

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

MEETING NOTES

Date: Wednesday, 15 August 2018

Time: 10:30 – 12:00

Location: St Mary's Church, Stoke Road, Stoke D'Abernon, Surrey, KT11 3PX.

Present		
Name	Initials	Organisation
David Williams (Chair)	DW	Healthwatch Sutton
Laura Hunt	LH	Diabetes UK & Cruse
Sara Willcox	SW	Age UK Sutton
Jamie Gault	JG	Action for Carers Surrey
Zoe Harris	ZH	Healthwatch Surrey
Di Cheeseman	DC	Age UK Sutton
Lisa Thomson	LT	Director of Communications and Patient Experience EStH
William Jones	WJ	Communications and Patient Experience Officer EStH
Emma Foster	EF	Sight for Surrey
Anna Sartori	AS	Surrey Coalition of Disabled People
Angie Taylor	AT	Surrey Coalition of Disabled People
Tatiana Turcanu	TT	Surrey Coalition of Disabled People (PA to Angie Taylor)
Nigel Collin	NC	College Ward Residents Association, Epsom
Christine Long	CL	College Ward Residents Association, Epsom

Programme representatives		
Charlotte Keeble	CK	Improving Healthcare Together 2020-2030 Senior Programme Manager
Jaishree Dholakia	JD	Improving Healthcare Together 2020-2030 Head of Patient and Public Engagement
Ioana Miron	IM	Improving Healthcare Together 2020-2030 Project Support Officer

In attendance		
Craig Walley	VW	Mott McDonald
Frances Parrott	FP	Mott McDonald

The attendance sheets can be found embedded below:



SRG Signing In
Sheet_15 Aug 2018.pr

Item	Discussion	Actions
<p>1.</p> <p>1.1</p>	<p>Welcome and introductions DW welcomed all to the meeting.</p> <p>Photography notice: AT advised that the Surrey Coalition of Disabled People would like to take a picture for the Coalition News. SRG members confirmed they were happy for photographs to be taken.</p>	
<p>2.</p>	<p>Apologies Jacqui Maclean - Action for Carers Raksha Patel - Alzheimer's Society Andrea Biggs - Balance (CIC) Lynne Witham - Epsom and St Helier Trust Jacqui Shields - Fibromyalgia Group (Sutton) Sue Archdall - Focus Surrey Hearts and Minds (Mental health youth group) Homestart Merton Sharon Ashby - Homestart Merton Rhiannon Storrie - Imagine Independence Maureen Bailey - Inner Strength Network Merton Centre for Independent Living Kevin Gregory - Merton Vision Slawek Szczepanski - Polish Family Emma Lofts (SCC) - Surrey Disability Register Facebook & Twitter Nathalie Wilson (SCC) - Surrey Disability Register newsletter Jenny Harber - Wayside Keychange Charity</p>	
<p>3.</p> <p>3.1</p>	<p>Notes from the last meeting and action log</p> <p>The notes from the last SRG meeting on 18 July 2018 were approved pending amendment of the two typos (at points 4.10 and 5.5).</p>	
<p>4.</p> <p>4.1</p>	<p>Update on the Programme – (CK)</p> <p>CK updated SRG members on the following points:</p> <ul style="list-style-type: none"> • Following requests from the SRG, the programme has provided updates on programme activity through the IHT Newsletters. A highlights report was sent out to all SRG members prior to the meeting. • SRG members were encouraged to provide email addresses and/or to sign up for the newsletter to ensure they received regular updates from the Programme. • The IHT Programme has produced a short animation video to support the programme's engagement work. The video describes some of the key issues EPSH need to address and a number of potential solutions that commissioners wish to discuss with local communities. A second version of the video has been created that includes subtitles, which will be published on the programme's website on 16 August 2018. The Surrey Coalition of Disabled People has reviewed the video and 	

	<p>has given their support and approval. CK thanked the Surrey Coalition of Disabled People for their input.</p> <ul style="list-style-type: none"> • Six engagement events took place in July/early August. These events were attended by 185 people. The aim of the events was to engage with local communities and discuss the case for change and proposed solutions. • Following feedback from SRG members, the programme team worked to ensure the events were well-advertised in local newspapers across the combined geographies, and circulated over 15,000 event flyers to community organisations, GP Surgeries and Pharmacies. • CK requested that SRG member organisations help promote the upcoming events organised for September. The Programme will provide all publicity materials. • CK asked SRG members to identify any further ways the Programme Team can advertise the September events. 	
4.2	<p><i>Question (AS):</i> Is your publicity material available in text and Braille for people who are visually [impaired]?</p> <p>Response (CK): They are not currently, but if needed the programme is happy to adapt programme material upon request.</p>	
4.3	<ul style="list-style-type: none"> • CK advised that the Issues Paper along with its summary were distributed to all SRG members and are available on the programme's website. Further copies are available on request through IM. 	
4.4	<ul style="list-style-type: none"> • CK provided an overview of the ways in which the events in July/August were advertised. 	
4.5	<ul style="list-style-type: none"> • SRG members were asked to note that the Programme had established an equalities working group that will meet in September. The programme has commissioned two pieces of work – an equalities impact assessment and a study on the impact upon deprived communities. 	
4.6	<ul style="list-style-type: none"> • Further development of the proposed clinical model is underway. This work is being led by local GPs and Clinicians at the Trust. 	
4.7	<p><i>Question (CL) –</i> What engagement do you do with the voluntary sector?</p> <p>Response (JD) – The programme is looking to engage with as many voluntary and third sector groups as possible. This engagement has begun and will continue over forthcoming months. Six equality focus groups have also been commissioned through Healthwatch to support this work and the programme team is also reaching out. For example, within Sutton contact has been made with children currently in the care system. Engagement has also taken place through the Equality Impact Assessment work.</p>	
4.8	<p><i>Question/View (JG) –</i> The programme has engaged Healthwatch to lead</p>	

<p>4.9</p> <p>4.10</p> <p>4.11</p> <p>4.12</p>	<p>these focus groups to ensure greater engagement. Carers will be invited to attend – which is a huge step forward.</p> <p><i>Question (NC):</i> Can you confirm how we will get feedback from the engagement events?</p> <p>Response (CK): The Programme has commissioned an independent final engagement report which will be available publically in October. The themes and findings from the July and August events have been noted by Traverse, the Company who independently facilitated the events. It is important to note that the engagement process will continue during October to ensure the Programme is listening to feedback and reflecting upon the outputs from all engagement activities.</p> <p><i>Question (NC) –</i> Can this explanation be sent to people?</p> <p>Response (CK) – Yes it can, the Programme will explain the process for collecting and reporting on the findings for all engagement activity.</p> <p><i>Question (CL) –</i> The discussion events appear to be London centric, especially those led by the Trust. Epsom is in Surrey, not London.</p> <p>Response (DW) – As over 200 groups are involved within the SRG, all this group’s meetings will rotate across those Sutton, Merton and Surrey Downs.</p> <p><i>Question (AT) –</i> How soon after the autumn engagement will the report be available for people to see it?</p> <p>Response (CK) – Following the September events, the draft report will be written. The report will be presented to the Programme Board in early October. If the SRG are in agreement, we can provide them with a presentation of the report’s findings at the October meeting.</p> <p>Response (DW) - We need to ensure that the SRG holds the necessary discussions and captures all the feedback to feed into the engagement process. The SRG plays a very important role in this sense. The hope is that by mid-October the programme will have a clear path of where it is going.</p>	
<p>5</p> <p>5.1</p> <p>5.2</p> <p>5.3</p>	<p>5 Focus presentation: Travel - Frances Parrott and Craig Walley from Mott Macdonald</p> <p>A presentation on the methodology and approach of the travel analysis work was given to the SRG members. Please see the pdf attached in the email as Annex 1.</p> <p>FP highlighted that Mott MacDonald had been independently commissioned to conduct analysis on potential impacts of travel times. Mott MacDonald is also undertaking the Equality Impact Assessment work.</p> <p>Key questions from SRG members included: <i>Question (NC) –</i> What modelling software was used to undertake this work?</p> <p>Response (CW) – The software is called TRACC, and is the industry leading accessibility modelling software package.</p>	

5.4	<p><i>Question (AS)</i> – The inter-peak heat maps are not clear on the screen or on the hard-copy.</p> <p><i>Response (FP and CK)</i> – Mott MacDonald’s presentation will be shared after the meeting together with the notes.</p>	
5.5	<p><i>Question (LH)</i> – What does Inter-peak mean?</p> <p><i>Response (CW)</i> – Inter-peak refers to the time period between 10.00am – 4.00pm.</p>	
5.6	<p><i>Question (LH)</i> – Is it all based on potentials then?</p> <p><i>Response (CW)</i> – Yes. As an example, the cars inter-peak period calculations are based on the representative average link speed data in the model.</p>	
5.7	<p><i>Question (JG)</i> – From personal experience – living in Epsom where there are many roadworks taking place at the moment, during peak time it takes approx. 45 minutes for quarter of a mile.</p> <p><i>Response (DW)</i> – The car dataset contains average speeds for links over a year period, so the average speed on links in this area will have been processed accordingly for each time period.</p>	
5.8	<p><i>Question (JG)</i> – The landscape is rapidly changing and the factors of the analysis will change too.</p> <p><i>Response (FP)</i> – A qualitative assessment will supplement the quantitative assessment. The second phase will consider the proposed changes from the baseline. It is the change or difference in travel time that will be assessed. This provides a fair comparison from the baseline using the same data.</p>	
5.9	<p><i>Question (NC)</i> – Thank you for the analysis. As this is based on leverage average, where were the population figures taken from? Are these based on the 2011 Census?</p> <p><i>Response (CW)</i> – The figures are based on the mid-year 2016 population estimates. This is the latest available data.</p>	
5.10	<p><i>Question (NC)</i> – Have you used in the population remit the population going to different hospitals?</p> <p><i>Response (CW)</i> – No, this could potentially be included in the next phase of analysis if it is decided that patient activity data will be analysed.</p>	
5.11	<p><i>Question (NC)</i> – Where was the GPS data obtained from? How big is the sample?</p> <p><i>Response (CW)</i> – Teletrac Navman (Trafficmaster) has supplied the data for the analysis. They are a company that use GPS vehicle tracking to derive their average link speeds. The data is highly accurate, and has been comprised from over 12 billion data counts over a year period.</p>	

<p>5.12</p> <p>5.13</p> <p>5.14</p> <p>5.15</p> <p>5.16</p> <p>5.17</p> <p>5.18</p> <p>5.19</p>	<p><i>Question (NC)</i> – Will this measurement be re-evaluated to ensure that the data/ assumptions are valid at different time periods? Traveling during holiday in the winter is not the same with travelling during school time in the winter.</p> <p>Response (DW) – This travel analysis is a starting point. Travel assessments rely on the census. A lot of the information has been captured in real time.</p> <p>Question (NC) - How many travel assessments have you done?</p> <p>Response (FP) – We are market leaders in impact assessment work. We’ve conducted over 15 impact assessments for different NHS organisations over the past five years, all of which include a travel impact assessment.</p> <p><i>Question (LH)</i> – Has the time from Leatherhead to St Helier been calculated? Travel times are important to individuals and it comes down to why people have chosen one hospital over another.</p> <p>Response (CW) – We modelled any neighborhoods within a 15 km radius of the CCG boundaries.</p> <p><i>Question (DW)</i> – How many people (not only patients, but also their carers, family etc.) have come to St Helier Hospital from a different area?</p> <p><i>Question (NC)</i> – This should also include outpatient commuting in and out.</p> <p>Response (DW) – Outpatient won’t be affected as the programme focuses on major acute services.</p> <p><i>Question (JG)</i> – Availability and cost of car parking is one of the 3 key issues from carers perspective. Having had a look online – the cost for parking at St Helier is of £3.00/hour and if one is a minute over this time they will be charged another approx. £2.00.</p> <p>Response (LT) – Car parking is indeed an important issue to raise as the Trust has come across it before. The Trust is supported by over 400 volunteers who face the same car parking issues. The Trust is currently looking into this issue and carers could get subsidized fuel or parking. In what concerns A&E, emergency contacts are a lot smaller than thought. A lot of what we do is local for the local people, which is not changing with this programme. Only a small part is about acute cases.</p> <p>Integrated Impact Assessment (IIA) – presentation by Frances Parrott</p> <p>FP provided an overview of the objectives of the IIA and the next stages within the programme. The full IIA report will bring together assessments from four assessment areas; health, equality, travel and sustainability. It will highlight any impacts which may result from any proposed changes to acute services and suggest mitigations and recommendations. It is for the decision makers to consider the impact assessment and how they take onboard any recommendations. SRG members will be kept up-to-date with this work. The engagement plan will be shared with them for review and comment.</p> <p>DW thanked Mott Macdonald for their presentation and for involving the SRG. He noted that all feedback from SRG members will need to be fed back into</p>	<p>LT</p>
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	<p>this workstream. CK noted this request and agreed to plan a future date for in the SRG calendar.</p>	
6.	Overview work plan including September events	
6.1	<p>CK talked through the planned engagement events in September. The event dates and venues for the engagement events have been published on the programme's website: https://improvinghealthcaretogether.org.uk/category/events/.</p>	
6.2	<p>CK confirmed that following SRG members feedback regarding the start time of evening events, the programme had ensured evening meetings will begin at 7.00 p.m. as requested.</p>	
6.3	<p>CK informed the group that engagement activities will include:</p> <ul style="list-style-type: none"> • 6 discussion events • A number of focus groups in September to ensure we reach out to seldom heard groups. CK advised that the programme is inviting community members to attend focus groups to inform the equalities work. She requested feedback from SRG members on the best way to engage seldom heard groups. • A set of focus groups focused on developing the clinical model. This work has been commissioned to an independent organisation. • Direct engagement opportunities with the community through a set of street marketing activities in the local community to engage a wider audience in our work and promote the discussion events. 	
6.4	<p>CK also explained the various ways in which the programme will advertise these engagement activities. These included:</p> <ul style="list-style-type: none"> • Updating the programme's, CCGs and Trust's websites • Sending emails and the newsletter to all NHS colleagues, MPs and Councilors as well as everyone who has signed up for our newsletter (815 people) • Sending articles to CCG and trust newsletters, Council newsletter and community sector newsletters • Advertising in all local Guardian newspapers and their online formats, Leatherhead Advertiser, South London Press, Surrey Live • Flyers and posters will be sent out to 300 sites including all GP practices and Epsom and St Helier hospitals • We will also undertake social media advertising on our and NHS sites as well as post on community forums • Press release to local newspapers and community magazines 	
6.5	<p>CK reminded SRG members that the Programme is seeking feedback on the 8 questions raised in the Issues Paper. People could respond via the IHT website or via the freepost address.</p>	
6.6	<p><i>Question (NC)</i> – One of the events will take place on 19 September at the same time with the next SRG meeting.</p> <p><i>Response (DW)</i> – DW acknowledged that there will be a clash however the programme are running six engagement events in total so this should not present an issue.</p>	

6.7	DW explained that after the September engagement events, the programme will go through a time of reflection to review all the engagement feedback. DW suggested holding an SRG session to review the findings of the engagement process.	
6.8	<p><i>Question (AT)</i> – You may not be able to reach all members of the community? Why not?</p> <p><i>Response (JD)</i> – Every effort has been extended to reach out to the local communities across the 3 CCGs and the programme hopes that it will achieve this. If you have any further suggestions on how we can further engage, then please do let us know.</p>	
6.9	<i>Question (AS and AT)</i> – Patient participation groups’ communicate by email but it is sometime difficult to access these. All the information and the 8 questions on the website need to be available in other formats (i.e. Braille, audio) because not everyone can access them. The information also needs to be available in other languages for those who don’t speak English.	
6.10	<p><i>Question (SW)</i> – Age UK Surrey and Sutton could help with making sure that people receive relevant information on the IHT programme.</p> <p><i>Response (DW)</i> – There is a very large number of hard to reach groups and the programme is committed to do its best to reach out with them.</p>	
6.11	<p><i>Question (CL)</i> – Have you engaged with Sunnybank? It’s a charity in Epsom that supports people with learning disabilities.</p> <p><i>Response (JD)</i> – Yes, Sunnybank is included on the list of organisations who we are engaging with.</p>	
6.12	<i>Question (JG)</i> – Related to the language comment, within Ewell borough in Surrey 14% of the population is from BAME communities. The programme is responsible for trying to include those people too.	
7.	AOB	
7.1	No AOB was raised.	
8.	DONM	
8.1	Wednesday, 19 September 2018, from 19:00 – 20:30.	