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

STAKEHOLDER REFERENCE GROUP

MEETING NOTES

Date: Wednesday, 19th September 2018
Time: 19:00 – 20:30
Location: Sutton Life Centre, 24 Alcorn Cl, Sutton, SM3 9PX

Present		
Name	**Initials**	**Organisation**
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
Mohammad Al-Hussaini	MH	African & Caribbean Association
Sandra Ash	SA	KOSHH

Programme representatives		
Charlotte Keeble	CK	Improving Healthcare Together 2020-2030 Senior Programme Manager
Ioana Miron	IM	Improving Healthcare Together 2020-2030 Project Support Officer

In attendance		
Frances Parrott	FP	Mott McDonald

The attendance sheets can be found embedded below:

Adobe Acrobat Document

Item	Discussion	Actions
1.	**Welcome and introductions** DW welcomed all to the meeting.	
2.	**Apologies** Jamie Gault - Action for Carers Hannah Neale - African Education Cultural Health Organisation Emerald Davis - African Education Cultural Health Organisation Dorah May Hancock - Age Concern Epsom & Ewell Di Cheeseman - Age UK Surrey Nigel Collin - College Ward RA Committee Lynne Witham - Epsom and St Helier Trust Bess Harding - Epsom Medical Equipment Fund Matthew Parris - Healthwatch Surrey Peter Gordon - Healthwatch Surrey CIC Hearts and Minds (Mental health youth group) Sarah Linington (SCC) - Local Valuing People Groups Merton Centre for Independent Living Bob Hughes - Sight for Surrey Angie Taylor - Surrey Coalition of Disabled People Sarah Linington - Valuing People Group - Surrey CC Our Lady and St Peter Dave Lunn - Riverside Community Association Conquest Art Gwen Turner - Benhill Social Club	
3. 3.1 3.2 3.3	**Notes from the last meeting and recommendations log** The notes from the last SRG meeting on 15 August 2018 were approved. DW advised SRG members that the recommendations log is a master list of comments and recommendations made by the SRG at its meetings as well as subsequent actions undertaken by the programme. DW explained that the recommendations log is a live document that will be updated after each SRG meeting. The log feeds into the wider engagement process. The recommendations raised by the SRG members will be submitted to the relevant working groups under the programme for review. DW highlighted to SRG members that the SRG is an independent structure, supported by the programme. The SRG provides a platform for wider conversation, challenge and a feedback mechanism for the programme's proposed plans. In this sense, the SRG has seen and engaged with clinicians, travel and equalities experts and has fed back on key aspects of the programme including the clinical model, the initial travel analysis and equalities impact assessment scoping report.	
4. 4.1 4.2	**Update on the Programme – (CK)** CK updated SRG members on the following points: • Following the feedback received at the last SRG, the programme is looking into ways of further developing its website. This includes looking into website accessibility features including the ability to translate and text to speech.	

4.3	• The programme has continued to engage with the wider public on the 8 questions in the Issues Papers both via the website, and through a series of 6 mobile/ high-street engagement events. Regarding, queries on the translation of the survey into different languages recommended by SRG members at the previous meeting, CK highlighted that this can be done upon request and the programme would respond positively.	
4.4	• The subtitled animation video describing some of the key issues EPSH need to address and potential solutions to support our engagement work has been published on the Improving Healthcare Together 2020 - 2030 website, and shared on YouTube and social media. The video was reviewed by the Surrey Coalition of Disabled People prior to being published.	
4.5	• Between 8th September – 15th September, 6 mobile events have taken place to engage with local residents to: - hear a wider variety of voice - seek public feedback on the challenges we face and potential solutions, and; - raise awareness of the September discussion events.	
4.6	• The programme has sought to engage through its mobile events with various communities including Mitcham, Carshalton (at St Helier Hospital), Epsom (Epsom Hospital, the Ashley Shopping Centre) etc.	
4.7	• 3 out of the 6 planned discussion events took place in Sutton and Merton. The programme has taken on board previous SRG recommendations of holding these events at different times in order to accommodate as many people as possible. The events are run in a marketplace format with five work stations: 1. introduction to the programme 2. the clinical model and workforce 3. deprivation and equalities 4. travel 5. evaluation criteria.	
4.8	• SRG members were invited to attend the remaining 2 discussion events on 20th September in Banstead and 25th September in Mitcham.	
4.9	• CK explained that further engagement will target specific population groups: - 9 focus groups with equalities groups will be ran independently by the local Healthwatch branches to ensure a wider discussion within the community. The focus groups will gather older people, carers, LGBT, black and ethnic minority groups and people with learning impairment. - 6 focus groups with maternity, paediatrics and acute and emergency service users will be independently organized and facilitated Traverse.	

	- Further engagement will occur with particular groups as identified by the equalities impact analysis study, including black and minority ethnic communities, people with learning impairments, deprived communities (Surrey Downs, Sutton and Merton).	
4.10	• CK has provided an update on the communication activity including the advertising for the September events. The suggestions made by SRG were taken on board and thanked the SRG members who have helped advertising the events within their communities.	
4.11	• CK informed SRG members that the Traverse notes of the July – August events were published on the website and that the recordings from these events can also be found on the programme's YouTube channel.	
4.12	• Governance update: - A Paediatrics and Maternity and District Hospital Group was set up to develop the clinical model and workforce requirements. - The Equalities Working Group met for the first time on Friday 14th September. The purpose of the group is to advise, inform and provide expertise input. The programme is looking to expand the membership of this group as it seeks input from the local authorities.	
4.13	• Following requests at the last SRG meeting, CK provided an outline of the engagement process. At the end of September, all the information and feedback received from the programme's engagement activity to date will be independently reviewed and analysed by The Campaign Company (TCC).	
4.14	• TCC will produce a full engagement report outlining key themes. The findings of the draft engagement report will be available at the next SRG meeting in October and most likely publicized at the end of October. CK however highlighted that some flexibility around this timeframe will be needed for some more engagement work and to ensure that everything was covered so that the report truly reflects voice of the local people at these and future meetings.	
4.15	*Question (AB)* - You've mentioned a number of focus groups will take place in September, and I've got an email invitation around mental health from Jaishree. Where does this fit? Response (CK, DW) – The programme's Patient and Public Engagement Lead, Jaishree Dholakia, is looking to reach out to different community groups to ensure the IHT programme is talking to wide ranging stakeholder groups. Age UK and Mencap are directly involved in this work.	
4.16	*Question/Opinion (AB):* It makes a lot of sense for you to go to those groups.	
5	**Focus presentation:** **Initial equalities analysis** by Mott Macdonald Presentation by Frances Parrott (FP)	

5.1	A discussion on the initial equalities analysis of major acute services was given to the SRG members by Mott Macdonald. Please see the pdf attached.
5.2	FP highlighted that Mott MacDonald had been independently commissioned to undertake an equality impact assessment of potential changes to the way major acute services are delivered, of which this initial analysis is the first step.
5.3	CK highlighted that the initial equalities analysis report was published on the programme's website and had been shared with the wider SRG membership ahead of this meeting.
	Key questions from SRG members included:
5.4	*Question (AB)* – By wider study area, do you refer to the national average or the widest area as in distance from CCGs boundaries? Response (FP) – The wider study area encompasses the catchment areas of the 3 CCGs plus 15 km around these.
5.5	*Question (SA)* – At one of the events it was suggested that you haven't included homeless people. Response (FP) – Under the Equality Act homelessness is not a protected characteristic. This group can be considered in the analysis moving forward.
	Integrated Impact Assessment (IIA) – presentation by Frances Parrott
5.6	FP provided an overview of the next stages of the IIA and explained how the initial equalities analysis (scoping report) feeds into the wider IIA. The full IIA report will bring together assessments from four assessment areas; health, equality, travel and sustainability. It will highlight any impacts (positive or negative) 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 continue to be kept up-to-date with this work.
5.7	*Question (SA)* – Do you have date for the public consultation? Or an approximate date? Response (DW) – The aim is for the public consultation is to start as early as possible in 2019. Response (CK) – The consultation timeline will be influenced by a series of factors some outside of the control of the Programme, including the Surrey County elections. The programme will need to ensure a period of reflection at the end of the wider engagement activity phase, to consider all feedback from the engagement process.
5.8	*Question (AB)* – Carers are not direct users of the service. How will they be further incorporated? There are different carers groups in the 3 boroughs some of which are sponsored by the CCG.

	Response (FP) – The analysis will include the existing literature on the impact of carers as a result of changes in the way services are delivered. The ongoing engagement with carers groups will provide further evidence of the potential impacts both positive or negative. Response (CK) – The programme is also looking to further engage with the protected characteristic groups identified by the Initial equalities analysis analysis as potentially most impacted by the service change. This engagement is ongoing. Response (FP) – To note that we have already engaged with Action for Carers Surrey.	
5.9	*Question (PH)* – How are you defining carers? There is a legal definition for carers in the Carers Act. Response (FP) – We do not have the carers definition on hand with us today, but this will be forwarded to SRG members following this meeting.	
5.10	*Question (AB)* – Carers can access specific benefits. There is a carers allowance. Those registered are easy to find, but there are many not easily identifiable in reality.	
5.11	CK asked SRG members if they read the report and their initial thoughts.	
5.12	*Opinion (AB)* – Long read, but it is a nice report.	
5.13	*Question (SA)* – Life expectancy is much higher in one area than others. Has this been approached and discussed? It is a significant inequality factor and an important part of the equalities analysis. Response (FP) – The initial equalities scoping report does not have a specific section on life expectancy as it focuses on the protected characteristics defined by the Equality Act.	
5.14	*Question (AB)* – Will you include this in your findings? Response (FP) – We could revise this report or it could come out in the integrated assessment. Response (CK) – A report on deprivation has been commissioned, the report may include some information on life expectancy	
5.15	*Questions (SA)* – An executive summary would be helpful as a lay person you are not sure you are deducing correctly.	
5.16	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 the relevant workstream.	
6.	**Assessing the future shortlist of options – evaluation criteria**	
6.1	CK explained that an important next step in the process of this work is the	

	development of potential options using agreed evaluation criteria.
6.2	CK highlighted that the long list of solutions was refined by testing potential solutions against three initial tests, which have been also detailed in the programme's Issues Paper. The proposed solutions include: • **Locating major acute services at Epsom Hospital**, and continuing to provide all district services at both Epsom and St Helier Hospitals. • **Locating major acute services at St Helier Hospital**, and continuing to provide all district hospital services at both Epsom and St Helier Hospitals. • **Locating major acute services at Sutton Hospital**, and continuing to provide all district services at both Epsom and St Helier Hospitals.
6.3	The Programme are developing a process to evaluate each of the potential solutions and are keen to work with local people to identify evaluation criteria.
6.4	The evaluation process/criteria were included as a market stall at the discussion events. Feedback from the events includes: • Transport and accessibility to the site for patients • Levels of deprivation • The desirability of the site and the local area to staff • Future population growth of the catchment population, and the demographic change this might bring • The health needs of the local population • The impact on hospitals in neighbouring CCGs if patients chose to go elsewhere • The impact on other health and social care providers in the three CCGs • 'Blue light times' across the area • The care quality of the existing hospitals, as measured by regulators • The desirability of the site and the local area to staff • The cost of building and demolition • The ability to maintain or increase the number of hospital beds • The cost of building/demolition • The community value of the site to the local population
6.5	CK advised that the programme will next undertake a formal appraisal which includes developing a set of agreed criteria. The formal appraisal of the short list of potential solutions will involve assessing each of the potential solutions against an agreed set of criteria. The process will take place later in October once the feedback from the engagement programme has been considered The process will involve local population, representatives from SRG, clinicians etc.
6.6	Question (AB) – How do you plan to weight the criteria? Some of them will be very subjective. Looking at other cases, the one criteria taken into account was finance. Response (CK) – CK confirmed that the programme will need to look at examples of how other systems have undertaken this approach.
6.7	Question/ Opinion (AB) – Maybe you should consider the red line concept i.e.

	we cannot consider any solution that will go over the red line.	
6.8	*Question (SA)* – Are you looking at the areas that have been a complete disaster and those where it worked well? Will you be taking into account that in some areas this work was completely disastrous? Are you going to identify where this went well? Are you going to share any evidence? Response (CK) – The Clinical Senate will review the clinical model and look other examples of models of care.	
6.9	It was suggested that examples of best practice regarding the clinical model be brought back to SRG meeting.	
6.10	Questions (PH) – Have you looked at the future demand of workforce? It would bring a demographic change. Response (CK) – CK identified this would be part of the work plan.	
7.	**AOB**	
7.1	**SRG terms of reference**	
7.1.1	The SRG terms of reference were reviewed and agreed.	
7.1.2	*Question (AB)* – Could you change the name of the programme within the document? Response (CK) – The document will be amended and the new version published on the programme's website. Following this amendment the Terms of Reference were reviewed and agreed.	
7.2	**Next SRG meetings**	
7.2.2	CK asked SRG members what topics they would like to hear more about.	
7.2.3	Question/ Opinion (AB) – Clinical model. Response (CK) – CK will talk to clinicians to invite them at a future meeting.	
8.	**DONM**	
8.1	Wednesday, 17th October, from 10:30am – 12:00pm, at Lantern Arts Centre, Tolverne Rd, Wimbledon, London, SW20 8RA.	