

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

**MEETING NOTES**

**DRAFT (Submitted for approval by SRG at the next meeting on 27<sup>th</sup> November)**

**Date:** Wednesday, 17<sup>th</sup> October 2018

**Time:** 10:30 – 12:20

**Location:** Lantern Arts Centre, Tolverne Road, London, SW20 8RA

<b>Present</b>		
<b>Name</b>	<b>Initials</b>	<b>Organisation</b>
David Williams (Chair)	DW	Healthwatch Sutton
Alfredo Benedicto	AB	Merton Healthwatch, Merton Mencap
Phil Howell	PH	Merton Council, Interim Head of Older Adults and Disabilities
Bess Harding	BH	EMGF
Chris Long	CL	Epsom & Ewell – College Ward Committee
Nigel Collin	NC	Epsom & Ewell – College Ward Committee
Nicola Gage	NG	Surrey County Council, Epsom & Ewell Locality Team, Mid Surrey

<b>Programme representatives</b>		
Charlotte Keeble	CK	Improving Healthcare Together 2020-2030 Senior Programme Manager
Ioana Miron	IM	Improving Healthcare Together 2020-2030 Project Support Officer
Maria Vidal-Read	MVR	Improving Healthcare Together 2020-2030 Communications Lead

<b>In attendance</b>		
Aline Delawa	AD	The Campaign Company
Lucy Farrow	LF	TRAVERSE

The attendance sheets can be found embedded below:



Adobe Acrobat  
Document

Item	Discussion	Actions
1	<p><b>Welcome and introductions</b> DW welcomed all to the meeting.</p>	
2	<p><b>Apologies</b>            Jamie Gault - Action for Carers            Rob Clark - Age UK Merton            Di Cheeseman - Age UK Surrey            Nicola Upton - Age UK Sutton            Raksha Patel - Alzheimer's Society            Sandra Frea - Disability Empowerment Network            Lynne Witham - Epsom and St Helier Trust            Evereth Willis - Faith and Belief Forum            Sharon Ashby - Homestart Merton            Sarah Lington (SCC) - Local Valuing People Groups            Chelliah Lohendran - Merton Seniors Forum            MVSC            Tony Baxter - Stroke Association (Surrey)            Nick Bragger - Surrey Community Action            Sarah Lington - Valuing People Group - Surrey CC            Stephanie Bent - YMCA East Surrey            Angie Taylor - Surrey Coalition of Disabled People            Sara Wilcox - Age UK Sutton            Our Lady and St Peter            Duncan Badenoch - All Saints Centre LBM            Parkinson's UK - Sutton, Kingston and Epsom Branch            Conquest Art            Peter Gordon - Healthwatch Surrey CIC            Sonya Seller - Surrey County Council            Rod Brown - Epsom and Ewell Borough Council            Michae Turner - London Borough of Merton            Clare Gummet - Merton CCG            Charlotte Bagchi - Disability Challengers            Laura Sercombe - Disability Challengers            Rosemary Tonnsend - Discover            Andrea Colquhoun - Fusion Multicultural Group            Imagine Independence            Stress, Anxiety Communities Involvement</p>	

3	<p><b>Notes from the previous meeting and recommendations log</b></p>	
3.1	<p>The notes from the last SRG meeting on 19 September 2018 were approved.</p>	
	<p><b>Key questions raised by SRG meetings</b></p>	
3.2	<p>Question (NC): When will consultation commence and how long will it be carried out for.</p>	
	<p>Response (CK, DW, MVR): The proposed timeline for consultation pending approval from Governing Body is likely to be Spring 2019 however there are a number of things which might affect this timeline. The consultation is likely to last 12 weeks.</p>	
3.3	<p>Questions/ opinion (CL): It may be useful in that case to wait until mid-May to start the consultation, as the new councilor will start then alongside the committees.</p>	
3.4	<p>Question (NC): Let's assume we go into consultation. Will it go to NHSE and NHSI for review prior to this? Why?</p>	
	<p>Response (MVR): We will submit a draft pre-consultation business case including our outline consultation plan to NHSE, NHSI as well as the London and South East Clinical Senates for review before consultation. They will assess our plans.</p>	
3.5	<p>Question (NC): What will happen post-consultation? What will be the decision-making process? How long will the CCGs take to consider the outputs? What will be the kick-off start date for implementation?</p>	
	<p>Response (CK): After the end of the consultation, the CCGs' governing bodies will make a decision on all the evidence gathered. As included in its name, the programme reflects the timeframe 2020-2030. The programme is interdependent on a number of factors.</p>	
4	<p><b>Programme update</b></p>	
4.1	<p>Slides were shared with SRG members to update them on the progress of the Programme prior to the meeting.</p>	
4.2	<p>No questions were raised by SRG members for this agenda item.</p>	

<b>5</b>	<p><b>Focus presentation &amp; discussion:</b>  <b>Draft findings from the independent analysis of feedback from the public engagement</b> by The Campaign Company  Presentation by Aline Delawa (AD)</p> <p>5.1 AD provided an overview of the engagement activity undertaken and key early findings.</p> <p>5.2 AD advised SRG members that the report is reflective of the people who have participated in the engagement activities undertaken and not of the entire population in the combined geographies.</p> <p>5.3 <b>Key questions raised by SRG members:</b></p> <p>5.4 <i>Question (CL):</i> From the total number of residents in the areas, what was the actual percentage of respondents?</p> <p>5.5 NC identified that the response needs to be genuine. In terms of figures at the public events, it appears to be around 12% of the population. You did a great job.</p> <p>Response (AD): AD explained that people had the opportunity to give feedback in various ways through the engagement process</p> <p>Response (CK): We have also included in our engagement plan additional ways that people can get involved. This includes 6 mobile engagement events, 2 in each locality. Venues included Mitcham Market, St Helier and Epsom Hospitals, Ashley Centre etc.</p> <p>5.6 <i>Question (NC):</i> When will this work be completed? We've been promised to get the engagement report at the end of October.</p> <p>Response (CK): The majority of the engagement activity has concluded as we are moving towards into the options consideration process. Up until then we will continue our engagement activity. Further engagement is currently underway with specific equality groups, as identified by the equalities impact analysis study, including black and minority ethnic communities, people with learning impairments, deprived communities. This work is being led by Jaishree Dholakia, our Patient and Engagement Lead.</p> <p>5.7 <i>Question (BH):</i> Why didn't you distribute flyers door-to-door?</p> <p>Response (CK, MVR): We looked into doing this however the cost was very expensive and this was not a public engagement. We have committed to distribute flyers more widely during consultation and to undertake a door drop.</p> <p>5.8 <i>Question/opinion (CL):</i> Unless you have to attend the hospital on a regular basis, you don't mind where the hospital is located.</p> <p>Response (MVR, AD): The findings of the mobile engagement events have indeed shown that the emphasis was on the quality of care and the achievement of best health outcomes even is that meant travelling a bit farther</p>
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	<p>to another hospital. The quality of care was also a key finding of the maternity and paediatric focus groups.</p> <p>5.9 <i>Question (CL):</i> How do we go there from Surrey if there isn't any transport available?</p> <p>Response (CK): We recognise transport and accessibility as an important issue raised through our engagement. The next piece of work will undertake a transport impact analysis where we will analyse both potential positive and negative impacts experienced by local people regarding any proposals. We will also look into ways in which any negative impacts could be mitigated.</p> <p>5.10 <i>Question/ opinion (NC):</i> It doesn't work if you can't get a location. This is a crucial issue.</p> <p>5.11 <i>Question (CL):</i> There doesn't seem to have had the same level of engagement across the 3 areas and especially in Surrey.</p> <p>Response (CK): We have had organised the same level of engagement in each of the 3 areas concerned. We have distributed flyers to all GP surgeries and pharmacies across the 3 areas, and held in total 12 public discussion events, 4 in each area. We also responded public feedback by holding an engagement event in Bookham in Surrey.</p> <p>5.12 <i>Question (CL):</i> In the town centre of Epsom we have some of the most deprived communities in Surrey. Have you looked into this?</p> <p>Response (MVR): The COBIC, Nuffield Trust and PPL have conducted a deprivation impact analysis in the 3 areas. Their report has been published and can be found on the IHT website. In their report they have identified 11 most deprived areas.</p>	
<p><b>6</b></p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p><b>Focus presentation &amp; discussion</b> <b>Options development</b>, by TRAVERSE Presentation and discussion facilitated by Lucy Farrow (LF)</p> <p>This session was independently facilitated by LF. Programme representatives did not attend this part of the SRG meeting</p> <p>The purpose of this session was for SRG Members to:</p> <ol style="list-style-type: none"> <li>1) Review the proposed process for options consideration</li> <li>2) Review and agree the Terms of Reference for the Options Consideration workshops</li> <li>3) Identify SRG members to act as observers for the 3 options consideration process. The process for doing this was through the Chair of the SRG</li> </ol> <p>SRG members approved the Terms of Reference for the Options Consideration workshops.</p>	
<p><b>7</b></p>	<p><b>Discussion</b> <b>Consultation planning</b>, by Maria Vidal- Read (MVR)</p>	

7.1	<p>A short presentation on various aspects of the consultation planning was provided to SRG members SRG members were asked the following questions:</p> <ol style="list-style-type: none"> <li>1. How would you like to work with us during consultation?</li> <li>2. What principles should we stick to during consultation?</li> <li>3. What methods and materials should we focus on?</li> <li>4. How can we make sure we have a successful consultation?</li> </ol>	
7.2	<p><b>Key questions and recommendations raised by SRG members:</b></p>	
7.3	<p><i>Question (NC):</i> Will you go into consultation with one option? Will you include other options?</p>	
	<p>Response (CK): We would ideally like to go into consultation with a preferred option from our short list of 3 options. Nevertheless, the other options will be included too. This is all pending the outcomes of the options consideration process.</p>	
7.4	<p><i>Question (AB):</i> What do you need from us?</p>	
	<p>Response (MVR): We need a critical friend that can help us shape and iterate our plans.</p>	
7.5	<p><i>Question (NC):</i> Will consultation responses go to one CCG or who will receive the responses Responses will need to be acknowledged and messages disseminated. It seems like SRG's role may be redundant during the consultation stage itself as the main goal of the programme will be to gather responses and submit a document at the end of it.</p>	
	<p>Response (MVR): During consultation, we will have a response team whose focus will be receiving, acknowledging and drafting responses. SRG could act as a feedback and advice platform.</p>	
7.8	<p><i>Question/opinion (AB):</i> It may be helpful for SRG to review, provide feedback and advice during the pre-consultation stage rather than the actual consultation.</p>	
	<p>Response (MVR): Indeed, SRG's input will be specifically welcomed for shaping and refining our engagement methods and materials for the consultation.</p>	
7.10	<p><i>Question/ opinion (AB):</i> SRG could also be convened during the consultation process in extraordinary circumstances in an advisory role.</p>	
	<p>Response (CK): We would welcome SRG's advice and feedback both during the pre-consultation and consultation stages. SRG members' feedback and insight during our programme of engagement was invaluable. A few examples include:</p>	
	<ul style="list-style-type: none"> <li>• Your suggestion of working with the Surrey Coalition of Disabled People's to review the IHT animation video and the recommendation of adding subtitles to the video.</li> <li>• During the pre-consultation phase, SRG's advice is requested to</li> </ul>	

	ensure that we have a robust consultation plan.	
7.11	<p><i>Question (AB):</i> This is the ‘how’, but what’s more important is the ‘what’. What will consultation plan be? What messages and materials will be disseminated in the community? It’s about giving the right information.</p> <p><i>Response (MVR):</i> We will need to ensure indeed that we are providing evidence and interactive content in various format, such as videos explaining and touching upon different issues.</p>	
7.12	<p><i>Questions/opinion (NC): Feedback included:</i></p> <ol style="list-style-type: none"> <li>1) Materials need to be precise and short.</li> <li>2) You may want to find an incentive for people to get involved. There limits tax wise and you will need to ensure that this is within the tax limit.</li> </ol> <p><i>Response (CK, MVR):</i> During our programme of engagement we noticed indeed a fatigue among the public given the previous engagement efforts. We may consider providing incentives pending our resources and the type of activity we are asking people to be involved in.</p>	
7.13	MVR asked SRG members to identify what success may look like at the end of consultation.	
7.14	<p><i>Question/opinion (AB):</i> It’s about getting a lot of [consultation] responses representative of the geography and demographics of the three areas, especially the deprived communities. This is quite important and needs further thinking and discussion at a later stage.</p> <p><i>Response (CK):</i> Noted. We will look into arranging a session focusing on the how we could engage with the deprived communities during consultation. This is an important question that we will need to ask - whether we’ve done what was asked from us. It will be important to have an assessment mechanism in place.</p>	
7.15	<p><i>Question (NC):</i> How will an organisation’s response be counted? Will it be considered as one response or a multiple one considering the people that will sign the response or working in that organisation?</p> <p><i>Response (LF, DW):</i> The best practice is for people to respond individually to the consultation. We will need to confirm how an organisational response will be counted as part of the consultation process.</p>	
<b>8</b>	<b>DONM</b>	
8.1	DW advised SRG members that the meeting in November and December will need to be rescheduled. The date of the next meeting will be circulated in due course.	