

**Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs)  
Improving Healthcare Together 2020 to 2030 (IHT)  
Committees in Common  
Minutes**

**21<sup>st</sup> June 2018, 18:00 – 19:45**

**Venue:** Meeting rooms 6.2 and 6.3, 120 The Broadway, Wimbledon, SW18 1RH

**Convenor:** Jonathan Perkins

<b>Name</b>	<b>Initials</b>	<b>Role</b>
Jonathan Perkins	JP	Convenor
Dr Jeffrey Croucher	JC	Clinical Chair, Sutton CCG
Lucy Waters	LW	Managing Director, Sutton CCG
Sarah Blow	SB	Accountable Officer, NHS South West London Alliance of CCGs
Les Ross	LR	Secondary Care Governing Body Member, Sutton CCG
Paul Sarfaty	PS	Lay Governing Body Member and Audit and Governance Committee Member, Sutton CCG
Pete Flavell	PF	Chief Executive Officer, Healthwatch Sutton
Charlotte Keeble	CK	Senior Programme Manager for Improving Healthcare Together
Dr Andrew Murray	AM	Clinical Chair, Merton CCG
James Murray	JM	Chief Finance Officer, NHS South West London Alliance
Clare Gummett	CG	Lay Governing Body Member, Merton CCG
Brian Dillion	BD	Chair, Healthwatch Merton
James Blythe	JB	Managing Director, Merton and Wandsworth CCGs
Dr Tim Hodgson	TH	Clinical Governing Body Member, Merton CCG
Dr Andrew Sharpe	AS	Clinical Governing Body Member Surrey Downs CCG
Debbie Stubberfield	DS	Independent Nurse Governing Body Member, Surrey Downs CCG
Colin Thompson	CT	Managing Director, Surrey Downs CCG
Matthew Tait	MT	Joint Accountable Officer, Surrey Heartlands Health and Care Partnership
Peter Collis	PC	Lay Governing Body member and Governance and Audit Committee Chair, Surrey Downs CCG
Andrew Demetriades	AD	Programme Director for Improving Healthcare Together

<b>No.</b>	<b>Agenda Item</b>	<b>Who</b>
<b>1.</b>	<b>Welcome, introductions and apologies</b>	
	<p>The convenor welcomed all members and noted apologies from:</p> <ul style="list-style-type: none"> <li>• Russell Hills (Clinical Chair, Surrey Downs CCG) - with Andrew Sharpe in attendance as his deputy</li> <li>• Jacky Oliver (Lay Governing Body Member, Surrey Downs CCG) - with Peter Collis in attendance as her deputy</li> <li>• Kate Scribbins (Chief Executive, Healthwatch Surrey)</li> <li>• Susan Gibbins, (Lay Governing Body Member, Performance, Sutton CCG)</li> </ul> <p>The convenor noted that the meeting will be filmed and the video will be published on the IHT website.</p>	
<b>2.</b>	<b>Register of declared interests</b>	

	<p>It was agreed that specific committee membership of all Committees in Common (CiC) members will be added to the register of declared interests. JP advised committee members to send details to the Programme Manager.</p>	
3.	<p><b>Terms of Reference</b></p>	
	<p>The terms of reference were agreed by the Committees in Common.</p>	
4.	<p><b>Items for decision</b></p>	
	<p><b>a) Improving Healthcare Together 2020-2030 Issues Paper</b></p> <p>AD identified the key areas addressed in the Issues Paper which included:</p> <ol style="list-style-type: none"> <li>1. The clinical vision for healthcare</li> <li>2. Key local challenges</li> <li>3. Potential solutions to the challenges identified.</li> </ol> <p>He outlined the local challenges facing Epsom and St Helier Hospitals which include:</p> <ol style="list-style-type: none"> <li>1. Clinical quality standards, with a focus on the current shortage of consultants in A&amp;E and acute medicine</li> <li>2. Old buildings - structure and condition of buildings being inadequate for modern day healthcare</li> <li>3. The increasing financial pressures due to issues 1 and 2 – the growing financial deficit that the Trust faces will continue to worsen if we do not solve these challenges.</li> </ol> <p>The Issues Paper also describes three key commitments taken by the CCGs, which include:</p> <ul style="list-style-type: none"> <li>• Retaining access to major acute services locally within the combined areas of the three CCGs</li> <li>• To progress a programme of early engagement with patients and the public on all aspects of the work undertaken to date. The Issues Paper sets out a series of draft questions asking local people for their views on the issues highlighted within the Issues Paper</li> <li>• Identifying a set of provisional solutions – the application of a set of initial tests which have helped the CCGs to move from a longer list of potential solution to a shorter list.</li> </ul> <p>AD explained that the IHT Programme Board had agreed the establishment of key work-streams, with the most crucial being the involvement of the Clinical Advisory Group, which has provided vital information on case for change and identified potential solutions to address the current challenges.</p> <p>AD confirmed that no decisions have been made. The CCGs are open to consider other new potential solutions which could solve the challenges set out in the Issues Paper.</p> <p>As the programme develops, further analysis will be undertaken which includes:</p> <ol style="list-style-type: none"> <li>1. Impact of potential service changes on travel time and access</li> <li>2. Impact on deprived communities across the three CCGs areas</li> <li>3. Impact on protected characteristic groups within the combined geographies of the three CCG through a wider integrated impact assessment piece of work</li> <li>4. Impact on other local hospital providers</li> </ol> <p><b>b) Improving Healthcare Together 2020-2030 Issues Paper technical annex: case for change, clinical model, development of potential solutions</b></p>	

AD noted that the technical annex is a cumulative record of all work undertaken to date in relation to the case for change, the description of the emerging clinical model and the framework used to develop the potential solutions.

AD indicated that the case for change will continue to be developed and further refined during the pre-engagement phase of this work.

The convenor asked for input from the Clinical Chairs. They confirmed that:

- The Issues Paper outlines the challenges faced by the Trust and acknowledged the important role of the Clinical Advisory Group, which includes a large number of clinicians, in the shaping and oversight of the development of the proposed clinical model.
- The Clinical Chairs further outlined the importance of running a meaningful engagement exercise to ensure that any decisions taken by the three CCGs meet the needs of the local population.

The convenor welcomed questions from all members of the CiC.

SB asked the Committee how questions from the public are answered, and how the programme will communicate feedback to ensure the public is kept up to date?

AD explained that the programme will run a series of engagement activities through a number of different methods, including a number of discussion events that will begin in July. These events will be publicised (i.e via the website) and the feedback will be recorded.

CG asked for confirmation of timescales for the the impact analysis on travel and access and equalities?

AD explained that this work will likely run over the summer and autumn period and will include:

- A phase 1 equalities scoping analysis which has already begun - this work has been commissioned to Mott MacDonald.
- Analysis on the impact on deprived communities – this work will be independently undertaken by the Nuffield Trust in partnership with PPL and COBIC.
- Travel time technical analysis – this will be available by the end of July- this will be undertaken by Mott MacDonald

AD also explained that a full integrated impact assessment(IIA) will be commissioned. The IIA will look at any potential impacts of any confirmed on the short list of options.

PF noted that the engagement would need to be wide spread and thorough to ensure local people's views have influenced the process.

BD highlighted the importance of Healthwatches' role as as a criticalfriend. BD noted the importance of engagement with hard to reach people within local communities.

DS highlighted that Surrey Downs has a high percentage of people with learning disabilities who will need to be considered in the impact analysis and engagement.

The Committees in Common approved the Issues Paper and Technical Annex.

**c) Improving Healthcare Together 2020-2030 communications and engagement plan**

AD explained that the programme of engagement activities set out in the engagement plan is work in progress. AD outlined the following planned activities:

- Establishment of the Stakeholder Reference Group under the independent chairmanship of David Williams – this group will take an even more active role during this period of engagement.
- 9 public public discussion events (3 per CCG) to be held over the next 3 months, which will address key questions from the Issues Paper. Event dates will be published on the IHT website during the week beginning the 25<sup>th</sup> June 2018
- Deliberative conversations to explore the programme's assumptions to date and the proposed clinical model
- Engagement activities in local communities, working closely with Healthwatch
- Engagement will continue throughout the rest of the year

The Convenor welcomed questions and comments from CiC members:

AM asked for confirmation on any additional areas the programme will be exploring in addition to the questions in the Issues Paper?

AD advised that the discussion and deliberative engagement work in July and August will identify further potential questions.

LR asked whether staff working in secondary care will also be engaged?

AD confirmed that the programme will reach out to staff from within both primary and secondary care. The programme will work closely with the Trust to ensure staff engagement is undertaken.

JF highlighted the need to ensure the programme's engagement is inclusive, with a mechanism for listening and feedback so that local populations have the opportunity to get involved.

LW noted the importance of having an idea of the scale of the engagement and how people will be invited to get involved.

TH advised that consideration should also be given to how the programme will engage with people in hard to reach communities, including carers and faith groups.

CG highlighted that the dedicated IHT website will be launched next week.

The detail of the discussion events will be published on the programme's website during the the same week.

AD highlighted that the outline engagement plan aims to describe an early phase of the planned programme of engagement. AD explained that the programme will extend the engagement period with the public if needed as it is important to hold a many discussion events as possible and doing more community outreach work.

The Committees in Common members approved the draft communications and engagement plan pending that the points below are considered: Merton CCG noted that it is key that all groups are targeted in Merton

- Sutton CCG noted that a rolling engagement plan is important
- Surrey Downs CCG asked for all comments discussed to be considered

	<p><b>Action:</b> All approved draft documents will be finalised and published during week beginning 25<sup>th</sup> June 2018 on the IHT website.</p>	<p><b>AD</b></p>
<p><b>5.</b></p>	<p><b>Any other business</b></p>	
	<p>None.</p>	
<p><b>6.</b></p>	<p><b>Questions from the public</b></p>	
	<p><i>Purpose: to respond to any pre-submitted questions from the public, and if time permits questions from the floor. Members of the public where encouraged to submit questions at least 24 hours before the meeting.</i></p> <p><u>Pre-submitted questions and answers:</u></p> <p>From Mr Nigel Collin:</p> <ul style="list-style-type: none"> <li>• What surveys are proposed to determine the impact on patient well-being in respect to travel from one hospital to another, regarding availability of public transport and road congestion?</li> </ul> <p>The Convenor provided the following response to the question: In line with best practice, the programme team has commissioned an independent travel time analysis undertaken by specialist consultancy in this field, Mott MacDonald. In addition, the programme has established a Stakeholder Reference Group which will also consider the findings.</p> <p>From Mr David Rosan:</p> <ul style="list-style-type: none"> <li>• Which of the past improvement schemes is currently under consideration, and how confident are you that you can get financing?</li> </ul> <p>The Convenor provided the following response to the question: The challenges and issues outlined in the Issues Paper presented today are currently under consideration. Following engagement with local communities on the best ways forward, the financing requirements will become clearer. However there is a consensus that our hospitals need to be clinically and financially sustainable, and care is being delivered in buildings which are not fit for purpose.</p> <p>From Valerie Evans:</p> <ul style="list-style-type: none"> <li>• Which of the local hospitals in Sutton, Merton and Surrey Downs are to close any of their acute facilities?</li> <li>• If any closures are planned or reductions/relocation of services, please specify precisely what the alternative arrangements are?</li> <li>• To what extent are these under the sustainability and transformation plans imposed upon our local Trusts?</li> <li>• To what extent will the announced increased government funding for the NHS alter these drastic proposals causing reduction and withdrawal of such services, and what are the timings for achieving this?</li> </ul> <p>The Convenor provided the following response to the question: The papers discussed today do not contain any specific proposals or plans for service changes. We've indicated some changes are likely to be necessary and over the next few months we will be engaging with local communities to hear their views about what the changes could be. The CCGs are committed to maintaining major acute services within their combined geographies. No decisions about any changes to services have been made yet. Current services are not sustainable, so engagement with local communities to hear their views will take place first before proposals are made. CCGs are committed to maintaining major acute services and no decisions on services changes have been made. With regards to the recent government</p>	

NHS funding announcement, any additional funding is most welcome but it is not clear how and whether the funding will be allocated.

From Mr David Rosan:

- Which parts of the site at Epsom hospital will be sold in the possible land sale, what stage has this process reached on the disposal and who needs to approve the sale?

Daniel Elkeles (DE), Chief Executive at Epsom and St Helier University Hospitals NHS Trust was asked to respond. He explained that the land in discussion is located at the back of Epsom hospital, which contains accommodation buildings, administrative offices and a number of derelict buildings. There is also an inappropriate building being used for therapies, which will be moved to a new rehabilitation centre at Epsom Hospital. Permission for the sale has been granted, along with a promise that the money from the sale will be used to repay financial deficits and reimbursement to the Trust for repairs to the buildings at of Epsom hospital. This is the beginning of a £20 million investment programme that started in Epsom. DE confirmed that approval is not required as this is part of the £100mil capital investment in Epsom and St Helier which has been agreed by NHS Improvement. The Trust is currently in the process of asking other parts of the public sector if they would like to buy the land. If not, the land will be sold on the commercial market.

Non pre-submitted questions & statements from members of the public:

Statement from Colin, local patient:

- 14,000 people signed a petition opposing the programmes plans, 450 people at Epsom and St Helier trust were involved in previous engagement. Around 100,000 people have died in the NHS since 2010 due to cuts in healthcare funding, and there are over 10,000 more since the start of this year. Programme plans will result in one facility replacing services currently at two hospital sites, meaning more people will have to travel further, and more people will die.

Statement from Sandra Ash, local patient and member of the Keep Our St Helier and Epsom Hospital:

- Do you think that the challenges in recruiting staff at Epsom and St Helier might be related to the publicity that these hospitals would need to closed because you didn't have enough consultants? You and the NHS had years to train consultants. You are part of the destruction of the NHS.
- Sandra Ash declined to accept an answer from DE.

Statement from Claire Jackson-Pryor, member of Keep Our St Helier and Epsom Hospital and Sutton Green Party:

- Every GP surgery and every pharmacy should have signs and leaflets and questions must not be loaded questions. These events are all heeded towards the answers you want. You need to get people on streets to ensure as many people as possible are reached.

Question from Dan Ashcroft:

- What will count as a contribution from a member of the public? Could it be the answer to the seven questions, a petition – what is being measured and what will count in the process before October 2018?

AD explained that the programme will welcome any form of feedback during the engagement process including email, letters, petitions, etc. AD also noted that this is not a consultation, but If the programme does go out to consultation then the programme will

<p>follow the relevant regulations. Equally the programme of engagement is not a referendum and not a vote – the aim is to capture as broader sets of opinion as possible.</p> <p>Statement from Councillor Colin Steers, Chair of Sutton Scrutiny Committee:</p> <ul style="list-style-type: none"> <li>• A meeting between all the Chairs of the South West London Scrutiny Committees will be held next week to decide who will Chair the scrutiny sub-committee for this programme.</li> </ul> <p>Questions from Ray Lee:</p> <ul style="list-style-type: none"> <li>• How will the programme get meaningful feedback from members of the public who do not have access to the programmes website?</li> </ul> <p>AD confirmed that printed programme documentation (i.e. a summary leaflet) will be distributed as widely as possible.</p> <p>Statement from David Ash, member of Keep Our St Helier and Epsom Hospital:</p> <ul style="list-style-type: none"> <li>• The Royal College of Emergency Medicine has said the plans being carried out by the programme across the country are dangerous and will cost lives. They also said that there are not enough beds. You are also selling lands when we need more beds. Will these plans be stopped?</li> </ul> <p>Statement from Gerald Task, Labour representative from Sutton and Cheam and Keep Our St Helier and Epsom Hospital supporter:</p> <ul style="list-style-type: none"> <li>• Can you ensure that engagement will involve members of the public, including KOSH and other representative organisations, and that they will see questions that are being asked and have input in future proceedings?</li> </ul> <p>JP advised that the questions approved today can be found in the Issues Paper. These may develop over time and will be fed in the process. JP encouraged and urged everyone to get involved in this engagement process.</p> <p><u>Statements &amp; questions from members of the public who did not provide a name or organisation:</u></p> <ul style="list-style-type: none"> <li>• How much will this engagement, the travel impact analysis and equalities impact analysis and consultation, cost to the tax payer?</li> </ul> <p>AD explained that the cost of this work in relation to the travel impact and equalities impact analysis is disclosable with consent from Mott Macdonald as it commercial information.</p> <ul style="list-style-type: none"> <li>• Can you publish a declaration of interests for companies involved?</li> </ul> <p>The Convenor explained that the committee’s declaration of interests is in line with the guidelines set out by the NHS.</p>	
<p><b>7. The Convenor closed the meeting.</b></p>	