Improving Healthcare Together 2020 – 2030

Integrated Impact Assessment Steering Group

(IIASG) Independent Chair: Professor Andrew George

MEETING NOTES
Date: 13th May 2019
Time: 16:00 – 18:00
Location: Malvern Training Room, 1st Floor, Malvern Centre, Downs Road, Sutton, SM2 5PR

In attendance:

Name	Initials	Role
Andrew George	AG	Independent Chair for IIA Steering Group
Mike Robinson	MR	Interim Consultant in Public Health, Merton Council; Deputy for Hannah Doody, Director of Community and Housing, Merton Council
Iona Lidington	IL	Director of Public Health, Kingston Council
Yasmin Broome	YB	Involvement Coordinator, Surrey Coalition of Disabled People
Pippa Barber	PB	Lay member, Sutton CCG Governing Body Independent Nurse, Sutton CCG
Clare Gummett	PB	Lay member, Merton CCG Governing Body
Marta Rocco	MR	Community Engagement Coordinator, Volunteer Centre Sutton
Jacky Olivier	JO	Lay member, Surrey Downs CCG Governing Body
James Blythe	JB	Managing Director, Merton & Wandsworth CCGs
Hattie Fowler	HF	Mott MacDonald
Brian Niven	BN	Mott MacDonald
Programme representatives		
Charlotte Keeble	CK	Senior Programme Manager, IHT Programme Team
Jaishree Dholakia	JD	Patient and Public Engagement Lead, IHT Programme Team
Ioana Miron	IM	Project Support Officer, IHT Programme Team

No.	Agenda Item	Who
1.	**Welcome and introductions**	
	AG welcomed the members of the Steering Group and noted apologies from: • Satvinder Buttar, Equality lead, Sutton CCG • Imran Choudhury, Director of Public Health, Sutton Council • Amanveer Nathan, Patient and Public Engagement Manager, Merton CCG • Doroth Watson, Chief Executive, SunnyBank Trust • Fiona Gaylor, Head of Engagement and Equalities, Merton & Wandsworth LDU • Russell Hills, Clinical Chair and Equality Lead, Surrey Downs CCG • Liz Patroe (deputy to Russell Hills, Equality Lead, Surrey Downs CCG)	
2.	**Notes and actions of last meeting on 29th April 2019**	
	The notes of the last IIA Steering Group meeting on 29th April were approved as accurate.	

	AG noted that the actions from the last meeting on 29th April have been completed. MR required further clarification around the following actions: • **Action 2** – MR requested for an explanation of the programme's wider timelines and where the IIA fits within them to be included in the report. **ACTION:** Include the programme's wider timelines and where the IIA fits within this in the draft interim report. • **Action 4** – MR asked if the clinical model has been discussed within the report and whether an update will be provided to the meeting. HF confirmed that the clinical model was discussed in the Chapter 4 of the report. MR asked if the maps around travel time analysis for deprived communities will be included in the report. HF confirmed that most of the maps will be included in the Appendices to ensure an optimal length of the report. The report will include references to the Appendix. HF further advised that over 100 maps were produced throughout the assessment. Mott MacDonald and the IHT programme are working on identifying the best way in which these can be provided within the appendices. MR highlighted that further clarity is required in relation to beds being needed across a range of providers in addition to those mentioned in the text. CK explained that the relevant section of the report will be updated when the full analysis of the provider impact work has been completed. **ACTION:** Include clarification around additional beds being needed across a range of providers.	**HF** **HF**
3.	**Draft IIA interim report**	

	The Chair noted:
	• The focus of the meeting is to:
	  ○ Confirm whether the IIA process had been followed
	  ○ Review and agree the draft findings around impacts as outlined in the draft interim IIA report
	  ○ Review and agree the draft impact ratings as outlined in the draft interim IIA report
	• Members of the Steering Group will have the opportunity to review and provide any further feedback/comments to the draft interim report by 12 noon, on Friday, 17th May.
	• The draft interim report will remain a live document which will be reviewed and updated in light of any relevant information that becomes available. Following the completion of a public consultation, the IIA interim report will be updated.	

	a. Review of the draft interim report A presentation on the findings of the draft interim report was provided by Mott MacDonald. **<u>Chapters 2 and 3</u>** HF highlighted that the aim of these draft chapters is to outline the process used to produce the IIA and the history and context to producing this interim report. HF asked members of the Steering Group whether the information presented, including the description of the governance structures, is clear, as well as to outline any potential gaps. **ACTION:** Points identified by Steering Group members included: • Need to ensure that the interim report is accessible (i.e. Easy- Read) during consultation MR questioned whether the analysis had included LSOA data and whether further engagement was planned for deprived groups in Ravensbury and St Helier wards in Merton. Mott MacDonald confirmed that all LSOA data provided by public health colleague had been reviewed and requested that any additional LSOA data be forwarded to them. Mott also confirmed that additional engagement with residents in the South of Merton is being planned. **ACTION:** IHT Programme team to arrange a meeting with Merton Council to sense-check the draft findings of the deprivation impact analysis. • The need to follow up with the Public Health lead at Surrey County Council, to identify additional public health data which may be included in the report. **ACTION:** IHT Programme to liaise with the Surrey Downs CCG and Surrey County Council with regards to identifying additional public health data that may be included in the interim report. The IIA Steering Group agreed that the scope and process of the IIA had been followed in accordance with the scoping document and the Steering Group's Terms of Reference. **<u>Chapter 5 - Potential impacts which may result from each of the options for change</u>** **ACTION:** The Steering Group raised the following points: • With regards to the Trust's old buildings challenge, a member of the Steering Group identified the need to clarify that other providers outside of ESTH also experience difficulties with their estates.	**CK** **CK** **CK** **HF**

	Patient outcomes and choice • Need to clarify the length of the opening hours for urgent treatment centres (UTCs) and update the text within this section of the report accordingly. • Need to include longer journey times in section on patient outcomes **Longer journey times:** • It is important to consider the time that ambulances will take to get to patients as well as the time the ambulance will take to reach the major acute site. JB suggested that it would be helpful for the IHT Clinical Advisory Group (CAG) to review the data around travel time and agree on the approach, especially considering the cases of those patients with particular conditions. • CG highlighted the importance of highlighting within the report that whilst the consolidation of the major acute services on one site may lead to longer journey times for certain populations, depending on the location of the site, patients will have access to better quality care and treatments and potentially improved health outcomes as a result of changes. • Need to explain within the report that the analysis has been done for all areas within the combined geography and insert reference to the appendices where this data can be found. **Transportation cost and accessibility** • The report should make reference to the higher rate of charges for disabled people when using taxis. YB highlighted that some taxis charge more those using a wheel chair. • Need to capture within the report the parking provision/availability and cost for each one of the sites under the proposed options. **Health inequalities** • Need to revise the narrative around the positive impact of district hospital model on reducing health inequalities in the wider context of the IIA and further caveat it as it is uncertain how much of this is due to the changes proposed or wider health improvements already planned by the CCGs. Multidisciplinary teams and local changes are already happening. **Patient experience** • JB explained that there is a need to consider the number of transfers to district services as this will be different across the three proposed options. The Sutton hospital option is likely to have more transfers between the major acute and district services sites. This would be a third impact under patient experience. **Workforce** • The need to add a line in the report explaining that additional engagement with Trust staff will be carried out and that any new evidence will be	**HF** **HF** **HF** **HF** **HF** **HF** **HF** **HF** **HF**

	incorporated prior to the release of the updated interim report prior to a public consultation. **Other providers** • JB advised that this section of the interim report will need to include a caveat explaining when and where the full findings from the provider work will be emerging/ will be included. • MR suggested adding a table at the beginning of the chapter and clarifying that an impact rating has not been given as full provider analysis is ongoing. Members asked for clarification on whether this section would need to be reduced or expanded based on the full analysis. Mott MacDonald confirmed that the provider impact analysis will be incorporated into the IIA assessment. Any provisional information available has been included in the draft interim report. **Wider sustainability** • IL asked if the report includes any information on impacts on air quality associated with development. IL suggested including a clearer statement on construction impact. **ACTION:** Other comments from Steering Group members included: • JD highlighted the need of including in the interim report a summary that addresses the public sector equality duty requirements and a reference directing people to the appendix which discusses this issue for further information. • With regards to mitigation action 13, JB suggested highlighting what requires constant monitoring and asked whether this is in relation to the infrastructure in the community (i.e. Wilson centre) • Need to clarify which stakeholder group is being referred to within the report. AG asked the Steering Group whether they agree with the findings and to identify any gaps and/or anything that requires further clarification. The IIA Steering Group agreed the draft findings of the draft interim report pending the changes suggested are reviewed by Mott MacDonald and included in an updated version of the report. **b. Impact rating** BN advised that to fully understand and assess each of impact identified, it is important to consider the assessment according to three factors including (1) likelihood, (2) magnitude and (3) duration. BN further provided a definition for each one of the terms.	**HF** **HF** **HF** **HF** **HF** **HF**

	ACTION: The Steering Group provided the feedback below in relation to some of the draft ratings given to impacts. Members confirmed their agreement with the draft ratings proposed for the rest of the impacts identified.
	
	Patient outcomes and choice
	• Members highlighted that choice and outcomes are two different things which should be rated separately. The Steering Group suggested that the patient choice rating should be medium term, minor adverse and high across all options.
	• Members highlighted that patient choice may be impacted in terms of the location of the major acute services onto one site. However they noted that this is likely to be a short to medium term impact during any transition.
	• IL raised the Need to make reference to the Surrey equivalent of the London Mayor's Strategy, which is the Surrey Health and Wellbeing Strategy.
	
	Patient experience
	• The impact rating for this impact needs to be split into two to capture the variable duration.
	
	Longer journey times
	• Need to be clear in the report that the analysis has been undertaken for a range of protected characteristic groups but those who may be disproportionally impacted have been highlighted in the report.
	
	Longer journey times for visitors
	• YB advised that the shuttle bus will need to be accessible for people using wheel chairs. Include in the longer journey times for visitors impact rating table a reference highlighting that specific protected characteristics groups may be impacted. The scoring will not need to change.
	
	Workforce
	• The workforce impact rating needs to be split into two to reflect:
	  ○ Short term impact on staff experience from a travel change perspective; and
	  ○ Long term impact on staff experience from a clinical improvements perspective.
	
	The IIA Steering Group agreed the impact ratings pending the changes suggested above.
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4.	**Next steps**	
	HF advised: • Integrated Impact Assessment is an iterative process and the interim report will remain in draft prior to any public consultation. • Any new information that is deemed relevant to the IIA will be reviewed and	

	considered by Mott Macdonald and the Independent Chair of the IIA. This information will be shared with IIA Steering Group members. • All feedback received and discussed with the IIASG and the Travel and Access Working Group will be logged and where relevant included into the draft interim report, in accordance with agreement by the Independent Chair. **ACTION:** Create summary/log outlining what and where changes have been made to the draft interim report. • As part of the programme's governance arrangements, the draft IIA interim report will be shared for review and agreement with the IHT Programme Board at the end of May. • The draft interim report will be published on the IHT website. • Any findings from the planned engagement activities (as already agreed by the IIA Steering Group) will be reviewed by the Independent Chair and any new findings will be incorporated into the interim report prior to any public consultation. • This report will be further reviewed and refreshed in light of the findings from public consultation.This will form Phase 3 of the integrated impact assessment work programme.	**HF**
5.	**Any Other Business**	
	a. Travel and Access Working Group – update AG advised the Steering Group that the Travel and Access Working Group have reviewed the travel and access specific sections within the report. The Chair informed the members the working groups suggested that the impact rating stand-alone chapter should be removed and that the draft rating should be incorporated thematically in the report. The IIA Steering Group agreed that to remove the standalone chapter outlining the draft impact ratings and that these should be captured thematically throughout the report. **ACTION:** Include the impact rating tables at the beginning of each sections discussing the impacts identified.	**HF**