

**Improving Healthcare Together 2020 – 2030**

**Integrated Impact Assessment Steering Group (IIASG)**

**Independent Chair:** Professor Andrew George

**MEETING NOTES**

**Date:** 25<sup>th</sup> March, 2019

**Time:** 14:00 – 16:00

**Location:** Antoinette Hotel (Rosewater Suite), The Broadway, Wimbledon, London, SW19 1SD

**In attendance:**

Name	Initials	Role
Andrew George	AG	Independent Chair for IIA Steering Group
Mike Robinson	MR	Interim Consultant in Public Health, Merton Council; Deputy for Hannah Doody, Director of Community and Housing, Merton Council
Dorothy Watson	DW	Chief Executive, Sunnybank Trust
Pippa Barber	PB	Lay member, Sutton CCG Governing Body
Simon Williams	SW	Chair of IIA Transport and Access Working Group; Clinical Director for Urgent Care & Integration, NHS Surrey Downs CCG
James Blythe	JB	Managing Director, Merton & Wandsworth CCGs
Satvinder Buttar	SB	Equality Lead, Sutton CCG
Amanveer Nathan	AN	Patient and Public Engagement Manager, Merton CCG
Hattie Fowler	HF	Mott MacDonald
Programme representatives		
Charlotte Keeble	CK	Senior Programme Manager, IHT Programme Team
Andrew Demetriades	AD	Programme Director, IHT Programme Team
Jaishree Dholakia	JD	Patient and Public Engagement Lead, IHT Programme Team
Ioana Miron	IM	Project Support Officer, IHT Programme Team
James Glossop	JG	IHT programme team

No.	Agenda Item	Who
1.	<b>Welcome and introductions</b>	
	<p>AG introduced himself as the new IIASG independent Chair.</p> <p>The Chair noted that:</p> <ul style="list-style-type: none"> <li>Following the feedback received at the Stakeholder Reference Group (SRG) meeting on 7<sup>th</sup> March 2019 following a presentation on the IIA, Yasmin Broome (Involvement Coordinator, Surrey Coalition of Disabled People) has joined the Steering Group.</li> </ul> <p>AG welcomed the members of the Steering Group and noted apologies from:</p> <ul style="list-style-type: none"> <li>Imran Choudhury, Director of Public Health, Sutton Council</li> <li>Stephen Taylor, Director of Adult Social Services and Community Housing,</li> </ul>	

	<p>Kington Council</p> <ul style="list-style-type: none"> <li>• Nicola Upton, Chief Executive, Age UK Sutton</li> <li>• Susan Gibbin, Lay member of Sutton CCG Governing Body</li> <li>• Yasmin Broome, Involvement Coordinator, Surrey Coalition for Disabled People</li> <li>• Fiona Gaylor, Head of Engagement and Equalities, Merton CCG</li> <li>• Sabitri Ray, Project Director, Ethnic Minority Centre</li> <li>• Hazel Davies, Manager, Home Start</li> <li>• Hannah Doody, Director of Community and Housing, Merton Council</li> <li>• Brian Niven, Project Director, Mott MacDonald</li> <li>• Iona Lidington, Director of Public Health, Kingston upon Thames London Borough Council</li> <li>• Russell Hills, Clinical Chair and Clinical Equalities Lead, Surrey Downs CCG</li> <li>• Liz Patroe, deputy for Russell Hills, Surrey Downs CCG</li> </ul> <p>The following apologies have also been received post-meeting:</p> <ul style="list-style-type: none"> <li>• Naomi Martin, Director, Commonsides Community Development Trust</li> <li>• Clare Gummett, Lay member of Merton CCG Governing Body</li> </ul> <p><b>Declarations of interest</b></p> <p>The declaration of interest were noted in the group's register of declared interests.</p>	
<p><b>2. Notes and actions of last meeting on 23<sup>rd</sup> January 2019</b></p>		
	<p>The draft notes of the last IIA Steering Group meeting on 23<sup>rd</sup> January 2019 were approved as accurate.</p> <p>AG noted that the actions of the last Steering Group on 23<sup>rd</sup> January were all complete.</p> <p>AG thanked Steering Group members for their input to date within the IIA and highlighted the importance of continuing to raise relevant issues as well as identify any potential gaps in data and solutions to ensure that these are addressed timely as part of this work.</p>	
<p><b>3. Update on progress for each impact assessment area</b></p>		
	<p>HF presented updates on the progress achieved to date, next steps and dependencies identified within the IHT programme for each of the four impact assessment areas.</p> <p>HF explained that that the four impact assessment areas will be developed as part of the pre-consultation and final IIA report. HF advised:</p> <ul style="list-style-type: none"> <li>• The key deliverable of the Phase 2 of this work is the completion of an IIA interim report prior to a public consultation.</li> <li>• The final IIA report is due after a public consultation. This will encompass the IIA interim report and any additional findings from the consultation.</li> <li>• The IIA timeline is indicative and may be subject to change.</li> </ul>	

**a) Equality Impact Assessment**

HF advised that:

- Following feedback from the last IIASG (on 23<sup>rd</sup> January) on the draft engagement plan, twelve focus groups with protected characteristics groups and deprived communities have taken place across the combined geographies of Merton, Sutton and Surrey Downs CCGs.
- The focus for the Phase 2 IIA has been on those groups identified by the initial equalities analysis as having a disproportionate or differential need for the services under review.
- For focus groups that recruited less than the quota requirements, consideration will be given as to whether another focus group should be recruited. The independent Chair will determine this, taking into account factors such as the size of the focus group and how well that population have been involved in other groups.
- Following feedback at the last IIASG, additional engagement with a number of seldom-heard and/or equality groups will take place including carers, people with learning disability, LGBT and Gypsy, Roma and Travellers communities.
- A number of key stakeholders/organisations have been contacted to help identify the best ways of exploring the views of these groups. Following the feedback received from these organisations, engagement methods will include: joining existing meetings, focused one-to-one interviews, and arranging meetings with professionals working with these groups.

HF presented to Steering Group members a list of organisations contacted for the additional engagement which highlighted the identified engagement opportunities to date. HF highlighted that a small number of these opportunities will run into May. The findings from the engagement with seldom-heard groups will be included into the draft report.

HF asked members if they could identify other organisations and/or other opportunities of engaging with the seldom-heard groups.

Members identified the following points:

- Other ways of engagement may need to be identified given the tight timeline for completing the draft IIA in mid-April.
- This exercise must involve engaging with 'real people' wherever possible, not representative bodies. Speaking with professionals would be the last push.
- It would be useful to reach out to those stakeholder organisations/ groups that haven't been contacted yet to identify any additional engagement opportunities for these groups.
- DW suggested the SunnyBank Trust and the Surrey Partnership as organisations that would be best placed to support with and advice on engaging with people with learning disability.
- Putting together a survey and sharing this with various organisations for them to cascade it down to their services users and advocates may be another way

of engaging with the identified groups.

**b) Health Impact Assessment**

HF explained that:

- The four Directors of Public Health in Merton, Sutton, Surrey and Kingston Boroughs had been contacted to get a better understanding of their views around the health system impact of consolidating major acute services as well as district service developments. Two meetings have taken place to date.
- Further clarity was sought on the district services model to ensure accurate representation within the IIA.
- HF highlighted the dependency between this impact assessment and the provider impact work. Further clarity with regards to the findings of the provider impact work and how it feeds into the report is expected towards at end of April/early May. The draft report would contain the analysis made on current assumptions and a reference explaining that the numbers may be updated following receipt of the provider impact work. The final IIA interim report will be updated prior to public release.

MR asked which year the proposed service change may happen.

JG confirmed the timelines for potential service change is 2025 -2026.

AD advised that the health and equality elements would need to acknowledge and align to the Mayor’s test around health inequalities.

**c) Travel and Access Impact Assessment**

HF advised that:

- As part of this impact assessment the following work has been completed to date:
  - Modelling of how travel time to each of the proposed sites under each option across the four time periods and three modes may change.
  - Modelling of the travel times for protected characteristic groups as well as carers and deprived communities, to each of the proposed sites under each option across the four time periods and three modes.
- Further work will include:
  - Maps which outline current patient flow for the acute services under observation.
  - Qualitative assessment – review of findings from stakeholder engagement with protected characteristics and equalities groups.

SW, Chair of the Transport and Access Working Group (TAWG), provided an update on the key discussion and queries raised to date by TAWG.

A clarification question was about the analysis of the closest hospital by minimum travel time maps and whether the same data set had been used for the blue light travel time analysis by the provider impact group.

	<p>HF confirmed that the same data analysis assumptions are used for both workstreams.</p> <p><b>ACTION:</b> IIASG members raised the following issues:</p> <ul style="list-style-type: none"> <li>• The need to keep the impact assessment in perspective with wider health and care proposals – by 2025/26 more people will be attending their GP practices and/or the district hospitals.</li> <li>• The need to adequately communicate any future changes and clarify the differences between major acute services and the district hospital services to service users, staff and the public.</li> <li>• The IHT programme needs to be seen as part of a much wider change including other ways of delivering care. Members discussed the challenging nature of articulating this within the wider national context of change programmes/projects within the NHS.</li> </ul> <p><b>d) Sustainability Impact Assessment</b></p> <p>HF advised:</p> <ul style="list-style-type: none"> <li>• Carbon – The travel analysis will inform carbon assessment using provisional patient numbers has been completed. HF stressed the dependency between this workstream and the provider impact work. The final IIA interim report will be based on updated patient numbers.</li> <li>• Air quality – the baseline data collection has been completed.</li> </ul>	<b>HF/CK</b>
<b>4.</b>	<b>Review of initial findings from the stakeholder engagement</b>	
	<p>HF provided an outline of the approach for the focus groups. HF advised that following the IIASG in January:</p> <ul style="list-style-type: none"> <li>• Focus groups participants were recruited by a specialist organisation using a mix method approach to recruitment. In line with the engagement plan agreed by the IIA Steering Group, some participants were recruited door-to-door and others via telephone, from the wards of highest population density. For the deprivation focus group, the recruitment had targeted all the deprived wards in Merton and Sutton.</li> <li>• Participants were paid an incentive to cover expenses.</li> <li>• The majority of groups were scheduled in the evenings to accommodate working patterns and reflecting comments from the IIA steering group. Two groups (deprivation and older people) were moved to afternoon sessions.</li> <li>• All interviews were structured by a pre-approved discussion guide. The first draft was shared with the IIASG for review and the notes from the meeting were taken on board.</li> <li>• All focus group materials were agreed with the IHT team prior to use and the Consultation Institute (who are assuring the programme) reviewed and offered best practice advice on these materials.</li> </ul> <p>HF presented the early draft findings from the focus groups, including both draft positive and negative impacts identified as well as potential mitigation actions. HF</p>	

	<p>explained that a more detailed analysis of the feedback is underway and therefore the findings outlined may be subject to change and adaptation as additional engagement with seldom-heard groups will take place following the suggestions at the IIASG and new themes may emerge.</p> <p><b>ACTION:</b> IIASG members raised the following points in relation to the early findings from stakeholder engagement:</p> <ul style="list-style-type: none"> <li>• Findings reinforced the need to adequately communicate the differences between major acute and district services (i.e. through GP and patients' information sheets). In order to do this however further clarity on the district model is required.</li> <li>• Patient choice (planned, specialist and unplanned services) is an important factor to consider.</li> <li>• Depending on the patients' location and their medical need, they may opt to choose other neighbouring hospitals.</li> <li>• The proximity of GP practices to the A&amp;E may be an important consideration.</li> </ul> <p>HF explained that the TAWG recommended that a solutions workshop would offer partners additional opportunity to review findings and identify potential solutions/mitigations to address some of the impacts identified through this work. Attendees from both the IIASG and TAWG have been invited to the workshop on 8<sup>th</sup> April 2019.</p> <p>AG asked if the impacts on staff with protected characteristic groups will be considered as part of this work.</p> <p>CK explained that staff engagement will be included as part of the engagement plan. Mott MacDonald have contacted the Epsom and St Helier University Hospitals NHS Trust (ESTH) to identify engagement opportunities.</p>	<b>HF</b>
<b>5.</b>	<b>Governance</b>	
	<p><b>a) IIASG Terms of Reference</b></p> <p>AG advised that the IIASG Terms of Reference have been revised following the feedback at the Steering Group in January.</p> <p><b>ACTION:</b> IIASG members approved the terms of reference for this Steering Group, pending the following amendment:</p> <ul style="list-style-type: none"> <li>• Include Yasmin Broome (Surrey Coalition for Disabled People) to the IIASG membership list.</li> </ul> <p>HF highlighted that the working assumption is that all materials disclosed at the meetings are confidential unless specifically stated.</p> <p><b>b) Transport and Access Working Group Terms of Reference</b></p>	<b>IM</b>



**Improving Healthcare**  
**Together 2020-2030**

NHS Surrey Downs, Sutton and Merton CCGs

	<p>AG advised that the Terms of Reference for the working group had also been revised following feedback at both IIASG and TAWG.</p> <p>IIASG noted and agreed the changes made to the TAWG Terms of Reference.</p>	
<b>6.</b>	<b>Any other business and close</b>	
	<p>AG stressed that the next IIASG meeting is critical as a draft of the IIA interim report will be shared for discussion.</p>	