

## Summary report on all equalities engagement

### 1. Introduction

This summary report captures feedback from pre-consultation engagement undertaken with protected characteristic and deprived groups to co-develop acute healthcare across Surrey Downs, Sutton and Merton.

Feedback from our overall pre-consultation public engagement work can be found - [here](#).

### 2. Equality groups:

- At the start of our pre-consultation engagement activity an [initial equalities analysis](#) was undertaken by Mott MacDonald to understand how changes to the delivery of acute services might impact on different groups e.g. older people over 65, people with a learning impairment or people from black and minority ethnic communities (BAME). These are known as 'protected characteristic' groups under the Equality Act 2010).
- A deprivation report was also commissioned which explored the health needs of people experiencing difficult challenges in life, how they use acute services and how we should test potential solutions for acute services against the challenges identified.

### 3. How we obtained feedback:

In-depth engagement was undertaken with the protected characteristic and deprived groups identified as potentially impacted by the proposals in order to a) understand this impact and b) put plans and safeguards in place to ensure they can access and use future acute services in just the same way as other members of the community.

Feedback from people from different backgrounds was secured in the following ways:

- A) Eleven focus groups run by Surrey Healthwatch, Merton Healthwatch and Sutton Healthwatch which involved over 100 residents, patients and carers - these reports can be found on the Improving Healthcare Together Programme 2020 – 2030 website here:

[Surrey Healthwatch](#) (older people, carers, learning impairments)

[Merton Healthwatch](#) (older people, carers, BAME)

[Sutton Healthwatch](#) (older people carers, BAME)

- B) Engagement by the Improving Healthcare Together 202 – 2030 programme team with 122 service users through 18 local community groups across Surrey Downs, Merton and Sutton.

This report can be found on the Improving Healthcare Programme 2020 – 2030 website - [here](#).

- C) Focus group discussions with 56 parents and A&E service users – this work was undertaken by an independent engagement consultancy called Traverse and this feedback can be found at pages 27 – 31 of our overall public engagement report - [here](#).

#### 4. Key findings:

Across all the equality groups engaged a number of common themes emerged around impact and specific needs which were considered by the programme.

These included:

- **The impact of transport links, longer journey times, limited parking, parking costs and increased travel costs** on people with mental health needs who struggle with anxiety, agoraphobia and panic attacks, people with learning impairments on a fixed income who do not drive or travel alone and people with physical impairments who rely on patient transport and public transport (buses more than trains).
- **Disability-friendly** – there is a need for specialist support for young people, people with mental health needs and people with a physical and/or learning impairment in a new acute service (e.g. specialist mental health and learning disability nurses).
- **Family, friends and carers**– people who are critically ill are vulnerable and need help with making decisions. If carers, friends and family cannot visit this has a serious, isolating and significant impact on the patient. Social contact is vital to recovery and information-sharing particularly for the vulnerable e.g. people with physical and/or learning impairments, people with a mental health need and children and young people. Visitors and carers also have needs of their own e.g. some are older or use a wheel-chair – once again cost of transport, distance and lack of available transport are key inhibitors.
- **Cultural sensitivity** – an impact was raised by some participants of black and minority ethnic origin around the need to meet food and language requirements (this concern was raised in relation to Epsom Hospital reflecting the population demographic in situ).
- **Residents living within deprived communities** raised similar concerns to those already highlighted in relation to any potential increased travel times, impact of traffic and increased traffic, impact of parking (availability and costs) and impact of public transport on the elderly and parents.
- **Familiarity and reputation** – across all the groups engaged quality of care, reputation (perceived issues at St Helier) and current access also played a part in determining which solutions were preferred. For adults and children with mental health needs and/or learning impairments consistency is key and change equals uncertainty - familiarity with a known hospital environment and staff is therefore important for these groups. For the Gypsy, Roma and Traveller (GRT) community in Surrey, Epsom hospital is near and trusted - they also reported Epsom had developed a cultural understanding of the needs of the GRT community.
- **Case for change** – there was widespread recognition across all the equality and seldom heard groups engaged concerning the need to improve the status quo of staffing levels and old buildings.

Other:

Some participants felt that St Helier had good transport links serving a larger, deprived population which would benefit from a new acute service – however, for some Merton and Surrey Downs residents the longer journey time is a concern.

Availability of beds, population growth, impact of higher demand on waiting times, merits of accessing a centre of excellence, increased demand for ambulance services, need to focus on prevention and need for the elderly to access acute care was also raised.

Low staffing levels, high building costs, service disruption, need for joined up care (carers, older people) and better information – sharing (carers, older people) were also raised as key issues.

The above feedback mirrored key findings in the overall public engagement report around transport, traffic, parking and the impact of service change on the elderly, less mobile and deprived groups.