

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

MEETING NOTES

Date: 7th March 2019

Time: 10:00am – 12:00pm

Location: The Sutton Life Centre, 24 Alcorn Close, Sutton SM3 9PX

Present		
Name	Initials	Organisation
David Williams (Chair)	DW	Healthwatch Sutton
Bess Harding	BH	Emergency Medical Equipment Fund
Rachel Kundasmay	RK	Epsom & Ewell Borough Council
Richard Baker	RB	Epsom & Ewell Borough Council
Sandra Ash	SA	Keep Our St Helier Hospital
David Ash	DA	Keep Our St Helier Hospital
Phil Howell	PH	London Borough of Merton
Alfredo Benedicto	AB	Merton Healthwatch, Merton Mencap
Slawek Szczepanski	SS	Polish Family Association
Yasmin Broome	YB	Surrey Coalition of Disabled People
Nicola Cage	NC	Surrey County Council
Logie Lohendran	LL	Vice Chair P.E.G Merton CCG

Programme representatives		
Charlotte Keeble	CK	Improving Healthcare Together 2020-2030 Senior Programme Manager
Jaishree Dholakia	JD	Improving Healthcare Together 2020-2030 Patient & Engagement Lead
Josie Weller	JW	Improving Healthcare Together 2020-2030 Programme Support Executive
Maria Vidal-Read	MVR	Improving Healthcare Together 2020-2030 Senior Communications and Engagement Manager
Lisa Thomson	LT	Communications and Patient Experience Director, St Helier Hospital

Item	Discussion	Actions
1	<p>Welcome and introductions DW welcomed all to the meeting.</p>	
2	<p>Apologies Erica Lockhart - Surrey Care Association Ian Cooper - Age UK Sutton Conquest Art Clare Gummett - Merton CCG Peter Gordon - Healthwatch Surrey Nigel Colin - College Ward Residents Association, Epsom & Ewell Sarah Lington - Local Valuing People Groups Stephen Edmonds - London Bus Museum Laura Sercombe - Disability Challengers Nicola Fish - Friends in St Helier Clare Burgess - Surrey Coalition Linda Cornila - Alzheimers Lynne Witham - Epsom and St Helier Trust Jacqui Maclean - Action for carers Sharon Asbhy - Home Start Merton Stephen Loizou - JigSaw4u Carol Jacques - Sutton Mental Health Foundation Duncan Badenoch - All Saints Centre LBM David Hobday - Sutton Mencap Bob Hughes - Sight for Surrey Nygel Glynn - NHS Sarah Linington - Valuing People Group, Surrey CC Hearts and Minds SandyFreaan Surrey County Council Michelle Moore - Action for carers Angie Taylor - Surrey Coalition Julia Statman - Alzheimers Nigel Collin - Alzheimers Tracey Wells - Alzheimers Dave Lunn - Riverside Centre Tracey Morris - Surrey County Council Asian Elderly - Group of Merton Jamie Gault - Action for Carers Avril Doyle – Care Support Merton Rob Clarke - Age UK Merton Kevin Gregory - Merton Vision Geoff – Asian Elderly Nicola Upton – Age UK Sutton Dorah May Hancock – Age Concern, Epsom and Ewell Di Cheeseman – Age UK Surrey Liz – Sutton Women’s Centre</p>	

<p>3</p>	<p>Notes from the previous meeting and recommendations log</p> <p><u>Notes from meeting held on 27th November:</u></p> <p>The notes from the last SRG meeting on the 27th November 2018 were approved - subject to the following correction:</p> <ul style="list-style-type: none"> The typing error on Page 4 recording 1400 signatures had been received in response to a petition to be amended to 14,000 signatures (SA) <p><u>Recommendations Log:</u></p> <ul style="list-style-type: none"> DA reiterated the Royal College of Emergency Medicine has criticised NHS Sustainability Transformation Plans. RB reported that 20% is the correct percentage of land due to be sold at Epsom Hospital at the end of the financial year (March 31st 2019) and the land being disposed is at the back of the hospital site where most of the land is disused. Should a decision be made to build the new acute facility at Epsom hospital there is still enough land for this to take place. This comment will be retained in The Campaign Company report as it came from a member of the public (JD). 	
<p>4</p>	<p>Programme update Presented by Charlotte Keeble (CK)</p> <p>CK provided a programme update which covered:</p> <ul style="list-style-type: none"> Phase two of the Integrated Impact Assessment (IIA) work is ongoing The Provider Impact work is also ongoing The draft Pre-Consultation Business Case is currently being reviewed by NHS England and NHS Improvement and includes the financial plans. The London and South East Clinical Senates are undertaking a review of the clinical model. <p>As a programme update will be included in the next newsletter CK asked members to confirm their email addresses for the IHT newsletter distribution list. SRG members will also be contacted to ascertain whether they still wish to remain on the contact database.</p> <p>SRG members were reminded that a full description of the IIA process is available on the IHT programme website.</p> <p>JD shared interim draft findings from the work undertaken by Mott McDonald who are leading the Integrated Impact Assessment (IIA).</p> <p>The following feedback / statements were provided by SRG members:</p> <ul style="list-style-type: none"> There is a need to ensure we engage with Eastern European communities, A&E delivery boards and social care. DA reported that homeless people potentially experience major public 	

	<p>health challenges such as TB.</p> <ul style="list-style-type: none"> • DA and SA stated that there is no clinical evidence to support the reduction of A&E sites – a similar process in NE England was not beneficial - the programme is being steam rolled through and it needs to be stopped. <p>JD thanked members for their comments and confirmed that these will be noted, respected and taken on board.</p>	
<p>5</p>	<p>Feedback from internal SRG review</p> <p>JD provided members with feedback on the SRG review survey [Ref: survey report distributed to SRG members on 28.02.19].</p> <p>JD confirmed today was not the final opportunity to have a say and encouraged members to contact the programme should they have any further comments or suggestions about SRG meetings.</p> <p>DW noted a regular member had contacted the programme with the following comment:</p> <p><i>“Although unable to be present on the 7th March I would like to congratulate you on the SRG review report which is an excellent summary document, very balanced and must have taken great effort to produce”.</i></p> <p>The member was happy to have his comments noted.</p> <p>DW reflected the programme was enhanced by this group in allowing members to have a forum as public/stakeholders to express their views that is also shared with decision-makers. The SRG mailing list includes 100 groups which means that a much wider number of people are being engaged with, compared to the small number who attend SRG meetings.</p> <p>The following feedback was kindly provided by members:</p> <ul style="list-style-type: none"> • SA stated she had not been contacted about the SRG survey, CK confirmed that an email had been sent to SA. • BH advised that there is a need to engage more mid-Surrey groups in SRG. • RB advised the influence of SRG requires clarification – can the programme share an organisation chart showing who is responsible for what. • SA reported the Trust had shared their Strategic Outline Case with the public but the programme has not shared its Pre-Consultation Business Case (PCBC) submitted to NHS England. <p>CK confirmed every document which had been through the programme’s governance process was published on the programme website.</p>	

6 Integrated Impact Assessment – progress update

JD provided members with an update on the Integrated Impact Assessment which covered:

- The catchment area for the IIA
- Early feedback from five of the 12 focus groups planned with equality groups across the three CCG localities
- Draft positive and negative impacts identified for each proposal
- Suggestions made to overcome barriers to using major acute care
- The extra engagement planned with carer, LGBT and learning disability communities
- An update on the travel analysis work and setting up a Travel and Access Working Group

The following feedback was kindly provided by members:

- SRG can support engaging residents with learning and/or physical impairments and the programme's steering groups (YB and AB).
- There is also a need to consider patient transport and bus pass rule changes (YB).
- There is a need to engage with Eastern European communities (SS).
- DA said there is a need for baseline data from the last three years which is measurable - not informal anecdotes.
- SA said she had been to lots of engagement meetings and the overall feeling is that people want to keep acute services in the two hospitals we have now. SA said this was very strong feedback in all the groups she had attended and this is not reflected.
- SA said there are plans to sell land for housing at St Helier in addition to the land sale at Epsom
- SA asked that the 'no change' option be considered
- SA said the travel analysis does not take connection times into account and these can have significant impact on overall travel times
- SA asked when will the general public as opposed to specialist groups be engaged?
- There is a conflict between reducing carbon emissions and analysing travel and access routes which might increase this (BH).
- Epsom and Ewell focus groups – did these include residents from deprived areas?
- BH said that luxury flats should not be built on the Epsom land and her group has to move out.

The programme confirmed the final IIA report with all the focus group feedback will be published once it has been completed. An independent, market research screening process was adopted to recruit to the focus groups.

Feedback was provided by local people reflecting their personal views, wishes, needs and experiences which are critical to shaping a new service.

Baseline data was presented previously to SRG by Mott McDonald. The

	<p>patient transport lead from the Trust sits on the Travel and Access Working Group and the IIA is supported by an independently chaired Steering Group with community representatives. All options including 'no change' are being considered.</p> <p>Wide-ranging early public engagement can be found in The Campaign Company report on the IHT website. Public engagement is continuing through the IIA, community outreach work and, of course, any public consultation that takes place.</p> <p>JD shared draft Terms of Reference for a Consultation Oversight Group to support the consultation process inviting SRG to provide feedback, comments and suggestions. This group will include seldom heard members of the community. It was suggested that this group should include Healthwatch (AB).</p> <p>LT expressed apologies for leaving due to another meeting.</p>	
<p>7</p>	<p>AOB</p> <p>Further information on the following areas was requested by DA:</p> <ul style="list-style-type: none"> • Impact of A&E closures around the country on mortality rates • Impact of A&E closures on ambulance crew delays / diversions • Impact of proposals on homeless people and their current situation • How much the programme team and external consultancies are being paid <p>DW advised the date of the next meeting has not yet been confirmed but we will try to give as much notice as possible.</p>	