

**ACUTE SUSTAINABILITY PROGRAMME**

**NHS SUTTON, MERTON AND SURREY DOWNS CLINICAL COMMISSIONING GROUPS**

**STAKEHOLDER REFERENCE GROUP**

**MINUTES OF THE MEETING HELD ON 15 MAY 2018**

**Date:** 15<sup>th</sup> May 2018

**Time:** 15:00

**Location:** Conference Room 1, Wells Wing, Epsom Hospital

**Present**

<b>David Williams (Chair)</b>	Healthwatch Sutton
<b>Noor Suman</b>	Wallington Community Wellbeing Group
<b>Bob Mackinson</b>	Epsom Medical Equipment Fund
<b>Clare Gummett</b>	Age UK Merton / Merton CCG (Lay Representative)
<b>Yasmin Broome</b>	Surrey Coalition of Disabled People
<b>Jacky Oliver</b>	Surrey Downs CCG (Lay Representative)
<b>Nigel Collin</b>	Colliers Wood Residents Association
<b>Alfredo Benidicto</b>	Mencap Merton
<b>Sandra Ash</b>	Keep Our St Helier Hospital
<b>Tony Baxter</b>	Stroke Association
<b>Rod Brown</b>	Epsom and Ewell Borough Council
<b>Ishmael Evans</b>	Healthwatch Sutton
<b>Peter Gordon</b>	Healthwatch Surrey

**Programme representatives**

<b>Andrew Demetriades</b>	Programme Director
<b>Charlotte Keeble</b>	Programme Manager
<b>John Underwood</b>	Engagement Adviser
<b>Stephen Hall</b>	Engagement Adviser

**Observers**

<b>Barry Creasy</b>	The Consultation Institute
<b>Lisa Thompson</b>	Epsom and St Helier University Hospitals NHS Trust

Welcome		
1.	<p><b>Welcome</b></p> <p>Andrew Demetriades (AD) welcomed attendees and briefly outlined his role and responsibility as programme director. He said that the Stakeholder Reference Group represents the first step in creating a wider conversation about some of the challenges faced by Epsom and St Helier University Hospitals NHS Trust.</p> <p>Over the coming months the CCGs involved (Sutton, Merton and Surrey Downs) will be developing some possible options for change with input from local communities.</p>	
2.	<p><b>Introduction</b></p> <p>David Williams (DW), Chair of Healthwatch Sutton, also welcomed attendees and explained that he had been asked to chair this initial meeting of the Stakeholder Reference Group as an independent chair.</p> <p>DW said the group's purpose was to be a critical friend to the Acute Sustainability Programme and to offer advice and views on a range of different issues. He acknowledged that influencing healthcare can be difficult but that no decisions had been made about changes to major acute services in the local area.</p> <p>DW said that representatives from approximately a hundred local organisations had been invited to join the meeting and that he hoped as the programme progresses more people would become involved in these discussions either at formal meetings or in other ways.</p> <p>DW then outlined that the group would be totally transparent and that minutes would be taken and published.</p>	
3.	<p><b>Introduction to the Acute Sustainability Programme</b></p> <p>AD provided a short introduction to the programme to explain its remit and what has been accomplished so far. AD said that the role of the CCGs is to improve health and secure local services for the population while providing a better patient experience.</p> <p>He referred to NHS England's guidance document "Planning, assuring and delivering service change for patients" which sets out best practice and the responsibilities of commissioners when considering service change.</p> <p>AD explained that the challenges for major acute services in Sutton, Merton and Surrey Downs are well documented. The Epsom and St Helier University Hospitals NHS Trust set out these challenges in its Strategic Outline Case (SOC) which was published in 2017. The main issue the SOC described was the delivery of major acute services from two hospital sites which posed three challenges.</p> <p>AD told the group that it was incumbent on commissioners to take these issues seriously and to test whether there is clinical evidence</p>	Slide pack attached

	<p>and clinical support for changes which would address these challenges.</p> <p>AD described the three key challenges as (i) workforce shortages which are anticipated to worsen, (ii) deteriorating estates and (iii) the Trust's financial deficit.</p> <p>AD said that the Strategic Outline Case published by the Trust outlined a possible clinical model which would address these challenges through the consolidation of major acute services on one site, while continuing to deliver other district services from both Epsom and St Helier hospitals.</p> <p>It is now the role of commissioners to see if there are other potential solutions which have not yet been considered.</p> <p>Sutton, Merton and Surrey Downs CCGs have established the Acute Sustainability Programme which has been meeting for five months. A Clinical Advisory Group has been reviewing the Trust's Strategic Outline Case through a number of clinical subgroups. There is also a technical subgroup looking at the finance and estates challenges.</p> <p>AD said that any consolidation would also depend on securing the capital necessary for redevelopment of one site. This also represented a significant challenge.</p> <p>It was also incumbent on the programme to assess the impact of any changes on the local population generally and specific groups within that population, such as those who use major acute services more frequently.</p> <p>AD said that the Programme needed to:</p> <ol style="list-style-type: none"> <li>1. Demonstrate a clear case for change</li> <li>2. Consider all the options, articulate any benefits of change and consider the impact on patients</li> <li>3. Involve the public, patients, community representatives and others through the process</li> </ol> <p>AD then said that the Stakeholder Reference Group should be independent and focus on the key issues. He said that its members may want to invite clinicians to later meetings to discuss emerging thoughts about the clinical model and offer ideas on how to best engage with the public.</p> <p>AD said he expects this to be an open, transparent and constructive process with wider community engagement beginning towards the end of June.</p>	
<b>Discussion</b>		
<p><b>4.</b></p>	<p><b>Clarifications</b></p> <p>DW acknowledged that there was a lot of information for the group to consider. He asked if there was anything to clarify. Clarifications are summarised below:</p>	

	<p><b>Q.</b> If there is not consolidation on one site, what smaller changes would be made to continue delivery as is?</p> <p><b>A.</b> Any potential change is compared against a 'do minimum' scenario which represents the minimum changes required to deliver the status quo.</p> <p><b>Q.</b> Who does this group report to?</p> <p><b>A.</b> This group is independent and is entitled to express its views in any way it wishes. The minutes of the group's meetings will be presented to the Acute Sustainability Programme's Programme Board. The group does not have a veto over change, but it has a voice which will be listened to.</p>	
5.	<p><b>Comments and questions</b></p> <p>Attendees were asked to discuss the AD presentation and were asked to address a number of questions:</p> <ol style="list-style-type: none"> <li>1. Are the Acute Sustainability programme's aims and objectives clear? What further information may be helpful?</li> <li>2. Do you think the role and remit of the SRG is clear?</li> <li>3. Have we covered all the main areas of interest? Is there anything missing?</li> </ol> <p>The groups then fed back to the chair their initial thoughts summarised below in themes:</p> <p><b>Transport and access</b></p> <p>A number of attendees said that this would be a major concern over transport and access, especially for older people and disabled people. Some of the group said that public transport between Epsom Hospital and St Helier Hospital is not good and would need to be looked at closely.</p> <p><b>Role of the Stakeholder Reference Group</b></p> <p>The role of the group and its influence was raised. DW explained that the group would operate like a House of Commons Select Committee to scrutinise the work of the Commissioners. It would enable the expression of many different opinions but would not seek a common consensus unless such a consensus existed naturally. The group can make recommendations are passed to the Programme Board. DW said that all feedback is important, and every idea is of value. The group agreed with this sentiment and expressed support for the role as described by DW. The group also agreed that monthly meetings should be held at venues in Sutton, Merton and Surrey Downs.</p> <p><b>Communications and naming</b></p> <p>Several members of the group suggested that the name "Acute Sustainability Programme" was inaccessible and not user-friendly. They suggested the programme should operate under a different name and that in general communication should be as jargon-free as possible.</p> <p>It was suggested that an accessible, dedicated website should be established as a repository for information pertinent to the programme. Members of the group also suggested that when it came to specific major acute services, such as paediatrics, the programme should</p>	

	<p>speak with specific audiences, such as new mothers.</p> <p><b>Membership</b> There was a discussion about membership of the group and who else should be included. The Programme agreed to work with local authorities and members of the group to identify other organisations that might be invited to join.</p>	
<b>Next steps and concluding remarks</b>		
6.	<p><b>Next steps</b> DW asked attendees whether they felt the Stakeholder Reference Group would be of value and should therefore continue. Attendees agreed that it should be formally established and should continue.</p>	
7.	<p><b>Any other business</b> There was no other business.</p>	
8.	<p><b>Next meetings</b> Two provisional dates were agreed along with a focus for each:</p> <p><b>June 13<sup>th</sup> 2018</b> To focus on the emerging clinical model and ideas for community engagement.</p> <p><b>July 18<sup>th</sup> 2018</b> Representatives from Keep Our St Helier Hospital to make a presentation to the Stakeholder Reference Group.</p>	
<b>List of recommendations</b>		
<p>The list below is the master list of recommendations made by the Stakeholder Reference Group in this or previous regular meetings. This list will be updated following each meeting.</p> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li>1. The programme should have a specific, jargon-free name.</li> <li>2. Programme communication should be as accessible and jargon-free as possible.</li> <li>3. There should be a website where people can access information about the programme</li> <li>4. Microphones should be available at future meetings.</li> <li>5. The programme team should publish the slides used during the meeting.</li> <li>6. The programme team should circulate the list of organisations on the Stakeholder Reference Group invitation list.</li> <li>7. The programme team should work with the local authorities to identify other organisations who could be represented</li> </ol>		<p><b>Date:</b></p> <p>15/05/18</p> <p>15/05/18</p> <p>15/05/18</p> <p>15/05/18</p> <p>15/05/18</p> <p>15/05/18</p> <p>15/05/18</p>