

Improving Healthcare Together 2020 – 2030

Integrated Impact Assessment Steering Group (IIASG)

Independent Chair: Professor Andrew George

MEETING NOTES

Date: 29th April 2019

Time: 14:00 – 16:00

Location: Meeting Rooms 4.1 and 4.2, 120 The Broadway, Wimbledon, London

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
Naomi Martin	NM	Director, Commonsense Community Development Trust
Yasmin Broome	YB	Involvement Coordinator, Surrey Coalition of Disabled People
Susan Gibbins	SG	Lay member, Sutton CCG Governing Body
Clare Gummatt	PB	Lay member, Merton CCG Governing Body
Jacky Olivier	JO	Lay member, Surrey Downs CCG Governing Body
James Blythe	JB	Managing Director, Merton & Wandsworth CCGs
Amanveer Nathan	AN	Patient and Public Engagement Manager, Merton CCG
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	
	<p>The Chair noted that:</p> <ul style="list-style-type: none"> AG re-confirmed the remit and scope of the IIA Steering Group. He requested that the Steering Group review and test the draft findings and potential mitigations identified as part of this work. AG highlighted the importance of all stakeholders to continue to identify any potential gaps in data and solutions to ensure that these are addressed in a timely manner prior to the circulation of the first draft interim report for review by the Steering Group. The IIA interim report is still in the process of getting drafted. The draft report (excluding the Executive summary) will be shared with the IIA Steering Group on Thursday, 9th May and will be further reviewed on 13th May, when the Steering Group will reconvene. 	

	<p>AG welcomed the members of the Steering Group and noted apologies from:</p> <ul style="list-style-type: none"> • Simon Williams (Chair of IIA Transport and Access Working Group; Clinical Director for Urgent Care & Integration, NHS Surrey Downs CCG) • Fiona Gaylor, Head of Engagement and Equalities (Merton & Wandsworth LDU)Merton & Wandsworth CCGs • Stephen Taylor, Director of Adult Social Services and Community Housing, Kingston Council • Pippa Barber, Lay member, Sutton CCG Governing Body • Kate Scribbins, Chief Executive, Healthwatch Surrey • Russell Hills, Clinical equalities lead, Surrey Downs CCG • Dave Curtis, Chief Executive, Healthwatch Merton <p>The following apologies have also been received post-meeting:</p> <ul style="list-style-type: none"> • Marta Rocco, Community Engagement Coordinator, Volunteer Centre Sutton 	
2.	Notes and actions of last meeting on 25th March 2019	
	<p>ACTION: The draft notes of the last IIA Steering Group meeting on 25th March 2019 were approved as accurate pending one amendment requested by Merton Council via email on 23rd April:</p> <ul style="list-style-type: none"> • Reflect within notes that Mike Robinson attended the IIA Steering Group on 25th March as deputy to Hannah Doody. <p>Pending this change the IIASG approved the notes of the meeting on the 25th March 2019.</p> <p>AG provided an update on the actions of the last Steering Group on 25th March 2019 and noted in relation to:</p> <ul style="list-style-type: none"> • Action 1, including members' points raised around additional engagement with seldom-heard group, that additional engagement and discussions with key stakeholders able to support accessing these groups is ongoing. 	IM
3.	Update on stakeholder engagement	
	<p>HF presented updates on the progress achieved to date as well as next steps in relation to:</p> <p>a) Additional engagement with carers, people with a learning disability, Gypsy, Roma and Traveller communities, LGBT+ and staff:</p> <ul style="list-style-type: none"> • HF emphasised the iterative nature of the IIA process and advised that the findings from engagement with these seldom-heard groups and staff will most likely feed in the IIA report following the completion of phase 2 of this work. Any further findings will be shared with the IIA Independent Chair and Steering Group members. • HF requested IIASG members' views and suggestions on other ways of reaching out and engaging with the four groups identified. 	

<p>With regards to the additional engagement with seldom-heard group, IASG members raised the following points:</p> <ul style="list-style-type: none"> • Carers caring for older people have different issues from those supporting children, noting the difference between older and young carers. <p>Suggested organisations that could advise on/ provide support with identifying engagement opportunities included:</p> <ul style="list-style-type: none"> • For carers: CG suggested Carers Support Merton, Young Carers Project, while Yasmin Broome - Action for Carers in Surrey • For Gypsy, Roma and Traveller communities: network at Kingston Council that works with this group (identified by IL), and a coffee shop in Surrey where this group meets (identified by JO) • For LGBT+: YB suggested potentially signing up for a stall at the Surrey Pride event <p>b) The IIA travel and access solutions workshop, undertaken on 18th April 2019.</p> <p>HF advised that:</p> <ul style="list-style-type: none"> • The workshop aimed to review with key stakeholders the potential impact of any change to acute services on travel and access, and to explore potential solutions for impacts. • The outputs/potential solutions identified at the session, which have been grouped into 13 thematic areas, were presented to the Steering Group for their review and consideration. HF highlighted that these thematic areas have then been used to support the development of the mitigation chapter of the IIA which outlines key considerations for consideration. <p>MR reflected that the workshop generated many good ideas. He highlighted that, by 2025-2026, regardless of the location of the acute hospital, the issues around travel and access will need to be revisited due to changes in transportation.</p> <p>As the programme will go through different stages, including a public consultation, decision and planning for implementation, MR suggested explaining within the report where the programme currently is in time as well as next steps for the IIA. This request was noted by the Chair.</p> <p>ACTION: Provide an explanation in the interim report around where the programme currently is at in time and whether further analysis around the IIA may need to be undertaken in the future.</p> <p>YB highlighted that there is a need to gain insight into the transport cuts in Surrey and asked how the report will consider and address these transport issues.</p> <p>BN advised that the report aims to make recommendations and assist the decision- makers by giving them better information on how they can promote and</p>	<p>HF</p>
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	<p>protect the well-being of the local communities they serve. BN explained that the need to align transport means from one CCG area to another was identified as a potential mitigation. He highlighted that it would be up to the local authorities and CCGs how recommendations would be taken on board.</p> <p>AG asked if within the report the potential mitigations actions identified will be prioritised.</p> <p>HF explained that the report includes a section on mitigation action and highlighted the importance of people being able to highlight what mitigation actions they feel should be prioritized.</p>	
4.	Draft findings of the IIA interim report	
	<p>BN provided a presentation on the draft findings of the IIA interim report, including:</p> <ul style="list-style-type: none"> • An outline of the IIA purpose and four impact assessment areas • An outline of the approach used for addressing impact assessment key areas within the report (including rating the potential impacts identified according to likelihood, magnitude and duration). • Summary of potential impacts which may result from each of the proposed options for change, grouped under 13 impact themes • Potential mitigation actions linked to the impact areas identified • Next steps <p>AG asked for clarification on what the magnitude criteria for rating the potential impacts will assess, whether this refers to the size of the population affected or the impact on the population.</p> <p>BN confirmed that the some of the findings are subjective. The report doesn't seek to quantify the responses, but provide an indication of the likelihood, magnitude and duration of the potential impacts identified. The magnitude criteria considers the scale of the impact in terms of the population potentially impacted or the service affected by the change.</p> <p>SG asked who would assess and rate the impacts as well as whether this will be done collectively and if it will be done for each option.</p> <p>BN explained that Mott MacDonald will assess the impacts and share the draft outputs of the assessment at the next IIA Steering Group meeting on 13th May for the group to review.</p> <p>ACTION: Include the impact rating exercise on the agenda for the next IIASG on 13th May.</p> <p>ACTION: With regards to the impact rating exercise, members identified the following points:</p>	<p>IM</p> <p>HF</p>



	<ul style="list-style-type: none"> • It is important to differentiate between the current potential/ perceived impact and what this may be in the future. The baseline conditions will need to be articulated clearly. • The need to consider the wider context of the change by looking at both major acute and district hospital services. It is important to know what will stay the same and what will change based on the three proposed options. • It would be helpful to circulate to IASG an update on the clinical model alongside the draft IIA interim report. <p>ACTION: With regards to the potential impacts identified, members raised the following points in relation to the following impact themes:</p> <p>1. Longer journey times</p> <ul style="list-style-type: none"> • Looking at magnitude, people from Surrey may have to travel farther to reach their nearest hospital. • In various parts of Surrey it may be easier to travel to Kingston than to access hospital sites in either St Helier or Sutton • Ensure that the report reflects the link between the IIA and the provider impact work from a magnitude perspective. Some groups may be potentially impacted in terms of travelling/accessing the Epsom and St Helier Hospitals, but they may tend to attend other neighbouring hospitals which are closer to them. • The report needs to note the work with other providers around repatriation to the district hospitals. • Expanding the district hospital services offering would be a positive impact. The evidence base would need to be clearly articulated and substantiated in the report. <p>In relation to points raised around the clinical model, BN confirmed that where possible the report has used information from the pre-consultation business case (PCBC) as well as the Joint Clinical Senate report on the review of the clinical model.</p> <ul style="list-style-type: none"> • MR suggested including in the appendix of the interim report a map showing the travel time analysis for deprived communities. <p>CK advised that further data analysis on travel time for deprived communities has been undertaken following recommendations from the Travel and Access Working Group (TAWG). Following discussion of the completed travel time analysis for deprived people, it was agreed with TAWG members that the definition of deprivation should be extended to include the top two quintiles of deprivation within the travel analysis.</p> <p>2. Health inequalities</p> <ul style="list-style-type: none"> • JB requested it would be helpful to include a specific section on deprived communities in the report if possible. 	<p>HF</p>
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	<p>HF confirmed that the report will encompass a sub-section that discusses deprivation.</p> <ul style="list-style-type: none"> • Importance of discussing in the interim report any links in Merton with the Wilson Centre around the development of community services for local people and should be included as a potential mitigation. <p>3. Service delivery</p> <p>JO asked if other community services have been considered in additional to the major acute and district hospital services.</p> <p>BN explained that the IIA focuses on identifying any impacts on the major acute services as a result of service change under the three proposed options.</p> <p>4. Other providers</p> <ul style="list-style-type: none"> • The interim report needs to make the connection with the provider impact workstream. <p>MR asked for confirmation on whether the relevant findings from the other provider impact work will be included into the report.</p> <p>BN explained that the IIA is by its nature an iterative process and that work will continue after the publishing of the phase 2 IIA interim report. The interim report will be updated prior and after a consultation to ensure all relevant emerging information is included.</p> <p>HF provided an outline of the potential mitigations to the impacts identified.</p> <p>AG asked if members supported the findings and mitigations shared. Members supported the draft findings and mitigations and no further comments were noted.</p>	
5.	Next steps	
	<p>BN advised that prior to the Steering Group meeting on 13th May, the draft interim report will be circulated for feedback. All feedback will be considered and where appropriate included into the report.</p> <p>HF highlighted that the report is quite long and encouraged IIASG members to set aside some time towards the end of the week commencing 7th May for reviewing the report. HF asked members unable to attend the IIASG on 13th May of the option of providing feedback prior to the meeting via email to Mott MacDonald.</p> <ul style="list-style-type: none"> • The report will be iterated following feedback. 	

	<ul style="list-style-type: none"> This interim report will be reviewed and refreshed in light of public consultation findings. 	
6.	Any Other Business	
	<p>MR asked the programme to provide an outline of the meeting on 13th May as well as next steps when sharing the draft IIA interim report. He highlighted that arranging a meeting with Merton Council would be helpful.</p> <p>The suggestion was noted by the Chair.</p> <p>ACTION: Follow up with Merton Council in view of arranging a meeting with MR and Hannah Doody if Merton felt a meeting was required.</p>	IM