

**IMPROVING HEALTHCARE TOGETHER 2020-2030**  
**NHS SURREY DOWNS, SUTTON AND MERTON CLINICAL COMMISSIONING GROUPS**  
**STAKEHOLDER REFERENCE GROUP**  
**MINUTES OF THE MEETING HELD ON 13 JUNE 2018**

**Date:** 13 June 2018

**Time:** 15:00

**Location:** Library Hall, Raynes Park Library

<b>Present</b>	
<b>David Williams (Chair)</b>	Healthwatch Sutton
<b>Noor Sumun</b>	Wallington Community Wellbeing Group
<b>Bess Harding</b>	Epsom Medical Equipment Fund
<b>Jacky Oliver</b>	Surrey Downs CCG (Lay Representative)
<b>Nigel Collin</b>	Colliers Wood Residents Association
<b>Alfredo Benidicto</b>	Mencap Merton
<b>Sharon Ashby</b>	Homestart Merton
<b>Nina Amin</b>	Sutton Seniors Forum
<b>Mary Steensma</b>	Sutton Seniors Forum
<b>Christine Long</b>	College Ward Residents Association
<b>Nicola Gage</b>	Epsom and Ewell Borough Council
<b>Logie Lohendran</b>	Healthwatch Merton
<b>Emerald Davis</b>	AECHO Merton
<b>Pete Flavell</b>	Healthwatch Sutton

<b>Programme representatives</b>	
<b>Andrew Demetriades</b>	Programme Director, Improving Healthcare Together 2020-2030
<b>James Marsh</b>	Joint Medical Director, Epsom and St Helier Trust
<b>Simon Williams</b>	Clinician, Surrey Downs CCG
<b>Saffron Pineger</b>	Engagement Adviser
<b>Chris Knights</b>	Engagement Adviser

Welcome	
1.	<p><b>Welcome</b></p> <p>David Williams (DW) welcomed attendees and briefly outlined his role as independent chair of the group to those who had not attended the first meeting. He said that this was an important week for the Acute Sustainability Programme, as it will be publishing draft documents to be considered by a Committee in Common, made up of the three clinical commissioning groups (CCGs), and taking place on 21 June 2018.</p> <p>DW reiterated the purpose of the group and said that influencing healthcare can be difficult but no decisions had been made by the programme.</p>
2.	<p><b>Recommendations from last meeting</b></p> <p>DW and Saffron Pineger (SP) noted the recommendations from the last meeting and provided an update:</p> <ol style="list-style-type: none"> <li>1. The programme should have a specific, jargon-free name.           <p style="margin-left: 20px;"><i>The programme name has been agreed and will be called 'Improving Healthcare Together 2020-2030'.</i></p> </li> <li>2. Programme communication should be as accessible and jargon-free as possible.           <p style="margin-left: 20px;"><i>An Issues Paper (subject to approval by the Committees in Common) presents information in a clear, jargon-free way.</i></p> </li> <li>3. There should be a website where people can access information about the programme           <p style="margin-left: 20px;"><i>A stand-alone website is being developed.</i></p> </li> <li>4. Microphones should be available at future meetings.           <p style="margin-left: 20px;"><i>Microphones will be used at future meetings.</i></p> </li> <li>5. The programme team should publish the slides used during the meeting.           <p style="margin-left: 20px;"><i>Slides from the last meeting were circulated to all invitees.</i></p> </li> <li>6. The programme team should circulate the list of organisations on the Stakeholder Reference Group invitation list.           <p style="margin-left: 20px;"><i>A list of organisations was circulated to all invitees.</i></p> </li> <li>7. The programme team should work with the local authorities to identify other organisations who could be represented.</li> </ol>

	<p><i>The programme worked with local authorities to identify further groups. The number of organisations invited to this meeting increased to more than 100.</i></p>	
3.	<p><b>Terms of Reference</b> The Terms of Reference were distributed for comment and will be approved at the next meeting.</p>	
4.	<p><b>Recap/Progress to date</b> Andrew Demetriades (AD) provided a recap of the programme.</p> <p>He said Surrey Downs, Sutton and Merton clinical commissioning groups (CCGs) are working together to improve healthcare for the communities in a sustainable way for the future. In 2017 Epsom and St Helier identified three significant problems that include (i) shortages of consultants necessary to meet clinical standards, (ii) an aging estate and (iii) significant financial challenges that will see the Trust's deficit worsen over time if it is not addressed. Commissioners have formed the Improving Healthcare Together 2020-2030 programme to look at these challenges.</p> <p>He said that the role of the Stakeholder Reference Group is to provide a voice and sounding board that reflects local opinions, concerns and questions. The SRG will be involved in the development and testing of ideas to tackle the challenges and suggest potential solutions.</p> <p>AD said the London Clinical Senate and the South East Clinical Senate will look at the emerging clinical model and report back to the Programme.</p> <p>In January 2018 a Clinical Advisory Group was formed that includes clinicians across the three geographies of Surrey Downs, Merton and Sutton. He said the group was established to consider questions across the four following areas:</p> <ol style="list-style-type: none"> <li>1. Urgent and Emergency Care</li> <li>2. Maternity</li> <li>3. Paediatrics</li> <li>4. Planned care</li> </ol> <p>AD that the Stakeholder Reference Group would be a critical friend to ensure a transparent and challenging process.</p>	
5.	<p><b>Introducing our engagement plans</b> DW and SP provided a short introduction to the to the programme's aims and objectives for early engagement. SP outlined some ideas the programme had to engage with people. This included:</p> <ul style="list-style-type: none"> <li>• An independent Stakeholder Reference Group that meets monthly to offer ideas and challenges in order to support the programme</li> <li>• A series of discussion events for the public where people can learn more about the challenges and potential solutions being considered</li> </ul>	

	<ul style="list-style-type: none"> <li>• A dedicated website where people can access different types of information related to the programme</li> <li>• A way to feedback any comments via the website or dedicated email address</li> <li>• A freepost address for people who would like to write down their comments</li> <li>• An issues paper that summarises the challenges and the opportunities</li> <li>• Utilising social media channels for people to find out the latest news and ask questions</li> <li>• An 'explainer animation' video which details the purposes of the programme</li> <li>• Focus groups with specific communities and people who use the services under discussion</li> <li>• Workshops with clinicians, experts, communities and stakeholders to help assess ideas and solutions</li> <li>• A newsletter to keep people up-to-date with progress</li> <li>• Working with Healthwatch and local community groups to tap into local expertise and knowledge</li> </ul> <p>SP said that the programme is open to new ideas and this group can help and support the programme throughout the engagement process.</p> <p>AD reaffirmed that this was the beginning of the discussion and the Issues Paper due to be published later in the week will include potential solutions to the challenges.</p>	
<b>Discussion</b>		
<p><b>7.</b></p>	<p><b>Introducing the emerging clinical model</b></p> <p>James Marsh (JM) provided a summary of the clinical model for attendees. He said that over the last year the programme has developed an emerging clinical model following the publication of Epsom and St Helier's Strategic Outline Case.</p> <p>JM told the group that certain areas require different practice and specialists and therefore require different models of care in order to meet the best standards.</p> <p>He said that emerging clinical model is guided by the clinical standards set by the independent South West London Clinical Senate (see slides for more information)</p> <p>JM raised the difficulties that the NHS is faced with on a national scale and said that the hospital was subject to the same difficulties. JM said the Trust is working to deliver the four-hour ED waiting time target and ensure people see a consultant within 12 hours. He highlighted that at present, the Trust does not meet all the standards that it should.</p> <p>JM said that the emerging clinical model seeks to integrate services so they work effectively together and that the emerging model indicates that by coalescing teams, the quality of care and mortality rates improve. He said that some of the main challenges faced are within urgent and acute care, and CCGs are working to provide access to care as close to home as possible in order to ease the pressure on acute services.</p>	

	<p>AD said the programme is committed to providing major acute services within the combined geographies of the three CCGs and that the programme is open to considering all potential solutions.</p>	
<p><b>6.</b></p>	<p><b>Roundtable discussions and feedback</b> The group was asked to identify what they thought the main issues are that the programme needs to address.</p> <p>Nigel Collin (NC) said that dementia and Alzheimer’s cause the most deaths and wanted to know how much focus will be on care for older people. JM answered that the model had identified approximately half of people in hospital are undergoing rehabilitation and therefore it is looking into how they can increase the number of patients being cared for at home. Simon Williams (SW) said that patients who are over 80-years-old do not do well in hospital where a 10-day stay in hospital can mean 10-years of muscle deterioration. SW said this statistic highlights that community care provision is vital.</p> <p>Jacky Oliver (JO) wanted to know where palliative care would be delivered. SW said that palliative care is part of the evolving model and it would be looking into delivery as close to home as possible. JM reiterated that no decisions had been made and that forward planning is vital for palliative care.</p> <p>Logie Lohendran (LL) said that transport will be a key issue, and that public transport, in particular, will need a reliable service in order to meet any significant changes. AD said that the programme has commissioned an independent travel time analysis to assess this issue.</p> <p>NC wanted to know how improvements can be funded and said that remaining within financial parameters is key to the process. AD said that capital investment is one of the issues that needs addressing and that they are meeting with advisers at the Department of Health and Social Care to discuss the financials. JM noted it is imperative to deliver the right clinical quality standards within the financial parameters set, and the programme looks into all possible options and solutions.</p> <p>Mary Steensma (MS) said staff are key and the programme must consider the uncertainty they face. JM agreed that definitive solutions would be needed to attract high quality staff and that this would be helped by avoiding uncertainty.</p> <p>The group were also asked to feed into the engagement ideas as the programme begins discussion events.</p> <p>Bess Harding (BS) said it was key to have them at a suitable time and look into holding them at different times in each location. Alfredo Benedicto (AB) said that it will be important to reach out to as many different groups as possible in order to have a wide variety of views feed in to the process.</p>	

	Christine Long (CL) said that there are various residents associations that could help engaging people in areas where deprivation is higher. AD said the programme had commissioned a Deprivation Impact Study and a Phase 1 Equality Impact Analysis is underway. BS also said there should be adverts in local papers for the meetings and SP advised that this would be arranged.	
8.	<p><b>Any other business</b></p> <p>No other business raised.</p>	
9.	<p><b>Next meetings</b></p> <p>Wednesday 18<sup>th</sup> July 2018, 3-5.30PM Sutton Life Centre, 24 Alcorn Close, Sutton, SM3 9PX</p> <p>It was agreed that dates for the next year would be provisionally established and that the timing of meetings may differ to involve as many people as possible.</p>	
<p><b>List of recommendations</b></p> <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><del>1. The programme should have a specific, jargon-free name.</del></li> <li><del>2. Programme communication should be as accessible and jargon-free as possible.</del></li> <li><del>3. There should be a website where people can access information about the programme</del></li> <li>4. Microphones should be available at future meetings.</li> <li><del>5. The programme team should publish the slides used during the meeting.</del></li> <li><del>6. The programme team should circulate the list of organisations on the Stakeholder Reference Group invitation list.</del></li> <li><del>7. The programme team should work with the local authorities to identify other organisations who could be represented.</del></li> <li>8. The programme team should ensure the discussion events are properly advertised in the local press.</li> <li>9. The programme team should hold discussion events at different times to cater for people in different professions.</li> <li>10. The meeting dates for the Stakeholder Reference Group for the next year should be considered in advance of the next meeting.</li> <li>11. The meeting times for the Stakeholder Reference Group should fluctuate between morning, afternoon and evening following the pre-arranged next meeting.</li> <li>12. The programme team should reach out to more residents associations to attend the group.</li> </ol>		<p><b>Date:</b></p> <p><b>15/05/18</b></p> <p><b>15/05/18</b></p> <p><b>15/05/18</b></p> <p><b>15/05/18</b></p> <p><b>15/05/18</b></p> <p><b>15/05/18</b></p> <p><b>15/05/18</b></p> <p><b>13/06/18</b></p> <p><b>13/06/18</b></p> <p><b>13/06/18</b></p> <p><b>13/06/18</b></p> <p><b>13/06/18</b></p>