

Improving Healthcare Together Programme

Impact assessment

Introduction

- It is important that those involved in making decisions about future health service configuration (commissioners) understand the full range of potential impacts that any changes could have on the local population.
- We will be **independently** assessing the impacts across travel, equality, health and sustainability.
- Our findings will be presented in one integrated impact assessment (IIA) report.
- This presentation discusses initial travel impacts and how this links to a full IIA.

Agenda

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Baseline travel analysis

Overview

The baseline journey time analysis estimates current journey times for residents of the CCG areas.

Four time periods:

- AM peak
- PM peak
- Interpeak
- Off-peak

Three modes:

- Car
- Blue light ambulance
- Public transport

Outputs:

- Maps for each time period and mode
- Summary tables showing population within travel time bands
- All combinations of journeys between a home neighbourhood area* and any hospital in scope have been modelled

*Defined as a Lower Super Output Area (LSOA)

Baseline travel analysis

Method

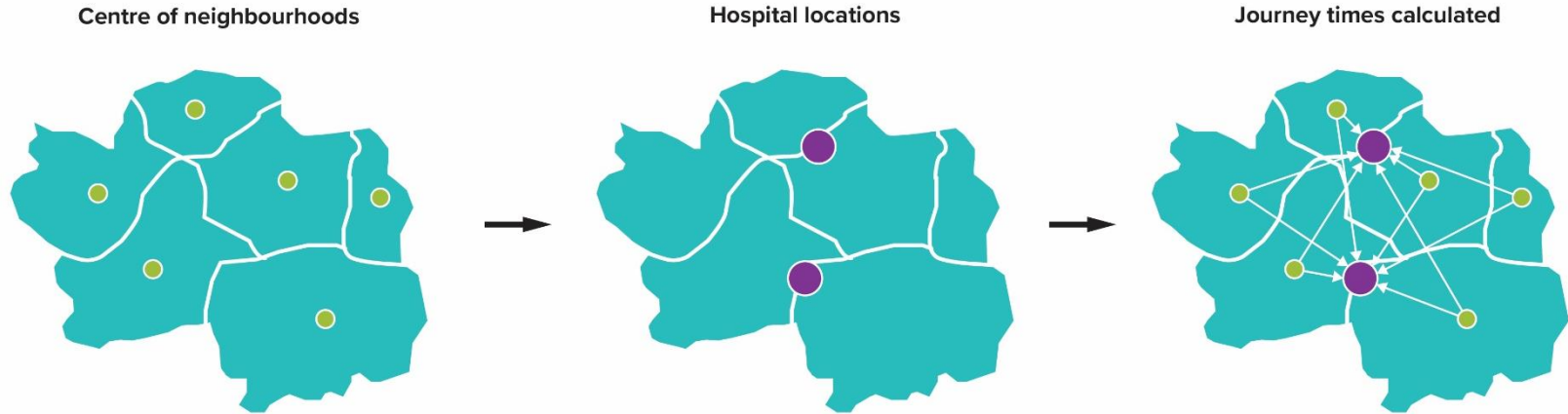
- Modelling software was used to estimate the travel time between:
 - **Origins:** The centre of each home neighbourhood*
 - **Destinations:** The 9 hospital locations
- The model created a travel time for each possible origin and destination pair (for all transport modes, in all time periods)

*Defined as a Lower Super Output Area (LSOA)



Baseline travel analysis

Method



- Once each possible journey had a time, the minimum time for that neighbourhood to a hospital was used.
- Neighbourhoods were then grouped into travel time bands. The population living in each neighbourhood was then summed for each travel time band.

Baseline travel analysis

Summary findings: Proportion of population within 30 minutes travel time

Travel Method	Proportion of population within 30 mins travel time
PT AM	74.6%
PT PM	72.7%
PT IP	74.7%
PT OP	81.8%
Car AM	99.7%
Car PM	99.7%
Car IP	99.7%
Car OP	100.0%
BLA AM	99.7%
BLA PM	99.7%
BLA IP	99.7%
BLA OP	100.0%

- Provides a current snapshot of travel time to any the nine hospital locations.
- Over 70% of residents can access a hospital within 30 minutes of public transport, and this increases to almost 100% for car and blue light ambulance

Baseline travel analysis

Full findings for CCG area

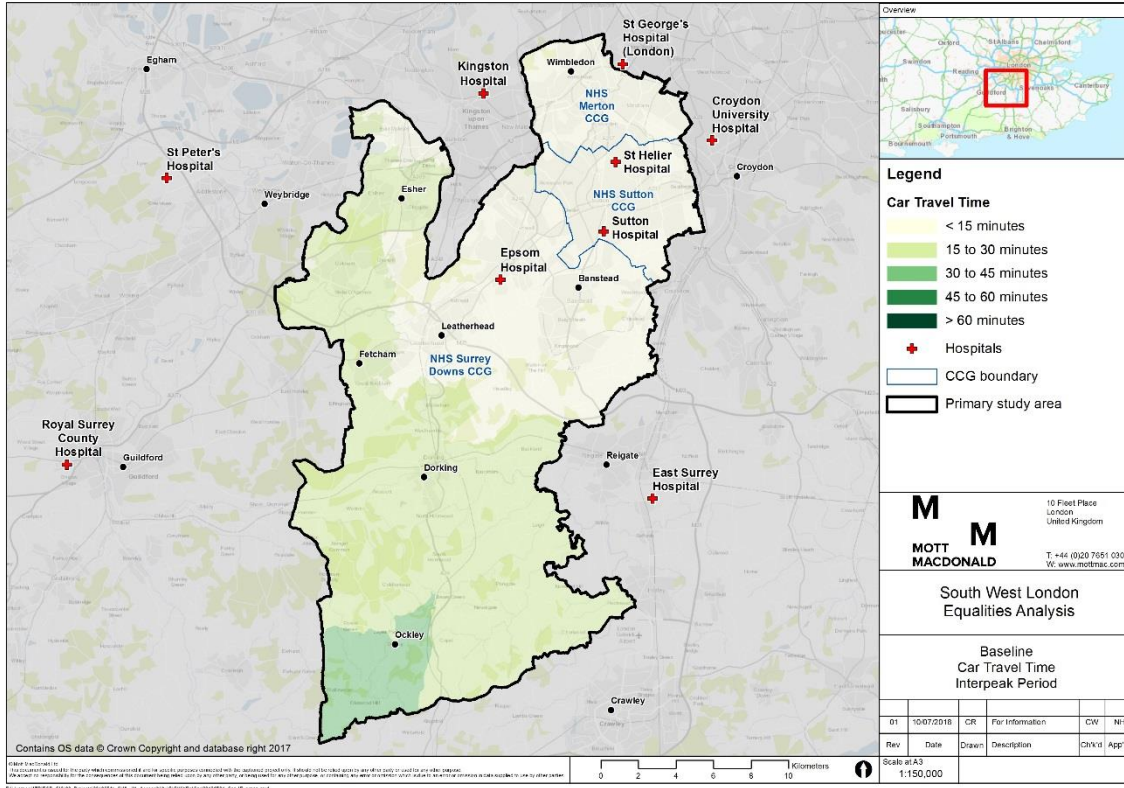
Findings – Proportion of population within travel time bands

Travel Method	< 15 mins	15 to 30 mins	30 to 45 mins	45 to 60 mins	> 60 mins
PT AM	24%	51%	18%	6%	2%
PT PM	24%	49%	20%	5%	2%
PT IP	25%	50%	19%	5%	1%
PT OP	31%	51%	8%	4%	6%
Car AM	83%	17%	0%	0%	0%
Car PM	81%	18%	0%	0%	0%
Car IP	85%	15%	0%	0%	0%
Car OP	96%	4%	0%	0%	0%
BLA AM	87%	12%	0%	0%	0%
BLA PM	85%	14%	0%	0%	0%
BLA IP	90%	9%	0%	0%	0%
BLA OP	97%	3%	0%	0%	0%

*May not sum to 100% due to rounding

Baseline travel analysis

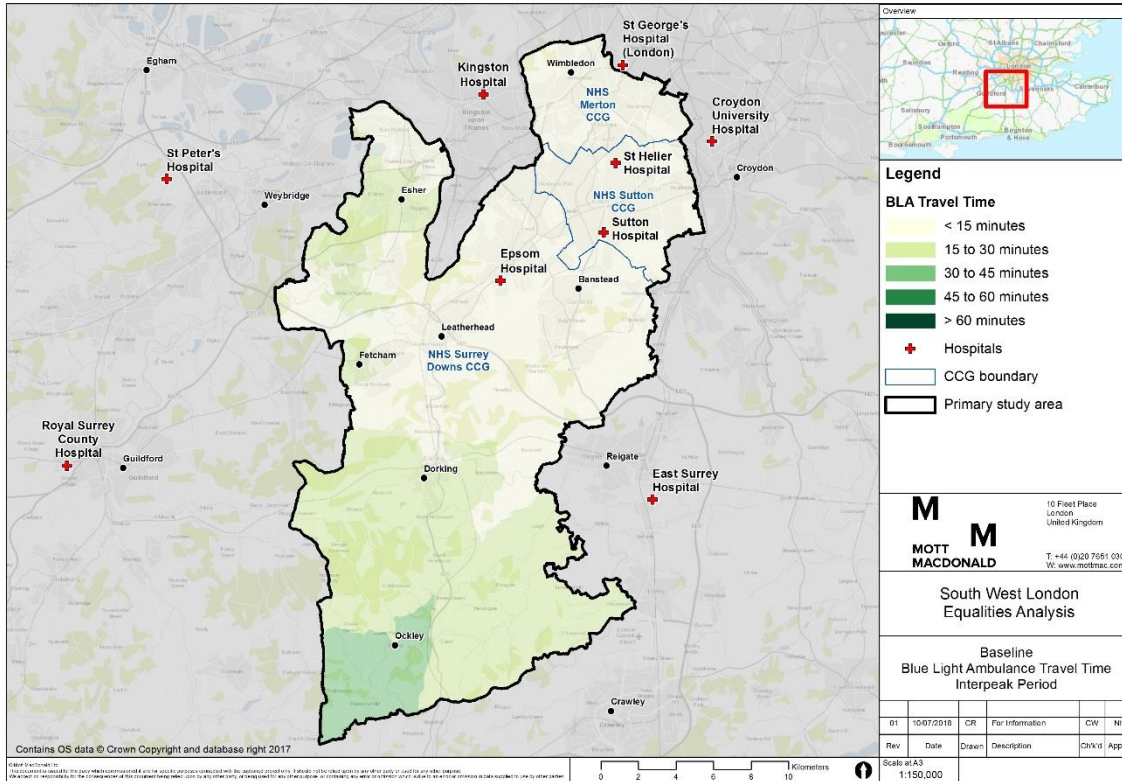
Example output mapping: Inter-peak car



- Heatmaps provide a visual representation of the travel time for populations to reach their nearest hospital.
- In the inter-peak, travel time to a hospital is no more than 45 minutes across the entire study area.
- The population with the longest travel time (45 mins to 60 mins) is located near Ockley.

Baseline travel analysis

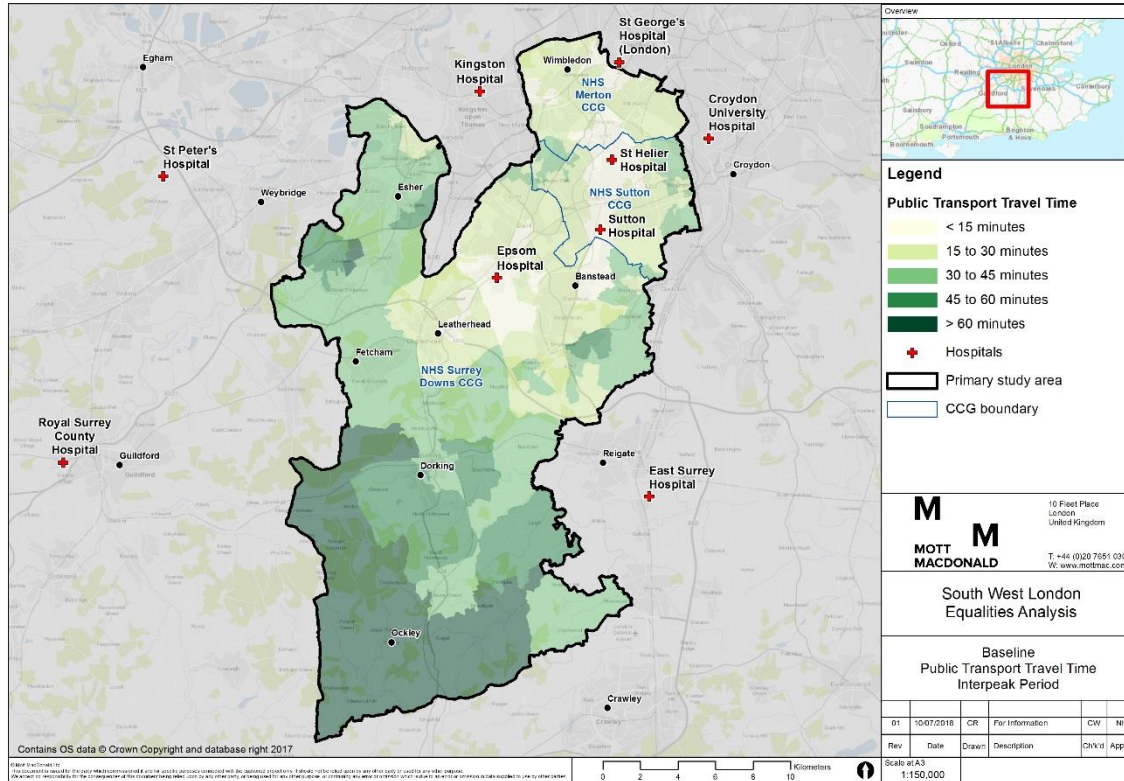
Example output mapping: Inter-peak blue light ambulance



- In the inter-peak travel time to a hospital is no more than 45 minutes across the entire study area.
- A large proportion of the study area, situated in the north and centre, have travel times of less than 15 minutes.
- The population with the longest travel time (30 mins to 45 mins) is located near Ockley.

Baseline travel analysis

Example output mapping: Inter-peak public transport



- Journey times are varied across the study area.
- There is a reduction in accessibility as you move south into the more rural areas, where travel time can be more than 60 minutes.

Baseline travel analysis

Next steps



The baseline is the building block for any future analysis according to proposed changes in locations for service



Removal of sites will affect the number of residents who can access hospital sites within the time periods



The analysis can also be conducted for socio demographic groups and using patient activity data, to see if any groups are disproportionately affected by changes

Baseline travel analysis

Next steps



Engagement with the local ambulance trusts and other stakeholders through the working group



Issues of key importance such as cost of travel, interchanges and availability of car parking will be examined



Integrated Impact Assessment



Objectives of an IIA

1

Identify positive and negative impacts

2

Identify whether impacts are experienced disproportionately by particular community groups

3

Comprehensively assess impacts (health, equality, sustainability and travel and access impacts)

4

Recommend mitigations for negative impacts and identify opportunities for enhancing positive impacts

Usual stages of an IIA

1

Scoping phase objective: Identify assessment areas and groups to be scoped in to the assessment

2

Pre-consultation report objective: Appraise positive and negative impacts, mitigation measures and enhancement opportunities

3

Post consultation report objective: Update report from any consultation findings

Stage 1: Scoping report

1b

Desktop evidence review

Review clinical trends and identify protected characteristic groups which may have a disproportionate need for services.

1c

Demographic mapping

Map the distribution of residents from population groups likely to experience disproportionate effects.

1d

Strategic engagement

Engage with local health and equality stakeholders.

1e

Baseline travel assessment

Present baseline travel times for the services under review.

1f

Scoping report

Set out which protected characteristics have been scoped in with a summary of evidence.

Stage 2: Pre-consultation report

2a

Initial scoping of health and equality impacts

Findings from task 1b-1f and further desk research will be used to understand potential impacts.

2b

Engagement

Time to be used flexibly-activities can cover engagement fora, interviews meetings and/or focus groups with protected characteristic groups.

2c

Detailed travel and access analysis

Travel time effects for the whole population, vulnerable groups and staff

2d

Carbon impacts

Assessment of the likely changes to carbon emissions across; travel (patients and visitors), building energy use and goods and services.

2e

Pre-consultation report

Appraisal of positive and negative impacts, mitigation measures and enhancement opportunities.

Stage 3: Post-consultation impact assessment

3a

Review of public consultation

Identify all relevant findings from the public consultation.

3b

Production of the final report

The report will be updated

Questions