

IMPROVING HEALTHCARE TOGETHER 2020-2030 (IHT)
NHS SURREY DOWNS, SUTTON AND MERTON CLINICAL COMMISSIONING GROUPS
CONSULTATION OVERSIGHT GROUP

MEETING NOTES

Date: 31st May 2019

Time: 14:00-15:30

Location: Room 3.1 -120 The Broadway, Wimbledon, SW19 1RH

Present		
Name	Initials	Organisation
David Williams (Chair)	DW	Healthwatch Sutton
Christelle Barrington-Bailey	CBS	Inner Strength Network
Brian Dillon	BD	Healthwatch Merton, Chair
Jackie Tapping	JT	Healthwatch Surrey – volunteer
Murray Glenister	MG	Healthwatch Surrey - volunteer
Julian Lee	JL	Inspire Partnership (Sutton)
Alison Navarro (via Skype)	AN	Community Action Sutton
Alan Sydenham	AS	Community Advocate Sutton
Sandra Page	SP	Resident of Sutton
Fiona Gaylor	FG	Merton CCG
Dave Curtis	DC	Healthwatch Merton
Sally Dubery	SD	Central Surrey voluntary action
Pete Flavell	PS	Healthwatch Sutton

Programme representatives		
Jaishree Dholakia	JD	Improving Healthcare Together 2020-2030 Patient & Engagement Lead
Josie Weller	JW	Improving Healthcare Together 2020-2030 Programme Support Executive

Item	Discussion	Actions
1	<p>Welcome, introductions and apologies</p> <p>The Chair introduced members to the first Consultation Oversight Group meeting and asked everyone to introduce themselves.</p> <p><u>Apologies</u> Matthew Parris – Healthwatch Surrey Kate Scribbins – Healthwatch Surrey Samantha Aungthin – Central Surrey Voluntary Action Paul Ford – Resident of Sutton</p>	
2	<p>Ice-breaker</p> <p>JD asked members of the group to think of three things that come to mind when they hear the word 'hospital'. Common thoughts were:</p> <ul style="list-style-type: none"> • Long corridors • Parking • Waiting 	
3	<p>The Improving Healthcare Together Programme</p> <p>JD introduced the group to the Programme through the animation video on the Improving Healthcare Together 2020-2030 website.</p> <p>JD outlined the next steps for the Programme which include assessing:</p> <ul style="list-style-type: none"> • Are the proposals safe for patients from a medical point of view? • Do the financial numbers add up? • The potential (positive and negative) benefits for patients, carers and local residents • What is the impact of our proposals on other hospitals? • The impact of our proposals on different groups of people? <p>The Chair outlined that a possible general election could also impact on the Programmes timelines for a possible consultation starting in the autumn.</p> <p>BD asked whether the engagement had finished for the Programme and are we now in the evidence phase?</p> <p>JD confirmed that the engagement undertaken has been included in the assessment work and is on-going. The aim of this group is to support a potential public consultation through reaching community voices. The Chair further explained that the Stakeholder Reference Group has reached large numbers of community members.</p>	
4	<p>Draft Consultation Oversight Group Terms of Reference</p> <p>JD outlined the draft Terms of Reference for the group.</p> <p>On Section 8 of the Terms of Reference DC advised that the Programme should be clear which documents are and are not confidential before these are</p>	

	<p>circulated to the group. JD noted this comment.</p> <p>The group agreed the Consultation Oversight Group Terms of Reference.</p>	
5	<p>Consultation planning</p> <p>JD outlined to the group the critical factors for a successful consultation:</p> <ul style="list-style-type: none"> • Provide clear information • Give enough time for people to respond • Keep an open mind and consult at an early stage • Take all consultation feedback into account <p><u>Suggestions made by the group:</u></p> <ul style="list-style-type: none"> • FG proposed that senior decision makers should attend a public session to read all the consultation feedback and log their names on a sign in sheet • Post meeting comment: This will be done as part of the Committees in Common, which is a public session • FG – it is also worth considering the equalities element of the consultation • AN – suggested thinking about how we provide feedback to those people whose views will not be taken forward as part of the preferred option <p><u>Questions raised by the group:</u></p> <ul style="list-style-type: none"> • JT asked how Public Health were being included in the Programme as annual public health reports can be very helpful. JD confirmed Public Health leads are included in the Programmes Integrated Impact Assessment work <p>JD also outlined that a benchmarking exercise had been undertaken with Clinical Commissioning Groups (CCG) who completed a similar consultation process for feedback on what did and did not work. MG advised a breakdown of which methods were used to consult by each CCG would be useful.</p> <p>The group watched a YouTube video on the start and end of a citizen's jury process held in the Forest of Dean.</p> <p><u>Suggestions made by the group:</u></p> <ul style="list-style-type: none"> • Need to put contradictory views and evidence to the citizens jury to ensure the process is fair and transparent – it will also be necessary to manage the expectations of jurors. 	
6	<p>TCI assurance process</p> <p>JD outlined the purpose of The Consultation Institute (tCI) assurance process involves tCI providing advice and support to implement best practice consultation processes. There are six stages to the assurance process. A representative from the tCI may attend a future meeting.</p>	

	<p>AN suggested it will need to be made clear to the public why external consultants have been commissioned to manage the consultation process to allow for reassurance on the reasons for Programme spend.</p>	
7	<p>Consultation Activities</p> <p>JD outlined some of the proposed consultation activities:</p> <ul style="list-style-type: none"> • Focus groups • Telephone survey • Door drop • Mobile engagement • Deliberative events • Open invite drop in sessions • Community meetings • Citizens jury • Social media • Advertising <p>PF agreed that the proposed consultation activities were a good variety to reach the population.</p> <p><u>Suggestions made by the group:</u></p> <ul style="list-style-type: none"> • Target younger people through secondary schools and local colleges (AS) using peer-to-peer methodologies (DC). • DC - map local activities already planned at the time of consultation e.g. flu campaign, to capture captive audience and large numbers and work through local councils to reach working well (largest employers) • FG – Target, pay and empower community networks to facilitate conversations on our behalf - provide supporting materials. Reach out through community forums we have already attended • Target parochial church groups and neighbourhood watch groups (AS) • Focus consultation on reaching specific groups of people who are using the services now and are more likely to use the services in the future • Focus will depend on the consultation questions (MG) <p>JD then presented an overview of engaging with members of the public through the potential 12-week consultation phase.</p>	
8	<p>Any other business</p> <p>JD explained that the group is a task and finish group and that there will be further recruitment of community members.</p> <p>The Chair closed the meeting by saying that the meetings will be rotated amongst the three localities and held on different days at different times. A commitment to attending was asked from the group for it to run effectively.</p>	