

Inner North East London Joint Overview and Scrutiny Committee

Date of Meeting	Monday 26 October 2015
Report Title	Transforming Services Together - update
Presented by	Members of the Transforming Services Together team
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1. Report summary

The last presentation to the INEL Joint Overview and Scrutiny Committee related to this programme was on 12 February 2015. At this meeting, Sam Everington (Tower Hamlets CCG chair), Neil Kennett-Brown (Director of Transformation for Newham, Tower Hamlets and Waltham Forest CCGs) and colleagues introduced members to the Transforming Services Together (TST) programme. Members of the TST team were asked to report back to this committee later in the year.

The purpose of this report is to provide members with an update on activity and progress since the last meeting.

2. Brief background

2.1 Introduction

Transforming Services Together was established in September 2014 to deliver the five-year strategic plan for Newham, Tower Hamlets and Waltham Forest CCGs. It is a wide-ranging and ambitious programme, which proposes whole-system transformational change. It seeks to create high-quality, safe and sustainable health and care services in east London.

2.2 Context

Reminder of the local context:

- Our population is growing rapidly: currently there are 861,000 and we expect 270,000 more people during the next 15 years
- Without change, this would require the equivalent of 500+ extra beds. We currently have around 2,100
- Significant and growing financial gap
- Evidence of wastage, duplication and inefficiency
- 16,000 more children and young people during next 10 years. We currently have 174,000
- Up to 5,000 more births across north east London a year by 2024 (increase from 31,487 to 36,389)

- 71,000 more attendances at A&E by 2020 as a result of growth and the King George Hospital A&E closure
- Variability in quality of care: some world class services, but some significant challenges
- In some parts of our boroughs, our residents reach old age at 55, with a 20 years loss of quality of life and an 11 years difference in life expectancy
- Significant workforce challenges (skills shortages, too much agency spend and around a quarter of GPs over 60 in Newham and Waltham Forest)

All projections above based on Newham, Tower Hamlets and Waltham Forest, except children and young people which includes Redbridge

In addition:

- Barts Health NHS Trust was placed in special measures in March 2015, following the publication of a Care Quality Commission (CQC) report into Whipps Cross University Hospital, which rated the hospital as inadequate. Improvement work was already in progress at Whipps Cross at the time of the inspection, and since then further actions have been taken to strengthen the delivery of safe, effective and compassionate care for patients. Later inspections at The Royal London and Newham University hospitals resulted in an inadequate rating for both. Barts Health NHS Trust is now developing a Quality Improvement Plan. Whilst all three reports highlighted where improvements needed to be made, they also outlined areas of good practice.
- We have major capacity challenges across the system we need to address. Bed occupancy at Barts is already at capacity, with regular breaches of statutory wait list times. If we do nothing we will need 700 more beds in 10 years.

Rather than addressing the challenges detailed above as individual organisations, we need whole-system transformational change.

2.3 Workstreams

The TST programme has 15 workstreams: ten clinical and five enabler (which support all the clinical workstreams):

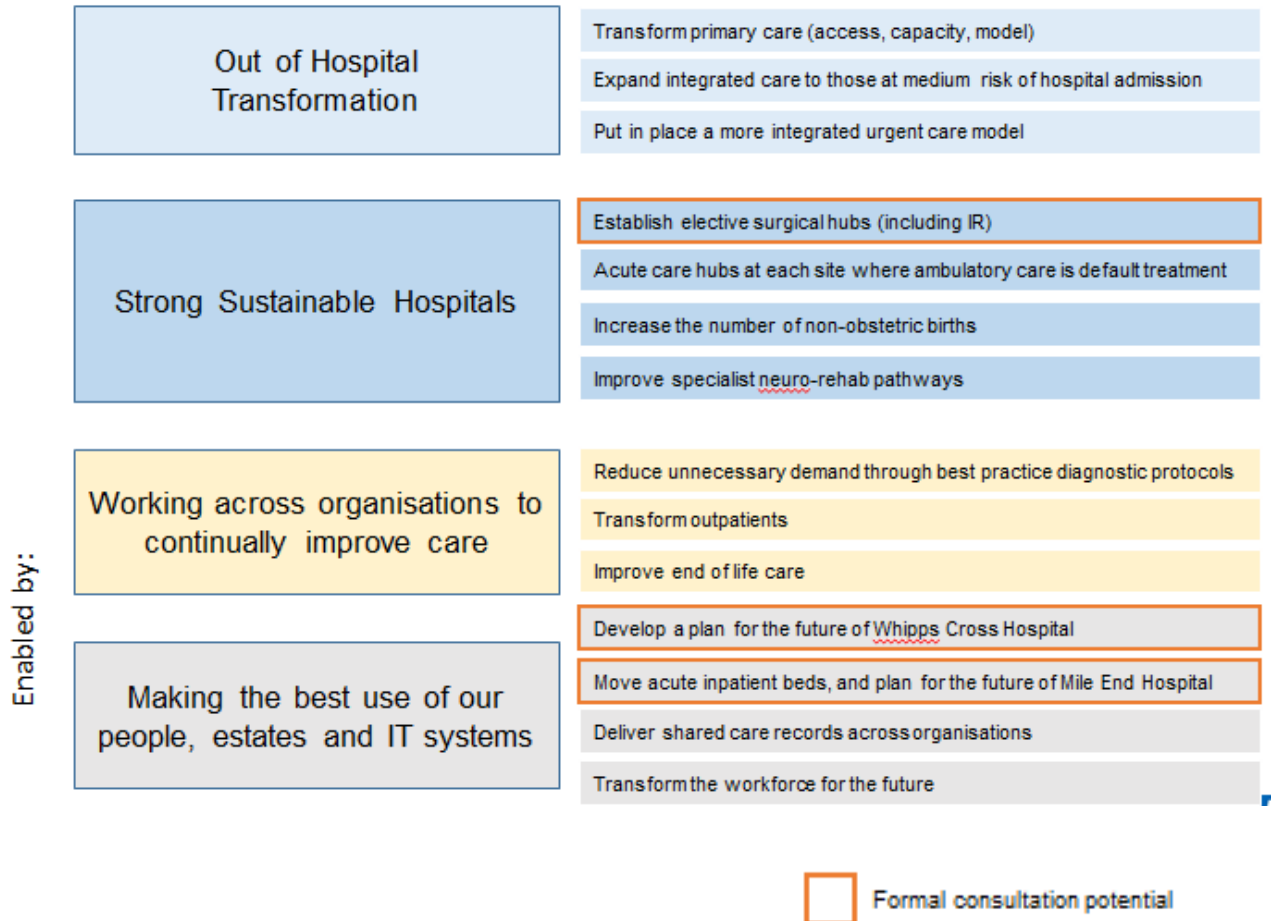
Clinical workstreams	Enabler workstreams
<ul style="list-style-type: none"> • Clinical support services • Children and young people • End of life care • Integrated care • Maternity and newborn • Mental health • Pathway redesign • Primary care • Urgent and emergency care coordination • Surgery 	<ul style="list-style-type: none"> • Population health informatics • Workforce • Organisational development/clinical leadership • Estates • Long-term financial management

3. Main body of report

3.1 What kinds of changes does TST propose?

The changes described below relate mostly to the commissioning CCGs (Newham, Tower Hamlets and Waltham Forest) and their main acute provider Barts Health NHS Trust. However this is whole system change – a range of other health and care organisations are involved as appropriate (see below, page 5.)

In order to deliver high quality, safe and sustainable services in east London for an additional 270,000 people we will:



3.2 Progress to date

General

- Each workstream has drafted a strategy which sets out potential new model(s) of care and what the changes could achieve in relation to quality, sustainability, workforce and estates
 - With a focus on health and care services in Newham, Tower Hamlets, Waltham Forest CCG areas and at Barts Health NHS Trust.
- Project managers have developed these strategies in conjunction with clinical leads, and with input from managerial, finance, activity and modelling leads. A clinical reference group (CRG) has overseen the development of these strategies.
- An overall draft strategy was written in July, which summarised each of the workstream strategies. Early timescales indicated that this draft strategy would be

ready for sharing with patients, the public and stakeholders over summer 2015. However, more detailed work needs to be done in relation to workforce, finance and estates and clinical engagement before the strategy is ready to share more widely. We do not want to raise expectation in terms of what can be delivered. We expect to be able to share the draft strategy later this year.

- Prioritisation exercise has taken place to determine what will fall under the scope of Transforming Services Together, and what will be taken forward by e.g. Barts Health Improvement Plan, existing service improvements, existing QIPP schemes etc.
- Whilst there is some more work to do to develop the longer-term vision, there are some things that can (and should) be done now:
 - An example is ambulatory care. Ambulatory care models are for people who require care or assessment by specialist medics, but where admission to a hospital bed isn't necessary or can be prevented through swift intervention and specially arranged follow-up. People can be treated in an ambulatory care setting having gone to the A&E, or by being directly referred by their GP. Whipps Cross Hospital is continuing to develop its ambulatory care service and have plans to extend it to a seven day a week service, which will help the hospital and system in general to cope with some of the increased pressures that the winter inevitably brings.

Whipps Cross Hospital (WXH)

We are starting to think about developing a strategy for the future of the WXH site:

- WXH is a very old site with c70% of it over 40 years old; almost half pre-dates the NHS
- Historic lack of funding for maintenance has resulted in back-log of c.£80m that must be spent
- CQC identified a number of significant issues, many associated with the estate that require immediate attention
- The layout of the site does not support delivery of efficient 21st century patient care
- Local campaign groups are vocal and demand action
- Previous redevelopments have been attempted but failed, which has hit staff morale
- The Trust has only a limited ability to meet the short-term capital requirements and to progress the work to develop a robust strategy for the future
- There is recognition amongst partner organisations, clinicians and officers / managers that the situation needs to change and that the site requires a robust strategy to define its future direction

Barts Health, Waltham Forest CCG, London Borough of Waltham Forest and NELFT have begun discussions to understand:

- The level of effort that will be required to complete a Strategic Outline Case (SOC), subsequent business case phases and the potential total cost of construction
- The approach and plan to deliver the first phase
- The resources and programme structure
- The intended governance to oversee the programme
- Funding for the SOC phase is being identified, and aided by success (at the first stage) of an application to the 'One Public Estate' programme
 - Work to recruit the Programme Director post has begun
 - A joint comms plan and approach is in development, together with a Case for Change and other programme initiation documentation

3.3 Involvement and engagement

Hundreds of people have been involved so far, including clinicians, nurses, social care and public health staff, patients, patient and public representatives. More specifically:

Organisations involved

The three commissioning CCGs (Newham, Tower Hamlets and Waltham Forest) are working in partnership with their main acute provider, Barts Health NHS Trust. Also involved are:

- Neighbouring CCGs - in particular, City and Hackney, Redbridge, West Essex
- Homerton University Hospital NHS Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- NEL Commissioning Support Unit
- Local authorities including social care and public health teams – in particular, Newham, Tower Hamlets, Waltham Forest and Redbridge

Appendices two and three show where these organisations have been involved within each of the TST workstreams.

Programme-wide engagement

Patient and public involvement

Patient and public reference group (PPRG) established April 2015

- Representatives invited from across north east London and west Essex, from CCGs, providers and Healthwatch
- Six meetings held. Strategies for maternity, IT, surgery, children & young people and urgent care shared and discussed

Patient engagement in some workstreams, for example:

- Children and young people: 4 young people with type 1 diabetes appointed in Newham to joint-commission diabetes services.
- Integrated care: patients involved in series of workshops
- IT: over 60 patients invited to workshops in May and June on consent and information sharing
- Maternity and newborn: mother (and baby) invited to two of the workshops; 13 pregnant women or new mothers with babies attended workshop in June.
- Surgery: patients invited to February workshop
- Urgent care: focus groups held in Newham and Tower Hamlets. Event held in Waltham Forest for voluntary and community organisations.

See appendices two and three for more details.

Transforming Services Together information leaflet

Worked with TST patient and public reference group (see above) to produce an information leaflet explaining TST in context of the NHS in east London. Leaflet can be viewed here:

<http://www.transformingservices.org.uk/downloads/TST%20Information%20leaflet.pdf>

Stakeholder meetings – in early months of programme

We presented to a range of committees and groups, to feedback on the Transforming Services, Changing Lives programme (which preceded the TST programme, and involved a period of engagement over the summer of 2014) and introduce TST. This included:

- Newham Health and Wellbeing Board (7 January)
- Tower Hamlets Health and Wellbeing Board (15 January)
- Labour branch meeting in Tower Hamlets (6 February)
- Waltham Forest Health and Wellbeing Board (22 January)
- Waltham Forest Adult Social Care Conference (2 February)
- Waltham Forest Overview and Scrutiny Committee (18 March)
- Redbridge Local Medical Committee (15 January)
- Redbridge Health and Wellbeing Board (28 January)
- Inner north east London Joint Overview and Scrutiny Committee (12 February)
- Haven House Hospice (23 March)

Stakeholder meetings – ongoing

- Quarterly meetings with local authority colleagues. We initiated these meetings with overview and scrutiny chairs, health and wellbeing board chairs, directors of social services and directors of public health in Newham, Tower Hamlets, Waltham Forest and Redbridge. These meetings took place on 27 February, 9 June and 8 October.
- West Essex CCG briefings (29 Jan and 30 September)
- Redbridge OSC (7 September)
- Newham Health and Wellbeing Board (16 September)
- North east London MPs joint meeting with Barts Health NHS Trust (30 September)
- Outer north east London JOSOC (20 October)
- Inner north east London JOSOC (26 October)

Newham, Tower Hamlets and Waltham Forest CCG governing bodies

Regular updates and discussion with the governing bodies, as the draft strategy has developed. The three governing bodies came together on 2 September to discuss their role in leading the TST programme, and to hear lessons learnt from the north west London transformation programme

<http://www.healthiernorthwestlondon.nhs.uk/>

Newham, Tower Hamlets and Waltham Forest CCG Annual General Meetings (AGMs)

Transforming Services Together stands at the AGMs in September. TST information leaflet distributed, attendees invited to sign up for TST update.

Transforming Services Together update

In March, we started writing and circulating an update, which outlined programme and workstream news and key dates and events. The update is circulated every 6 – 8 weeks, and is sent to nearly 600 people.

Other

- Commissioning intentions workshop for finance and contracting leads across CCGs (26 August)

3.3 Timeline and next steps

The current timeline is:

October: continued clinical engagement on the workstream strategies, and more detailed work in relation to finance, estates and workforce

End November: produce final draft strategy and first draft of an investment strategy

From December: engage with patients and public on draft strategy, finalise investment strategy

From early 2016: implementation and public consultation where appropriate.

4. Implications and risks

4.1. Financial implications and risks:

There are serious financial challenges facing both providers and commissioners in east London, which will need to be addressed collectively. This is part of the reason the Transforming Services Together programme was established. We are also working with local authority colleagues in social services to consider the impact on council services. An investment case is being developed currently, which will outline the investment needed and potential savings

4.2. Legal implications and risks:

N/A

4.3. Human Resources implications and risks:

Some of the proposals emerging from the Transforming Services Together programme involve new roles and people working differently. We are also working with local authority colleagues to consider health and social care roles and how these might be structured differently. This will be subject to staff consultation where appropriate.

4.4. Equalities implications and risks:

Reducing health inequalities is a key theme of the Transforming Services Together programme. Any future service changes arising from the programme will be subject to Equality Impact Assessments

5. Recommendations

Members are asked to consider and comment on the information contained in this report.

Ends

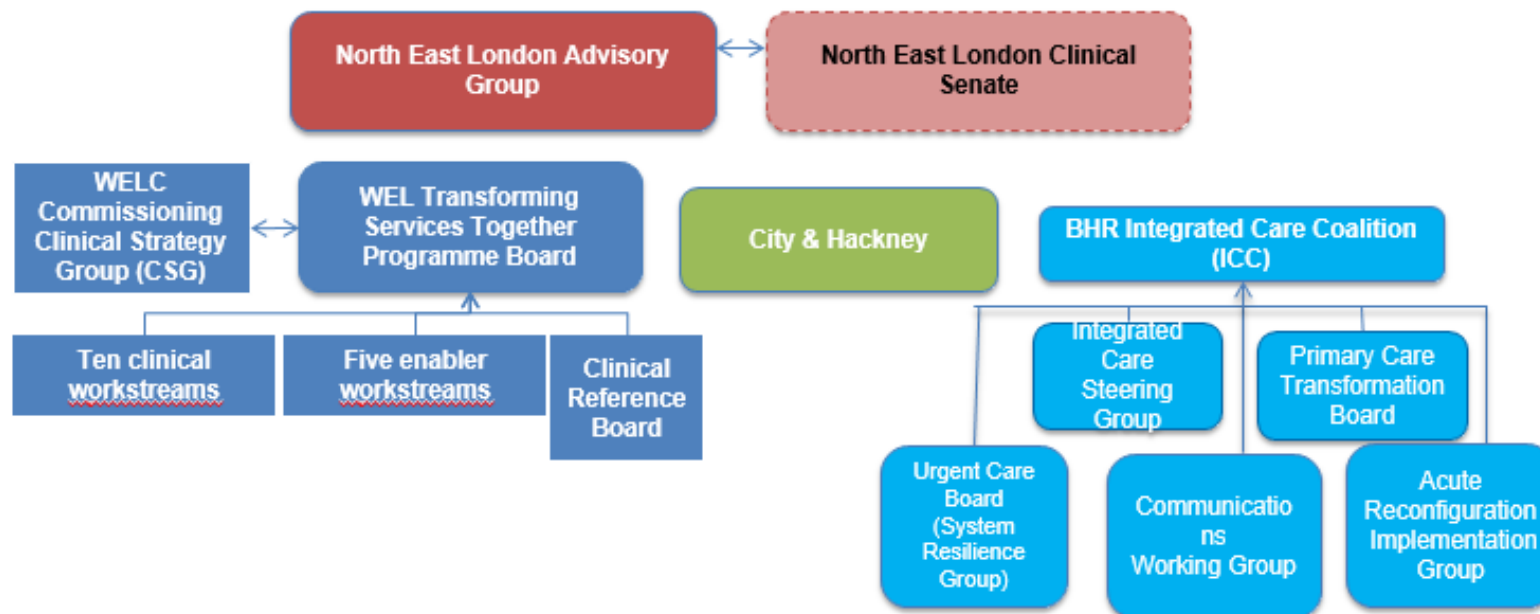
Appendix one: TST governance

Appendix two: Engagement by TST workstream January to summer 2015

Appendix three: Engagement plans for TST workstreams until end October 2015

How will TST be delivered?

Governance arrangements across north east London:



Appendix two: Engagement by TST workstream January to early August 2015

NB – WEL (Waltham Forest and east London) refers Newham, Tower Hamlets and Waltham Forest.

Clinical Support Services (CSS)

The focus of engagement has been with clinicians and managers in provider and commissioning organisations in Newham, Tower Hamlets and Waltham Forest.

Meetings and briefings:

- Regular meetings and contact with:
 - Barts Health – including clinical director of imaging, interventional radiology service manager, chief pharmacist and former interim chief pharmacist, co-chair of joint prescribing group
 - TST CSS representative for Newham and GP board member of Newham CCG
 - Deputy director of medicines management and chief pharmacist for WEL CCGs
 - TST clinical lead
- Meetings or phone contact with:
 - ADs of medicines management from WEL CCGs and AD of integrated care at Newham
 - TST CSS representatives for Tower Hamlets and Waltham Forest
 - CIO, CSS CAG director, interventional radiology clinical leads, director of pathology, professor of haematology and pathology informatics project manager at Barts Health

Workshops:

- Diagnostics workshop (13 January)
 - Attended by senior clinicians and managers from Barts Health and WEL CCGs
- Barts Health / WEL CCG informatics workshop (9 February)
 - Attended by GPs from WEL CCGs, Barts Health pathology Barts Health CIO, WEL CIO, other Barts IT leads. 8 attendees
- Medicines management workshop (2 April and 22 April)
 - Attended by senior medicines management stakeholders across WEL and Barts Health
- Pathology protocols workshop (8 August)
 - Attended by Barts Health representing key specialties, GPs and clinical leads from WEL CCGs and City and Hackney CCG. 12 attendees.
- Imaging protocols workshop (15 August)
 - Attended by 8 clinical leads from across Barts Health

Children and young people (CYP)

The focus of engagement has been with clinicians and managers in provider and commissioning organisations in Newham, Tower Hamlets and Waltham Forest, and with public health and children's services in these three local authorities.

Urgent care, emergency care and mental health services for CYP are being taken forward through these workstreams.

Meetings and briefings:

- WEL(C) Paediatrics Commissioning Alliance monthly meetings, attended by the clinical leads for CYP from WEL CCGs and the CCG commissioning managers for CYP
- Barts Health Adolescent Care Steering Group monthly meetings, attended by WEL CYP clinicians
- Regular meetings with clinical leads for CYP workstream
- Meeting between clinical and executive lead for the workstream to discuss emergency care workforce implications
- Introductory meetings/briefings with:
 - London Borough of Newham Director of Children's Services
 - NELFT chief officer and CYP service manager
 - ELFT chief officer and clinical director

Workshops:

- Next steps for TST CYP clinical strategy to prioritise aspirations from Case for Change (26 February)
 - 20 attendees, including workstream clinical leads, commissioners, clinicians/managers Barts Health, NELFT and ELFT, local authorities (Waltham Forest and Newham – public health)
- CYP urgent care and mental health (22 April)
 - 33 attendees, including commissioners, clinicians/managers from Barts Health NHS Trust, ELFT and NELFT, local authorities (Waltham Forest, Newham, TH – public health), two patient representatives (from Tower Hamlets and Lewisham – via Young Minds charity).
- Urgent and emergency care paediatrics (13 May)
 - 33 attendees, including commissioners, clinicians/managers from Barts Health NHS Trust, ELFT and Homerton, GPs, PELC local authorities (Tower Hamlets, Newham and Waltham Forest – public health, and social care from Newham and Waltham Forest social care). Partnerships manager from Richard House
- Diabetes care pathways for young people in Newham (4 and 20 August)
 - Diabetes young commissioners and friends/families/carers of young people with diabetes

Emergency care

Focus of engagement has been on developing the right clinical model, aligning this with current performance and operational improvement initiatives and starting to understand the impact on future patient flows.

Meetings, briefings and other communication:

- Regular meetings with:
 - Senior clinicians and managers at Barts Health NHS Trust, including trust clinical lead for emergency care and acute medicine, clinical lead for acute medicine at The Royal London Hospital, lead for ambulatory care at Whipps Cross Hospital, emergency department consultant and hospital director from Newham Hospital
 - Commissioning and programme leads from WEL CCGs
- Healthwatch Waltham Forest manager involved in Health Foundation bid for ambulatory care funding
- Regular attendance at TST urgent care steering group, local urgent care working groups, WEL operational resilience group
- Project leads participated in the 'Stepping into the Future' weeks at Barts Health NHS Trust
- Programme director representation at NELAG and NEL urgent & emergency care network (covers all seven north east London CCG areas)¹

Workshops:

- Workshop on emergency care, held at The Kings Fund (9 March). Invitees included chairs and chief officers from WEL CCGs; chief executive, medical director, site leads, CAG leads from Barts Health NHS Trust; medical direct from Homerton Hospital; chief executive from ELFT.
- Workshop on 'delivering our future vision for emergency' (25 March). Invitees included chief executive, medical director, site leads, CAG leads from Barts Health NHS Trust including diagnostics, geriatricians and women & children; integrated leads and urgent care leads from WEL CCGs; clinical leads from Homerton Hospital, acute care lead from Newham and Waltham Forest CCG, chairs and chief officers from WEL CCGs
- Workshop on ambulatory care (6 May). Invitees included clinical lead from each site, CCG urgent care leads, medical director from Barts Health NHS Trust
- Workshop on ambulatory care (3 June). Invitees included clinical lead from The Whittington Hospital; medical director, site leads, CAG leads from Barts Health NHS Trust including diagnostics, geriatricians and women & children; integrated care leads and finance leads from WEL CCGs, chief officer Waltham Forest CCG, chair of Tower Hamlets CCG

¹ City & Hackney, Newham, Tower Hamlets, Waltham Forest, Barking & Dagenham, Havering and Redbridge

Estates

Focus of engagement has been with estates operational and strategic leads in commissioning organisations, providers (in Newham, Tower Hamlets and Waltham Forest) and with regional and national partners bodies with a role in estates planning.

Meetings, workshops and briefings:

- Whole system estates working group quarterly meetings, invitees include commissioners; representatives from NHS England, TDA, NHS property services; estates leads from Barts Health NHS Trust, Homerton Hospital NHS Trust, NELFT, ELFT; estates leads in Newham, Tower Hamlets and Waltham Forest councils, representatives from Community Health Partnerships (CHP), London Healthy Urban Development Unit and Capita.
- Local estates working group regular meetings in Newham, Tower Hamlets and Waltham Forest. Invitees are borough based and include; CCGs, local authorities, CHP, London Healthy Urban Development Unit, NHS property services
- Briefings with CE and operational director at NELFT
- Series of workshops and meetings, with a particular focus on Whipps Cross Hospital:
 - Local authority-led: invitees include CE of Waltham Forest Council and other officers, chair of health and wellbeing board
 - Clinically-led: invitees include Whipps Cross Hospital medical director, interim managing director, other Whipps Cross clinicians, plus interim CE of Barts Health NHS Trust
 - CCG-led: meetings with chair, chief officer and executive team of Waltham Forest CCG

Integrated care

This workstream is already in implementation phase. Extensive engagement (clinical and patient) took place in 2012 when the Case for Change for integrated care was developed. Engagement has continued through the governance in place for integrated care and workshops and events on related areas, such as care planning and capitated budgets. Responsibility for communication and engagement to patients and other stakeholders is held at a provider level through their existing channels, with some central coordination provided from the Integrated Care PMO and oversight provided through each borough's integrated care committee².

² Membership includes leads from the local authority for that borough, along with the CCG, relevant community & mental health provider, Barts Health NHS Trust and a patient representative.

Maternity and newborn care

Given the need for all three acute trusts in north east London³ to provide safe maternity services across the seven CCG⁴ areas according to demand, all workshops have included invitees from these areas, both clinical and commissioner.⁵

Meetings, briefings and other contact:

- WEL maternity commissioners alliance monthly meetings, invitees include commissioners and GP maternity leads from WEL and City & Hackney; GP maternity lead from Redbridge CCG; contracting representatives from NEL CSU; Head of Maternity Commissioning for north east London (seven CCG areas)
- Regular meetings and communication with the consultant obstetric lead, heads of midwifery, midwifery leads and managerial and strategic leads at Barts Health NHS Trust
- Briefed 'Incentives and Levers Working Group' within National Maternity Review
- Email communication with 'Model of Care Group' within National Maternity Review
- Discussion with executive leads from all seven CCG areas, and medical directors and executive leads from provider organisations in the area, via NELAG
- Email communication with Tower Hamlets volunteer home birth advocate and service user
- Meeting arranged with clinical lead directors for maternity across NEL CCGs to discuss impact of potential TST initiatives on primary care

Workshops:

- Developing the maternity and newborn care strategy (27 Feb) invitees included:
 - Commissioners and GP maternity leads from WEL and Redbridge; consultant obstetricians, heads of midwifery, other midwifery leads, superintendent sonographer, neonatology clinical director, consultant gynaecologist, primary care lead from Barts Health NHS Trust; consultant obstetrician, head of midwifery, consultant neonatologist and other midwifery leads from Homerton Hospital University NHS Trust; manager for London Neonatal Network (UCLP); interim chief nurse Barking, Havering and Redbridge University Hospital Trust; maternity quality lead for Barking, Havering and Redbridge CCGs; Professor of Community and Family Health at UEL, public health adviser, NHS England lead for neonatal care, plus a service user
- Maternity and neonatal care workshop (17 April) invitees included:
 - Commissioners and GP maternity leads from WEL and Redbridge; consultant obstetrician, heads of midwifery, other midwifery leads and staff, primary care lead from Barts Health NHS Trust; consultant neonatologist and other midwifery leads from Homerton Hospital University NHS Trust; interim chief nurse Barking, Havering and Redbridge University Hospital Trust; maternity

³ Barts Health NHS Trust, Homerton University Hospital NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust

⁴ Newham, Tower Hamlets, Waltham Forest, City & Hackney, Redbridge, Barking & Dagenham and Havering

⁵ Discussions take into account the existing models of care in each area.

- quality lead for Barking, Havering and Redbridge CCGs; Professor of Community and Family Health at UEL, public health adviser, NHS England lead for neonatal care, representative from neighbourhood midwives
 - Invite forwarded to approximately 30 women from Newham, Tower Hamlets and Waltham Forest who attended previous Transforming Services, Changing Lives maternity event (September 2014).
- New model for transitional care workshop (12 May) invitees included:
 - GP maternity leads from Newham and Waltham Forest, consultant obstetrician, heads of midwifery and other maternity, neonatal and nursing leads from Barts Health NHS Trust
- Maternity and newborn care stakeholder workshop (3 June) invitees included:
 - GP maternity leads from WEL, Redbridge, Barking & Dagenham, City & Hackney; public health leads from Newham, Tower Hamlets, Waltham Forest and Redbridge councils; heads of midwifery leads from Barts Health NHS Trust
 - Pregnant women and new mothers from Newham, Tower Hamlets, Waltham Forest, Redbridge, Barking & Dagenham, City & Hackney invited via MSLC and Healthwatch. (13 attended)
- Joint TST and Barts Health NHS Trust workshop (5 August) on internal efficiency programme, invitees included:
 - Maternity clinical leads, heads of midwifery, community and home birth team leads from all Barts Health sites

Mental Health (MH)

The focus of engagement has been with clinicians and managers in provider and commissioning organisations and the three local authorities in Newham, Tower Hamlets and Waltham Forest. City and Hackney CCG representatives have also attended some of the events. Engagement has also taken place with third sector organisations and with service users.

Meetings with:

- Tower Hamlets CCG – including clinical lead, integrated care lead, commissioning manager, GP clinical lead for Child Health
- Newham CCG – including mental health and clinical leads
- Waltham Forest CCG commissioning leads
- NELFT – including adult mental health and perinatal clinicians, Liaison Psychiatry, Waltham Forest directorate
- ELFT – including directors, clinicians from Older People and Dementia, and Liaison Psychiatry services
- London Borough of Newham – including public health and programme manager for Children and Young People’s Mental Health
- Mental health programme leads at NHS England
- TST CYP Workstream Steering Group, including Waltham Forest GP lead and Newham CCG commissioners
- Perinatal, Dementia and Child and Adolescent mental health working groups
- CEO of Compass Wellbeing

- East London Paediatric Commissioning Alliance
- CEO of Mind
- CEO of Equalities National Council

Regular monthly meetings with:

- ELC Commissioning Consortium, which includes representatives from Tower Hamlets, Newham, City and Hackney and local providers

Workshops:

- General workshop (11 January) attended by WEL CCG commissioners, local authority commissioners, clinicians and GPs
- General workshop (17 March) attended by WEL CCG commissioners, local authority commissioners, clinicians and GPs
- CYP mental health workshop (23 April) attended by WEL CCG commissioners, local authority commissioners, providers, clinicians, GPs and service user representatives
- General workshop (11 August) attended by WEL CCG commissioners, local authority commissioners, providers, clinicians, GPs and third sector organisations

Organisational Development (OD) and clinical leadership

The focus of engagement has been with OD leads in providers and commissioners in Newham, Tower Hamlets and Waltham Forest as well as clinical leads across east London. The role of the OD and clinical leadership workstream during this period was to support the clinical workstreams in developing the OD elements of their strategies to ensure their successful implementation in the future, an OD health check for the TST programme and developing system and clinical leadership.

During this time, 1:1 meetings have taken place with local provider and commissioner stakeholders including Barts health, ELFT, NELFT and all OD leads from Newham, Tower Hamlets and Waltham Forest CCGs. As part of the OD healthcheck process, 21 semi-structured conversations took place with TST SROs, executives and project managers and key provider stakeholders.

Pathway redesign

The focus of this workstream in this period was to work with commissioning and clinical leads in Newham, Tower Hamlets, Waltham Forest and Barts Health NHS Trust to develop the scope of the workstream and agree priority areas.

Meetings and briefings:

- Meetings and information sharing in Feb and March with a range of people to create a document outlining the scope of the workstream, SRO, transformation lead at Tower Hamlets CCG, commissioning leads for long-term conditions in Newham CCG, strategic commissioning lead in Waltham Forest CCG, clinical and managerial leads in Barts Health NHS Trust.
- Series of planned care meetings in March and May with commissioning leads in Newham, Tower Hamlets and Waltham Forest CCGs.
- Meetings with long-term conditions & planned care commissioning leads (in May) and with diabetes and MSK commissioning leads (in June) in Newham, Tower Hamlets and Waltham Forest CCGs
- Meeting with clinical leads for cardiovascular disease and diabetes from Waltham Forest CCG; primary care team in Barts Health NHS Trust; Director of Public Health at Barts Health NHS Trust
- Meetings as required with the clinical and managerial leads for this workstream at Barts Health NHS Trust

Workshops:

- Prioritisation workshop in (April) to agree which pathways to take forward in this workstream. Invitees included: commissioning leads and GP clinical leads in Newham, Tower Hamlets and Waltham Forest CCGs; public health leads in Newham, Tower Hamlets and Waltham Forest councils, executive leads and Barts Health NHS Trust.

Population health and informatics

The focus of engagement has been with IT leads in commissioners, providers and local authorities in Newham, Tower Hamlets and Waltham Forest, and with CCGs in surrounding areas (City & Hackney and BHR).

Meetings and briefings:

- Informatics programme board and steering group monthly meetings, invitees for both include: IT leads from commissioners (WEL, City & Hackney and BHR CCGs) and providers (Barts Health NHS Trust, Homerton University NHS Trust, ELFT, NELFT). IT leads from Newham, Tower Hamlets and Waltham Forest local authorities also invited
 - IT leads from Department of Health and UCLP also invited to the programme board.
- Regular attendance at Newham, Tower Hamlets and Waltham Forest CCG informatics forums. Invitees include local GPs
- Regular meetings with IT leads from NHS England (London)

Workshops:

- Shared care records workshop (14 May)

- Attended by 65 members of patients and the public from Newham, Tower Hamlets and Waltham Forest. Invitees sought via each CCG patient involvement team, Healthwatch, CVS and press releases.

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Primary care

The focus of engagement has been to work closely with individuals and teams with a responsibility for primary care in Newham, Tower Hamlets and Waltham Forest, and more broadly across London, to ensure the draft primary care strategy reflects work already undertaken, and work that needs to be done, in these areas.

Meetings and briefings:

- Regular 1:1's with clinical leads for TST; chair of Waltham Forest CCG; SRO, clinical lead and executive lead for primary care; clinical directors (and GPs) from Tower Hamlets and Waltham Forest CCGs; director and head of primary care in Tower Hamlets CCG; TST project managers
- Meetings with:
 - Newham CCG primary care team, finance team, integrated care, social prescribing lead, Newham cluster leads
 - Tower Hamlets CCG primary care team, leads from urgent care, contracting, finance, practice manager representative on governing body
 - Waltham Forest CCG leads from urgent care, primary care, estates, finance, IT and integrated care
 - Federation leads and federation contacts in Newham, Tower Hamlets and Waltham Forest
 - Prescribing leads in Newham, Tower Hamlets, Waltham Forest CCGs and Barts Health NHS Trust
 - Pharmacy workforce (in general practice) teams at UCL and Kings College London
 - Strategic lead and team at Community Health Partnerships (CHP)
 - NHS England primary care
 - London Healthy partners
- Attendance at a range of meetings including:
 - Tower Hamlets future of primary care; Tower Hamlets primary care committees
 - Integrated care events covering Newham, Tower Hamlets and Waltham Forest
- Primary care board established. Invitees include: SRO, clinical lead and executive lead for primary care; public health leads from Newham, Tower Hamlets and Waltham Forest local authorities, NHS England, practice management (Tower Hamlets).

Workshops and focus groups:

- Maternity and primary care focus group, invitees included maternity project manager and GP leads for maternity, in Newham, Tower Hamlets, Waltham Forest and Redbridge CCGs.

Surgery

Focus of engagement has been clinical teams with a focus on Barts Health NHS Trust, to understand the clinical interdependencies of services and considerations for any future configurations.

Meetings and briefings:

- Regular meetings and 1:1s with the clinical lead for surgery at Barts Health, clinical lead for surgery at Newham CCG, productive theatres lead at Barts Health
- 1:1s and meetings as required with; general manager for trauma and orthopaedics, acute clinical lead for Newham and Waltham Forest CCGs, lead surgeon at Newham Hospital, consultant urologist at Whipps Cross Hospital, chair of Tower Hamlets CCG (also the clinical lead for TST) and finance & performance teams at Barts Health NHS Trust
- Emerging surgery strategy shared with patient representatives at the TST Patient and Public Reference Group (PPRG) in July. Invitees include patient representatives from CCGs and Healthwatch across north east London, Barts Health NHS Trust, Homerton University Hospital NHS Trust, ELFT and NELFT.
- Attendance at:
 - Surgical specialty team meetings at Barts Health NHS Trust, across the hospital sites (urology, dentistry/maxio facial, general surgery)

Workshops:

- Workshop to develop surgery strategy (15 January) invitees included:
 - Clinical and managerial leads from Barts Health NHS Trust including representatives from across the sites, for the following specialities; breast surgery, colorectal, ear nose & throat, general surgery, orthopaedics, urology and anaesthetics; the surgery CAG lead pharmacist and primary care lead
 - Leads for colorectal and orthopaedic surgery from Homerton Hospital
 - Clinical leads from WEL CCGs
 - Acute care lead from Newham and Waltham Forest CCGs
 - Two patients attended

Urgent care

Focus of engagement has been on clinicians and managers from provider and commissioning organisations in Newham, Tower Hamlets and Waltham Forest. There has been some patient engagement at a local level (see below). Since June 2015, neighbouring CCGs have been involved in the discussions through the NHS 111 procurement working group (see below).

Meetings and briefings:

- Urgent care steering group monthly meetings, invitees include WEL CCG commissioning and clinical leads, Barts Health clinical and managerial leads, clinical lead for 111, TST project managers, LAS representative, LPC representative
- Urgent care working group monthly meetings, each CCG:
 - Newham – invitees include CCG commissioning and managerial leads, GP representative and lead for out of hours, urgent care centre manager, Barts Health and ELFT managerial lead, analysts from NEL CSU, London Borough of Newham Director of Social Services, LAS representative, LPC representative
 - Tower Hamlets – invitees include CCG commissioning and managerial leads, GP representative, GP lead and managerial lead for out of hours, managerial and clinical lead for 111, Barts Health clinical and managerial leads, analysts from NEL CSU, LAS representative, clinical lead from walk-in centre, London Borough of Tower Hamlets First Response Service Manager, LPC representative
 - Waltham Forest – invitees include CCG commissioning and managerial leads, Barts Health clinical and managerial lead, analysts from NEL CSU, NELFT managerial lead, PELC lead, Healthwatch manager
 - Redbridge CCG managerial lead attends this meeting
- NHS 111 procurement working group invitees include commissioning leads for the seven north east London CCGs (City & Hackney, Newham, Tower Hamlets, Waltham Forest, Redbridge, Barking & Dagenham, Havering)
 - This covers the procurement for 111 with out of hours and urgent care system in north east London (and the TST urgent care project manager inputs into these discussions).
- Contact with public health representatives in Newham, Tower Hamlets and Waltham Forest councils

Workshops / focus groups:

- Patient focus group in Newham (April 2015)
- Patient focus groups in Tower Hamlets (April and July 2015)
- Event with local voluntary and community organisations in Waltham Forest (May 2015 - organised by Healthwatch Waltham Forest)

Workforce

The focus of engagement has been with HR and workforce leads in providers and commissioners in Newham, Tower Hamlets and Waltham Forest. The role of the workforce workstream during this period was to support the clinical workstreams in developing the workforce element of their strategies (for example, by providing workforce data to the clinical workstreams).

Meetings and briefings:

- Monthly workforce workgroup meetings. Invitees include: HR and workforce leads from providers (Homerton Hospital, Barts Health NHS Trust, ELFT and NELFT), commissioners (Newham, Tower Hamlets and Waltham Forest CCGs), local authorities (London Borough of Newham), NHS England, Health Education England. Also invited are:
 - CEPNs (Community Education Provider Networks – in Newham, Tower Hamlets and Waltham Forest. They cover both health and local authorities)
 - LETB's from across London (Local Education and Training Boards). LETB's are committees of Health Education England, and are made up of representatives from local providers of NHS services.
- Briefing with workforce lead at Barts Health NHS Trust
- Communication with HR teams at Barts Health NHS Trust, ELFT, NELFT and Homerton Hospital re: baseline data
- Update to TST clinical reference group
- Regular attendance at monthly:
 - Urgent care steering group meetings, which includes commissioners and providers from Newham, Tower Hamlets and Waltham Forest
 - Integrated care operations group meetings, which includes local authorities, commissioners and providers from City & Hackney, Newham, Tower Hamlets and Waltham Forest.
- On physicians associates (PA):
 - Discussion between Dean for Education & Director, Institute for Health Sciences Education and consultant from Barts Health
 - Letter sent from Tower Hamlets CCG chair to Secretary of State for Health regarding actions to enable more PA's to work in east London
 - Regular communication with the Faculty of Physician Associates and UK & Ireland Universities Board for Physician Associate Education about development of the PA role across all healthcare settings in this area and to undertake a national research project associated with the needs of providers, students, employed PAs and educational organisations

Workshops:

- Series of mini-workshops for TST workstreams on their workforce requirements, involving clinical and non-clinical leads

Appendix three: Engagement plans for TST workstreams until end October 2015

The plans that follow were created using a stakeholder segmentation diagram (see page 31). This identifies the different people and groups who will be involved, or interested in, proposed changes to healthcare services in east London.

At the time of writing, these plans are still underway. An update will be provided at a future meeting.

Children and young people (CYP)

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> • GPs • Secondary care clinicians and staff • Community and mental health services clinicians and staff • CCG staff 	<ul style="list-style-type: none"> • GP leads for CYP in WEL to share strategy at cluster meetings, GP federation meetings and council practice meetings • Share strategy through existing forums, including Barts Health children's service line board, adolescent steering group • Urgent and emergency care coordination for CYP workforce meeting (14 August) • Send strategy to leads and with offer of meeting to clinical and managerial leads in ELFT and NELFT. • Send strategy to CYP leads in Redbridge and Hackney CCGs
Patients and carers	<ul style="list-style-type: none"> • Patient representatives 	<ul style="list-style-type: none"> • Strategy to be presented to TST Patient and Public Reference Group (3 September)
Health partners	<ul style="list-style-type: none"> • Local authorities <ul style="list-style-type: none"> ○ Public health / Children's services directors / Transition managers / Safeguarding leads / Education 	<ul style="list-style-type: none"> • Workshop being arranged (September)
Represent and regulate	<ul style="list-style-type: none"> • Royal College of Paediatrics and Child Health 	<ul style="list-style-type: none"> • Send strategy to policy leads, with offer of a meeting
	<ul style="list-style-type: none"> • NHS England 	<ul style="list-style-type: none"> • Send strategy to Sara Nelson, with offer of a meeting

Clinical Support Services (CSS)

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Interventional radiology		
Staff	<ul style="list-style-type: none"> Secondary care clinicians and staff <ul style="list-style-type: none"> Interventional radiology and imaging leads at Barts Health and Homerton Hospital 	<ul style="list-style-type: none"> Engage with these staff to develop detail of proposals
Represent and regulate	<ul style="list-style-type: none"> NHS England <ul style="list-style-type: none"> Specialised Commissioning 	<ul style="list-style-type: none"> Engage with leads (due to funding stream)
Diagnostic protocols		
Staff	<ul style="list-style-type: none"> GPs 	<ul style="list-style-type: none"> Continue linking with nominated CCG GP leads (their support to communicate this work via local networks will be important later on)
Represent and regulate	<ul style="list-style-type: none"> Royal Colleges <ul style="list-style-type: none"> Academy of Medical Royal Colleges (AMRC) 	<ul style="list-style-type: none"> Consider linking with the Choosing Wisely campaign being led by AMRC, expected to start in Autumn
Electronic results and requesting		
Staff	<ul style="list-style-type: none"> GPs 	<ul style="list-style-type: none"> Engagement needed with GPs to ensure behavioural change <ul style="list-style-type: none"> Link with IT and OD workstreams
Outpatient parenteral antimicrobial therapy		
Staff	<ul style="list-style-type: none"> Secondary care clinicians and staff CCG staff <ul style="list-style-type: none"> Medicines management teams 	<ul style="list-style-type: none"> Continue to engage with these staff to inform granular detail of plans
Independent prescribing		
Staff	<ul style="list-style-type: none"> Secondary care clinicians and staff CCG staff <ul style="list-style-type: none"> Medicines management teams Primary and secondary care clinicians and staff 	<ul style="list-style-type: none"> Continue to engage with these staff to inform granular detail of plans Consider workshop to develop approach
All CSS areas detailed above		
Patients and carers	<ul style="list-style-type: none"> Patient representatives 	<ul style="list-style-type: none"> Present to TST PPRG in Autumn

Emergency care

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> • CCG staff • Secondary care clinicians and staff <ul style="list-style-type: none"> ○ Acute medical; A&E ○ Paediatric clinicians 	<ul style="list-style-type: none"> • Emergency care workshop (8 September) • Children and young people's workforce meeting (14 August)
Patients and carers	<ul style="list-style-type: none"> • Patient representatives 	<ul style="list-style-type: none"> • Present to TST PPRG in Autumn
Health partners	<ul style="list-style-type: none"> • Local authorities • London Ambulance Service and Barts Health patient transport • Healthwatch 	<ul style="list-style-type: none"> • To be agreed after emergency care workshop (8 September)
Represent and regulate	<ul style="list-style-type: none"> • NHS England 	<ul style="list-style-type: none"> • Identify individuals to engage with

Estates

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> • Secondary care leads; Community and mental health services lead • GPs • CCG staff 	<ul style="list-style-type: none"> • Whole system estates working group meeting (due October) • Workshop to agree next steps Whipps Cross Hospital (27 August) <ul style="list-style-type: none"> ○ Further WXH specific workshops to be arranged • Local estates forums • As above
Patients and carers	<ul style="list-style-type: none"> • Patient representatives 	<ul style="list-style-type: none"> • Present to TST PPRG in Autumn
Health partners	<ul style="list-style-type: none"> • Community Health Partnerships • NHS Property Services 	<ul style="list-style-type: none"> • SPG workshop (due 2 September) and whole system estates working group meeting (due October)

	<ul style="list-style-type: none"> Local authorities Capita 	<ul style="list-style-type: none"> As above, plus local estates forums and workshop to agree next steps Whipps Cross Hospital (27 August) Whole system estates working group meeting (due October)
Represent and regulate	<ul style="list-style-type: none"> NHS England TDA 	<ul style="list-style-type: none"> SPG workshop (due 2 September) and whole system estates working group meeting (due October)

Integrated care

This workstream is already in implementation phase. Extensive engagement (clinical and patient) took place in 2012 when the Case for Change for integrated care was developed. Engagement has continued through the governance in place for integrated care and workshops and events on related areas, such as care planning and capitated budgets. Responsibility for communication and engagement to patients and other stakeholders is held at a provider level through their existing channels, with some central coordination provided from the Integrated Care PMO and oversight provided through each borough's integrated care committee⁶.

Whilst the Case for Change for integrated care still stands, the integrated care strategy is being refreshed in light of the strategic development of the Transforming Services Together programme. This process will include a review of engagement, including identifying any gaps and areas where engagement needs to happen jointly with other workstreams within Transforming Services Together.

Maternity and newborn care

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> Barts Health maternity leads (clinical and managerial) 	<ul style="list-style-type: none"> Site-based focus groups: RLH (13 August), WXH (19 August), Newham (w/c 31 August) Barts Health Maternity Improvement Board (w/c 24 August and w/c 28 September)

⁶ Membership includes leads from the local authority for that borough, along with the CCG, relevant community & mental health provider, Barts Health NHS Trust and a patient representative.

	<ul style="list-style-type: none"> • Staff in local and neighbouring CCGs 	<ul style="list-style-type: none"> • Maternity workforce focus group (11 September) • WELC Maternity Alliance (w/c 3 August, w/c 7 September, w/c 5 October)
Patients and carers	<ul style="list-style-type: none"> • Patient representatives <ul style="list-style-type: none"> ○ Maternity Service Liaison Committees 	<ul style="list-style-type: none"> • Maternity workforce focus group: (11 September)
Health partners	<ul style="list-style-type: none"> • Local authorities <ul style="list-style-type: none"> ○ Public health 	<ul style="list-style-type: none"> • Share strategy with public health directors

Mental Health (MH)

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> • Community and mental health services clinicians and staff <ul style="list-style-type: none"> ○ Leads for CAMHS, crisis services, dementia, enhanced primary care, liaison psychiatry service, perinatal, IAPT ○ Health visitors and midwives • Barts Health <ul style="list-style-type: none"> ○ A&E, trauma centre, lead nurses • CCG staff 	<ul style="list-style-type: none"> • Contact senior managers in relevant areas for best approach • Agree approach with maternity and newborn care workstream/Barts Health • Agree approach in conjunction with emergency care workstream • Direct communication with individuals, ELC consortium meetings and Paediatric Alliance meetings • Mental health workshop (3 September Making mental health everyone's business)
Patients and carers	<ul style="list-style-type: none"> • Patient representatives 	<ul style="list-style-type: none"> • Present with CYP to TST PPRG on (3 September - tbc) • Invite patient representatives to mental health workshop (3 September)
Health partners	<ul style="list-style-type: none"> • Local authorities <ul style="list-style-type: none"> ○ WF Integrated Commissioning Group 	<ul style="list-style-type: none"> • Attend these meetings

	<ul style="list-style-type: none"> ○ Mental health leads ○ Children's services, education and public health <ul style="list-style-type: none"> • Voluntary and charitable sector 	<ul style="list-style-type: none"> • Engage via CCG mental health leads • Link with CYP workstream
Represent and regulate	<ul style="list-style-type: none"> • Royal Colleges 	<ul style="list-style-type: none"> • Approach tbc
	<ul style="list-style-type: none"> • NHS England 	<ul style="list-style-type: none"> • Identify individuals to engage with

Pathway redesign

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> • GP's, including GP clinical leads • Secondary care clinicians and staff Barts Health <ul style="list-style-type: none"> ○ Managers ○ Diabetes clinical and managerial team ○ MSK clinical and managerial team ○ Respiratory clinical and managerial team • Community and mental health services clinicians and staff • CCG staff <ul style="list-style-type: none"> ○ Planned care teams ○ Long-term conditions teams 	<ul style="list-style-type: none"> • Share strategy at cluster meetings, federation meetings and through 1:1 meetings • Diabetes core group meeting (14 August) and workshop (16 September) • Share strategy through 1:1 meetings and at core groups and workshops • Diabetes core group meeting (14 August) • MSK GM/CCG meeting (12 August) • Awaiting instruction from CAG lead • Diabetes workshop (16 September) • Share strategy through 1:1 meetings, core groups, workshops, planned care group • MSK GM/CCG meeting (12 August)

		<ul style="list-style-type: none"> Diabetes core group meeting (14 August)
Patients and carers	<ul style="list-style-type: none"> Patient representatives 	<ul style="list-style-type: none"> Diabetes workshop (16 September)
Health partners	<ul style="list-style-type: none"> Local authorities <ul style="list-style-type: none"> Public health Voluntary and charitable sector 	<ul style="list-style-type: none"> Diabetes core group meeting (14 August) Diabetes UK invited to Diabetes workshop (16 September)
Represent and regulate	<ul style="list-style-type: none"> Academic partners <ul style="list-style-type: none"> Impress, UCLP, UEL Royal Colleges 	<ul style="list-style-type: none"> Identify individuals to engage with
	<ul style="list-style-type: none"> NHS England 	<ul style="list-style-type: none"> Diabetes workshop (16 September)

Population health and informatics

Stakeholder (group)	Stakeholder (specific)	Planned engagement
1. Staff	<ul style="list-style-type: none"> Local GPs Secondary care clinicians and staff Community and mental health services and staff Staff in local and neighbouring CCGs 	<ul style="list-style-type: none"> GP informatics leads for each CCG actively involved in the development of the Informatics strategy and in the delivery of integrated solutions today GPs engaged through CCG Informatics forum, held monthly Charles Gutteridge (Barts Health Chief Clinical Information Officer) lead for acute clinicians for informatics. Leadership from Barts Health engaged through monthly Informatics Steering Group (ISG) Operational engagement through Informatics Programme Board (Barts Health and Homerton) Leadership from ELFT and NELFT engaged through monthly ISG Operational engagement from ELFT and NELFT through Informatics Programme Board Operational engagement through Informatics Programme Board

		<ul style="list-style-type: none"> • Strategy reviewed by Rob Meaker for BHR CCGs
2. Patients and carers	<ul style="list-style-type: none"> • Patient representatives 	<ul style="list-style-type: none"> • Future events to be delivered monthly at CCG level
3. Health partners	<ul style="list-style-type: none"> • Local authorities 	<ul style="list-style-type: none"> • Engagement with social care teams in three boroughs <ul style="list-style-type: none"> ◦ active plan to integrate Newham social care with primary and secondary care systems by November 2015
4. Represent and regulate	<ul style="list-style-type: none"> • NHS England 	<ul style="list-style-type: none"> • Strategy reviewed with NHS England (London.) WELC CIO engaged with Interoperability programme (SRO Terry Huff) • Active engagement with NHS England digital strategy and interoperability framework team

Primary care

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> • GPs, practice managers, practice nurses 	<ul style="list-style-type: none"> • Newham: engagement to take place in October, following discussion with cluster leads • Tower Hamlets: engagement plan being discussed with primary care lead • Waltham Forest: engagement to take place in September • WEL: joint event planned for early October
Patients and carers	<ul style="list-style-type: none"> • Patient representatives 	<ul style="list-style-type: none"> • Present to TST patient and public reference group in Autumn
Health partners	<ul style="list-style-type: none"> • Local authorities • Voluntary and charitable sector 	<ul style="list-style-type: none"> • Engagement at CCG AGMs in September

Surgery

Direction of travel suggests a need to consider more formal routes for consulting with patients and the public. This will be subject to wider TST planning.

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> Barts Health surgical teams (clinical and non-clinical) Barts Health clinical directors CCG clinical and managerial leads 	<ul style="list-style-type: none"> Share strategy through ongoing internal meetings, including new forums established following CAG restructure and TST alignment 1:1 sessions to work through site and procedure level details Share strategy through existing commissioning forums
Patients and carers	<ul style="list-style-type: none"> Patient representatives 	<ul style="list-style-type: none"> Follow-up meeting with TST PPRG after presentation to them in July, to share and discuss consultation plans

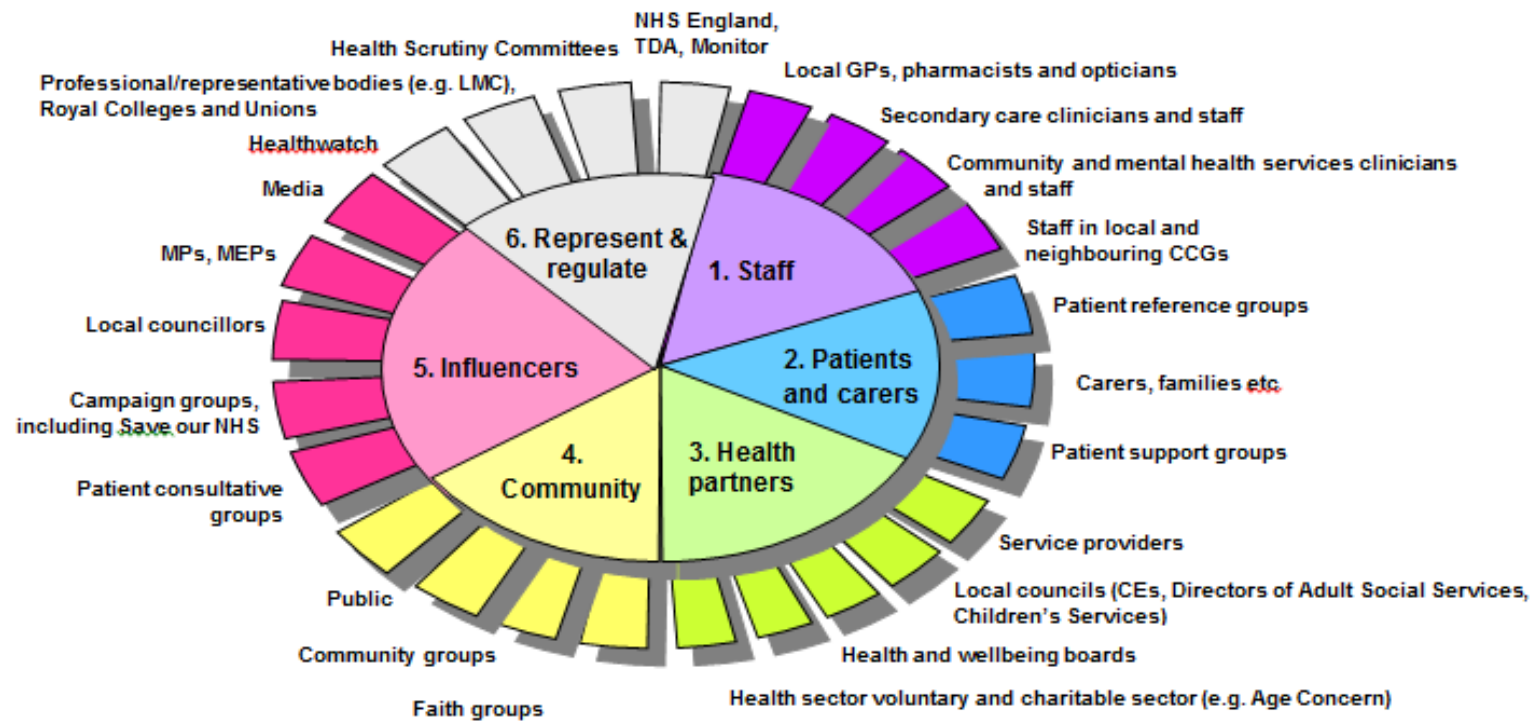
Urgent care

Stakeholder (group)	Stakeholder (specific)	Planned engagement
Staff	<ul style="list-style-type: none"> CCG leads Secondary care leads Primary care leads 	<ul style="list-style-type: none"> Urgent care working group and steering group meetings
Patients and carers	<ul style="list-style-type: none"> Patient representatives 	<ul style="list-style-type: none"> Present to TST PPRG in Autumn
Health partners	<ul style="list-style-type: none"> Local authorities <ul style="list-style-type: none"> Social services 	<ul style="list-style-type: none"> Urgent care working group meetings

Workforce

Engagement is taking place through meetings with clinical and non-clinical leads from each workstream as follows:

Workstream (or clinical area within a workstream)	Planned engagement
Children and young people	<ul style="list-style-type: none">• 14 August
Emergency care and ambulatory care	<ul style="list-style-type: none">• 8 September
Integrated care, urgent care and primary care	<ul style="list-style-type: none">• 11 August
Maternity and newborn care	<ul style="list-style-type: none">• 11 September
Mental health	<ul style="list-style-type: none">• 5 August and 3 September
Primary care	<ul style="list-style-type: none">• Meetings with each CCG, dates tbc
All workstreams	<ul style="list-style-type: none">• Workforce workshop, October



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