**IMPROVING HEALTHCARE TOGETHER 2020-2030**
**NHS SURREY DOWNS, SUTTON AND MERTON CLINICAL COMMISSIONING GROUPS**

**STAKEHOLDER REFERENCE GROUP**

**MEETING NOTES**
**DRAFT**
**Date:** Tuesday, 27th November 2018
**Time:** 10:30 – 12:30
**Location:** Dorking Halls, Reigate Road, Dorking, Surrey, RH4 1SG

| Present | | |
|---|---|---|
| **Name** | **Initials** | **Organisation** |
| David Williams (Chair) | DW | Healthwatch Sutton |
| Sandra Ash | SA | Keep Our St Helier Hospital |
| Angie Taylor | AT | Surrey Coalition of Disabled People |
| Tatiana Turcanu | TT | Surrey Coalition of Disabled People |
| Claire Jackson Prior | CJP | Keep Our St Helier Hospital |
| Dorah-May Hancock | DMH | Age Concern Epsom & Ewell |
| Tony Baxter | TB | Stroke Association |
| Sir Adrian White | AW | Epsom Medical Equipment Fund, Denbies Trust and St Kilda Trust |
| Jane Bellingham | JB | The Brigitte Trust |
| Jacqui Maclean | JM | Action for Carers |
| Alfredo Benedicto | AB | Merton Healthwatch, Merton Mencap |
| Nigel Collin | NC | CWRA |
| David Ash | DA | Keep Our St Helier Hospital |
| Linda Moore | LM | Surrey County Council |

| Programme representatives | | |
|---|---|---|
| Charlotte Keeble | CK | Improving Healthcare Together 2020-2030<br>Senior Programme Manager |
| Jaishree Dholakia | JD | Improving Healthcare Together 2020-2030<br>Patient & Engagement Lead |
| Ioana Miron | IM | Improving Healthcare Together 2020-2030<br>Project Support Officer |
| Maria Vidal-Read | MVR | Improving Healthcare Together 2020-2030<br>Communications Lead |

| In attendance | | |
|---|---|---|
| Russell Hills | AD | Clinical Chair, Surrey Downs CCG |

| Item | Discussion | Actions |
|---|---|---|
| 1 | **Welcome and introductions**<br>DW welcomed all to the meeting. | |
| 2 | **Apologies**<br>Jamie Gault - Action for Carers<br>Rob Clarke - Age UK Merton<br>Di Cheeseman - Age UK Surrey<br>Nicola Upton - Age UK Sutton<br>Raksha Patel - Alzheimer's Society<br>Laura Sercombe - Disability Challengers<br>Sandra Frean - Disability Empowerment Network<br>Lynne Witham - Epsom and St Helier Trust<br>Ethnic Minority Centre<br>Evereth Willis - Faith and Belief Forum<br>Jacqui Barbet – Shields - Fibromyalgia Group (Sutton)<br>Nicola Fish - Friends in St Helier<br>Hearts and Minds<br>Merton Vision<br>Peter Webb - Stoneleigh Job Club<br>Nick Bragger - Surrey Community Action<br>Surrey Disability Register Facebook & Twitter<br>Nathalie Wilson (SCC) - Surrey Disability Register newsletter<br>Sara Wilcox - Age UK Sutton<br>Bob Hughes - Sight for Surrey<br>Duncan Badenoch - All Saints Centre LBM<br>Dave Lunn - Riverside Community Association<br>Conquest Art<br>Gwen Turner - Benhill Social Club<br>Peter Gordon - Healthwatch Surrey CIC<br>Sonya Seller - Surrey County Council<br>Nicola Gage - Surrey County Council Epsom & Ewell Locality Team Mid-Surrey<br>Rod Brown - Epsom and Ewell Borough Council<br>Serena Powis - Epsom and Ewell Borough Council<br>Jan Underhill - London Borough of Sutton<br>Michael Turner - London Borough of Merton | |
| 3<br><br>3.1<br><br><br>3.2 | **Notes from the previous meeting and recommendations log**<br><br>The notes from the last SRG meeting on 17th October 2018 were approved.<br><br>**Key questions raised by SRG**<br><br>*Question (AW):* The Campaign Company's report states on page 22 that 20% of the land was sold off. That is incorrect. Could this be amended?<br><br>Response (CK, DW): Noted. We will liaise with The Campaign Company to check this. | |

| | | |
|---|---|---|
| **4** | **Programme update**<br>• **Communications & engagement update** – presentation by Jaishree Dholakia (JD)<br>• **Options consideration update** – by Charlotte Keeble (CK) | |
| 4.1 | JD updated SRG members on the following points:<br>• We have continued engaging with equality and deprived groups. Feedback about the impact on equality and deprived groups was obtained through:<br>- Focus groups with LGBTQ+ and deprived communities, independently facilitated by Traverse<br>- Focus groups with BAME, older people, carers and people with Learning impairments run by Merton, Sutton and Surrey Healthwatch<br>- Engagement through 18 local support groups across the three CCGs, undertaken by the IHT programme team<br><br>• Across the equality groups engaged several common themes emerged around impact and specific needs. These have been shared on the IHT website and included:<br>- A need to consider the impact of transport links, longer journey times, limited parking, parking costs and increased travel costs<br>- The need for a disability-friendly service<br>- The importance of family, friends and carers for vulnerable patients<br>- The need for cultural sensitivity<br>- Importance of familiarity and reputation<br>- A recognition of the case for change | |
| | **Key questions raised by SRG** | |
| 4.2 | *Question (CJ):* Can we have a copy of the slides? What opportunity did you give to people to recognize the issues and the case for change? How was that presented?<br><br>Response (JD): The summary on the engagement of all equality groups is available on the IHT website. We've had open conversations with various protected characteristics groups in order to understand the impact of the proposals on them and all comments were recorded. The programme is still in its early stages and this has been explained. | |
| 4.3 | *Question (NC):* Thanks for the summary. Is the slide with key feedback a distillation of the information presented in October? That report was poorly represented with 1000 people engaged out of which 500 were staff. How many people did you speak with? The sample size is not representative.<br><br>Response (JD): The presentation focuses on capturing the findings from the engagement with equality groups. The feedback was secured in the following ways:<br><br>• 11 focus groups run by Surrey Healthwatch, Merton Healthwatch and Sutton Healthwatch, which involved over 100 residents, patients and carers | |

| | | |
|---|---|---|
| | • Engagement by the IHT programme team with 122 service users through 18 local community groups across Surrey Downs, Merton and Sutton<br>• Focus group and in-depth interviews with 56 parents and A&E service users, independently facilitated by Traverse<br>• Focus groups held with deprived communities in each CCG area and GBTQ+, independently facilitated by Traverse<br><br>JD further explained that this process is iterative and has provided the programme with rich qualitative feedback. Across the equality groups engaged a number of common themes emerged around impact and specific needs and that moving from one area to another the feedback fell under the same key themes. The programme will continue to engage as part of the integrated impact assessment work. | |
| 4.4 | *Question (SA):* In comparison to the report from engagement, a member of the Merton Scrutiny Committee and people at KOSHH meetings were actually unhappy with the removal of services. You referred to a 'new site' which sounds like a fait accompli. We have done a survey and gathered 14,000 signatures which were handed to NHSE. Both showed that this is a bad idea. We are getting different responses to yours. Why are you working towards a new site?<br><br>Response (JD): The findings from public engagement are indicative as we are still at an early stage in the process. We will continue to gather feedback as part of the Integrated Impact Assessment and through a public consultation - as when and if this will take place – which will inform the decision-making process. No decisions have been made at this stage. No decisions will be made on any option until after any public consultation. | |
| 4.5 | *Question (AT):* Went to one of Jaishree's workshops which was only attended by three people and had venue issues. Jaishree said that the work [around the proposed options] was at embryonic stages. I haven't seen any comments from people who are not agreeing. Where is this information and why isn't it captured?<br><br>Response (CK): There is a distinction between the engagement undertaken with protected characteristics groups by the programme team through JD, local Healthwatch, Traverse, and the findings of The Campaign Company's analysis of the feedback from public engagement. The latter was brought to the SRG at the meeting on 17th October were SRG members reviewed and commented on the findings. Any comments from the SRG were reflected in the report. The summary of all equalities engagement was not discussed by the SRG as we were keen to publish it in the public domain through the IHT website. | |
| 4.6 | CK asked SRG members to review The Campaign Company's independent analysis of feedback from public engagement and get back to the programme team with any comments. | |
| 4.7 | *Question (SA):* At an Epsom CCG meeting the word 'transparent' was mentioned 12 times. The SRG was however asked to sign a non-disclosure | |

| | | |
|---|---|---|
| | commitment. That means reporting can be as selective as you would like.<br><br>Response (CK): The SRG Terms of Reference were last reviewed by SRG members at the meeting on 19th September. The Traverse terms of reference for the options consideration workshops was not a non - disclosure agreement either. Participants were asked not to share any documents outside the group as these were draft and draft and subject to change. | |
| 4.8 | *Question/Opinion (SA):* The terms of reference refer to both documents and information to be kept confidential. Everyone we talked to took it as a non-disclosure agreement. The discussion was around a single unit. | |
| 4.9 | *Question (DA):* The three options presented – all reflect a reduction of sites. There is no evidence showing that the reduction of sites will improve the quality of care, but on the contrary looking at other examples like North Cumbria. Documents in draft that are not to be shared is clearly not transparent. The Trust has published in the past draft documents some of which were never completed.<br><br>Response (CK, MVR): No decision has been made at the workshops. No decisions will be made on any option until after any public consultation. The aims of the options consideration workshops were to identify what is important to people (criteria workshop), to agree how important each quality criteria is (weighting workshop) and to assign scores to each of the proposals on each criterion (scoring workshop). The workshops form part of a continued process we are following. Other areas where further work will be required include the work around the Clinical Advisory Group (CAG) in developing the clinical model, Finance, Activity and Estates (FAE), the Integrated Impact Assessment as well as the evidence and clinical model review by the Clinical Senates etc. The Traverse options consideration report will be published on the programme's website in December. At the workshops people were asked not to share the documents with the public as they were draft and subject to change. | |
| 4.10 | *Question (NC):* I attended the first workshop as an observer. This workshop was extremely professional and well done. What came out of the workshop was futile as no costings were considered. Those costings should be the ones we need to query. | |
| 4.11 | *Question (AW):* Thinking of the potential consultation questions, one would be about leaving the status quo. The money needed for building the Sutton Hospital is £400 mil. Epsom and St Helier Hospitals would not be that much. The ask of keeping the services but making them better has not been answered. Epsom has an excellent hip and knee unit and St Helier a good kidney- blood set up. You won't want to repeat that. I want to compare the unit cost for Sutton with the one used for St Helier and Epsom Hospitals. | |
| 4.12 | *Question/Opinion (SA):* We have been asking for years for costing the options. This issue has been discussed for years first by STP, then by the Trust with the strategic outline case and now the CCGs with Improving Healthcare Together. I would like to know how much the process costs. Which of the three plans are we going to be consulted on? | |

| | | |
|---|---|---|
| | Answer (RH): No decision has been made. All these pieces of work feed into the process. This is about providing quality of care for the future and we are looking at what is achievable and what is sustainable. | |
| 4.13 | *Question (AW):* Can we have the bases for the various costing figures for the three options? | |
| 4.14 | *Questions (DA):* Can you direct me to the fourth option that states the status quo? It is about profit and not quality. You have decided there isn't a fourth solution.<br><br>Response (CK): Any additional information and proposed solutions put forward will be considered at any time in the process.<br><br>Response (RH): We have worked towards the best clinical model. Running the two sites at St Helier and Epsom Hospitals is not sustainable. Hospitals are not in the best shape and as commissioners we need to think how we can improve the quality of care. | |
| 4.15 | DW asked SRG members how they envisage the group moving forward and its role in the next phases of the programme. | |
| 4.16 | Question/ Opinion (AT): Maybe you should ask that question more widely to ensure that those not present have an opportunity to respond.<br><br>Response (JD): Noted. SRG's input has been meaningful and greatly appreciated and we would like to continue working closely with this forum including the co-design of the public consultation process moving forward. | |
| 4.17 | Question/ Opinion (DMH): It's all about working together and we sometimes feel left out as people don't realize what we do. In regards to the transport issues, in Epsom we have a transport service ran by volunteers and managed by Age Concern. Volunteers drive people to Epsom Hospital, stay with them at the hospital and taking them back home. We have funding up until 2023 which means for seven years we won't be able to support the community. | |
| 4.18 | Question/ Opinion (NC): The Chair posed a logical question. We are a bit of an advisory body and don't see any point in holding any meetings if comments won't be taken on board.<br><br>Response (CK): SRG has been an invaluable network and sounding board for the programme during its early engagement exercise. SRG's feedback at meetings led directly to the production of the programme's website, subtitled animation video and mobile engagement work. SRG members input on travel and access issues as well as feedback on the initial equalities analysis will also be incorporated into our Integrated Impact Assessment. The SRG has further reviewed our options consideration process and members of this group were also directly involved in this process in an observer capacity. | |

| | | |
|---|---|---|
| **5** | **Update on the draft clinical model** – presentation by Russell Hills, Clinical Chair for Surrey Downs CCG | |
| 5.1 | RH updated SRG members on the following points:<br>• Huge amounts of work has been done around acute services as well as around bringing care closer to home<br>• In early 2018 a Clinical Advisory Group (CAG) was established to provide clinical leadership to the programme and ensure the development of a robust clinical model for the combined area based on clinical standards and evidence based best practice, focusing on where we have some challenges.<br>• Two task and finish working groups were set up to support this work which involved clinician participation to develop and explore specific service models: maternity, paediatrics and A&E<br>• The clinical model will go through the approval process of the Joint London and South East Clinical Senates<br>• RH provided an overview of the feedback around the clinical model received via the focus groups and in-depth interviews carried out with A&E, maternity and paediatrics service users – findings which have been captured in The Campaign Company's analysis of feedback from public engagement (pages 27 – 31). | |
| 5.2 | Question (CJP): What do you mean by devolving?<br><br>Response (RH): This refers to devolving budgets to make decisions together. | |
| 5.3 | Question (SA): What is the ICP? Is it the ACO?<br><br>Response (RH): The ICP refers to the Integrated Care Partnership. | |
| 5.4 | Question (DA): Have you consulted the Royal Colleges of Emergency Medicine? Their president and vice-president say the STP plan of reducing the number of clinical services is potentially catastrophic.<br><br>Response (MVR): The comment has been noted and we will look into this. The clinical model will first need to be reviewed and assured by the Joint London and South East Clinical Senates before going into a consultation to ensure that the clinical model is safe and sustainable. | |
| 5.5 | Question/ opinion (AT): Integrated budgets talk – all well, but those who need support at home may end up bed-block. It is vital that services are speeding up and working with the voluntary sector.<br><br>Response (RH): As part of the strategy moving forward the aim is to join up health and social care and make sure our sickest patients have access to the best possible care. | |
| 5.6 | RH explained that the emerging clinical model focuses on two types of services: major acute and district services; and further advised how these would work. | |
| 5.7 | Question (SA): In the case of home births, this would mean they are farther | |

| | | |
|---|---|---|
| | away from the hospital in an emergency. That could make the difference between the mother and child being at risk.<br><br>Response (MVR): This would be further looked at and modelled as part of the Integrated Impact Assessment. | |
| 5.8 | Question/ Opinion (CJP): Can I query that term sustainable? Can you look at why we are not sustainable? People could be trained to become nurses and doctors. All of this is on the assumption that things can't be improved. I see this as giving up and that this has come up because of national policy. You need to emphasize that this is political and that you work within the means that you have. | |
| 5.9 | Question (NC): How do you ensure that you are not London centric?<br><br>Response (RH): This is a CCG led process and SRG's comments are fed back into the clinical model. | |
| 5.10 | Question/ Opinion (NC): When I'm ill, I don't care about the building, I care about the quality of care. | |
| 5.11 | Question (JB): What consideration was given to community services and how could they be run together? It is important to look at the impact on community services.<br><br>Response (RH): We will consider any additional information, so please do not hesitate to email us at hello@improvinghealthcaretogether.org.uk or Ioana.Miron@swlondon.nhs.uk. | |
| 5.11 | Question/ Opinion (JM): All the meetings I've attended are currently around health services. Talking to other communities is important. They are now talking about closing a walk-in-centre in North – West Surrey, which will impact mid-Surrey. | |
| 6 | **AOB** | |
| 6.1 | No AOB were raised at this meeting. | |
| 6.2 | • **DONM**<br>DW explained that the date of the next meeting in January will be circulated shortly. | |