

Improving Healthcare Together 2020 – 2030 CVS small grants scheme

Final report from Community Action Sutton, 8.04.20

1. Aims of the CVS scheme

The CVS Scheme was established to ensure that impacted populations and harder to reach groups were supported to take part in the Improving Healthcare Together consultation, via existing networks and trusted voluntary and community sector organisations and groups. The scheme was run through borough Councils for Voluntary Services, or CVS, as recognised umbrella organisations for the voluntary and community sector in their area, resourcing them to create opportunities for target groups to learn about and share their views on the proposals under consideration. Establishment of the scheme followed recommendations from the Improving Healthcare Together Programme's Consultation Oversight Group.

Target groups for the CVS scheme included the following:

- Maternity Services – women aged between 16 – 44 who may be planning a pregnancy/ are pregnant or women who have given birth in the last 12 – 18 months
- Paediatric Services – children & young people who might need to be admitted to an inpatient bed – could be any children.
- Gypsy Roma Travellers (largest population in Surrey Downs)
- Low income households – for example, people living in the following wards (St Helier, Ravensbury, Pollards Hill, Cricket Green, Beddington South, Figge's Marsh)
- LGBTQ+ communities
- Carers – including young carers
- People with physical, speech, hearing, learning or visual impairments
- Older People
- Refugees, migrants and asylum seekers
- People with mental health needs
- People who are homeless
- Children and Young People – including their parents/carers
- Black and minority ethnic communities
- People experiencing alcohol and/or substance abuse difficulties
- People who are housebound
- Faith groups

2. Methodology

Community Action Sutton worked with 11 local Voluntary and Community Sector organisations to reach out to the agreed targeted groups. These were:

- Parents Forum
- Refugee & Migrant Network Sutton
- Sutton Mencap
- Volunteer Centre Sutton
- Sutton Mental Health Foundation
- Hill House
- Riverside
- Age UK Sutton
- Carers Centre Sutton
- Homestart
- No Panic

A briefing session was held with those groups and one to one support was provided to enable them to understand the expectations and the material to be used in supporting the conversations.

Materials were provided electronically and hard copies of the literature, materials and questionnaires were also provided.

Each organisation used the base materials and then adapted how the conversations took place based on the needs and experiences of the targeted groups.

The voluntary and community sector organisations delivered face to face conversations with the targeted group which included talking through the proposals and then supporting either a group discussion and helping people to complete the questionnaires or a combination of both

3. Activities held

At this time we are able to report on 7 sessions that were held and 90 people were engaged directly. There are 4 outstanding conversations to be held and the ability to deliver these has been impacted on by COVID-19 as these were planned towards the end of March.

In addition to local Voluntary and Community groups taking part, Community Action Sutton consulted with stakeholders and staff from local groups at their forums.

These included

- Health, Wellbeing and Social Care Forum
- Children, Young People and Families Forum
- Dementia Action Alliance
- Faith and Belief Forum
- BME Mental Health Forum

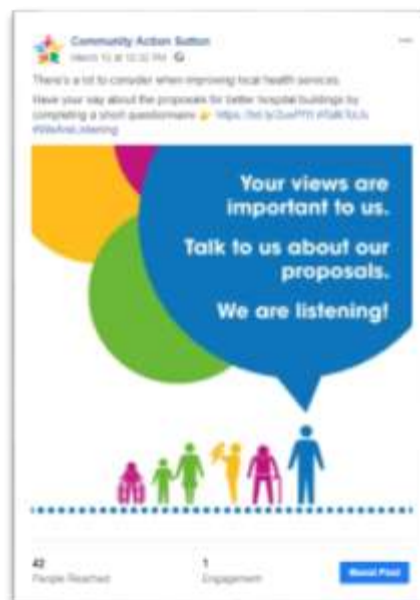
Over 51 people attended the forums above.

Community Action Sutton encouraged everyone to complete the questionnaire online and also asked attendees to encourage their service users to have their say and complete the questionnaire online

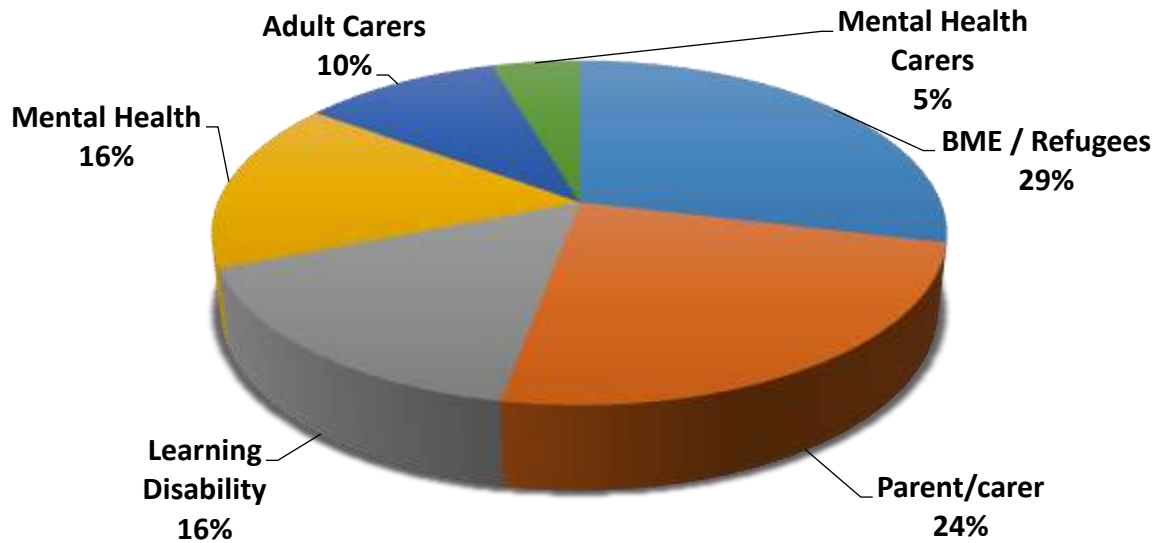
We can confirm that 57 questionnaires were completed at these sessions and returned by post with many more people taking them home to complete and return themselves.

Many groups also emailed their service users directly with information and a link to the online questionnaire. We have expected that many more people would have completed the questionnaire online as a result of direct mailing.

Community Action Sutton ran a communications campaign through its social media channels.



The community members who were engaged in this process was as follows:



4. Feedback

The case for change

Sub-theme	Raised by	Comments
	Refugees & Migrant	There was general acceptance of the need to update local hospitals, particularly St Helier
	Refugees & Migrants	Clients agreed that ease of building and value for money was important aspects.
	Refugees & Migrants	The overall conclusion was that there was a compelling case for building a new hospital and concentrating the available specialist care where it could be effectively used but people were keen also to see the improvement of services in the District Hospitals which they were more likely to be using
	General comment	Seems to have been well thought out

The model of care

Sub-theme	Raised by (name of group and target population)	Comments
Understanding the model of care	Refugees & Migrants	The need for a single specialist care unit was less well understood; clients found terms (critical/acute/urgent) confusing
	Families	Clarification required around what services would be staying
Maternity	Refugees & Migrants	Clients were unsure about the inclusion of all maternity care in the new specialist unit
	Families	Seems very strange that the plan proposes just one maternity unit between 3 towns
General	Carers	The proposal for a new state of the art hospital mean a fresh start but could not the money be used to complete revamp at the two existing hospitals?
Urgent Care		Happy with proposals to have urgent treatment centres at all three sites
	Families	Urgent emergency care would be more easily accessible. Hopefully waiting times would be improved for non-urgent care

Proposed locations

Sub-theme	Raised by (name of group and target population)	Comments
Preferred Locations = St Helier	Refugees & Migrants	Clients mentioned their own (largely favourable) thoughts on their experiences of local hospitals, predominantly St Helier.
	Refugees & Migrants	Personal preferences centred mainly around accessibility; clients knew from experience that St Helier is easiest for them and Epsom most difficult.
	Families	St Helier location wise is better for me and my family
		Either Sutton or St Helier would be ok as I am a Sutton resident
	General	Some of groups were based in and around the St Helier hospital area and therefore a lot of the responses were keen to keep an emergency unit at St Helier Hospital.
	Families	Most wanted St Helier to remain the births site - they all live in the locality and this was a familiarity and accessibility matter
Access & Transport	Carers	Concern was raised that in parts of Morden /Mitcham there are narrow roads which could make access difficult for ambulance, buses, visitor cars esp. in bad weather.
	Carers	Epsom – poor as too far south for most of the region
	Carers	Sutton near a station – good Sutton is central for Epsom and St Helier
	Carers	Someone expressed a general feeling that Belmont is too “off the beaten track” esp. for young people
	Carers	Sutton Hospital – more central and near a station

Maternity	Families	Following the engagement with the parents groups, there is a concern around only having one maternity unit for a large geographical area
	Families	Too far for maternity provision
Other	Carers	St Helier – Poor as existing services would be last especially during building process

Possible impacts

Sub-theme	Raised by (name of group and target population)	Comments
Transport & Access	Families	The main questions which came up in individual discussions were around: Transport links particularly buses
	Families	Would need more transport
	General	293 now more frequent but would need a bus service that went from Morden/Mitcham to other parts of Sutton is good but needs a link from Epsom. Buses would need to stop right outside the hospital S4 and S3 now only run every 30 minutes but not on Sunday for Royal Marsden. Parking concerns in Epsom No buses on a Sunday to that part of Sutton (Belmont) difficult to get to from Worcester Park / Cheam by public transport Need more buses One bus instead of two

		<p>More "Go Sutton" Transport</p> <p>Good bus service</p> <p>Free taxis in some cases</p> <p>Roads around Sutton site need revision</p>
		<p>One of the main concerns is around transport especially if the specialist hospital is built at the Sutton (Belmont) site. There are also concerns around the size of the roads and general road layout in the area</p>
	Refugees & Migrants	<p>They had virtually no experience of attending Sutton so they would wish to be reassured that the new hospital, if situated there, would have good public transport links. Few of our clients have cars</p>
Accessing Services across sites	Refugees & Migrants	<p>A volunteer who works for the NHS mentioned that apparently a client who had received emergency care in the new specialist unit would probably need to be transferred to one of the other hospitals for after-care. This seemed unfortunate to our clients</p>
Mental Health	Carers	<p>In a mental health crisis, we would need to know where we should go for a psychiatric liaison services</p> <p>What promises are there for Psychiatric liaison services? Mental issues are affecting people a lot.</p>
Dementia		<p>Nothing has been said about the impact of dementia and how CCG mean to tackle it</p>
Infrastructure		<p>Need more doctors</p>
		<p>Availability of ambulance services</p>

Other considerations and alternative suggestions

Sub-theme	Raised by	Comments
	Families	The only other matter of note was despite all the publicity etc none had 'registered' what was happening and interest only sparked when colleagues mentioned changes to the arrangements for giving birth
	Carers	If St Helier more demolition needed before building could take place

5. Additional comments

Please include any additional comments from your work that are relevant to this consultation, including any learning.

If helpful, please use the points and headings below:

AIMS	<p>The aims of the programme were clear and the scope of influence was clearly defined.</p> <p>Whilst we were able to gather information and provide some key trends the depth and amount of information for some people was hard to comprehend even with the support provided</p> <p>there was also a lot of misinformation that people had and it was difficult to deviate from this in some cases</p>
PEOPLE INVOLVED	<p>We largely managed to engage the agreed target groups with the exception of the LGBT Community because our key contact at that time was out of action</p> <p>The COVID-19 issue has meant that those colleagues who were undertaking there engagement right on the deadline were unable to do so e.g. older people</p>
METHODS	<p>Using the local trusted organisations to reach the targeted groups was the correct approach, supplemented by access to voluntary and community sector forums and social media channels.</p> <p>A briefing session was held with partners and they were paid to run the engagement sessions. The material and literature provided by the IHT team was talked through and then was used in the conversations that took place with the targeted groups.</p>

	I think the approach taken by each of the voluntary and community sector organisations was appropriate to the target groups they were engaging with
TIMING	We largely kept to the timescale and would have completed all successfully if the COVID -19 situation had not emerged towards the middle of March when some of the organisations who were undertaking the engagement had begun to mobilise in response to the virus.
COST	The allocation of £10,000 was spent and there were no other costs
OUTCOMES	The outcomes from the sessions were written up and sent to Community Action Sutton who then produced the report. We will send the final report to our voluntary and community sector colleagues once approved by the IHT team
LEARNING	The process worked well and we would use this again to undertake similar exercises

Appendix 1

Group Name	Target population	Number of people engaged	Number of questionnaires completed (if relevant)
Sutton Carers (mental health adults)	65+ Mental Health Carers	4	4
Sutton Carers	65+ adult carers	9	9
Sutton Mencap	Learning Disability	14	14
Homestart	Age up to 16 parents/carers of	17	14
No Panic	Mental health	7	7
SMHF	Mental Health	9	Figure to be confirmed
Parent Forums	Parents	5	
RMN	BME	25	15

Appendix 2 - Demographics of CVS scheme participants

Do not have access to this information across all of the engagement and as part of the engagement was people filling in the form and it was felt that the data would be captured in this way.

I have attached here two documents with a total of 19 completed forms

Characteristic		Number of participants
By age	Insert age categories from equality monitoring form	
	Under 16	
	Etc	
By gender	Insert categories from equality monitoring form on separate rows	
	Prefer not to say Not answered	
By gender identification	Insert categories from equality monitoring form on separate rows	
	Prefer not to say	
	Not answered	
By sexual orientation	Insert categories from equality monitoring form on separate rows	
	Prefer not to say	
	Not answered	
By disability	Insert categories from equality monitoring form on separate rows	
	Prefer not to say	
	Not answered	
By carer	Insert categories from equality monitoring form on separate rows	
	Prefer not to say	

	Not answered	
By ethnic group	Insert categories from equality monitoring form on separate rows	
	Prefer not to say	
	Not answered	
By religion	Insert categories from equality monitoring form on separate rows	
	Prefer not to say	
	Not answered	

Appendix 3:

Please indicate your breakdown of spend:

Budget	£10,000
Administration/Management costs:	£1,200
Communications	£1,000
Cost of activity per group:	£6,000 – targeted groups and forums
Cost of write-up/feedback:	£1,700
	9,900.00