly to secure integrated service delivery and to provide independent scrutiny
- Report annually on progress and what we've achieved.

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INNER NORTH EAST LONDON (INEL) AND OUTER NORTH EAST LONDON (ONEL) JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	A report from NHS Camden Clinical Commissioning Group (CCG) in partnership with NHS England Specialised Commissioning on behalf of all commissioners of Moorfields' services.
Date of Meeting	6 November 2019, 7:00 PM
Lead Officer and contact details	
Report Author	Denise Tyrrell, Consultation Programme Director. Denise.tyrrell@nhs.net
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets • Barking and Dagenham • Waltham Forest • Havering • Redbridge
Recommendations: The joint INEL and ONEL JHOSC is asked to: • **NOTE** this update • **NOTE** the responses draft summary of findings from the public consultation on the proposal • **PROVIDE** feedback on draft summary of consultation findings • **CONSIDER** INEL/ONEL JHOSC representatives attend the scrutiny of the consultation by the North Central London Joint Health and Oversight Scrutiny Committee on 29 November 2019	

Purpose and scope of report

NHS Camden CCG and NHS England Specialised Commissioning, working in partnership, are leading a public consultation on a proposed new centre for Moorfields Eye Hospital.

The consultation, which ran between Friday 24 May and Monday 16 September 2019, gave patients, residents, staff and other key stakeholders the opportunity to comment on the proposal to create a new centre for eye care, research and education in King's Cross with project partners UCL and Moorfields Eye Charity.

This report provides an update on the progress on the formal public consultation proposal to relocate Moorfields Eye Hospital from its site in City Road, Islington to St Pancras. The report includes the draft summary of findings from the public consultation on the proposal, highlighting the key themes expressed through the consultation; plans in place to respond to those views; and the next steps for decision-making.

For further information and consultation documentation and the draft consultation outcome report, please refer to the consultation website https://oriel-london.org.uk/consultation-

documents/ where you can read or download the consultation document, draft consultation findings and other background information.

Proposed move of Moorfields Eye Hospital's City Road services - feedback on the proposal

1. Introduction

1.1. On 24 May 2019, a consultation was launched to seek the views from as many people as possible about the proposal to move services from Moorfields' City Road site and build a new centre bringing together excellent eye care, ground-breaking research and world-leading education in ophthalmology.

1.2. This centre would be a multi-million pound development on land that has become available on the site of St Pancras Hospital, just north of King's Cross and St Pancras stations.

1.3. NHS Camden CCG, on behalf of all clinical commissioning groups with NHS England/Improvement Specialised Commissioning, together with Moorfields Eye Hospital, led the consultation, which will influence and inform the Decision-Making Business Case (DMBC).

1.4. The DMBC will be instrumental in gaining Clinical Commissioning Group and NHS England Specialising commissioning support for the proposed relocation, which must demonstrate that proposals for service change demonstrate evidence to meet four tests before they can proceed. These tests include strong public and patient engagement, patient choice, clinical evidence base and support from clinical commissioners.

1.5. The Moorfields consultation programme received: 1,511 survey responses to the consultation questions, 212 other forms of responses including emails, telephone and social media and formal responses; feedback through 99 open discussion workshops, and meetings. Responses have been received from as far as Devon and Dundee, which indicates that the consultation approach has reached the national patient/resident population.

1.6. In line with scrutiny regulations, the North Central London Joint Health Overview and Scrutiny Committee is leading a joint scrutiny process for the consultation and proposed move.

2. Case for change – the story so far

Clinical case for change

2.1. Moorfields provides eye health services to more than 750,000 people each year. Its main site at City Road in Islington has a 24-hour ophthalmic A&E and provides a range of routine elective eye care for London residents and specialised services for patients from all over the UK.

2.2. The current facilities at City Road date from the 1890s. There is very little space to expand and develop new services; the lay-out of the buildings affects efficiency and patient access, and the age of the estate creates difficulties for installing new technologies.

2.3. The proposed centre would offer better care and significantly improve Moorfields' ability to prevent eye disease, make early diagnoses and deliver effective new

treatments for more people for locally or in primary care, as well as in specialist hospital clinics.

2.4. It would bring together excellent eye care with world-leading research, education and training with the following benefits:

- Greater interaction between eye care, research and education – the closer clinicians, researchers and trainees work, the faster they can find new treatments and improve care
- More space to expand and develop new services and technology to improve care, including at home or locally, without the need for a hospital visit
- A smoother hospital appointment process, particularly where there are several different tests involved
- Shorter journeys between test areas and instantly shared results between departments, reducing waiting times and improving communications between patients and staff
- Modern and comfortable surroundings that would provide easier access for disabled people and space for information, counselling and support.

2.5. The independent London Clinical Senate has stated its support for the pre-consultation business case and, in discussions with patients and public leading up to the consultation, people were supportive of the proposed new centre, which would greatly improve care and the patient experience.

Financial case for change

2.6. Financial modelling for Moorfields undertaken at the time of developing the pre-consultation business case (PCBC) demonstrated that the capital investment for the proposal was affordable and the long-term financial position of the trust would remain sustainable.

2.7. This was based on capital costs of £344m (which includes 19% of optimism bias as well as normal planning and related contingencies), planned to be financed by a combination of proceeds from the sale of the City Road site, STP capital funding, philanthropy, and trust internal cash.

2.8. The commissioners considered the capital investment for this proposal to be affordable on the basis of assumed annual activity growth of 3%, which is consistent with historic growth levels at Moorfields based on the financial statements presented in the PCBC, which showed the latest financial year (2018/19) plan and committed to updating the baseline for the outline business case.

2.9. Additionally, projections for NHS income assume a capped income growth of 3% following occupation of the new facility in 2025/26, which is consistent with the commissioner assurance letters provided in support of the PCBC. Income growth up until occupation is assumed at 2% falling to 1% from 2022/23 due to capacity constraints at the City Road site.

2.10. Since approval of the PCBC, commissioners in partnership with Moorfields, have appointed an independent consultancy to provide analytical support to develop a detailed model to show future demand, capacity and activity. This model will also provide clarity on the likely impact of known education, workforce and technological innovations that will result in new models of care affecting the type and levels of service to be provided within the Moorfields site with more granularity.

2.11. The scope of this work involves looking at trends in historic activity by clinical sub-specialty and examining how new models of care could meet projected demand, both in terms of service delivery changes planned by Moorfields, specialised commissioning pathway changes and STP plans designed to shift activity from hospital to primary and community settings. In addition, it looks at possible optimisation in workforce education and technological advances.

2.12. The outputs of this updated demand, capacity and activity analysis will inform the financial and economic case and provide commissioners with further assurance about the sustainability and affordability of the proposed relocation.

Commissioning of Moorfields Services at City Road

2.13. 14 CCGs from London and Hertfordshire hold material (defined as >£2m per annum) contracts with Moorfields for activity at City Road, accounting for 45% of all patient activity in England. Services at Moorfields City Road are also commissioned by NHS England Specialised Commissioning.

2.14. The following table refers to spend by INEL and ONEL CCG area on services and patients attending at Moorfields' City Road site only.

CCG area	NHSE Specialised Commissioning spend (£)	SpecComm patients (number)	CCG spend (£)	CCG patients (number)
City & Hackney	£677,839	3,179	£5,682,412	30,290
Newham	£580,861	2,436	£3,787,005	19,867
Tower Hamlets	£390,978	1,790	£3,795,769	18,864
Barking and Dagenham	£233,842	1,036	£1,557,353	8,064
Waltham Forest	£328,000	1,351	£2,365,141	12,607
Havering	£302,236	1,039	£2,036,798	9,529
Redbridge	£509,221	1,911	£3,039,622	16,342
*West Essex	£227,957	797	£1,345,930	6,541

*West Essex covers Epping Forest District Council which is a member of the ONEL JHOSC

INEL and ONEL residents – summary

2.15. This summary provides an overview of the INEL and ONEL residents that use Moorfields' eye care services at the City Road site.

- Of the 14 CCGs with the highest spend on services at Moorfields' City Road site, east London CCGs are expecting to see a higher increase in people under 65 with serious visual impairment and people over 75 with registrable eye conditions from 2019 to 2035 than other CCGs in the Moorfields catchment area
- The relocation of Moorfields to St Pancras may result in more patients from other CCG areas with a higher proportion of patients living with blindness (e.g. Newham) attending Moorfields

- The prevalence of type 2 diabetes indicates that, within the Moorfields catchment area, Ealing, Enfield, Newham and Redbridge have the highest prevalence, significantly higher than the London and national rates. The likely driver for the prevalence rates is ethnicity, certainly in the case of Redbridge and Newham which have the largest proportions of black and minority ethnic (BAME) residents, and specifically South Asian and Black African ethnicities
- In the Moorfields catchment area, Tower Hamlets is in the top 10% most income deprived boroughs in England, with five others in the top 20% most income deprived; it is likely that income deprivation-related presentations to the Moorfields service will most likely arise from these areas
- Newham and Redbridge have large numbers of people in temporary accommodation or dispersal accommodation respectively, when compared to other CCGs in Moorfields catchment area. This would need consideration when making strategies to engage homeless, rough sleepers or asylum seekers
- Camden and the City of London have the highest numbers of rough sleepers in London (there are 599 rough sleepers in the surrounding areas of Moorfields City Road site).

2.16. To ensure we are fully considering the impact of equality of the proposal, we have undertaken an integrated health inequality and equality impact assessment (HIEIA) process which is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or vulnerable people or groups.

2.17. We have worked with organisations that led us to people with a range of protected characteristics, so that we captured their views on the proposal itself and any potential impact on equality. Assessment of the impact of the proposals on these groups, as well as its ability to reduce inequalities between patients, has been undertaken in two phases. Both have been led by independent organisations and represent an objective assessment of the likely impact of the proposals.

2.18. We will continue to investigate the impacts on equality and consider any issues as part of the decision-making business case following consultation.

3. The preferred way forward

3.1. The main consultation document explains how Moorfields and its partners have considered various options for developing a new centre, including rebuilding and refurbishment at the City Road site.

3.2. For specialised services, London is the most accessible UK location for patients and for recruiting and retaining specialists, technicians, researchers and students. There are critical benefits from close links with other major specialist centres, research and education facilities.

3.3. Of eight potential sites on the London property market that are close to public transport hubs, the proposal for consultation puts forward the view that land available at the current St Pancras Hospital site has greater potential benefits, including:

- Enough space for the size required and potential for future flexibility
- Proximity to two of the largest main line stations in London, King's Cross and St Pancras, with Euston station also in the area

- Proximity to other major health and research centres, such as the Francis Crick Institute, the main campus of UCL, and leading eye charities, such as Guide Dogs and the Royal National Institute of Blind People (RNIB).

Accessibility

3.4. Insights from people have also raised potential challenges around the change to their journey to the proposed new centre for people who have used Moorfields services for many years.

3.5. Moorfields commissioned an independent travel analysis in September 2018 which identified that for some patients travelling to the St Pancras Hospital site, rather than the City Road site, travel times could increase on average by just over 3 minutes.

3.6. The analysis showed that overall a relatively small number of patients would see travel times increase by more than 20 minutes (less than 1.5%), with the maximum increase being 25 minutes. Most of the increases are postcode areas that are to the east of London, where access to the proposed new site could involve a longer route for some people via bigger and more complicated rail and underground stations than Old Street.

3.7. We recognise the need to engage widely with our patient community in respect of patient access and wayfinding to and from the proposed site at St Pancras, and are engaging with patients, carers, Transport for London, Network Rail, the Local Borough of Camden and other stakeholders as we progress designs for the new site.

3.8. For more information on access and travel times to the proposed location at St Pancras, please visit http://oriel-london.org.uk/public-consultation/travel-and-access/.

4. Consultation update – what we have learned so far

4.1. To ensure the findings of the consultation were interpreted and presented in an objective way an independent third-party provider, Participate, was appointed to manage the receipt of responses, analyse findings and produce an independent report of the process and outcome of the consultation. The findings in the draft consultation report from Participate can be found on the consultation website https://oriel-london.org.uk/consultation-documents/ and summarised here.

Overview of consultation responses

4.2. Between 24 May to 16 September 2019, the consultation programme received 1,511 survey responses to the consultation questions, as well as 212 other forms of response including: emails, telephone, social media and formal responses. Ninety-nine discussion groups were held and themes noted from those were also recorded.

Who responded?

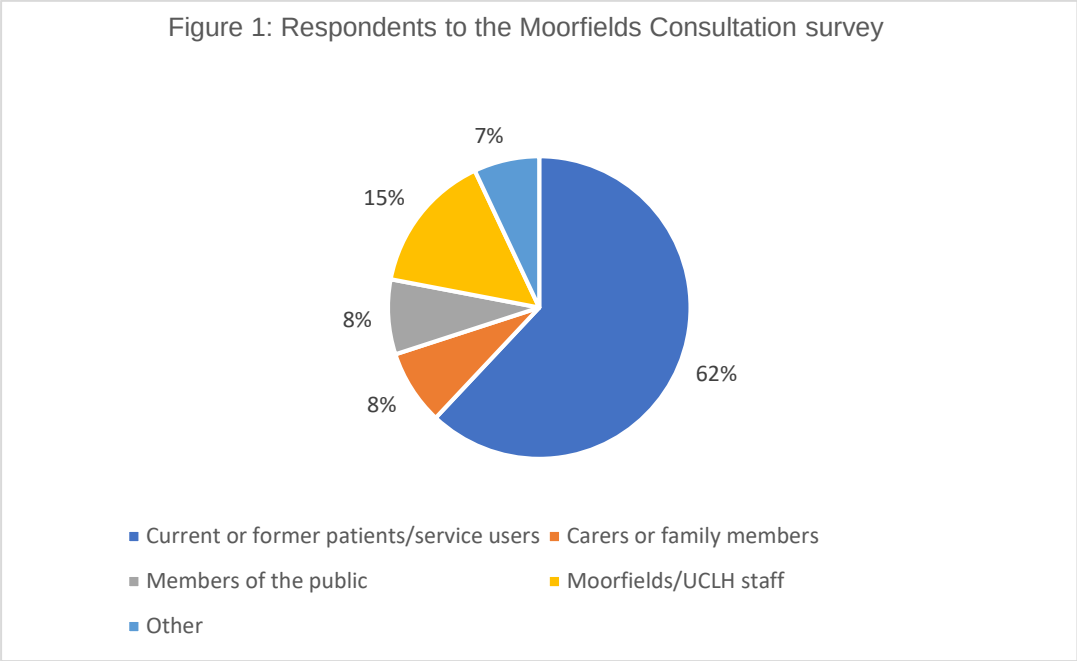


Figure 1: Respondents to the Moorfields Consultation survey

4.3. The survey responses represent a high number of current or former service users at 62% (935). Additionally, a wide range of teams, groups and organisations responded; many of which were health-related, had close links with Moorfields, or were charities related to eyecare (Figure 1).

What do they think of the proposals?

4.4. Overall there is strong support for moving to the St Pancras Hospital Site.

4.5. From the survey responses 73% (1,098) think a new centre is needed with 8% saying they don't think a new centre is needed (Figure 2)

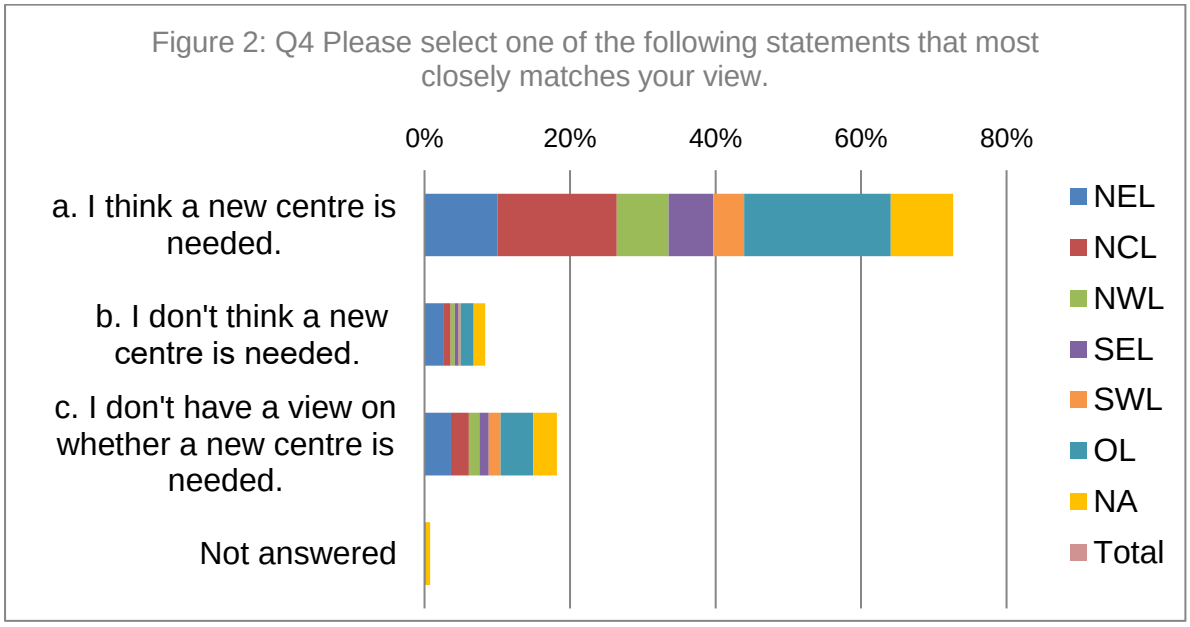
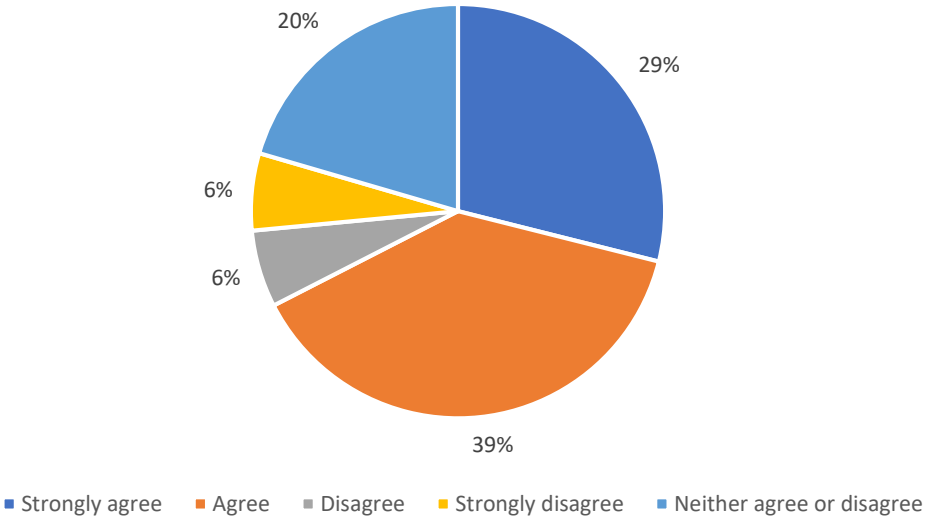


Figure 2: Survey question 4 response rates to whether a new centre is needed

- The minority of responses not in favour of the move are concerned with losing a historic building, loss of NHS assets and moving away from a facility and route with which they are familiar
- Some concerns were also voiced about the new site relating to:
    - The last half mile of the journey as public transport stops short of the site entrance
    - Accessibility, both in terms of travelling to the new hospital site, and in terms of navigating around it
    - A busy and heavily congested area meaning it could present difficulties for visually impaired, elderly and disabled patients
- Staff and patients expressed an interest to be kept informed of the development of the project and to have a voice in the design of the new hospital
- Stakeholders are generally positive about the move to the St Pancras site with organisations such as Royal National Institute of Blind People (RNIB) keen to be involved in the project
- 73% agree or strongly agree that it should be at the St Pancras Hospital Site with 10% stating they disagree or disagree strongly

Figure 3: Extent to which respondents agreed or disagreed with the location at St Pancras Hospital site



- Additionally, 81% of staff respondents strongly agreed or agreed with the proposed location, with just 7% strongly disagreeing/disagreeing that the centre should move to St Pancras
- We received feedback on alternative locations. These are being considered as part of the options review process

- Stakeholders also provided an extensive list of suggestions relating to the implementation of the new hospital
- Some stakeholders expressed a desire for ophthalmology services to be delivered locally where possible, and were keen to seek reassurance around the future of Moorfield's satellite sites
- The relationship between the Oriel programme and Transport for London and Camden Council were highlighted as key to the success of the project, especially around integrated transport and planning permission.

5. How we have engaged with people

5.1. Our approach has been an emphasis on active participation, as well as seeking written responses to the proposals. The programme of consultation activities included open discussion workshops, discussions with key groups and meetings on request.

5.2. We understand from listening to people that they are apprehensive about how any change would be managed with minimal disruption, smooth transition and continuity of service. To make sure that we address these concerns we have considered how issues of equality affect service users in the proposed changes.

5.3. The Equalities Act 2010 places duties on health and care organisations to reduce health inequalities and ensure that service design and communications should be appropriate and accessible to meet the needs of diverse communities.

5.4. To ensure that the NHS has paid 'due regard' to the matters covered by Public Sector Equality Duty, we have undertaken an integrated health inequality and equality impact assessment (HIEIA) process which is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or vulnerable people or groups.

5.5. We have worked with organisations that led us to people with a range of protected characteristics, so that we captured their views on the proposal itself and any potential impact on equality. There were 38 meetings and conversations with people with protected characteristics and rare conditions. They included networks of children and young people, older people, people with learning disabilities, mental health problems, physical disabilities, multiple disabilities and sensory impairment. We also met people from LGBTQ+ and BAME groups, including people with these characteristics and who have sight loss.

5.6. Assessment of the impact of the proposals on these groups, as well as its ability to reduce inequalities between patients, has been undertaken in two phases. Both have been led by independent organisations and represent an objective assessment of the likely impact of the proposals.

5.7. We have also engaged with partners in London, Essex, Hertfordshire and Kent, as well as further afield; providing briefings to overview and scrutiny committees and Healthwatch.

5.8. And we have heard from residents in north, south, east and west London, Essex, Hertfordshire, Bedfordshire, Suffolk and Norfolk. Over a quarter of survey responses have come from people who live outside London.

Main feedback from engagement

5.9. The main themes of feedback during this engagement have not changed during the consultation, and remain as follows:

Clinical quality

5.10. The issue most highlighted as "very important" by people is high quality clinical expertise. Overall, it was stated that clinical quality is more important than any travel issue, which could be overcome.

Transport to and from the proposed St Pancras site

5.11. There were several aspects listed that were key concerns for people in regard to travel and transport to and from the St Pancras site. The main themes included:

- Travelling the last half mile
- Engaging with Transport for London
- Help with travel
- Difficulties posed by King's Cross being a busy area

Accessibility to the proposed site

5.12. A number of suggestions and solutions were listed to help with accessibility to the proposed new centre. For example, having a green line and tactile flooring, moving bus stops, operating a meet and greet facility, installing better signage.

Accessibility around the proposed site

5.13. Improved accessibility around any potential new centre was identified as important. It was considered crucial that staff, service users, carers and representatives from supporting groups and charities are involved in the design and development of the proposed centre to ensure it meets a wide range of needs.

Patient experience

5.14. Improving patient experience the through:

- Good communication
- Better patient facilities for treating service users and allowing for improved privacy. There were comments on the benefits and drawbacks of gender specific wards, toilets and non-gender specific areas.

Transition to the proposed new centre

5.15. Managing the transition to the proposed new centre included communicating progress updates using a multi-channel communication approach. Some groups expressed the need to include people with disabilities and other protected characteristics in the design

of the new centre. It was felt that no-one knows better about what is accessible and what doesn't work than the users themselves. The breadth of involvement during the consultation was commended.

Key INEL/ONEL highlights

5.16. Out of total 1,511 survey responses received, 248 responses were from north east London. 65 % of those who responded to survey are those who currently use eye health (ophthalmology) services at Moorfields or have you used them in the past three years. There was a majority agreement with 61 % think a new centre is needed and 16% of respondents disagree or strongly disagree.

5.17. Forty out of the 126 (32%) respondents who said they don't think a new centre is needed live in the north east London area. This finding could infer there are more concerns from those living in the north east London area about building a new centre with the perceived potential for disruption to services and travel difficulties. In addition, some felt that a facility is missing in the east of London.

5.18. Overall, there were slightly higher levels of disagreement with the proposal of a new centre from those living in north east London. Some stakeholders were keen to help develop services in their locations to reduce patient flow to Moorfields.

5.19. In addition to completing the survey, around 300 people were contacted through over 17 focus group meetings and discussions that were held with number of organisations and charities. This included Protected Characteristics groups and seldom heard groups across INEL/ONEL. Below are list of groups from north east London who were involved in these discussions through consultation process:

- Hackney Informed voices enterprise
- Beyond Sight Loss - Tower Hamlets (60 people)
- Newham CCG patient participation group (20 people
- Community Commissioning Panel, Tower Hamlets
- Meeting with Newham CCG patient participation group
- East London Co-production Forum (Older People)
- North East London Patient Reference Group
- City and Hackney PPI Committee
- Beyond Sight Loss family social, Tower Hamlets
- Newham Council and CCG Co-production Forum
- Waltham Forest CCG Patient Reference Group (PRG)
- City and Hackney Older Person's Reference Group (OPRG)
- NE London Older People's Reference Group(70 people)
- Tower Hamlets Older People's Reference Group
- HIVE (Hackney Informed Voices Enterprise)
- Action on Hearing Loss
- East London Local Optical Committees (35 people)

5.20. Feedback from the majority of the groups was that most are in favour of building a new centre, with similar issues reflected in the meetings as identified from the survey feedback.

5.21. Engagement also included an hour long radio interview about Moorfields proposal in Forest Gate whose target audience is north east London residents.

6. How we are responding to what people say

6.1. Since the consultation was launched in May 2019, we have been seeking responses from a wide range of people from across the country, using both online and face-to-face channels.

Co-production workstreams

6.2. Given the repeating pattern of feedback, which has continued since January 2019, a clear and consistent view is emerging about how the proposal could affect people.

6.3. To respond to this, we have set up six co-production workstreams to help coordinate and translate consultation feedback into proposed elements of programme delivery. These six workstreams are as follows:

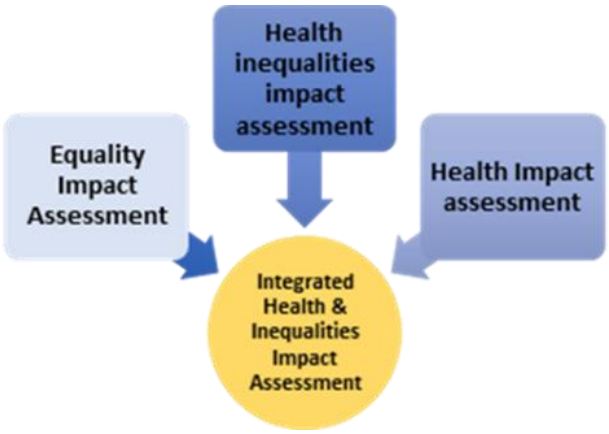
- Accessibility – getting to the proposed site
- Accessibility – getting around the proposed new centre
- Improving the patient experience
- Managing transition
- Innovation and research
- Options refresh – a task and finish group of patient and public representatives is already involved in the options refresh.

6.4. These co-production workshops, whose membership includes representatives from the Oriel Advisory Group (patient group), patients and residents, as well as experts from RNIB, Transport for London, and other interested parties, began in July and will continue through into October and beyond.

Integrated health inequalities and equality impact assessment

6.5. As part of the consultation process, we have commissioned a full integrated health inequalities and equality impact assessment.

6.6. An integrated impact assessment supports decision-making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.



6.7. The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services.

6.8. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative implications of the proposed change.

Phase 1	Phase 2	Phase 3
A rapid scoping report to identify potentially impacted groups to inform pre-engagement activities	A desktop review of "best practice evidence" to identify and develop relevant health outcomes and understand priorities and challenges for key groups.	A revised and final Integrated Health and Inequalities Impact Assessment published to reflect the results of the public consultation

6.9. We have already completed phases 1 and 2 and this assessment, with phase 3 being scheduled for completion in November 2019, post consultation.

Accessibility workshops

6.10. The first co-production workshop took place on 31 July. The group, was attended by people with sight loss, carers and members of the Royal National Institute for the Blind (RNIB), Guide Dogs, South East Vision, London Vision, Organisation for Blind African and Caribbean's, Thurrock CCG, Herts Vision and Beyond Sight Loss as well as building designers AECOM. The group discussed the current routes to the proposed new site, as well as some of the new technologies that could be used to support people on their journey.

6.11. Further accessibility workshops have taken place in September and October designed to build on these initial discussions.

Intensive engagement periods

6.12. As a result of this earlier engagement, we have undertaken an intensive two-week engagement period at Moorfields City Road site, with 'talk to me' volunteers, tasked with one clear mission – to get visitors and staff talking about Oriel and the proposal. A special Oriel information hub in the centre of the City Road site was set up, staffed by the Oriel team with clinicians on hand to answer questions about the proposed relocation and how it may affect patients was held. This was combined with increased social media and media outreach work, as well as a mailing to stakeholders via the Oriel mailing list and OAG as a final push for views and responses.

6.13. The inclusion of a letter about the proposal in all appointment letters continues to generate a steady number of emails and phone calls to the consultation team from people keen to provide their views.

6.14. This resulted in an impressive level of engagement despite the summer break. In just one week, the number of survey responses rose significantly with 156 surveys completed, plus an additional 100 conversations about Oriel had by colleagues with patients, carers and staff throughout the week.

Stakeholder communications update

6.15. In August, we issued a strategic update email to stakeholders across England, which covered the main themes from consultation so far together with a summary of the proposal. It also explained how we are engaging with people and gave information on the co-production workstreams.

6.16. **All STP and CCG leads** were asked to forward it to their local authority/ OSC and other local stakeholders, such as Healthwatch and other voluntary organisations to provide an update on progress and reminding them of the end-date of the consultation in writing, to ensure they responded within the timescales.

6.17. **The 14 CCG communication and engagement leads** were asked to arrange for an agenda item on their patient and public reference groups and other representative groups.

6.18. On 23 October, we published on our website, and issued an email to stakeholders across England inviting them to share views on the findings in the draft Consultation Outcome Report, in particular highlighting anything that has not been captured in this initial draft. Comments are to be sent to moorfields.oriel@nhs.net by Wednesday 6 November.

7. Assurance and scrutiny

Quality assurance

7.1. The Consultation Institute (tCI) is a well-established not-for-profit best practice institute, which promotes high-quality public and stakeholder consultation. It provides an independent quality assurance service for consultations and was commissioned by the consultation programme board to review documentation, plans and processes prior to consultation, ensuring best practice standards are observed.

7.2. In July 2019, the tCI's quality assistance team undertook a mid-term review, which confirmed the programme's compliance with best practice standards at that stage.

7.3. Preparations for the review and the main meeting with the tCI involved members of the consultation team from Moorfields, Camden and Islington CCGs and NHS England Specialised Commissioning. It was an opportunity to consider our reach, adapt our approach and respond to feedback. We have subsequently taken actions to close identified gaps.

7.4. The tCI assessor noted our improvements in process and commended our plan to develop the initial proposal for consultation through the co-production workstreams.

The Secretary of State's four tests

7.5. The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

- Strong public and patient engagement
- Patient choice
- Clinical evidence base
- Support from clinical commissioners.

7.6. NHS England's bed closures test: In April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures.

7.7. Appendix A has the detail of how the programme is meeting these five tests.

The Mayor of London's six tests

7.8. The King's Fund and Nuffield Trust published a report in September 2017 which recommended that greater city-wide leadership is needed to successfully implement the five NHS Sustainability and Transformation plans (STPs) for London. In response to this, the Mayor of London set six assurances required to give his support to major service reconfigurations in London. While not directly required for this public

consultation, compliance with these when implementing service change is considered best practice. The summary of the Mayor of London's six tests are:

- **Patient and public engagement –** Proposals must show credible, widespread and ongoing patient and public engagement including with marginalised groups.
- **Clinical support –** Proposals must demonstrate improved clinical outcomes, widespread clinical engagement and support, including from frontline staff.
- **Impact on health inequality –** The impact of any proposed changes to health services in London must not widen health inequalities. Plans must set out how they will narrow the gap in health equality across the capital.
- **Impact on social care –** Proposals must take into account the full financial impact any new models of healthcare, including social care, would have on local authority services, particularly in the broader context of the funding challenges councils are already facing.
- **Hospital capacity –** Given that the need for hospital beds is forecast to increase due to population growth and an ageing population, any proposals to reduce the number of hospital beds will need to be independently reviewed to ensure all factors have been taken into account. Any plans to close beds must be an absolute last resort, and must meet at least one of the NHS' 'common sense' conditions.
- **Sufficient investment –** Proper funding must be identified and available to deliver all aspects of the STP plans.

7.9. This is the first time that the Mayor of London's six tests have been applied. The Mayor of London has responded to the consultation confirming that he considered the first four tests (above) and is broadly content with the proposed move for Moorfields Eye Hospital's City Road services. The final two tests will be considered later in the year, after the commissioners have published the formal consultation report and reached a decision.

8. Post-consultation steps and decision-making process

8.1. The consultation closed on 16 September 2019 following an extensive 16 week consultation period to the offset any negative impact of running a consultation during the month of August. Responses received have been independently analysed and a draft consultation outcome report has been developed for the Consultation Programme Board.

8.2. This draft report was published on 23 October 2019 and shared widely as we seek feedback on the outcome and any recommendations.

8.3. Following this, representatives from the Consultation Programme Board, CCG Governing Body members and NHS England Specialised Commissioning will consider the report in the context of the Decision Making Business Case as well as other influencing factors, such as the Secretary of State's 4 tests and Mayor's 6 tests to determine whether they will support the proposal.

8.4. These will then be summarised in the Decision-Making Business Case to assist CCGs, through the Committee in Common to be held on 19 December 2019, in their decision-making on the proposals. Specialised commissioners will follow NHS England's governance processes in their decision-making.

8.5. The outcomes of the consultation will also be presented to North Central London Joint Health Oversight and Scrutiny Committee on 29 November 2019 for assurance that the consultation process has been completed satisfactorily.

8.6. Subject to approval of the Decision-Making Business Case, Moorfields would then proceed to develop its Outline Business Case. Feedback provided during the consultation process will be used to inform the Trust's proposals in the business case and next steps. Should the Outline Business Case and Full Business Case receive approval from NHS England/Improvement, Moorfields will go on to implement the proposal, taking into consideration themes from the consultation and recommendations from commissioners.

8.7. NHS England/Improvement requires Moorfields to submit a Strategic Outline Case, Outline Business Case and Full Business Case for approval for their capital investment proposals.

9. Timeline

16 September	Consultation closed
23 October	Publish draft consultation outcome report for feedback to make sure the summary is an accurate reflection of views https://oriel-london.org.uk/consultation-documents/
November	Publish final consultation outcome report Approval of economic and financial cases Socialisation of draft DMBC Scrutiny and assurance
December	Decision-making by Committee in Common and NHS England/Improvement
January 2020	Announcement of decision.

Appendix A

The Secretary of State's four tests

The 2014/15 mandate from the Secretary of State to NHS England outlined that any proposed service changes by NHS organisations should be able to demonstrate evidence to meet four tests before they can proceed.

- **Strong public and patient engagement:** Robust and strategic stakeholder engagement has been undertaken since 2013. Strengthening patient engagement for the project has been a priority in 2018/19, hearing from more than 1,000 people, including people of varying ages, interests and backgrounds; people living with mental health problems, learning disabilities, physical disabilities and sensory impairment; and included professionals such as optometrists, social care staff and sight care experts from the voluntary sector.
- **Patient choice:** Access to the current care pathways would remain the same, with the existing full range of services continuing to be delivered from a new site, including the transfer of emergency surgery and ophthalmic A&E care. Based on the current proposals to relocate the hospital from City Road to the St Pancras hospital site, there would be no change to district hubs, local surgical centres and community-based outpatient clinics. Patient choice would be improved from a quality perspective as the proposed streamlined, modern and fit-for-purpose estate footprint would allow a more efficient patient journey time through the hospital and provide a higher quality experience for patients.
- **Clinical evidence base:** The proposal gives the opportunity for integration between cutting-edge clinical care and cutting-edge research. This would have a huge impact on the quality of clinical care with patients having more access to the research from UCL. This will be central to the design of the proposed new hospital, providing a platform to create more efficient clinical journeys and continue to deliver innovative care currently hampered by the ageing estate. The London Clinical Senate has reviewed these proposals and confirmed that the proposal has a clear clinical evidence base for the proposed move from Moorfields' City Road site to a new, purpose-built integrated facility at the St Pancras hospital site.
- **Support from clinical commissioners:** Moorfields' services are commissioned by 109 CCGs across the country and NHS England Specialised Commissioning. Some 14 CCG commissioners hold significant contracts. NHS Islington CCG and NHS Camden CCG have been significantly involved in the process to consult on the proposal to transfer services to the St Pancras hospital site. NHS England specialised commissioners are the single largest commissioner of services at the trust.

NHS England's bed closures test: In April 2017, NHS England introduced a new test to evaluate the impact of any proposal that includes a significant number of bed closures. There are no plans to reduce beds, therefore this test does not apply.

ENDS

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