

Integrated Impact Assessment (IIA)

Transport and Access Working Group

Chair: Dr Simon Williams, Clinical Director for Urgent Care & Integration, NHS Surrey Downs CCG

MEETING NOTES

Date: 14th March 2019

Time: 09:00-11:00

Location: Room 3.2, 120 The Broadway, Wimbledon, SW19 1RH

In attendance:

Name	Initials	Role
Simon Williams (Chair)	SW	Surrey Downs CCG
Ashley Field	AF	Senior Transport Officer, Surrey County Council
Phil Crockford	PC	Principal Policy Officer, Sutton Council
Chris Neely	CN	Stakeholder Engagement Manager, London Ambulance Service NHS Trust
Chris Chowns	CC	Transport Planning Project Officer, Merton Council
Rory Collinge	RC	Strategy and Partnership Manager, South East Coast Ambulance Service
Eric Munro	EM	Associate Director, Estates and Facilities Operations, Trust-wide, Epsom & St Helier University Hospital Trust
Craig Walley	CW	Mott MacDonald
Brian Niven	BN	Mott MacDonald
Programme representatives		
Charlotte Keeble	CK	Senior Programme Manager, IHT Programme Team
Josie Weller	JW	Project Support Executive, IHT Programme Team
Andrew Demetriades	AD	Programme Director, IHT Programme Team
James Glossop	JG	IHT programme team



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No.	Agenda Item	Who
1.	Welcome, introductions and apologies	
	<p>The Chair welcomed members of the Board and noted apologies from:</p> <ul style="list-style-type: none"> • Lucy Simpson, Principal Technical Planner, Transport for London • Ian Price, Team Leader Strategy and Commissioning, Kingston and Sutton Shared Service Environment • Ioana Miron, Project Support Officer, IHT Programme Team 	
2.	Notes of last meeting on 28th February	
	<p>ACTION: Amend the notes in relation to:</p> <ul style="list-style-type: none"> • Remove Phil Crockford from the attendance list as he was not present • Page 4, point 5 'members confirmed that it would be difficult for any one individual to commit additional time to represent the group at the Integrated Impact Assessment Steering Group' change to 'most people felt that they were conflicted'. <p>Following the above amendments, the draft notes of the last Transport and Access Working Group meeting were approved as accurate.</p>	JW
3.	Recap on actions from meeting held on the 28th February	
	<p>The group highlighted that it is useful to be cited on the CCGs future plans which may include information regarding potential mitigations.</p> <p>CW confirmed that information had been received from Transport for London. Mott will undertake a review of this data.</p> <p>ACTION: Follow up with Surrey County Council representative and other members on the group on current or future patient transport plans.</p> <p>The Group had requested information on plans to engage Trust staff on the proposed options and more specifically any potential impact on travel times.</p> <p>CK highlighted that staff engagement had been conducted by the Trust as part of the wider engagement on the IHT programme but not specifically as part of the IIA engagement plan. Staff engagement will be addressed as part of the continued engagement undertaken by the programme and any future consultation (pending Governing Body agreement).</p> <p>DN asked if there was any specific feedback collected around staff travel to alternative sites under the proposals?</p> <p>CW confirmed information had been received from St Helier and this will be reviewed as part of the IIA.</p> <p>ACTION: Mott will confirm whether there is specific feedback from staff on potential impacts following a review of the information received from ESTH.</p>	CW CW



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	<p>ACTION: Mott to share the list of data sources with the group for review and follow up with members on any further data sources that could action the Integrated Impact Assessment work.</p>	<p>CW</p>
<p>4.</p>	<p>Phase 2 travel analysis findings focusing on protected characteristic groups and deprivation</p>	
	<p>CW provided an overview of the slides.</p> <p>CW shared the maps regarding the CCG boundaries. He explained that there is a 15km wider study area outside of the combined geographies of the CCGs. This wider study area is being used for the provider impact work to determine patient flow.</p> <p>JG explained further that the boundaries in the wider study include the six major acute hospitals and is used to understand patient flow analysis. The combined geographies around the three CCGs in the black line highlights the Sutton, Merton and Surrey Downs catchment.</p> <p>SW confirmed that the group had asked for assurance that the IHT Programme was capturing any patient flow outside the CCG catchment area by the provider technical group. This work is currently overseen by the Clinical Advisory and Provider Impact Groups. The working group confirmed that they were assured that patients flow data is being analysed and considered by the programme. An update on this work could be provided to the group.</p> <p>BN highlighted that because there are differences in some of the population sizes for the LSOA averages, he recommended that this information would be clearer if related to a rate rather than the absolute numbers.</p> <p>AD referred to the key on slide 5 and highlighted that the title needs amending as it should not read South West London and should include Surrey.</p> <p>ACTION: To include data on a rate basis for the LSOAs in the combined geographies.</p> <p>ACTION: To include Surrey in the map titles.</p> <p>CW outlined slide 7 and advised that this covers areas of lower population density.</p> <p>CW confirmed that the rationale and assumptions behind the travel time was discussed in the first working group confirming Tuesday is the day that is defaulted in the track programme as being representative of mid-week travel times.</p> <p>SW asked if there is standard deviation you can apply to the Tuesday to highlight that this is the most representative of week day travel and suggested to include acknowledgement of the other day's people may travel on.</p> <p>CW confirmed that this could be possible for public transport data as the system will allow to choose any day of the week, but for car travel this would not be possible.</p>	<p>CW</p> <p>CW</p>



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	<p>PC asked if this data varies depending on the time of year.</p> <p>CW explained that the segmentation in the traffic master data set wouldn't be able to include this as it's an annualised measure. JG suggested that the Tuesday could be highlighted as industry standard and to include the changes on weekend travel. All published information will include clear definitions and rationale to ensure the public are clear on methodology.</p> <p>AD asked for a definition on minimum travel time to be included and to provide rationale as to why a Tuesday has been identified.</p> <p>ACTION: Ensure clear rationale as to why Tuesday has been selected in the IIA travel analysis.</p> <p>CW outlined the protected characteristics group travel time analysis.</p> <p>CW advised that the format of the tables is easiest to understand when referring to the change in the first band for car and blue light ambulance. For example, 90% of the BAME population can access a site within 15 minutes and for the overall population this reduces to 80%, showing that BAME residents may benefit on any of the proposed changes.</p> <p>SW asked if car travel time collates data analysis with car ownership and how this would be captured.</p> <p>CW confirmed that in the travel and access chapter of the phase two Integrated Impact Assessment this will be included through qualitative and quantitative analysis assessments.</p> <p>SW highlighted that it was important not to forget the elderly population and potential impact on Surrey residents. It would be important to understand whether the impact of the proposed changes would be mitigated.</p> <p>The district hospital model is more likely to benefit older people who are more likely to access these services. The Group agreed that it would be helpful if the data segmented the elderly population and the number of people who are likely to access district hospital sites in the combined geographies.</p> <p>ACTION: Include the elderly population demographic segmentation data.</p> <p>ACTION: Breakdown by age the use of major acute and district hospital services</p> <p><u>Deprivation</u></p> <p>CW outlined that the analysis identified the 11 most deprived wards in the combined geographies.</p>	<p>HF/CW</p> <p>CW/JG</p> <p>CW/JG</p>
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	<p>AD suggested need to split these numbers by borough (Sutton, Merton and Surrey Downs).</p> <p>ACTION: Include borough breakdown of deprived numbers of population across the three Boroughs.</p> <p>ACTION: Re-run the data for deprived communities to include wider definition to include top two national quintiles.</p> <p>EM highlight that ESTH's new inter hospital service had started and this should be included as a mitigation for the IIA.</p> <p>PC highlighted the demand response bus consultation that is due to go live in May. This is a twelve-month trial which will cover most of Sutton and as far as IKEA Croydon.</p> <p>ACTION: Ensure that any information is included on the trial demand of response buses in the IIA.</p>	<p>CW</p> <p>CW/JG</p> <p>CW</p>
5.	Early findings and focus groups	
	<p>BN highlighted the potential change in peoples' preferred travel mode of reaching a new site and potential issues.</p> <p>AF raised concerns over people inappropriately using an ambulance as a travel option and suggested that awareness raising work should be considered to inform the public on how to reach each hospital sites in the future.</p> <p>BN outlined the early findings from the focus groups which specifically looked at protected characteristic groups in the three CCG's, recognising that further engagement will take place over forthcoming weeks.</p> <p>BN highlighted some members of the public may not have previously visited the sites proposed which highlighted some anxieties around complexity of journey and travel cost.</p> <p>EM raised a question regarding car parking charges across the sites, confirming that Sutton offers parking for staff only. He highlighted that the non-emergency patient transport service will continue to be delivered by the Trust.</p> <p>EM raised the point that the Trust could consider reviewing patient eligibility criteria for its transport service and this should be included in the IIA.</p> <p>BN highlighted the need to connect the IIA with patient repatriation.</p> <p>SW confirmed that this work is be being undertaken by the provider impact and clinical advisory groups.</p>	



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	<p>BN highlighted that this information may be relevant to the impact assessment on sustainability.</p> <p>AD noted the importance of this and suggested Mott work with JG to review data regarding patient type/condition and likely transfers, even if indicative at this phase.</p> <p>ACTION: Review data for patient repatriation to include in the IIA when the information is available.</p> <p>PC highlighted to the group that Transport for London services are restricted across Sutton.</p> <p>CK raised that HF has been speaking with the Transport for London representative who had not attended the previous working group meeting.</p> <p>ACTION: CK to contact the TFL lead to ensure they were engaged with the IIA.</p> <p>BN highlighted the mitigations as identified from the focus groups.</p> <p>AD suggested organising a workshop with the working group and IIA steering group to review findings and identify further mitigations.</p> <p>CC suggested including Merton Community Transport and Sutton Community Transport and invite them to the workshop.</p> <p>EM suggested involving CCG colleagues in the workshop.</p> <p>ACTION: Organise a workshop for earlier April.</p>	<p>CW/JG</p> <p>CK</p> <p>JW/HF</p>
6.	Recap on project timings and points of discussion for next meeting	
	<p>It has been agreed post meeting to keep the next meeting as face to face and plan for the workshop to be in early April, noting that the next meeting will not be focussed on bringing findings and potential mitigations back to the group.</p>	
7.	Any other business	
	<p>EM raised that the ESTH will be developed and would like to include any relevant material as identified by the Group into the plan.</p> <p>ACTION: Circulate current ESTH transport plan (2014) to Mott Colleagues for review.</p>	<p>EM</p>