

**South West London & Surrey JHSC sub-committee -
Healthcare Together 2020-2030**

Thursday, 7 February 2019

7.30 pm at the

Merton Civic Offices, London Road, Morden, SM4 5DX



SECOND DISPATCH

To all members of South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030:-

The following papers, which were not available for dispatch with the agenda, are attached. Please bring them with you to the meeting:-

4. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 6)

To approve as a correct record the minutes of the meeting held on 28 November 2018.

Mary Morrissey
Chief Executive (Interim)
Date: 29 January 2019

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Copies of reports are available in large print on request

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South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030**28 November 2018****SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING
HEALTHCARE TOGETHER 2020-2030****28 November 2018 at 7.30 pm****MEMBERS:** Councillors Zully Grant-Duff, Peter McCabe and Colin Stears**11. WELCOME AND INTRODUCTIONS**

The Chair, Councillor Colin Stears, welcomed those present.

Councillor Peter McCabe was disappointed no representative of the Merton CCG was present at the meeting.

12. APOLOGIES FOR ABSENCE

There were no apologies for absence.

13. DECLARATIONS OF INTEREST

Councillor Colin Stears declared that his wife is employed by the Epsom and St Helier Trust.

14. MINUTES OF THE PREVIOUS MEETING**RESOLVED:**

that the minutes of the meeting held on 16 October 2018 be agreed as an accurate record subject to the following amendment: Item 4 to now read: Councillor Peter McCabe reported that the London Borough of Merton reserve the right to refer this matter directly to the Secretary of State. It was noted that both the London Borough of Sutton and Surrey County Council are yet to decide their approach.

15. OVERALL BRIEFING REPORT AND VERBAL UPDATE ON ENGAGEMENT

Andrew Demitriades, Programme Director, Improving Health Care Together (IHT), presented the report.

The Programme Director informed Members that the attendees of the three workshops which were held recently to look at the options consideration process had included 60% community and 40% staff attendees, the attendees included a range of demographic including the protected characteristics.

A terms of reference for the workshops had been developed, which covered the rules of engagement for both community and professionals, attendees were asked to sign this voluntarily. The Programme Director clarified that the terms of reference for the workshops did not mention that attendees are not allowed to discuss items or documents presented at the meetings. At the workshops attendees were asked to respect that documentation provided at the meeting was in a draft form.

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In discussion Members were of the view that the workshops could have been held at a later date, and that the Programme was being moved forward more quickly than expected and in particular that holding the workshops at a later date would have allowed attendees to view and comment on more complete documentation.

The Programme Director did not agree the programme was being sped up. He also reported that the Programme team will consult with the Local Authorities more fully about how future engagement and communications can be improved. He also explained that work to date had been shared with the Regulator.

The Programme Director committed to publishing the outcome of the quality scoring as a report after the three governing bodies have met.

It was noted that additional work is required, the governing bodies can review the work completed to date and the further work required.

In discussion Members considered how the Integrated Impact Assessment (IIA) will be used to identify the positive and negative impacts on groups by each suggested option. It was noted that groups shown as being impacted by any changes will be identified but this will not lead any preferred option, but will be used to inform of any issues and mitigations for any of the possible options.

Information about the output from the workshops will be available after 12 December following consideration and approval by the three CCGs' Governing Bodies.

Deprivation will be considered as part of the scoring within the equalities impact assessment.

Before the end of December an advert will be placed for an independent Chair of the Integrated Impact Assessment steering group and, representation will be sought from all the bodies

It was noted that agenda item 5, appendix B item 2 mentions the Joint Health Overview and Scrutiny Committees, and that this should read Committee.

16. DEPRIVATION IMPACT ANALYSIS

Toby Irving, Principal Consultant, PPL presented the report.

It was noted that the data collected will provide oversight, and can be used to assess and monitor effects of each of the options on the population. Research suggests that access to acute care services does not impact health care outcomes. Members suggested that access to acute care services should be considered for aging populations in the more rural areas of the geographies.

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Members noted that the recommendations in the report state that more work is needed. Programme Manager, IHT stated that the recommendations will be completed and added to the work plan, which will be provided to Committee Members.

Councillor Peter McCabe stated that in November 2017 Merton Council agreed not to carry out their own independent deeper deprivation analysis, as the Council was informed that as part of partnership working between the Council and the IHT programme, the IHT programme would complete this work. The Councillor expressed disappointment this work has not been completed and that the Leader of Merton Council had written to the IHT programme about this failure to deliver on the original agreement.

Concern was raised by the Members that work was being completed too quickly. This resulted in the data not being developed and reviewed in sufficient detail, not showing variations of levels of deprivation within the boroughs and particularly within individual wards meaning that pockets of deprivation may be overlooked. The work completed shows a moment in time, Members suggested the data should be projected forward to show future predicted demographic changes, such as aging populations.

The Programme Manager reported that the work completed is reported openly, and acknowledged that there is further work to be completed. Advice will be taken from the Local Authorities and their Directors of Public Health, to agree the data sets and methodologies for future work.

Dr Simon Williams, Clinical Director for Urgent Care and Integration, Surrey Downs suggested the evidence gathered shows that any changes to acute services would only impact a small proportion of the population within the geographies and the current health needs of the population would be met by any of the options. Out patients appointments would not be affected by the options but that a robust and sustainable acute care services model is required.

Dr Russell Hills, Clinical Chair, Surrey Downs CCG reported that the engagement sessions had helped the Programme understand the impacts on communities within the geographies of the suggested options, and what is important to the populations.

A member of the public, Councillor Andy Stranack, London Borough of Croydon asked if the impact on other hospitals in the area would be considered, it was noted this would be included within the IIA.

17. PROVIDER IMPACT ANALYSIS

Andrew Demetriades, Programme Director, Improving Health Care Together presented the report.

The Programme Director clarified the figures provided in the report including the range of impacts on other hospitals in the area, particularly St George's hospital who have written to express concerns about the impacts of the options being considered. This letter was

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responded to by the Programme Director and a copy of that response would be provided to the Members of this Committee.

Discussion included that some pockets of deprivation may create more impact on the hospitals listed than is reported in the figures.

Members asked why the workshops had been carried out even though it is acknowledged that there is more work to complete, and suggested they felt the workshops had been completed too soon and that several of the reports presented suggested more work is required. The Programme Manager, reported that the workshops show information at a point in time, and it was felt that the work completed had meant that it had been appropriate to hold the workshops.

RESOLVED: that report was commented upon and noted.

**18. INDEPENDENT REVIEW BY THE CAMPAIGN COMPANY INTO IMPROVING
HEALTHCARE TOGETHER ENGAGEMENT**

Dr Jeffrey Croucher, Clinical Chair, Sutton CCG presented the report.

Members commented that the report showed that there is a contrast between what experts are reporting and what the public are saying. The Clinical Chair, Sutton CCG noted that the engagement sessions had been a listening exercise for the Programme and that this will continue as good conversations and understanding were produced. It was recognised that a good communications programme needs to be developed to help overcome suspicions amongst the public.

Engagement will continue and will include service users of maternity services. Members expressed concerns that the views of vulnerable users, such as teenage mothers are not included. Dr Russell Hills, Clinical Chair Surrey Downs CCG confirmed that antenatal care would remain at a local level.

19. ANY URGENT ITEMS BROUGHT FORWARD AT THE DIRECTION OF THE CHAIR

There was no urgent business.

20. DATE OF NEXT MEETING

The next meeting will be held on Thursday 7 February 2019.

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The meeting ended at 9.45 pm

Chair:

Date:

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