Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 9 January 2020

Time: 7.15 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

This is a public meeting – members of the public are very welcome to attend. The meeting room will be open to members of the public from 7.00 p.m.

For more information about the work of this and other overview and scrutiny panels, please telephone 020 8545 3390 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

Press enquiries: communications@merton.gov.uk or telephone 020 8545 3483 or 4093

Email alerts: Get notified when agendas are published www.merton.gov.uk/council/committee.htm?view=emailer

Public Information

Attendance at meetings

The public are welcome to attend meetings of the Council. Seating in the public gallery is limited and offered on a first come first served basis.

Audio/Visual recording of meetings

The Council will film meetings held in the Council Chamber for publication on the website. If you would like to film or record any meeting of the Council held in public, please read the Council's policy here or contact democratic.services@merton.gov.uk for more information.

Mobile telephones

Please put your mobile telephone on silent whilst in the meeting.

Access information for the Civic Centre

- Nearest Tube: Morden (Northern Line)
- Nearest train: Morden South, South Merton (First Capital Connect)
- Tramlink: Morden Road or Phipps Bridge (via Morden Hall Park)
- Bus routes: 80, 93, 118, 154, 157, 163, 164, 201, 293, 413, 470, K5

Further information can be found here

Meeting access/special requirements

The Civic Centre is accessible to people with special access requirements. There are accessible toilets, lifts to meeting rooms, disabled parking bays and an induction loop system for people with hearing difficulties. For further information, please contact democratic.services@merton.gov.uk

Fire alarm

If the fire alarm sounds, either intermittently or continuously, please leave the building immediately by the nearest available fire exit without stopping to collect belongings. Staff will direct you to the exits and fire assembly point. If you are unable to use the stairs, a member of staff will assist you. The meeting will reconvene if it is safe to do so, otherwise it will stand adjourned.

Electronic agendas, reports and minutes

Copies of agendas, reports and minutes for council meetings can also be found on our website. To access this, click https://www.merton.gov.uk/council-and-local-democracy and search for the relevant committee and meeting date.

Agendas can also be viewed online in the Borough's libraries and on the Mod.gov paperless app for iPads, Android and Windows devices.

Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Thomas Barlow (Vice-Chair)
Rebecca Lanning
Dave Ward
Carl Quilliam
Nigel Benbow
Pauline Cowper
Mary Curtin

Substitute Members:
Andrew Howard
Joan Henry
Hina Bokhari
David Chung
Oonagh Moulton

Co-opted Representatives
Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?
Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
⇒ **Policy Reviews**: The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
⇒ **Scrutiny of Council Documents**: Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

This page is intentionally left blank

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
5 NOVEMBER 2019

(7.15 pm - 8.17 pm)

PRESENT: Councillors Peter McCabe (in the Chair), Thomas Barlow, Rebecca Lanning, Dave Ward, Carl Quilliam, Nigel Benbow and Mary Curtin, Joan Henry

Co-opted Members Diane Griffin and Saleem Sheikh

ALSO PRESENT: Councillor Mark Allison (Deputy Leader and Cabinet Member for Finance) and Tobin Byers (Cabinet Member for Adult Social Care, Health and the Environment)

Stella Akintan (Democratic Services Officer), Karla Finikin (Service Manager - SEN & Disabilities Integrated Service), Roger Kershaw (Assistant Director of Resources), John Morgan (Assistant Director, Adult Social Care) and Dr Dagmar Zeuner (Director, Public Health), James Blythe, Managing Director for Merton and Wandsworth CCG, Dr Andrew Murray, Chair Merton, CCG.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Pauline Cowper. Councillor Joan Henry attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed

4 SOUTH WEST LONDON CLINICAL COMMISSIONING GROUP MERGER PROPOSALS (Agenda Item 4)

The Managing Director of Merton and Wandsworth CCG's said the merger had been agreed with new structure in place from April 2020. In response to questions it was reported that the team would be based in Wimbledon and the Merton local committee would be chaired by a local GP.

Panel Members asked what savings will be made as a result of the merger and the associated risks if it is not achieved. It was reported that all CCG's are required to

achieve a 20% saving in management costs. The greatest risk would have been if the merger did not take place. The CCG annual reports will demonstrate that running costs will be reduced over time.

A Panel member said they want to see improved joint working between the providers across South West London and recognition that residents travel between the four hospitals and not necessarily their nearest one. It was reported that the new proposals will strengthen links between the hospitals and co-ordinate the back office functions.

5 SOUTH WEST LONDON CLINICAL COMMISSIONING GROUP FIVE YEAR STRATEGY (Agenda Item 5)

The South West London Five Year Strategy is not due to be published on the 15th November. Therefore the Chair has asked for this item to be deferred until the next meeting to allow full scrutiny in a Panel setting.

6 BUSINESS PLAN UPDATE 2020-2024 (Agenda Item 6)

The Assistant Director of Resources gave an overview of the report stating that there is a period of uncertainty in local government finances in the medium term. This report contains the first set of savings and pressures. The Gap is £2.8 million for 2020- 2021 rising to £16.2 million for 2022-2024.
Panel members expressed concern that it is difficult to forecast given that we do not know who the government will be by the end of the year or what the settlement is likely to be.

The Assistant Director of Resources said they are working on the basis that the numbers will remain the same.

The Director of Community and Housing said previously agreed savings are on track to be delivered on within the agreed timescale. Further work is on-going to determine if any savings can be brought forward. Panel members asked what savings will be difficult to deliver, it was reported that 2021-2022 will be the period of harder savings looking at ways to address this by frontline teams working more efficiently. Adult Social care is focussing on partnership working with health and the voluntary sector. Work is taking place to renegotiate block contracts and high cost out of area placements.

A panel member asked how much the public health grant has been cut since 2013. The Director of Public Health said there had been a 10% reduction. Partnerships working including with health partners is one way to ensure the limited grant goes furthest for the benefit of local residents.

7 MERTON JOINT SEXUAL HEALTH STRATEGY (Agenda Item 7)

The Director of Public Health gave an overview of the report and stated that the Strategy has already been discussed with stakeholders and this is an opportunity for the Panel to comment before it goes to the Health and Wellbeing Board.

The Panel sought to understand how much cross cutting and intersectionality exists between groups most affected by sexual health issues. The Director of Public Health said there is some overlap and they had listened to groups who do not traditionally engage with services. Work is on-going to destigmatise sexual health issues amongst different groups.

In response to questions the Panel were informed that social and economic disadvantage means that it can result in people presenting at services at a late stage.

Panel members queried if there are any services to support those who are frequent attenders at clinics. The Director of Public Health said there are around 30,000 attendances at sexual health clinics per year. It is a high volume service. There is a focus on vulnerable groups through outreach and there is training for staff.

8 TRANSITIONS FOR SEND PUPILS TASK GROUP REVIEW - ACTION PLAN (Agenda Item 8)

Cllr Lanning, Task Group Chair thanked officers for their work on the recommendations and said she was pleased to see them translated into promising actions.

The Head of Integrated Learning Disabilities Services gave an overview of the report and stated that a multi-agency group had convened to improve transitions and implement the findings from the report.

The Head of Special Educational Needs and Disabilities Integrated Service said there had been a commitment from the partners to implement the recommendations.

Panel members said they are pleased to see early planning for Transitions and sought reassurance that the support continues and is not suddenly withdrawn. It was reported that the support continues until age 25 and beyond as long as the young person needs the support.

9 WORK PROGRAMME (Agenda Item 9)

The Work Programme was noted.

This page is intentionally left blank

NHS Surrey Downs Clinical Commissioning Groups

NHS Sutton Clinical Commissioning Groups

NHS Merton Clinical Commissioning Groups

Improving Healthcare Together 2020 to 2030 (IHT)
Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs)
Consultation Planning Update

Title of Document: Improving Healthcare Together 2020 to 2030 consultation planning update	**Purpose of Report:** To update Merton Health Scrutiny Committee
Report Authors: IHT Programme Team	**Lead Director:** Andrew Demetriades, Joint Director for IHT programme

Executive Summary:

In September 2019, Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) were allocated £500 million to improve the current buildings at Epsom and St Helier Hospitals as well as build a new specialist emergency care hospital facility on one of the three sites Sutton, St Helier or Epsom. The CCGs are proposing to run a formal public consultation, to test and gather views of their local populations and partners in Merton, Sutton and Surrey Downs and neighbouring impacted areas on their proposals to build a new specialist emergency care hospital.

To deliver a best practice consultation the CCGs have developed a consultation plan, consultation mandate and draft consultation materials including: a summary consultation document, full consultation document and consultation questionnaire. All consultation documents have been reviewed by the Consultation Institute (tCI) to ensure they are accessible and meet best practice standards. All documents will be subject to a Plain English review which will be completed for all consultation materials prior to consultation launch in line with recommendations made by the Consultation Oversight Group.

On January the 6th 2020, the IHT Committees in Common will meet to review and approve the draft consultation plan (attached in **Appendix 1**).

Appendix 2 includes a consultation planning presentation to support this paper.

1. The consultation plan

Our approach to consultation planning builds on work already carried out during the pre-consultation engagement phase of the programme (undertaken during June – October 2019), public feedback from engagement, findings of the Integrated Impact Assessment (phases 1 and 2) as well as close working with partners and a range of stakeholder groups.

The consultation plan has been informed by discussions with a range of stakeholder groups including the Consultation Oversight Group and Stakeholder Reference Group.

The plan has been reviewed and is supported by the Improving Healthcare Together Joint Health and Overview Scrutiny Sub-Committee.

The plan and consultation materials have been reviewed and assured by the Consultation Institute who is acting in an advisory and assurance role to the IHT programme.

The plan is draft and subject to review and change during consultation.

The plan includes a consultation mandate which sets out the aims and objectives of the consultation, how the information from the consultation will be used, the organisations initiating the change post consultation and the consultation timelines.

Pending Committees in Common approval of the draft consultation plan, mandate and materials; consultation will commence on the 8th of January and end on the 1st of April 2020.

2. Scope

In geographical terms, the consultation will aim to engage with the following groups across Surrey Downs, Sutton and Merton:

a. Patients, carers and the public across Merton, Sutton and Surrey Downs CCGs
b. Voluntary and community sector
c. Traditionally under-represented, seldom heard or protected characteristic groups
d. Clinicians and staff at the Epsom and St Helier University Hospitals NHS Trust (ESTH), the Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) as well as other partner organisations
e. Local Authority partners
f. SW London and Surrey Joint Health and Overview Scrutiny Committee
g. Political stakeholders
h. Other local hospitals

The consultation will also seek to inform and make sure information is available for statutory health and care organisations and key stakeholders and residents in neighbouring CCG areas where patients may also be impacted by the proposals.

3. Consultation documentation

a. A summary consultation document

A draft summary consultation document has been produced and will be available online and in paper format. This draft summary has been assured by the Consultation Institute following a best practice approach. Its aim is to provide our stakeholders with information on the aim of the consultation, our proposals for a new specialist emergency care hospital and the site options, our timescales for consultation and how people can share their views on our proposals.

b. A full consultation document

A draft full consultation document has been produced. The online version of the document will be published on the programme's website and the paper version – widely disseminated. The full consultation document will outline the basis on which the CCGs are consulting, the background to the consultation, a summary of the evidence upon which options have been developed and what the proposals/options are, as well as signposting for more detailed technical information if needed and how local people can give their views on the consultation.

c. Consultation leaflet

A consultation leaflet will be delivered across the combined geographies and neighbouring areas and will include a summary of the case for change, a description of the proposals,

more information on future listening event dates and venues and how people can share their views.

d. Consultation questionnaire

The questionnaire aims to gather views and feedback on the issues, concerns, and areas of support in relation to our proposals. The consultation questionnaire will be available online and in paper format.

e. Consultation briefings, updates and frequently asked questions

A series of updates, briefings and frequently asked questions will be produced during the consultation period. These will be used to provide answers to common issues and questions, share emerging information and respond to feedback.

4. Consultation programme of activities

We will employ a range of approaches to ensure that members of the public and stakeholders may fully participate in the consultation. The CCGs approach will make efforts to reach a broad range of people, in addition to and beyond statutory organisations, partner organisations and those already highly engaged who usually respond to consultations. As part of the consultation, we will hold a number of engagement activities providing local communities with a range of opportunities to be involved in the consultations regardless of who they are and where they live. These include:

a. **Listening events** – open invite events to share information on the proposed options for change, answer questions from the public to increase understanding of the consultation and proposals, as well as invite and listen to feedback and encourage people to respond to the consultation questionnaire.
b. **Mobile engagement pop-ups and awareness raising roadshows** – to raise awareness of the public consultation, share information, and encourage people to ask questions and complete the consultation questionnaire.
c. **Telephone survey** – this survey will be based on the questions within the consultation questionnaire and will target a representative range of views from the combined geographies and neighbouring areas of those who may not otherwise contribute to the consultation.
d. **Deliberative events** – invite based events to hear the views of local residents on the questions for consultation based on informed, two-way debate and dialogue.
e. **Focus groups with seldom heard and protected characteristic groups** – invite based groups to listen and gather feedback on the proposals. These focus groups will be informed by the groups identified in the equalities impact assessment (phases 1 and 2).
f. **In-depth 1:1 interviews** - to invite further feedback from representation of seldom heard, equality or protected characteristic groups.
g. **Displays and posters -** to promote ways in which people can learn more about and ways in which they could respond to the consultation.

5. Other consultation materials

a. Consultation videos

A series of short videos will be produced by the CCG Clinical leaders talking about the proposed clinical model and its benefits for local people.

An animation video will outline the proposals, encouraging feedback on the options that are being put to the public. The animation will include English subtitles and graphics that are suitable for sight-impaired viewers.

b. Other communication methods

Digital communication does not replace engaging with people face-to-face, but is a way of raising awareness, providing information and accessing more people.

The CCGs approach to digital communications will be via:

A consultation website:
Using the IHT website as the 'online consultation hub', visitors to the site will be able to access all consultation information here in one place, with quick links on every page to clearly highlight key documents and online feedback channels. It will also include dates for all listening events.

Social media:
Social media sites will be used to keep online stakeholders informed, and to signpost and facilitate discussion. The CCGs aim to build on existing relationships with online stakeholders and to engage new audiences with an emphasis on identified target audiences.

Media:
Information will be conveyed either as editorial, which is free, or via local paid media adverts. Regular media releases throughout the consultation period to local newspapers, local radio and community magazines will also be provided.

6. Responding to the consultation

There will be various ways in which local people can respond to the consultation. These will include:

- Completing the questionnaire on our website (www.improvinghealthcaretogether.org.uk)
- Completing the questionnaire and returning it by Freepost
- Coming along to any of the local listening events
- Emailing us at hello@improvinghealthcaretogether.org.uk
- Engaging with us on Twitter (@IHTogether) or visit our Facebook page (@ImprovingHealthcareTogether)
- Calling the IHT telephone line on: 02038 800 271

7. Analysis of consultation responses

The analysis of consultation responses will be undertaken by an independent organisation called Opinion Research Services who will produce a consultation report. This will ensure a best practice approach.

Throughout the consultation period the CCGs will receive regular response monitoring reports from this organisation to ensure to identify any demographic or other trends which may indicate a need to adapt an engagement approach regarding consultation activity, or refocus efforts elsewhere.
Recommendation: The Health Scrutiny Committee are asked to note the update.
Financial Implications: • In September 2019, as part of the Health Infrastructure Plan, Merton, Sutton and Surrey Downs CCGs were allocated £500 million to improve the current buildings at Epsom and St Helier hospitals as well as build a new specialist emergency care hospital on one of the three sites – Epsom, St Helier or Sutton.
Equality Impact Assessment: Equality Impact Assessments (phase 1 and 2) have been completed as part of the Integrated Impact Assessment (IIA) for the Improving Healthcare Together: 2020 to 2030 programme. The IIA will be reviewed against the findings of the consultation and updated to include any additional impacts and recommendations, for the final phase of this work.
Communication Plan: A communications and engagement plan for the Improving Healthcare Together 2020-2030 has been developed.

This page is intentionally left blank

NHS Surrey Downs Clinical Commissioning Groups

NHS Sutton Clinical Commissioning Groups

NHS Merton Clinical Commissioning Groups

`

IMPROVING HEALTHCARE TOGETHER 2020 - 2030

Consultation Plan

Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs)

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

NHS

Contents

1. Purpose of this document

The purpose of this draft document is to describe Merton, Sutton and Surrey Downs Clinical Commissioning Groups (CCGs) approach to communications and public consultation for reaching out to and engaging with key interest groups and the public. It also describes the timelines involved and resources required to deliver the plan for the period up to, during and after a formal public consultation.

Key interest groups include:

- Public, patients, carers and their representatives
- Partner organisations
- Community and voluntary sector organisations
- Healthwatch
- Seldom heard and equality groups
- Staff at the Epsom and St Helier University Hospitals NHS Trust (ESTH), the Merton, Sutton
- and Surrey Downs Clinical Commissioning Groups (CCGs) as well as other partner organisations
- Neighbouring CCGs and other local hospitals
- Local authorities
- MPs
- Improving Healthcare Together Joint Health and Overview and Scrutiny Sub-Committee

The draft plan aims to help people understand what to expect from the formal consultation, how they can have their say and how long the process will take.

This draft plan draws on feedback received to date from the public and key interest groups including, for example, our Stakeholder Reference Group and Consultation Oversight Group (please see section section 7.1 on our approach to developing the consultation plan). Our consultation planning is an evolving process which we will continue to test with interest groups to inform our programme of engagement and ensure that our methods and approaches are inclusive and tailored to the people we want to reach.

2. Background to the Improving Healthcare Together 2020 to 2030 programme

The Improving Healthcare Together 2020 to 2030 programme (IHT) was set up by Surrey Downs, Sutton and Merton CCGs in January 2018 to find the best solutions for the long-standing issues at Epsom and St Helier University Hospitals NHS Trust (ESTH).

The three CCGs believe there is a compelling set of reasons why change has to happen now and these have been detailed in the programme's Issues Paper[1], published in June 2018, and the consultation document.

There are three main reasons why we have to change the way local NHS services are delivered:

1. Quality

[1] Improving Healthcare Together 2020-2030, Issues Paper, Available at: https://improvinghealthcaretogether.org.uk/document/issues-paper-june-2018/

There are not enough specialist staff available to run key services at the levels set out in national standards for patient safety. Therefore, patients at Epsom and St Helier hospitals do not always receive the level of care that they need and deserve.

2. Buildings

The hospital buildings are very old and are not fit for delivering 21st century healthcare and there is a backlog of building repairs. The condition of the hospitals has been highlighted by the Care Quality Commission as requiring improvement.

3. Finances

As a result of the issues listed in 1 and 2, ESTH faces major financial challenges. It has identified an underlying financial deficit which is getting worse each year. This growing deficit is driven by unavoidable increases in costs for our clinical staff including temporary staff, increasing costs for estates maintenance and decreasing opportunities for changing the way we work. We need to change the way services are provided so we can afford to run our hospitals within the money we are given.

These challenges mean major changes are needed in how healthcare and hospital services are organised and delivered across Sutton, Merton and Surrey Downs.

IHT is working with ESTH to address these challenges around how to provide hospital services in the best way for the local population. Services must be provided in a way that meets all the required quality standards, in modern fit for purpose buildings so that local people have access to services that will improve healthcare now and for decades to come.

NHS Surrey Downs, Sutton and Merton CCGs are the NHS organisations responsible for the planning of health care services in the areas served by Epsom and St Helier University Hospitals NHS Trust. Together they are considering the proposed options for:

- Keeping the majority of services (known as 'District Hospital' services) local, at Epsom and St Helier hospitals in refurbished buildings with both hospitals running 24 hours a day, 365 days a year, with urgent treatment centres at each hospital
- Bringing together six core services for the most unwell patients on to one site in a state-of-the-art Specialist Emergency Care Hospital, located at Epsom Hospital, St Helier Hospital or Sutton Hospital, with Sutton Hospital as preferred option.

This would mean that Epsom Hospital and St Helier Hospital would still continue to run the 'District Hospital' services they do now including: urgent treatment centres, outpatient clinics, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people who are medically stable, endoscopy, imaging and diagnostics.

What needs to change is those services where very sick patients, who normally arrive by ambulance, or patients who are at risk of becoming very sick are treated. These services are known as major acute services. Clinicians' view is that these services need to be delivered together to provide the quality of care local people deserve. Bringing acute services together into a new modern purpose built Specialist Emergency Care Hospital would involve the following services:

- **Major emergency department for** the sickest patients with life threatening conditions, including a specialist children's A&E
- **Acute medicine** for patients with the most urgent medical needs

- **Critical care** for the specialist care of patients whose conditions are life threatening and require constant monitoring – usually in an Intensive Care Unit
- **Emergency surgery** for patients requiring emergency surgical assessment, treatment and operations for conditions like severe appendicitis*
- **Births** – bring together in one place both a midwife-led unit and a consultant-delivered unit for more complex births, and also supporting as many women who choose to, to give birth at home
- **In-patient paediatrics or children's beds** - for children who need to stay overnight in hospital for treatment or observation.

The proposal is to bring these major acute services together into a new purpose-built acute facility which could be located on one of the three hospital sites - Epsom Hospital, St Helier Hospital or the Sutton Hospital site. The three CCGs have identified Sutton as the preferred option because it would deliver the most benefits to the greatest number of people across the three areas of Surrey Downs, Sutton and Merton.

The proposed new clinical model for how healthcare and health services could be organised together within the combined geographies of the three CCGs, and process for developing and assessing the proposed solutions have been detailed in our summary consultation document, available on the IHT website (visit www.improvinghealthcaretogether.org.uk and type 'summary consultation document' in the search box to get to the document).

In every one of the options considered, investments at both Epsom and St Helier Hospitals have been proposed to ensure the two sites are fit for purpose for the majority of people who will still use them. Also, in all of the options both Epsom and St Helier hospitals would have an urgent treatment centre. If the new Specialist Emergency Care Hospital is located at Sutton, there would be an additional urgent treatment centre based at Sutton.

These developments will cost around £500m and would enable the three CCGs to address the quality and estates issues, be able to attract and retain the staff needed, as well as generate efficiencies to close the financial gap the system is facing. The investment would also ensure that these hospitals remain within the areas of the three CCGs. Surrey Downs, Sutton and Merton CCGs have committed to ensuring that acute hospital services remain in their combined geography.

As the Government has confirmed that funding will be available, we are now seeking views on our proposals from patients, carers, community, voluntary and public sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals on our proposals to bring these six services together on to one site.

More information on the purpose, aims and objectives of consultation, who are the consultors and target audience can be found in the consultation mandate (see Appendix 1).

No decisions about any changes to services will be made until after a full public consultation has taken place and all of the information, including the feedback from the consultation, has been considered by the Surrey Downs, Sutton and Merton CCGs in line with Gunning principle 4[2].

To successfully deliver this consultation approach, and the planned engagement, the IHT programme has identified a dedicated core team, focused largely on the planning and delivery of a

[2] Gunning Principle 4 states 'Conscientious consideration' must be given to the consultation responses before a decision is made

public consultation.

The team comprises of a:

- Programme Director
- Director of Communications
- Senior Programme Manager
- Senior Communications Manager
- Senior Engagement Managers (for each CCG)
- Social Media Manager
- Project Officer
- Two Project Assistants.

External expertise will support the delivery of consultation activities which have been procured in line with EU procurement rules.

From its outset, the programme established a robust governance structure to ensure any decision-making process is underpinned by recommendations made by various workstreams and supported by key stakeholders across the three CCGs areas.

The IHT governance process included groups and stakeholders such as the:

- IHT Programme Board
- Merton, Sutton and Surrey Downs CCGs Governing Bodies
- Programme Sponsors Group
- External Stakeholder Reference Group
- Consultation Oversight Group
- Clinical Advisory Group
- Finance, Activity and Estates Group
- Communications and Engagement Group
- Integrated Impact Assessment (IIA) Steering Group
- Transport and Access Working Group
- London and South East Clinical Senates
- NHS England
- NHS Improvement
- London Regional Executive
- The Consultation Institute
- Joint Health and Overview Scrutiny Sub-Committee
- Improving Healthcare Together Committees in Common.

More information on the IHT governance structure, purpose and outline of the programme's organisational chart can be found in Appendix 2.

The three CCGs have formed 'Improving Healthcare Together 2020 to 2030 Committees in Common'. This is where the CCGs' leaders come together to agree proposals and make decisions about how Epsom and St Helier hospital services might change in the future.

This CiC arrangement is established to enable the participating CCG Committees to consider the same issues at the same time in relation to any significant change to the commissioning of acute services at Epsom and St Helier University Hospitals Trust.

Pending CiC's decision to proceed to consultation and approval of this consultation plan and proposed programme of activities, the consultation will begin on 8th January 2020 and conclude on 1st April 2020.

3. Findings from our engagement and pre-consultation activity

Our approach to consultation planning is based on work already carried out during the pre-consultation period of engagement which ran from 24th July 2018 and included:

A programme of early engagement on our case for change, vision and Issues Paper

Between 24th July and the 15th October 2018 a wide variety of activities were employed to gain views. These activities listed below:

- A Stakeholder Reference Group which met on six occasions (over 100 members involved including local authorities, campaign groups and housing associations – this forum was chaired by Healthwatch Sutton);
- 11 focus groups delivered through Healthwatch with people over 65, carers and young carers, people with learning impairments and black and minority ethnic communities (over 100 residents participated);
- 12 public discussion events (four held in each CCG locality);
- Six mobile engagement events held at community focal points in areas of high footfall to reach seldom heard groups and deprived communities;
- Online survey completed by over 200 staff;
- Six focus groups and six in-depth interviews with users of emergency care, maternity and paediatric services to seek feedback on the clinical model (56 parents and service users participated);
- Attendance at external forums including the Surrey Downs Participation Action Network;
- 122 service users engaged through 18 local community groups supporting mental health, learning impairment and other equality needs;
- Three focus groups held with deprived communities (one in each locality).

Over 1,500 people and staff were engaged in conversations during this extensive programme of pre-consultation activity and all the feedback provided was published on the IHT programme website: https://improvinghealthcaretogether.org.uk/important-documents/.

The feedback is summarised below:

- There is dissatisfaction with current health services and a recognition of key elements of the case for change, such as workforce challenges and the problems with current buildings.
- There was support given for the main areas of the clinical vision - such as the focus on integration and prevention. However, there were concerns over deliverability, specifically with regard to financial sustainability.
- There was not a clear consensus of the type of change that should be delivered, with comments made both in favour of consolidation of services and retaining the status quo.
- People tend to advocate for services they are familiar with and solutions that are closer to them with no clear consensus over a single site for acute services.
- There is a particular concern around the transport and accessibility between different sites, such as from St Helier to Epsom and vice versa. This included the need to consider bus routes, the impact of traffic on travel times, and the cost and availability of parking.

- It was felt that those who are perceived to be most in need - in particular older and less mobile people and those in areas of higher deprivation - would be most impacted by potential changes. Consideration of these factors was felt to be important when developing solutions.
- When consulting or engaging in the future, a need was expressed to use approaches and channels that allow all groups in the population to respond in ways that suit their circumstances. It was also felt that the process should be promoted more visibly and for clear, detailed information to be provided to ensure patients and communities can make informed contributions going forward.

Feedback was also received on preferred engagement methods and activities which has been used to help shape the draft consultation plan. Section 7.1 of the draft plan on our approach to developing this consultation plan outlines this feedback.

The **pre-engagement period** ended in October 2018. The Campaign Company (an independent research organisation) reviewed and analysed all the engagement feedback and produced a report (visit www.improvinghealthcaretogether.org.uk and type 'independent analysis on feedback' in the search box to get to the document).

Feedback from the engagement activities was also used to inform the information and evidence packs used for the options consideration workshops (detailed in the following section).

Options consideration

Following the pre-engagement period, three workshops were held between 30th October and 14th November to assess the short list of options. Following best practice advice from the Consultation Institute (tCI), we worked collaboratively with local people and professionals to ensure their views drove this process.[3]

The overall objective of this initial options consideration process was to provide the three CCGs Governing Bodies decision making process with information about how the community and professionals assessed the options.

The aims of each workshop were to:
- Decide the criteria to test the potential solutions
- Decide the weighting for each criteria in terms of importance; and
- Apply the criteria to score the options.

The information presented at the workshops included the evidence gathered and published to date such as:
- Feedback from the engagement reports
- Information from the programme's Issues Paper
- Relevant NHS assurance tests
- Deprivation impact analysis, undertaken independently by PPL, Nuffield Trust and COBIC (visit www.improvinghealthcaretogether.org.uk and type 'deprivation impact analysis' in the search box to get to the document).
- Initial equalities analysis of major acute services, undertaken independently by Mott

[3] For further information on the developing the short list of options see the Improving Healthcare Together 2020-2030, Issues Paper, Available at: https://improvinghealthcaretogether.org.uk/document/issues-paper-june-2018/

MacDonald (visit www.improvinghealthcaretogether.org.uk and type 'initial equalities analysis' in the search box to get to the document).
- Evidence prepared by the programme team about the likely impacts of the proposed options

This information is available on our website – here: www.improvinghealthcaretogether.org.uk/important-documents/.

The workshop process focused on evaluating the quality of each option, it did not consider their financial merits.

What became clear from this process was that the option of doing nothing scored lower than any of the other options. However, the process did not provide a preferred option.

The workshops were independently facilitated and the workshop report is published on our website (visit www.improvinghealthcaretogether.org.uk and type 'options consideration report' in the search box to get to the document).

Integrated Impact Assessment (phases 1 and 2)

It is important that those involved in making decisions about future health service configuration understand the full range of potential impacts that any changes could have on the local population. It is particularly important to understand the potential impact on groups and communities who will be the most sensitive to service changes.

An Integrated Impact Assessment (phases 1 and 2) was undertaken during the pre-consultation phase and we have used the results of this work to inform our consultation planning.

The IIA happens in three phases and is a continuous process that doesn't finish until after a public consultation.

The first phase of the IIA has been completed and published on the Improving Healthcare Together (IHT) website. This included the production of:
- A Deprivation impact analysis, undertaken by The Nuffield Trust, PPL and COBIC (visit www.improvinghealthcaretogether.org.uk and type 'deprivation impact analysis' in the search box to get to the document).
- Initial equalities analysis of major acute services (EqIA), undertaken by Mott MacDonald (visit www.improvinghealthcaretogether.org.uk and type 'initial equalities analysis' in the search box to get to the document).
- Baseline travel analysis, undertaken by Mott MacDonald (visit www.improvinghealthcaretogether.org.uk and type 'baseline travel analysis' in the search box to get to the document).

The **interim IIA report** forms the second phase of this work and has been based on the evidence gathered during phase one of the IIA alongside further desk research, socio-demographic data collection and mapping, an exploration with health professionals and representatives of local community and seldom heard groups, travel and access analysis, and air quality and carbon emissions analysis.

This report outlines any potential positive and negative impacts associated with each of the proposed options for change across the four areas: health, equality, travel and access, and sustainability. It also highlights those groups, including protected characteristics and seldom heard

groups (i.e. carers, deprived residents) which may be disproportionally impacted as a result of the change.

Extensive engagement was undertaken for this phase of work. This is detailed in the interim report, available on the IHT website (visit www.improvinghealthcaretogether.org.uk and type 'interim Integrated Impact Assessment report' in the search box to get to the document).

The findings of the interim IIA report have informed our engagement strategy for consultation as we seek to understand the views of those groups identified as being potentially impacted by the proposed service change.

Pre-consultation engagement

During October 2018 – June 2019, the programme has continued to reach out to community and voluntary groups across the three CCG areas in order to raise awareness of the proposals, explain the case for change, provide an update on the work of the programme, gather feedback, strengthen partnerships and seek wider opportunities for consultation with local service user, resident, patient and carer groups.

A wide variety of community groups and fora have been engaged as part of this community outreach. This included for example the Epsom Maternity Voices Partnership, Merton VSC Mental Health Forum and Beddington and Wallington Senior Citizens Club.

Appendix 3 details the additional pre-consultation engagement undertaken by the programme.

4. Consultation aims and objectives

The option or options to be considered during the consultation will set out the potential solution/s for delivering high quality major acute services that will last in the future, for the people of Surrey Downs, Sutton and Merton.

The consultation is not a vote. It does however allow us to obtain a broad range of views from a wide variety of communities, service users and their representatives to be heard and assessed openly and transparently on the options (including any preferred option if determined). This will help us to get the best possible solution for the combined areas of Surrey Downs, Sutton and Merton CCGs.

We will deliver a best practice consultation (advised and assessed by the Consultation Institute), which is founded on the commitment to inform and listen. The Consultation Institute (tCI) is undertaking a quality assurance role and has reviewed and provided feedback on our draft plan for consultation.

We will continue to develop our consultation plan both prior and during the formal consultation by working closely with tCI and our partners to ensure that all our statutory duties are met. This is likely to include:

- Demonstrating the case for change and the benefits of the service change options
- Understanding public and stakeholder views about the different options and their impacts
- Listening to peoples' views on the proposed new clinical model including those services that we plan to bring together for our sickest patients as well as those services that will be retained locally

The consultation will seek to:

- Ensure people in the affected CCG areas are aware of and understand the case for change and the proposed options for change, by providing information in clear and simple language in a variety of formats
- Hear people's views on the proposed changes to major acute services in Surrey Downs, Sutton and Merton
- Ensure the CCGs as decision-makers receive detailed outputs and feedback from the consultation, to ensure they are as well informed as possible for making decisions.
- Hear ideas for alternative solutions via the consultation questionnaire. While we have carried out a robust options development and consideration process, we are still open to other new ideas and suggestions for different ways we could solve the challenges set out in this consultation.

The results of consultation are an important factor in health service decision-making, and are one of a number of factors that need to be considered. The feedback gathered during consultation will help the CCGs to make an informed decision on progressing the future shape of hospital services - ensuring that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients, as well as on which services should be provided in the community, closer to where people live.

No final decision will be made until the consultation has closed and the feedback received has been collated, independently analysed and appropriately considered by the CCGs, alongside any further evidence which will include the third and final phase of the IIA.

5. Consultation approach

The CCGs need to understand the views of the local populations in Surrey Downs, Sutton and Merton and neighbouring impacted areas about the way in which urgent care, emergency care, maternity and paediatric care as well as planned care are provided in the future. The CCGs have set out their case for change with a proposed service changes to deliver safe, sustainable services that deliver improved outcomes for patients.

A formal decision on any proposed service changes will take into account all of the evidence received following consultation by the three CCGs.

All elements of the engagement plan for a consultation will seek to:

- Ensure that the methods and approaches are developed to provide a range of opportunities for stakeholders to respond to the consultationIdentify the best ways of reaching and engaging key interest groups
- Provide an easy read version of documents and offer translated versions relevant to the community as required (upon request)
- Make sure there is equality monitoring of participants to ensure the views received reflect the whole of the local population
- Use different methods or specifically target communities where there is any under-representation
- Target activity so it covers all the local geographical areas that make up the three CCGs
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Purchase or hire resources for delivering consultation activity from the local community

whenever it is possible
- Inform partners of the consultation activity and share the plans for engagement.

6. Consultation principles

We commit to the following key principles during public consultation, which all activities will be based on:

Principles	Proposed approach
1. Providing local communities with a range of opportunities to be involved regardless of who they are and where they live. This includes coverage of activity across all three CCG geographical areas.	• We will map out all our local communities and map interest groups and stakeholders so we know who to engage with and how. • We will provide a range of methods of engagement. • We will work closely with a wide variety of local individuals and organisations to make the most of all opportunities to reach out to people. • We will endeavour to go out to where people are, using creative and innovative methods of engagement.
2. Providing accessible information in clear and simple language and in a variety of formats	• We will test our materials on patients, interest groups and the public through the Consultation Oversight Group. • We will stick to plain English standards and where possible gain kite mark status for key documents. • We will provide an easy read version of our consultation document and questionnaire as well as other key documents as required. • We will provide materials in other formats should they be requested. This includes translation of written materials into other formats, including Braille or other languages.
3. The process will be open and transparent.	• We will publish our evidence, public and stakeholder and interest group feedback, the consultation process and our decision making timeline on our website. • We will be easily accessible for local people to ask questions and raise concerns. • We will update our website with responses to frequently asked questions. • We will work with our local communities to co-design our consultation plan.

4. Careful management of resources to deliver good value for money.	• We will endeavour to use evidenced based methods of engagement to make sure we deliver good value for money.
5. Sharing updates on the consultation activity during and after consultation	• During consultation we will share updates with key stakeholders including the Stakeholder Reference Group and Consultation Oversight Group; we will also share brief updates via social media to stimulate interest and participation. • We will commission an independent analysis of consultation feedback which will be published after consultation has finished.
6. Using the feedback received during consultation to inform our decision-making.	• We will share our governance structures and timelines so the public and our partners can understand our decision-making process.
7. Running an evidenced-based, best practice consultation.	• We will work with our partners to design our consultation activities. • We will work with the Consultation Institute to ensure we are following best practice guidance.

7. Process for consultation

7.1 Our approach to developing the consultation plan

All methods for consultation will be developed in line with best practice and co-designed with our stakeholders as well as input and oversight from the Consultation Institute.

In developing this plan, we have considered feedback from all our early engagement and pre-consultation activities. Table 1 outlines feedback received in relation to consultation planning. The information included in this table will be constantly updated.

Table 1: Feedback from our early and pre-consultation engagement used to shape our draft consultation plan

Group	Aims	Date	Feedback
Pre engagement audiences	To share and receive feedback on the case for change, proposed options, and any other evidence to date (such as the Integrated Impact Assessment).	July - October 2018	• Be transparent around the decision-making process • Open and honest communication about the potential solutions and more detailed information • Make the process inclusive and use a range of communication and engagement channels to meet the needs of different audiences • Promote involvement at hospital sites, GP practices and other public places to reach patients • Hold evening meetings and meetings in venues to reach seldom heard communities • Consider opportunities for a door to door mail drop as part of the commitment to reach out to the widest sections of the communities served • Work with community organisations to review and create 'easy read' documents • Ensure independent facilitation for events • Ensure that all key documents contain executive summaries.
Ongoing pre-consultation engagement with community forums	To continue to raise awareness of the proposed options, explain the case for change, provide an update on the work of the programme, gather feedback, strengthen partnerships and source wider opportunities for consultation with local service user, resident, patient and carer groups	October – current	• The feedback obtained mirrors the findings from our programme of early engagement undertaken during July – October 2018
Communications and engagement group	To ensure that messages and activities are aligned with other CCG and Trust communications and engagement objectives.	Workshop in October 2018	• Make sure the case for change is very clear • Involve the public and stakeholders in designing the consultation plan so we get rich ideas about how to make consultation really successful • Publish all evidence and more F&Qs

			• More online and social media advertising
Stakeholder Reference Group (SRG)	Set up to reach out to community members and partners from the combined geographies, who have scrutinised and provided input into the programme and key evidence.	Meetings on: 15th August 2018 17th October 2018 7th March 2019 22nd May 2019 12th September 2019	• Easy Read version of the consultation survey • Consultation fatigue on this issue so encourage people to complete the survey by offering a voucher (M&S vouchers worked for residents in Surrey) • Engage with resident associations, deprived and elderly communities • Make sure we are getting responses from each demographic area and weight them - same geographically • Need a response handling team so people can get responses during the consultation in case they want to follow up again • Aim for 1% response rate which is national average (The Consultation Institute) • Publish all the evidence in simple formats so people can understand everything, include infographics and other images • Materials need to be precise and short • Engage with the Royal College of Emergency Medicine • Website translation plug-ins • Hold public events • Ensure press coverage of the consultation
Consultation Oversight Group	Set up to ensure seldom heard and marginalised communities are supported to participate in the consultation process. This group offers practical advice, suggestions, views, expertise and local knowledge as an independent voice and critical friend. The COG consists of Healthwatch, Councils of Voluntary Services (e.g. Central Surrey Voluntary Action and Community Action Sutton) and volunteers from seldom groups such as alcohol, drug abuse and mental	Meetings on: 31st May 2019 11th July 2019 12th September 2019 21st October 2019	• Provided feedback on local community organisations, networks and partners following a stakeholder mapping exercise eg to reach young people work through secondary schools – use peer-to-peer methods – work through colleges; neighbourhood watch groups; parochial church groups. • Provided early thinking on draft consultation activities – good menu of proposed activities to reach population – wide variety of methods – not just events • To ensure the programme works with the voluntary and community sector as a deliver partner for consultation activities with the provision that enough lead in time is given to prepare and deliver this work

	health service users and the Gypsy, Roma and Traveller community.	• Target and empower community networks to facilitate conversations for you – provide supporting materials • Equality groups are important – how do they fit into the consultation? • Be clever – capture captive audience attending existing events e.g. to promote flu jabs – look at what is going on locally to catch large numbers • Work with local councils to reach the working well – largest employers • Use annual public health reports • Focus consultation on reaching affected service users who are more likely to use the service • Develop social media activity as a specific workstream • Engage with locally via media and press • Ensure engagement with service users – i.e. include leaflets in regular prescriptions • How will you work with resident's associations to have meaningful participation? • Consider how we incentivise attendance at meetings and events to ensure we have the right people in the room • Look at what other consultations have done • Develop a media plan to advertise the consultation (i.e. newspapers, local radio) • Ensure consistent levels of engagement with the general public as in the case of the planned engagement with targeted equality and seldom-heard groups • Consider holding 'pop-up' events nearby GP surgeries as another way of engaging with patients • Ensure documents state any facts based on the work undertaken to date • Clearly explain why postcodes will be collected as part of the consultation questionnaire and highlight that the provision of this information is voluntary

			• Test the questions for consultation, ensure they are in plain English and accessible
Integrated Impact Assessment (IIA) Steering Group	Set up to review and agree the IIA scope and membership for the Travel and Access Working Group. This group offers practical advice and suggestions to ensure representative engagement with community members from protected characteristic groups. The group will review and agree the interim and final IIA reports.	Meetings on: 23rd January 13th May 2019	• To work with community representatives to reach out to equalities groups (for example, the Lesbian, Gay, Bisexual and Transgender and the Gypsy Roma Traveller Communities) • To undertake further engagement with Trust staff • To ensure the engagement plan incorporates people with both learning and physical disabilities • Consultation fatigue was raised as an issue by members of the IIA Steering Group
Travel and Access Working Group	Set up to provide review and agree methodology for travel and access work, provide advice to the Programme around local travel and access plans and to review and agree all related data analysis. This group reviewed and agreed the travel and access chapter for the interim draft IIA report.	Meeting on: 14th March	• Committed to continue to engage with staff at the Trust
IHT Joint Health and Overview Scrutiny Sub-Committee		Meetings on: 16th October 2018 30th April 2019 26th September 2019	• The sub-committee will undertake its statutory responsibilities to consider whether the consultation is adequate and whether the proposals being put forward are in the interest of the local population • Clarity around timeline and the consultation plan • Ensure a sufficient time period to allow people to be made aware of the consultation • Provide further clarity on what information CCGs require to make an effective consultation • Provide further detail on the engagement approach to potentially impacted communities

7.2 What we already have in place

There are a number of existing engagement mechanisms in place which help to provide information and communicate with a range of interest groups. These mechanisms will continue to be used throughout this process and include:

- **Staff at the Trust** are already being engaged through a number of staff briefings which will continue throughout this process. Staff have also been engaged through the Integrated Impact Assessment process
- **Local councillors and MPs** are updated through discussions at Scrutiny and Health and Wellbeing Boards. In addition, one to one meetings with MPs have provided an opportunity for regular briefings. Overview and Scrutiny Committees and Health and Wellbeing Boards are being kept up to date with plans through presentations and briefings
- **Dedicated pages on CCG websites and the IHT website** contain a range of information including the evidence available to date. Existing social media channels, websites, newsletters and the media will be used to promote the consultation.
- **Healthwatch colleagues** are supporting via the Stakeholder Reference Group, Consultation Oversight Group and the IIA Steering Group to ensure consistent messages are provided to the public
- **Local GP practices** are to be made aware of any engagement and consultation and promote participation via surgeries including through patient reference groups.
- Working with the **voluntary and community sector** to raise awareness of the programme, share information and obtain feedback
- **Resident Associations** and **Patient Reference Groups** are informed and opportunities to engage in conversations are promoted
- Information is circulated widely to the **existing stakeholder database** which includes a range of local community, voluntary, statutory and other organisations.

7.3 What else do we need?

To ensure formal consultation can take place there is a need to provide more opportunities for communication and information sharing and discussion, offer interest groups the chance to host conversations and directly target identified groups.

The final consultation plan will require approval by the three CCGs' Committee in Common. The process will need full commitment from all partners to provide staff and appropriate key speakers as required.

8. Legislation

As NHS organisations we are required to show how the proposals we are putting forward meet the four tests for service change laid down by the Secretary of State for Health. These are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear clinical evidence base to support the proposals
- Support for the proposals from clinical commissioners.

The Chief Executive of NHS England has introduced a 'fifth test' that requires NHS organisations to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

There is also a legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate:

- **Section 242, of the NHS Act 2006**, places a duty on the NHS to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate.
- **Section 244** requires NHS bodies to consult relevant local authority Overview and Scrutiny Committees on any proposals for substantial variations or substantial developments of health services. This duty is additional to the duty of involvement under section 242 (which applies to patients and the public rather than to Overview and Scrutiny Committees).
- **The NHS Act 2012 section 14Z2** updated for Clinical Commissioning Groups places a duty on CCGs to make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
    - In the planning of the commissioning arrangements by the group
    - In the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them o in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

We need to make sure that our consultation activities meet the requirements of **The Equality Act 2010**, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

In addition, **Section 14T, outlined in the Health and Social Care Act 2012**, sets out that CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients in access to health services and in the outcomes achieved from health services.

We also need to consider other relevant legislation (detailed in Appendix 4) and show:

- How we have learnt from the views and requirements of those who may use our services and their carers, families and advocates and responded to their feedback
- How the proposals will bring significant clinical benefits and improve outcomes and accessibility
- How the proposals consider people's diverse and individual needs and preferences including

people with protected characteristics.

9. Stakeholder analysis

The consultation will aim to engage as effectively as possible with the following groups across Surrey Downs, Sutton and Merton CCGs.

We have conducted a thorough mapping exercise of local community groups and organisations during the pre-engagement phase of the programme. Local CCGs engagement leads also regularly review their stakeholder maps and channels and will use this information to reach out to people. Through our Integrated Impact Assessment, we have also undertaken targeted outreach work with seldom heard groups and those with protected characteristics to ensure that we have contacted the range of groups protected under equalities legislation. We will continue with this work and ensure that as many diverse views as possible are able to feedback during consultation.

We will also commission the local Community Voluntary Sector to undertake engagement with their local community groups who may be potentially impacted during consultation. These groups will be sent a copy of the consultation summary and questionnaire and be invited to respond, with an offer of more copies, further engagement opportunities and attendance at meetings if requested.

Identified stakeholder groups include (see Appendices 5.A for a high-level stakeholder map):

- **Patients, carers and the public** (including representatives)– Groups of patients and the public who are specifically affected by any proposed changes including young people, carers and the wider community including those not always actively engaged with health services
- **Voluntary and community sector:** Healthwatch, residents' associations, patient representative groups
- **Traditionally under-represented or seldom heard groups** – people with protected characteristics, people with learning disabilities, those with long term conditions, those living in deprived areas, carers (including young carers), refugee and undocumented communities, the 'working well' and people who are homeless or in unsecure housing. Our engagement strategy for engaging with these groups will be informed by the findings of the equalities impact assessment undertaken during both phases 1 and 2 of the Integrated Impact Assessment work
- **Clinicians and staff** – clinicians and those working in secondary care, primary care, social care, mental health and other parts of the health and social care service, and their trade unions
- **Health and care partners and providers** – all local partners and providers of services, community and mental health providers and voluntary organisations
- **Political stakeholders in local and regional government** – local councils, Joint Health Overview and Scrutiny Committee, Health and Wellbeing Boards, Members of Parliament, local councillors and Cabinet members
- **Media** – local, regional, national and trade media, and social media commentators including bloggers and vloggers
- **Health and care regulators** – local councils, Joint Clinical Senate (London and the South East), NHS Improvement, NHS England and professional bodies.
- Information will also be shared with **statutory health and care organisations** and **key stakeholders and interest groups in neighbouring boroughs.**

This list of interest groups is not exhaustive and through evidence received during pre-consultation and consultation the list will be updated to ensure that groups are targeted effectively.

10. Consultation methods and materials

We will use a range of materials and methods to enable local people to take part in the consultation and talk to us about our proposals.

Consultation methodology generally falls into two main categories - giving information and getting information.

Our consultation document will clearly lay out the basis on which we are consulting, the background to the consultation, a summary upon which options have been developed and what the proposals/options are, and signposting for more detailed technical information if needed.

Our consultation methods will highlight the different ways in which various stakeholder groups and audiences might choose to participate, allowing for differing levels of engagement or interest as reflected in the stakeholder analysis. By using a range of different methods, we will be able to facilitate a wide range and breadth of feedback.

10.1 Consultation materials

A range of **consultation materials** to support the consultation process will be developed, including:

Consultation materials	Purpose
Full consultation document	• The full document will be available online and in paper format. The online version of the document will be published on the programme's website and the paper version - disseminated to partner organisations. • The document will include: ○ Description of the proposals in a clear and transparent way ○ Case for change, including the implications of no change ○ What the consultation is about in a clear and simple way ○ How the options have been developed and considered ○ What is the likely impact of the proposals on stakeholders and the general public ○ Ways of responding as well as finding out more about the consultation and deadline for submitting responses ○ Information about how the feedback from consultation will be used ○ Timescales and when and how a decision will be made.
A summary consultation document	• The summary will be available electronically and in hard copy and available at all public events and distributed in bulk, for example, to libraries, GP practices and pharmacies.

Consultation materials	Purpose
	• The summary will be available as an easy read document
Consultation questionnaire	• The questionnaire aims to gather views and feedback on issues, concerns, and areas of support in relation to our proposals these can be understood and taken account of • An online and hard copy consultation questionnaire will be available • The questionnaire will be printed for use at events and circulated widely to interest groups and stakeholders. • The questionnaire will be available as an easy read document and translated into other languages. Other formats will also be available where required and upon request.

Videos	• Two types of videos:
	  ○ Hearing from local clinicians on why change needs to happen and their support for the proposals
	  ○ An animation video highlighting the case for change, clinical model and aims and objectives of the consultation

Clinical model materials and resources	• These materials will include:
	  ○ Clinical model factsheets
	  ○ Patient stories
	  ○ Other resources (i.e. presentations)
	• The purpose of these materials is to strengthen understanding of the proposed clinical model.

Poster, leaflet, banners	• These publicity materials will be distributed in bulk and/or available at events to engage with patients, the public and partners
	• The consultation leaflet will be delivered to every household in the combined geographies and neighbouring areas and will include:
	  ○ A summary of the case for change
	  ○ A description of the proposal
	  ○ Listening event dates and venues.

Displays	• Displays in key locations will promote the opportunity to respond to the consultation. This will include displays at the Epsom and St Helier hospital sites, GP surgeries and in other public areas.
Briefings	• Briefings will be arranged and promoted to update on the consultation process. Briefing materials will be tailored for each stakeholder group.
Consultation closing procedure	• This document will detail how each element of consultation feedback will be recorded.

We have tested, and will continue testing, our draft consultation materials with the IHT Programme Board, the three CCGs Communications and Engagement leads as well as the Consultation Oversight Group to ensure they are clear and well-understood.

10.2 Engagement activities

We will seek to engage with patients, carers, their families, healthcare staff at the Trust and in the community, local people and their representatives through a range of engagement activities and events as outlined below:

Engagement activity	Description
Listening events	• Open-invite listening events in each of the three CCG areas (nine in total) will be held in order to capture feedback from local residents • Residents will also be encouraged to complete the consultation questionnaire • All public listening events will include British sign language interpreters and will be recorded.

Mobile engagement events	Awareness raising roadshows
	• The aim of the roadshows is to:
	  ○ Raise awareness of the consultation
	  ○ Engage people who otherwise might not actively engaged with the process or be aware of developments so far
	  ○ Encourage people to fill in the consultation questionnaire
	• These events will take place at public locations in areas of high footfall across the areas covered by the three CCGs.
	
	Pop-up events
	• These events will be held at the three hospitals and local healthcare centres in the combined geographies. The purpose of these events is to provide easy access and opportunity for staff, clinicians and patients to find out more, ask questions and take part in the consultation.

Focus groups	• To support our efforts to consult local people who may be most impacted by our proposals, including any equality, seldom-heard and protected characteristics groups across the three CCG and neighbouring impacted areas, we will run targeted focus groups with these cohorts. These groups will be by invite only • Additional focus groups with young people will also be undertaken to hear the views of this group • These events will be recruited to using sampling methods to reach a diverse group of people across target populations and seldom heard groups • The focus groups will be informed by the equalities impact assessments undertaken to date.

Engagement activity	Description
Deliberative events	• We will run independently facilitated and invite based deliberative events to hear the views of local residents on the questions for consultation based on informed, two-way debate and dialogue • These events will be recruited to and will secure a representative sample of our CCGs populations and wider Trust catchment area. These events will be invite based.
Telephone survey	• We will undertake a telephone survey with a representative sample of the three CCGs populations and wider Trust catchment area.
Voluntary and community sector support	• We want to ensure that local communities are supported to share their views on our proposals for change and participate in the consultation • To complement our other engagement activities, we will set up a Small Groups Grant Scheme to incentivise Community Voluntary Sector lead organisations in Surrey Downs, Sutton and Merton to independently capture consultation feedback on behalf of the programme by facilitating discussion groups or by offering small community groups funding to facilitate and capture feedback from the communities they serve at their own events and/or focus groups • This approach will ensure that views are gathered from protected characteristic, seldom heard and carer groups.
Engagement with elected representatives	• Face to face meetings and regular written briefings will ensure key stakeholders are informed and involved • In addition, the Joint Health Overview and Scrutiny Committee will be formally consulted on the engagement and consultation plans in line with the Health and Social Care Act 2012.
CCG and Trust staff engagement	• This work will focus on building on existing platforms in organisations and utilise websites, internal communication channels, staff briefings and local intranets • Meetings at each hospital site will target groups of staff around the services specifically affected to raise awareness of the consultation and encourage staff to complete the consultation survey • Attendance at locality forums with GPs, practice managers and nurses to engage them in the consultation questions and gather feedback. We will work with the Communications leads at the three CCGs and Trust to ensure attendance at these meetings.

We have commissioned external, independent experts to deliver some of the engagement activities.

10.3 Communications tools

Effective communications will drive understanding of the programme, informing people of the proposals and encouraging them to share their views.

Various communications **tools** will also be used in order to raise awareness of the consultation, promote engagement events to the public and disseminate information. These include:

Communication tools	Purpose

Media	• The programme is committed to working closely with national, regional, local media
	• The aims and objectives our media campaign is to:
	  ○ Broaden the reach and increase engagement with the general public as well equality and those harder to hear from/harder to reach groups
	  ○ Raise awareness of engagement opportunities during the public consultation, disseminate information and signpost local people to different ways in which they can find out more about and respond to the consultation
	  ○ Ensure that factually correct information reaches the public and that misinformation is corrected.

Digital	• Dedicated IHT consultation website, newsletter and social media channels will be available • The IHT website and all CCGs' websites will contain information about the consultation and how people can give their views • We will also work with communications colleagues in partner organisations to cascade messages through their internal and external channels as appropriate.

Social media	• Throughout the consultation period, social media channels will be used to post consultation news, promote our events and keep our existing and growing online audiences engaged
	• Social media aims during consultation will be to:
	  ○ Raise awareness of the consultation and make the consultation accessible online so that people are able to participate and have their say
	  ○ Raise the profile of the programme in a positive and professional manner
	  ○ Highlight activity and updates
	  ○ Signpost stakeholders to the programme website
	  ○ Capture engagement
	  ○ Build on existing relationships and engage and build new ones with particular emphasis on our key target audiences.
	  ○ Promote and facilitate discussion, during and after the consultation period, offering prompt responses to questions
	• Partner organisations are to be asked to share social media communications to reach the widest possible audience

Communication tools	Purpose
Advertising	• Working with local media outlets paid-for print, digital, social media and radio opportunities will be identified to promote the consultation - for example, through supplements and/or advertisements in local online and printed newspapers for events.
Consultation telephone line and SMS Messaging	• To give people the opportunity to ask questions, provide feedback and find out more about the consultation.

The mechanism used for producing / further developing consultation materials and tools will include:

Key messages

The aim is to ensure the key messages that support the consultation are consistent, clear and easy for people to understand. This will help people engage in the process. These will be used throughout the process to drive awareness and cement understanding. Key messages typically include information about why change is needed, the proposals for change, and the way in which individuals and organisations can have their say. A range of materials will be developed to support this including:

- Narrative to support engagement activities (for use by partners and those leading events)
- Content for internal/external/partner bulletins
- Content for websites/intranet
- PowerPoint presentation for events and use by partner organisations.

Frequently asked questions (FAQs):

Feedback and questions received via questionnaires will be monitored, as well as at events and through the media and other mechanisms. The FAQs via the consultation website and other communications mechanisms will be used to clarify any factual information or correct inaccuracies.

10.4 Consultation activities in neighbouring CCG areas

The programme has a duty to engage the population in the three CCGs where people will be most affected by any potential changes. These are Surrey Downs, Sutton and Merton and the catchment area for Epsom and St Helier hospitals.

It is also good practice to extend this engagement during consultation to areas on the border where patients may also be affected by any changes to services.

The recommended approach is to extend the activities already planned within the three CCGs to the neighbouring boroughs using existing and projected patient activity data from Epsom and St Helier hospitals so that this is done in an intelligence-led manner.

Consultation and communication activities in the neighbouring CCGs will comprise the following:

Social media

Our social media channels (Facebook, and Instagram) will be used as part of our wider communications plan that seeks to raise awareness about the work we are doing, the proposed solutions and ultimately to encourage people to have their say about the proposed changes, by taking part in the public consultation.

Our social media channels will also be used to complement consultation engagement in neighbouring areas highlighting events planned or that we attend, feedback we receive and any participation statistics we have.

Advertising

Our online and social media advertising campaign will target potentially impacted communities living within the ESTH wider catchment area. This advertising campaign will be aim raise awareness of the consultation, how people can find more about this consultation and give their views.

Leaflet distribution

The consultation leaflet is to be distributed across the combined geographies of Merton, Sutton and Surrey Downs and impacted communities living in neighbouring areas to the three CCGs and who may have used the Epsom and St Helier hospital services.

Online consultation questionnaire

Links to the consultation website and online questionnaire will be sent to local authorities, community organisations in neighbouring boroughs and neighbouring CCGs, asking them to share these with local residents.

Community outreach

Our engagement approach will include engaging with people from local communities via outreach activity, focus groups and deliberative events.

Telephone survey

Our telephone survey, will target a representative sample of the three CCGs populations and neighbouring impacted areas.

11. Communications channels

The following key channels will be used to reach identified target audiences:

Target Audience	Delivery Method
Service users, general public and the voluntary and community sector	All public events Deliberative events Focus groups Telephone survey Printed material Video Website Videos Posters and leaflets (i.e. in GP practices, pharmacies and libraries) Media/social media Advertising Partner channels Existing meetings and forums Patient reference groups Third sector organisations Third sector umbrella organisations Patient groups Carer groups IHT newsletter
Protected characteristics, equalities and seldom heard groups	Consultation Reference Group Stakeholder Reference Group Listening events Awareness raising roadshows Pop-up events Deliberative events Focus groups One to one in-depth interviews Telephone survey Small Groups Grants Scheme CCG and IHT outreach activity Animation video IHT newsletter Website
OSC/Health and Wellbeing Boards	Meetings Written briefings Possible workshop Public events (i.e. listening events) Printed material

Target Audience	Delivery Method
	Mailshots/posters etc. Media/social media Website Advertising
Staff (hospital and community health services staff or CCG)	Bulletins and briefings Staff meetings Mobile engagement pop-ups Public events (i.e. pop-up events, listening events, awareness raising roadshows) Displays Intranet Social media Advertising
Healthwatch	Written briefings Face-to-face meetings Public events (i.e. listening events) Consultation Oversight Group Stakeholder Reference Group IHT newsletter Social media Website
Elected members / Councillors/MPs	Written briefings Face to face meetings Public events (i.e. listening events) Website Media/social media Advertising Joint Health Overview and Scrutiny Committee /Health and Wellbeing Boards IHT newsletter
Local professional committees	Written briefings Face to face meetings Website IHT newsletter

Target Audience	Delivery Method
Media	Media releases Broadcast interview Briefings Social media Podcasts Video
Local GP practices	Existing meetings including locality meetings Intranets Practice visits Bulletins Displays/poster/leaflet
Campaign groups	Public events Stakeholder Reference Group Videos Website IHT newsletter Advertising

12. Feedback

All types of consultation responses are important. We expect a range of different responses from individuals and organisations as a result of the proposed activities.

We will ensure:

- All public events will be recorded either audio and/or video
- Feedback through face to face contact will be recorded on data capture sheets
- Questionnaires will be gathered electronically and via a FREEPOST response address for paper version questionnaires
- Any comment cards which may be used at events will capture in the same way as comments gathered through the CCG websites.

13. Consultation timeline

Throughout the consultation period we will receive weekly response monitoring reports from the independent experts commissioned to run the: focus groups, deliberative events and telephone interviews and the consultation analysis agency (who we will use to collect and analyse the responses). We will monitor this information closely to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts elsewhere, for example a high response rate from a particular protected characteristic group/age group/geographical location or equally a very low response from a potentially affected group.

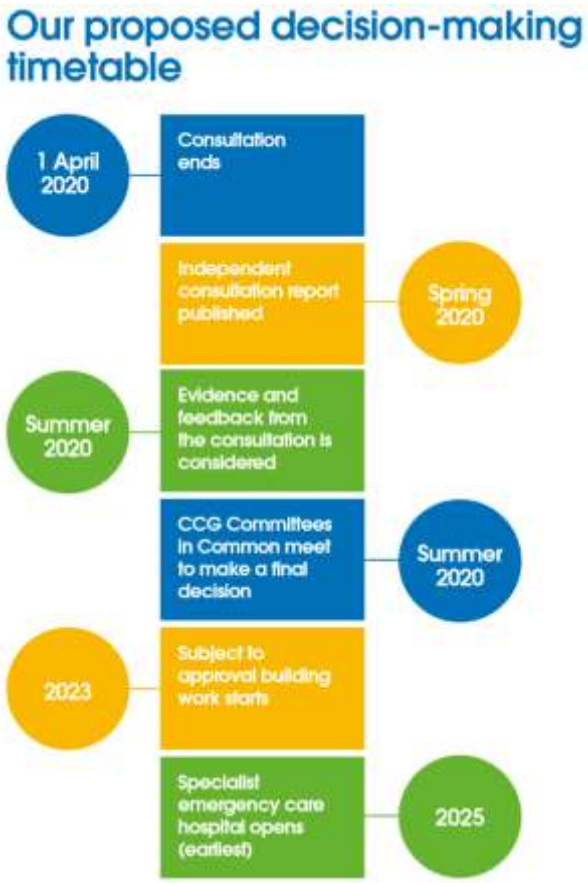
It is important following the consultation that the consultation team develops timely feedback mechanisms to ensure that those who participated in the consultation exercise are informed about the feedback received, its likely impact and, in due course, and any final decisions made. It is also important that any ongoing process and further decision-making is understood by stakeholders. This information will be cascaded via the existing networks and mechanisms which include: the IHT consultation website, newsletter and stakeholder briefings.

After the consultation has closed, the feedback from the consultation will be analysed by an independent research organisation who will produce a consultation report. See section 15, on the analysis of data and presentation of findings for more information on how consultation responses will be analysed.

The report and any further evidence will be fully considered by Surrey Downs, Sutton and Merton CCGs. This will be published on our website. We will also share the report with stakeholders, including with the Joint Health Overview and Scrutiny Committee, so they can give their comments. The CCGs will consider these comments, the report on the consultation and the final integrated impact assessment before making any recommendations and decisions.

A Decision-making business case (DMBC) will be produced which brings together all the information required by the CCGs' Governing bodies to make their decision on how services may be improved moving forward to any implementation phase. This decision-making process will comply with the NHS England guidance 'Planning, assuring and delivering service change for patients.'

None of the six services would be brought together until the new specialist emergency care hospital is built which, under the preferred option, would be 2025 at the earliest.



13.1 Consultation delivery – high level timeline of activities

Phase	Activity
Preparation for formal consultation	• Develop all consultation materials including consultation documents, website development, roadshow materials, presentations and information sessions.
Assurance of our consultation plans by the Consultation Institute (tCI)	• We will be assessed by tCI across three checkpoints prior to a consultation. These include: 1. Scoping and Governance - the basics of the consultation are agreed 2. Project plan - consultation activities are set out and organised

Phase	Activity
	3. Documentation - all hard copy and electronic versions are fit for purpose and the questionnaire conforms to best practice.
Pre-launch of formal consultation	• Pre-consultation stakeholder communications engaging with the following key stakeholders either via email, letter or where possible face to face: o GP members and practices o MPs o Councillors o Health and Wellbeing Board members (via chair) o Joint Oversight and Scrutiny Committee (via chair) o Bordering CCGs - to inform them that a formal o consultation is imminent and to seek their views on an informal basis o Informal meeting with staff who will directly be affected by either the process of the consultation or the outcomes particularly in departments/clinical disciplines directly impacted by the proposed changes o Professional bodies such as Royal Colleges and Councils o Unions and trade bodies o Three Healthwatch organisations (via Chair) o Media (health correspondents where possible). • During this time, all consultation support materials and supporting software should be signed off and made ready for printing.
Launch day	• On the day of the launch all consultation materials need to be available for online distribution: o Web pages and web links are live with documents uploaded and access checked o Spokespeople are briefed and ready to speak o Email/ letter will be sent to all key stakeholder groups o Approved media releases are issued for newspapers, local authority and voluntary sector newsletters, community magazines and health service partner newsletters o Adverts prepared for local newspapers o Social media sites have been identified and content has been approved o Process is in place to provide materials in alternative formats.
Consultation delivery	• Distribution of printed consultation documents and promotional materials to GP practices, local providers, pharmacies, and existing networks as well as key interest groups who are

Phase	Activity
	actively involved in supporting the consultation process as a partner • Delivery of engagement, communications, media and social media plans and activities • Ongoing analysis of the consultation activity and feedback received to identify any demographic or other trends which may indicate a need to adapt our approach regarding consultation activity, or refocus efforts elsewhere (for example, a high response rate from a particular ethnic group/age group/borough or equally a very low response from a potentially affected group). This will ensure the delivery of a robust and best practice consultation • Regular transfer of feedback from consultation for independent analysis of consultation responses.
Consultation mid-point review with the Consultation Oversight Group (COG) and the Stakeholder Reference Group (SRG)	• We will conduct a mid-point review with COG and the SRG half way through the consultation period. This process will include presenting information around how the engagement has unfolded so far and assess progress against this plan. • In line with our statutory obligations we will engage with certain groups of key stakeholders, including those identified through our initial Equalities Impact Assessment, and we will provide an update on our progress against this and consider any further action which needs to be taken.
Consultation mid-point review by tCI	• As part of our consultation assurance process with tCI, we will conduct a mid-point review half way through the consultation period. This will look at how well we have engaged to make sure we are providing the best opportunities for people to have their say. tCI will assess if there has been sufficient feedback from seldom heard or minority groups so that we can adapt our activities to reach groups of people who have not yet been involved. We will also, as required, adapt our methods and channels used to ensure that we make the best use of the most effective channels and that our resources are directed accordingly.
Consultation closing date review by tCI	• This review undertaken by tCI will take place in the last weeks of consultation, and its main purpose is to review the engagement undertaken to date to check whether there are any gaps and whether important questions for consultation have been answered, as well as review our plans for analysis of consultation responses, feedback and influencing processes. Based on the quality of the feedback received during consultation up until this checkpoint, a discussion around potentially extending the consultation may also take place during the closing review.

After the consultation has closed we will publish a report setting out the major themes emerging from the consultation, a summary of the responses relating to our consultation proposals and options, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the high-level timeline for implementing any proposed changes.

14. Equality

The consultation process will draw from the findings from the initial equalities analysis and Equalities Impact Assessment to inform the engagement approach in obtaining views from demographic groups who may experience a disproportionate or differential need for major acute services. These groups are identified as:

- Those aged 16 years old or younger
- Those aged 16 - 24 years old
- Those aged 65 years old or older
- Disabled people
- Lesbian, Gay, Bisexual and Transgender people
- Pregnant women
- People from a BAME background
- People who are Lesbian, Gay, Bisexual and Transgender (LGBT)
- People from deprived communities.

The equalities analysis also highlighted three other groups of people whose views may be underrepresented in a consultation exercise:

- People with a learning disability
- People from the Gypsy, Roma and Traveller Community
- Carers.

As already noted earlier in this document, planned engagement activities will ensure the responses of these people are obtained.

To ensure the consultation process meets the requirements on the CCGs to evidence due regard is paid to their equality duties, all consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process.

The consultation process will target protected groups using a network approach to ensure wide reach during the consultation exercise through partnership-working with Local Authority, Healthwatch, councils of voluntary services (Community Action Sutton; Central Surrey Voluntary Action; Merton Voluntary Services Council) and local authorities.

Appendix 5.B includes a list of these key groups – this matrix is not exhaustive and indicative only – many others will be consulted plus groups which are still being scoped.

Appendix 5.C also outlines our plans to ensure that people who share characteristics that are protected under the Equality Act and those identified in Integrated Impact Assessment can participate and give their views during the consultation.

Adjustments and arrangements will also be made to enable protected characteristic groups to participate fully in the consultation process.

To best meet needs of people with additional requirements we will:

Produce documents in plain English

Essential to a good consultation is clear consultation documents. The CCGs will continue to work closely with the Consultation Oversight Group to draft and test the consultation materials to make sure these are clear and easy to read. Where possible we will seek to obtain the Crystal Mark plain English kite mark for our consultation materials, including for example our consultation document and executive summary as well as consultation questionnaire.

Produce an 'Easy Read' summary consultation document and consultation questionnaire

This nationally recognised scheme uses photo symbols to effectively communicate with people with learning needs or who have only a basic knowledge of English language. The draft versions of these documents will be piloted with an independent advocacy group with people with learning disabilities to ensure these are readable and easy to understand.

The Easy Read executive summary to the consultation document and the consultation questionnaire will be available online on our website and cascaded through our voluntary community sector contacts, as well as sent or taken to relevant focus groups and meetings.

Converted Easy Read materials will adhere to Mencap Easy Read Guidance, Department of Health guidance and the European Easy-to-Read Guidance.

Translate our consultation materials in other languages

We are aware that not everyone speaks English and will explore the most commonly spoken languages across the combined geographies of the three CCG and offer a translation service upon request. Additionally, we will provide translated versions of the consultation questionnaire in the three most common spoken other languages across the consultation area including Urdu, Tamil and Polish. In line with best practice consultation practice, we will also ensure translation options are available via our website.

Ensure interpretation in other languages at engagement events

To meet the needs of individuals with other communication needs at consultation events, British Sign Language (BSL) interpreters will be available at listening events.

Ensure consultation materials are available in different formats

To meet the needs of individuals with visual impairments and or with other communication needs, our consultation materials will be available in a range of formats via our website including, for example, large print and audio.

15. Analysis of data and presentation of findings

Consultations can be sensitive and controversial and it is recommended that the analysis of findings is independent to allow for continued transparency. The format for responses may also be varied and analysis may be required on data collected from a number of sources, including but not limited to:

- Hard copy and online consultation survey returns
- Telephone surveys
- Qualitative feedback from consultation engagement activities and events
- Social media and website engagement
- Correspondence with key stakeholders

- Transcripts, recordings and minutes of meetings
- Petitions
- Letters

Handling petitions

- Petitions will be registered as they represent the expression of the views of the people who sign them. Whilst it will be important for the consultation analysis to capture numerical data (number of surveys/petitions received), the consultation will focus on a thematic analysis of responses (in the same way that any other response will be considered).
- Petitions will not be considered if they are repeated, vexatious or if they concern issues outside of the consultation's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.
- The consultation will not only seek to capture peoples' views but also the rationale for their views and evidence to support them, our consultation documentation will welcome petitions and requests that recipients provide supporting/additional information, to encourage people to be clear on the rationale for making a particular statement or why they have answered questions in a specific way.

Once the formal consultation data input has taken place and the data analysed, all the feedback will be captured in one report, produced by an independent, organisation specialising in consultation analysis.

The report will capture all responses highlighting the following:

- Relevant to and/or having particular implications for the model of care and/or one or more of the options
- Well-evidenced submissions that point to evidence that supports their perspective
- Representatives of the general population or specific localities who may be potentially impacted in the combined geographies
- Views from under-represented people or equality groups in the combined geographies

A simple summary and easy read version of this report will also be produced. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

To give additional assurance The Consultation Institute will provide an independent evaluation of the consultation.

After the consultation has finished and phase 3 of the Integrated Impact Assessment is completed, due consideration will be given by Surrey Downs, Sutton and Merton CCGs to all the evidence in order to make a decision on the proposals.

16. Next steps

We know that this investment in both refurbishing Epsom and St Helier hospitals and building a new purpose-built specialist emergency care hospital would help us to meet the challenges and resolve the long-term issues facing Epsom and St Helier for future generations.

We know it is important to keep stakeholders updated. The feedback from the consultation will be independently analysed by experts on consultation analysis and a report will be produced and published on our website. We will share the report with stakeholders, including with the Joint Health

Overview and Scrutiny Committee, so they can give their comments. The CCGs will consider these comments before making any recommendations and decisions.

No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

17. Appendices

17.1 Appendix 1: Consultation mandate

Improving Healthcare Together 2020 to 2030
Consultation Mandate

The Improving Healthcare Together 2020 to 2030 Programme, comprising Surrey Downs, Sutton and Merton Clinical Commissioning Groups (CCGs), need to understand the views and experience of the users of the services provided by Epsom and St Helier University Hospitals NHS Trust.

Epsom and St Helier University Hospitals NHS Trust offers an extensive range of services, including cancer, pathology, surgery and gynaecology in South West London and North East Surrey from two busy general hospitals, Epsom Hospital and St Helier Hospital, and run services from other locations, including Sutton Hospital.

St Helier Hospital is home to the South West Thames Renal and Transplantation Unit and Queen Mary's Hospital for Children, while Epsom Hospital is home to the South West London Elective Orthopaedic Centre (SWLEOC). Both Epsom and St Helier hospitals have Accident and Emergency departments (A&E), also known as Emergency Departments (ED) and maternity services (Obstetrics).

The Improving Healthcare Together 2020 to 2030 Programme is seeking views of patients, carers, community and voluntary sector bodies, parents and guardians, children and young people, elderly people, health and social care professionals, regulators and the public located in Surrey Downs, Sutton and Merton areas and neighbouring CCG areas. The Programme wants to understand their views concerning proposals to address the longstanding issues at the hospitals including:

Epsom and St Helier hospitals are the only hospitals in South West London that are not clinically sustainable in the emergency department and acute medicine due to a shortage of 25 consultants against the standards set. Additionally, there are shortages in middle grade doctors, junior doctors and nursing staff. The Care Quality Commission has highlighted workforce shortages across the two hospital sites as a critical issue.

The hospital buildings are old and are not designed for modern healthcare. Over 90% of St Helier Hospital is older than the NHS and it has the 16th highest backlog maintenance in the country. The cost of maintaining acute services across two hospital sites as this is a major driver of the system's deficit.

NHS Surrey Downs, Sutton and Merton CCGs' Governing Bodies are the organisations responsible for making decisions about local healthcare. Together they are considering the options for keeping the majority of current patient activity remaining at Epsom and St Helier hospitals and bringing together six services into a new specialist emergency care hospital to care for people who are very sick or who are at risk of becoming very ill. This would mean that Epsom Hospital and St Helier Hospital would continue to run the majority of services as they do now including Urgent Treatment Centres (UTC) which would be open 24 hours a day every day of the week, outpatients, day case surgery, antenatal and postnatal clinics, chemotherapy, dialysis, beds for people who are medically stable, endoscopy, imaging and diagnostics.

Bringing together six services into a new specialist emergency care hospital to care for people

who are very sick or who are at risk of becoming very ill involves the following services:

- **Major emergency** department for the sickest patients with life threatening conditions, including a specialist children's A&E;
- **Acute medicine** for patients with the most urgent medical needs for example severe pneumonia;
- **Critical care** for the specialist care of patients whose conditions are life threatening and require constant monitoring – usually in an Intensive Care Unit;
- **Emergency surgery** for patients requiring emergency surgical assessment, treatment and operations for conditions like severe appendicitis;
- **Births** – bring together in one place both a midwife-led unit and a consultant-delivered unit for more complex births, and also supporting as many women who choose to, to give birth at home; and
- **In-patient paediatrics or children's be**ds - for children who need to stay overnight in hospital for treatment or observation.

The proposal to bring these services together requires investment in both Epsom and St Helier hospitals and investment in a new purpose built specialist emergency care hospital which would be located on anyone of the three hospital sites (Epsom, St Helier and Sutton). It would ensure that these six services remain in the area of the CCGs. The Government has confirmed that the funding has been allocated and will be made available.

These matters - including bringing the six acute services (major emergency department; acute medicine; critical care; emergency surgery; hospital births and in-patient paediatrics or children's beds) into one new specialist emergency care hospital and its location - have not yet been decided. NHS Surrey Downs, Sutton and Merton CCGs are open to being influenced by the views of service users and local people.

The Improving Healthcare Together 2020 to 2030 programme needs to understand the views and experiences of service users and local people so that these can be considered with all of the evidence by NHS Surrey Downs, Sutton and Merton CCGs' Governing Bodies.

The consultation will take place on [PLACEHOLDER] and conclude on [PLACEHOLDER].

NHS Surrey Downs, Sutton and Merton CCGs' Governing Bodies will then consider all of the feedback and additional evidence before make any decision on any service changes.

NHS Surrey Downs, Sutton and Merton CCGs have committed to ensuring that acute hospital services remain in their combined geographies. This matter has been decided, and cannot be influenced by the consultation.

Consultation execution:

1. We will aim to provide everyone with a range of opportunities to be involved regardless of who they are and where they live.
2. We will provide information in clear and simple language and in a variety of formats to make sure everyone has the opportunity to access it.
3. Our process will be open and transparent.
4. We will carefully manage the money spent on the consultation to deliver good value for money.
5. We will share the feedback received during consultation so everyone can read it.
6. We will use the feedback received during consultation to inform our decision-making.

7. We will run an evidenced based, best practice consultation.

17.2 Appendix 2: IHT Governance structure

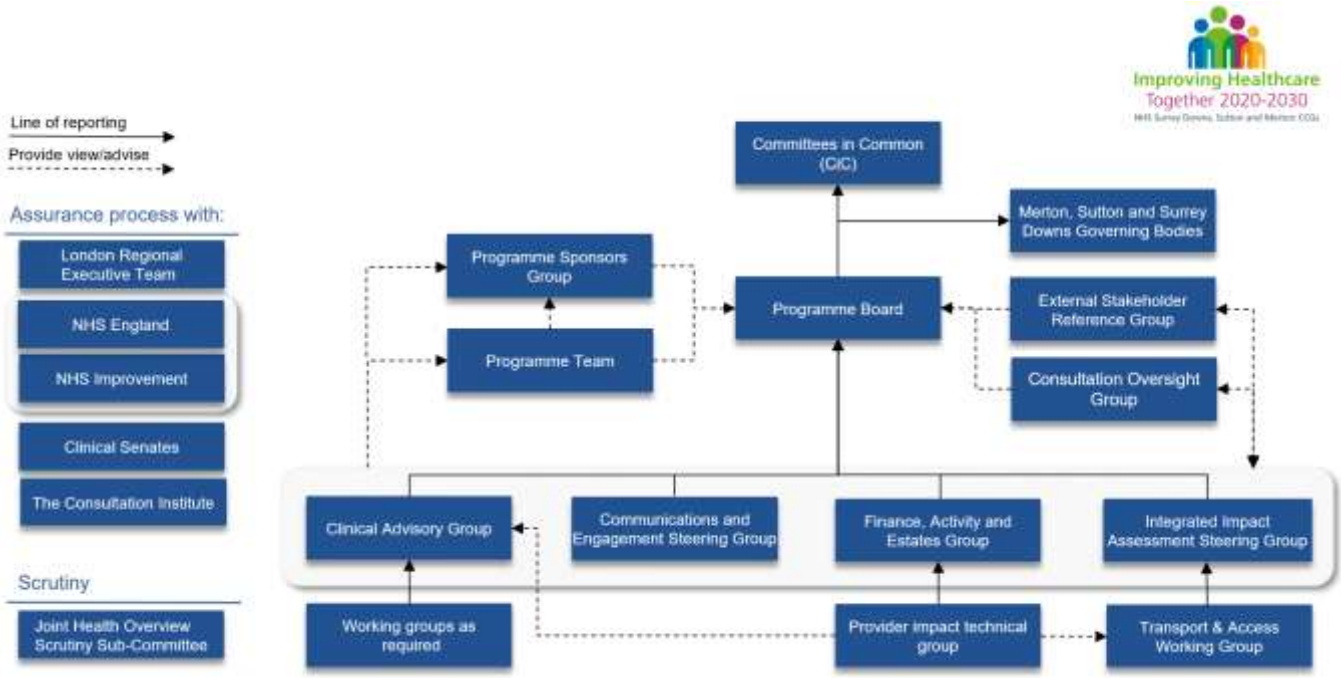
A. Governance groups:

We will share our formal governance structures via the IHT website and through our consultation documentation so the public and our partners can understand our decision-making process. The table below identifies the key internal and external governance groups. A number of these are task and finish groups or indicate assurance groups or bodies which have a formal regulatory role.

Programme Board	• The Board provides strategic oversight of the programme and sets out recommendations to Committees in Common as decision-making body
Merton, Sutton and Surrey Downs Governing Bodies	• Provided feedback on our consultation plans and consider the findings from consultation as part of the evidence review and options consideration process
Programme Sponsors Group	• Regular programme executive meetings
External Stakeholder Reference Group	• Provided advice, direction and assurance to the programme on the engagement plan and co-designed and assured the engagement strategy • Considered and reviewed key evidence • Identified metrics for what a good consultation should include
Consultation Oversight Group	• Offers advice and looks for evidence of compliance with the consultation principles set out in the IHT consultation plan to ensure seldom heard and marginalised communities are supported to participate in the consultation process • Supports the delivery of consultation activities with regards to CVS funding bid for consultation
Clinical Advisory Group	• Provided clinical leadership to the programme, ensuring development of robust clinical proposals for recommendation to Programme Board
Finance, Activity and Estates Group	• Sets out recommendations to Programme Board based on the development of the financial model • Ensured that modelling assumptions and data were agreed amongst all impacted local hospitals and commissioners.
Provider impact technical group	• Provided technical challenge around the analysis of the programme's impact on other local hospitals.
Communications and Engagement Steering Group	• Collaborative working to drive the engagement and communications activities
Integrated Impact Assessment (IIA) Steering Group	• Consideration of key areas of work regarding the: equalities, health, travel and sustainability impact assessments • Oversees and scrutinises the IIA programme of work to ensure delivery against key milestones and the final IIA

	• Reviewed and approved the IIA engagement plan and IIA report
Transport and Access Working Group	• Sets out recommendations to the IIA Steering Group with regards to the travel impact assessment
Clinical Senate	• Assured the proposed clinical model
NHS England	• National assurance of the draft pre-consultation business case (PCBC)
NHS Improvement	• National assurance of the draft PCBC
London Regional Executive Team	• Regional assurance of the draft PCBC
The Consultation Institute	• Assurance of the engagement and consultation process
Joint Health Overview Scrutiny Sub-Committee	• Scrutiny of IHT programme activities, evidence and consultation
IHT Committees in Common	• Reviews all evidence and approves the PCBC • Approves the consultation plan including the programme of proposed consultation activities, the consultation mandate and document. • Takes the decision to proceed to consultation

B. IHT organisational chart


Improving Healthcare Together 2020-2030
Line of reporting
Provide view/advise
Assurance process with:
London Regional Executive Team
NHS England
NHS Improvement
Clinical Senates
The Consultation Institute
Scrutiny
Joint Health Overview Scrutiny Sub-Committee
Committees in Common (CIC)
Merton, Sutton and Surrey Downs Governing Bodies
Programme Sponsors Group
Programme Board
External Stakeholder Reference Group
Programme Team
Consultation Oversight Group
Clinical Advisory Group
Communications and Engagement Steering Group
Finance, Activity and Estates Group
Integrated Impact Assessment Steering Group
Working groups as required
Provider impact technical group
Transport & Access Working Group

17.3 Appendix 3: Pre-consultation engagement

CCG	Organisations/ groups engaged
Merton	• Merton Voluntary Services Council (VSC) • Merton Voluntary Services Council: Mental Health Forum, on 21st March 2019 • Merton Voluntary Services Council: Health and Social Care Forum, on 9th April 2019 • Inner Strength Network (support for women, girls and their families around gender equality issues), on 24th April 2019, Merton Voluntary Services Council: Involve Forum, on 7th May 2019
Sutton	• Sutton Parents Forum, on 13th March 2019 • Sutton Patient Advisory Group, on 26th March 2019 • Bananas Art (support group for adults with a learning disability), on 15th April 2019 • Sutton Night Watch (support for homeless community), on 15th April 2019 • Wallington and Carshalton Health and Well Being Information Day • Inspire Partnership (drug and alcohol use), on 26th April 2019 • Health and Information Well-Being Day, on 26th April 2019 • Milan Group (BAME community), on 1st May 2019 • Community Action Sutton: Children and Young People Forum, on 8th May 2019 • Learning Disabilities Care Homes Provider Forum, on 9th May 2019 • Beddington and Wallington Senior Citizens Club, on 13th May 2019 • Community Action Sutton: Faith and Belief Sutton, on 15th May 2019 • Sutton South Hello (older people support group), on 15th May 2019 • Older People Registered Home Providers (care homes), on 22nd June 2019 • Community Action Sutton: BAME Forum, on 26th June 2019
Surrey Downs	• Long Term Neurological Conditions Group (Surrey Coalition of Disabled People), on 19th February 2019 • Preston Partner Network, on 29th April 2019 • Participation Action Network (multi-partner community and voluntary sector forum convened by Surrey Clinical Commissioning Group), on 6th March 2019 • Mid-Surrey Disability Empowerment Network meeting, on 25th March 2019 • Epsom and St Helier Maternity Voices Partnership, on 29th March 2019

17.4 Appendix 4: Legislation

The consultation will be anchored in best practice including the following key legislation, statutory duties and best practice guidance. These include:

1. The Health and Social Care Act 2012

This act makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public in:

- Its planning of commissioning arrangements;
- The development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and
- Decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates **Section 244 of the consolidated NHS Act 2006** which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

In addition, **Section 14T, outlined in the Health and Social Care Act 2012**, sets out that CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients in access to health services and in the outcomes achieved from health services.

The requirements from **The Local Authority** (Public Health, Health and Wellbeing Boards and Health Scrutiny) **Regulations 2013** require timescales to be provided to health scrutiny bodies and to be published by the proposer of substantial developments or variations, (Regulation 23). When consulting health scrutiny bodies on substantial developments or variations, a relevant NHS body or health service provider is required by the Regulations to notify the health scrutiny body of the date by which it requires the health scrutiny body to provide comments in response to the consultation and the date by which it intends to make a decision as to whether to proceed with the proposal.

2. The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance ‘Equality of Opportunity
- Foster good relations.

All public authorities need to adhere to this Act so the partners will need to be assured that due regard has been paid throughout the delivery of this formal consultation.

To help support organisations to meet these duties a set of principles have been detailed in case law. The organisation must be aware of its duty:

- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind
- The duty cannot be satisfied by justifying a decision after it has been taken
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
- The duty is a non-delegable one
- The duty is a continuing one

3. The NHS Constitution

This document came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided; and
- In the decisions to be made affecting the operation of those services

4. NHS Act 2006[4]

The legislative requirement as defined by S.14Z2 states that 'CCGs must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information...)'. Any CCG that will make changes to its commissioning arrangements as a result of the proposals for Epsom and St Helier Hospitals will be subject to the duty.

It will be necessary to consult with any populations who may experience an impact by the proposed options. This will include:

a) The combined populations of the Sutton, Merton and Surrey Downs CCGS
b) Epsom and St Helier Trust Catchment area
c) People living in neighbouring CCG areas who may use Epsom/St Helier (the duty will also apply although there may be a geographical 'cut off' point at which people are no longer consulted under the duty of involvement but are simply informed of the changes)
d) Populations of the potentially impacted Trusts
e) During the consultation planning period, it will be important to work with neighbouring CCGs to agree a process on how they can support the consultation process by carrying out engagement with their population.

5. The 'Gunning principles'

The principles consist of four rules designed to ensure a fair and transparent consultation:

[4] NHS Act, 2016, Available at: http://www.legislation.gov.uk/ukpga/2006/41/section/14T/data.pd

1. Consultation must be at a time when proposals are still at a formative stage
2. There is sufficient information to give 'intelligent consideration'
3. There is adequate time for consideration and response
4. 'Conscientious consideration' must be given to the consultation responses before a decision is made

6. The Consultation Institute - Consultation Charter 2017[5], detailing the seven best practice principles:

- Integrity
- Visibility
- Accessibility
- Transparency
- Disclosure
- Fair interpretation
- Publication

7. The NHS England four tests for service change – These include:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base
- Support for proposals from clinical commissioners.

The Chief Executive of NHS England has also introduced a 'fifth test' that requires NHS organisations to show that significant hospital bed closures, subject to the current formal public consultation tests, can meet one of three conditions before NHS England will approve them to go ahead:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

8. Mayor's Office 6 assurance tests[6]**:**

1. Patient and public engagement
2. Clinical support
3. Impact on health inequalities
4. Impact on social care
5. Hospital capacity
6. Sufficient investment

9. Cabinet Office – consultation principles[7]

[5] The Consultation Institute, Consultation Charter 2017, Available at: https://mk0consultation9e7bb.kinstacdn.com/wp-content/uploads/2017/11/The-Consultation-Charter-2017-edition.pdf

[6] Mayor's six tests, Available at: https://www.london.gov.uk/what-we-do/health/champion-and-challenge/mayors-six-tests

[7] Cabinet Office, Consultation principles guidance, Available at: https://www.gov.uk/government/publications/consultation-principles-guidance

17.5 Appendix 5: Stakeholder map

A. High-level stakeholder map

Clinicians and staff	Patients and public (including representatives)	Local and regional government - officers	Local and regional government- politicians	Health and care partners and providers	Health and care regulators
• GPs in Surrey Downs, Sutton and Merton CCGs- including those in neighbouring South West London and Surrey boroughs • GP practice & primary care staff • CCG staff • South West London Health and Care Partnership staff • CCG Governing Body members • CCG Primary Care teams • CCG Executive Management teams • South West London Health and Care Partnership Senior Management Team • NHS provider (acute & community) Medical Directors	• CCG Public and Patient Engagement Leads in Merton, Sutton and Surrey Downs CCGs including those in neighbouring South West London and Surrey boroughs/CCG • Healthwatches in Merton, Sutton and Surrey Downs. CCGs Including those in neighbouring South West London and Surrey boroughs/CCGs • Voluntary Service Councils • Voluntary groups • Community groups • South West London Patient & Public Steering Group	• Greater London Assembly Health Policy team • Chief Executives of Local authorities in Merton, Sutton and Surrey Downs • Chief Executives of Local authorities in neighbouring boroughs across South West London and Surrey • Council officers in Surrey Downs, Sutton and Merton Local authorities including: • Directors of Public Health in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Directors of Adult Social Care in Merton,	• All councillors in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Council leaders in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Council cabinet members including members for health & social care across Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs	• Acute provider NHS trust in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey borough • Community provider NHS trusts in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Mental health NHS trusts • Social care providers • Voluntary sector and community care providers • London Ambulance Service	• NHS England & NHS Improvement London • NHS England & NHS Improvement national • Care Quality Commission

Clinicians and staff	Patients and public (including representatives)	Local and regional government - officers	Local and regional government- politicians	Health and care partners and providers	Health and care regulators
• Acute healthcare professionals • Community healthcare professionals • Acute corporate staff including ancillary staff • Community corporate staff • Social care staff • Local authority staff • Local Medical Committees • South West London Clinical Senate • Local professional medical and care bodies -– local representatives • Medical unions and medical associations - local representatives • Trade union – local representatives	• Local patient health groups (Patient Reference Groups (PRG), Patient Participation Group (PGG) • Service users and carers • Patient groups • Resident Associations in Surrey Downs, Sutton and Merton • Residents in Merton CCG, Sutton CCG and Surrey Downs CCG • Residents in wider and neighbouring South West London boroughs and CCGs • Residents in wider and neighbouring Surrey Boroughs and CCGs	Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Scrutiny & democracy officers - including JHOSC & OSC officers in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey boroughs • Local authority communications lead in Merton, Sutton and Surrey Downs. Including those in neighbouring South West London and Surrey borough • Libraries Surrey Downs, Sutton and Merton • Parish councils (Surrey)	• Parish councillors (Surrey) • South West London and Surrey Joint Health Overview and Scrutiny Committee (JHOSC) Chairs and members • Overview and Scrutiny Committees (OSC) Chairs and members in Merton, Sutton and Surrey Downs, and in wider and neighbouring CCGs and boroughs across South West London and Surrey • Health & Wellbeing Boards chairs & members in Surrey Downs, Sutton and Merton CCGs and wider and neighbouring CCGs and boroughs in South West London and Surrey • Surrey Downs, Sutton and Merton CCG MPs		

Clinicians and staff	Patients and public (including representatives)	Local and regional government - officers	Local and regional government- politicians	Health and care partners and providers	Health and care regulators
			• MPs from wider and neighbouring CCGs and boroughs across South West London and Surrey • South West London London Assembly Members • Mayor of London • Mayor of London Health Adviser		

B. Draft patient, equality and seldom hear groups stakeholder map

This matrix is not exhaustive and indicative only – many other groups will be consulted plus groups which are still being scoped.

Cohort:	Surrey Downs CCG	Sutton CCG	Merton CCG
People over 65	Age UK Surrey Age Concern - Mole Valley Tuesday Club – Banstead	South Sutton Hello Age UK Sutton Beddington & Wallington Senior Citizens Club	Merton Seniors Forum Age UK Merton Asian Elderly Group
Black and minority ethnic communities	Surrey Minority Ethnic Forum Elmbridge Council - Multi-Faith and Race & Equality Forums	Sangam African and Caribbean Heritage Association Muslim & Cultural Welfare Association of Sutton	BAME Voice Polish Family Association South London Tamil Welfare Group Baitul Futuh Mosque
People with learning impairments	Sunnybank Trust The Grange Ashtead Learning Disability Action Group	Sutton Mencap Speak Up Sutton Clusters	Merton Mencap Merton Centre for Independent Living Act Too
People with physical impairments	Surrey Coalition for Disabled People Mid-Surrey Disability Alliance Network Surrey CC: Valuing People Groups	The Dreaming Tree (visual impairments) Sutton Lodge Day Centre Oaks Way Centre	Merton Vision All Saints Resource Centre Medical Engineering Resource Unit
People in poor mental health	The Old Moat – Richmond Fellowship Mary Frances Trust Surrey and Borders Partnership FT	Sutton Mental Health Foundation Cheam Priory Day Centre Alzheimer's Society - Sutton	Imagine Independence Hearts and Minds Wimbledon Guild Counselling Service Focus 4-1
Children and Young People	Bfree: North Leatherhead Youth Council Phoenix Youth Centre (Tadworth) YMCA - Banstead	Street Doctors (youth reparation scheme) Sutton Youth Commissioners Young carers	Merton Youth Centre South Thames College Ashdon Jazz Academy
Maternity, Pregnancy and Parents	Family Voice Surrey Riverview Children's Centre Home Start – Elmbridge, Epsom & Ewell	Home Start – Sutton Sutton Parents Forum Jigsaw4u	Gooseberry Bush Centre Merton Council - Childrens Centres National Autistic Society Merton Group (autism)

LGBT	Outline Surrey	LGBT Forum	LGBT Forum
Carers	Action for Carers Surrey Young Carers	Sutton Carers Centre The Carers Trust	Merton Carers Support Help for Carers
Gypsy, Roma and Traveller community	Surrey Gypsy Forum Gypsy community in Epsom	Merton and Sutton Traveller and Education Service	Merton and Sutton Traveller Education Service
Deprived communities	Epsom and Ewell Food Bank	Riverside Centre Refugee and Migrant Network	Commonside Development Trust South Mitcham Community Association
Patient groups	Patient Participation Groups (PPGs) Stroke Association - Sutton	Patient Participation Groups (PPGs) Patient Reference Group (PRG) Sutton Family Diabetes Group	Patient Participation Groups (PPGs) Patient Reference Group (PRG) Patient Engagement Group (PEG) Breathe Easy – Merton & Sutton group
Seldom heard groups	Catalyst (drug and alcohol mis-use) LeatherHEAD Start (the homeless)	Children in Care Council Refugee and Migrant Network	South London HIV Partnership Circle Housing – Merton Priory

C. Equalities engagement opportunities for consultation

Please note: 'Y' – Yes; 'N' – No.

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
Age	Children up to age 16	Y	Y	Y	Y	N	N	N	N	Y	Y	Y
	Children up to age 16 - parent/carers of under 16s	N	Y	Y	Y	N (Y)	Y	N	Y	Y	Y	Y
	Young people 16-24	Y	Y	Y	Y	Y (recruit 18+)	Y	N	Y	Y		Y
	People aged 65+	Y	Y	Y	Y	Y	Y	N	Y	Y		Y
	People of working age	N	Y		Y	Y	N	N	Y	N		Y

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
Gender reassignment	Trans men and trans women	Y	Y	Y	Y	N	N	Y	N	Y		N
Ethnicity	People from BME communities	Y	Y	Y	Y	Y	N (Y recruit mix)	N	Y	Y		Y
Disability	Physical disability, mobility issues and sensory impairments	Y	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y		Y
	Long term condition	Y	Y	Y	Y	N (Y)	Y for age 55+	N	N (Y)	Y		Y
	Mental health concern	Y	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y		Y

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
	Learning or neurological disability including autism	Y	(Y)	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y	Y	Y
Pregnancy or maternity	Pregnant women/had a child in last year / adolescent mothers and fathers	Y	Y	Y	Y	N (Y)	Y	N	N (Y)	Y		Y
Sexual orientation	LGBQ+ population	Y	Y	Y	Y	N (Y)	N (Y include some LGB)	N	N	Y		Y
Gender	Women	N	Y	Y	Y	Y	N (Y recruit mix)	N	N (Y)	N		Y
	Men	N	Y	Y	Y	Y	N (Y recruit mix)	N	N (Y)	N		Y

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
Marital status		N	Y	Y	Y	N (Y)	N (Y record)	N	N	N		Y
Religion or belief		N	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y	Y	Y
Carers	Young, adult, parent carers	Y	Y	Y	Y	N (Y)	N (Y record)	N	N (Y)	Y		Y
People living in deprived areas/low income households		Y	Y	Y	Y	Y	N (Y recruit mix)	N	Y	Y		Y
Seldom heard	Gypsy, Roma and traveller community	Y	(Y)	Y	Y	N	N	Y	N	Y		N
	Homeless people	N	(Y)	(Y)	Y	N	N	N	N	Y		N

Protected characteristic/ Other characteristic	Relevant group	Identified by IIA as having a disproportionate impact	Listening events	Roadshows	Pop-ups	Deliberative events Representative sample/ (also recorded)	Focus groups: Protected characteristics/ other recorded characteristics)	In-depth interviews (showing prioritised characteristic only)	Telephone survey: Prioritised characteristic / (also collected)	CVS scheme: showing prioritised groups only	CCG outreach: Likely priority groups	Online questionnaire captures
	Refugees, migrants and asylum seekers	N	(Y)	Y	Y	N	N	N	N	Y		N
	Substance misuse difficulties	N	(Y)	Y	Y	N	N	N	N	Y		N
	Housebound people	N	N	N	N	N	N	N	N	Y		N

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Improving Healthcare Together (IHT) 2020 to 2030 presentation for Merton Health Scrutiny Committee

29 January 2020

The slide pack provides Merton Health Scrutiny Committee with an update on IHT's plans for consultation.

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Purpose

The purpose of this pack is to provide Merton Health Scrutiny Committee with information on our:

- Approach to co-developing the consultation plan
- Consultation proposals materials and plans for engagement and,
- Proposed consultation timeline and decision making process

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Our approach to co-developing the consultation plan

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

We have undertaken a comprehensive programme of engagement with patients, carers, our residents and partners to develop, inform and shape our proposals

The feedback is provided in a number of reports:

- Independent analysis of feedback from public engagement report (The Campaign Company)
- Deprivation impact analysis (Cobic, PPL and the Nuffield Trust)
- Initial equalities analysis (Mott Macdonald)
- Interim Integrated Impact Assessment (Mott Macdonald)

We have listened to and incorporated feedback from our stakeholders to co-develop our consultation plan.

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Examples of the feedback from the Consultation Oversight Group includes:

- Detailed information on local community organisations, networks and partners following a stakeholder mapping exercise to ensure seldom groups are included in the plan
- Early thinking on draft consultation activities and agreed that the plan had a good menu of proposed activities to reach our populations with a wide variety of engagement events
- A recommendation that IHT works with the voluntary and community sector as a delivery partner for consultation activities
- Consideration is given to holding 'pop-up' events nearby GP surgeries as another way of engaging with patients
- Their review of the consultation questions and suggestions that questions are accessible and in plain English

Examples of the feedback from the Stakeholder Reference Group includes:

- Providing an Easy Read version of the consultation questionnaire
- Engagement with resident associations, deprived and elderly communities
- Publication of all the evidence in simple formats so people can understand everything, include infographics and other images
- Website translation plug-ins
- Holding public events
- Ensuring press coverage of the consultation

We have listened to and incorporated feedback from our stakeholders to co-develop our consultation plan.

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Examples of the consultation feedback from the IHT Joint Health and Overview Scrutiny Sub-Committee includes:

- Ensuring the CCGs give a sufficient time period to allow people to be made aware of the consultation
- Providing further clarity on what information CCGs require to make an effective consultation
- Providing further detail on the engagement approach to potentially impacted communities

All feedback received is included in pages 14-17 of the draft consultation plan.

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

NHS

Our consultation proposals, materials and engagement plan

As part of the consultation, we will be asking the views from local communities, NHS staff and partners on our proposals to invest in Epsom and St Helier hospitals

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

In September 2019, we were allocated £500 million to improve the current buildings at Epsom and St Helier hospitals as well as build a new specialist emergency care hospital on one of the three sites – Epsom, St Helier or Sutton.

Epsom and St Helier hospitals are facing significant challenges which we need to take action to solve if we are to keep hospital services within the Surrey Downs, Sutton and Merton area for generations to come.

What are we proposing

The proposals outline three options, and a preferred option, for the location of a new 21st century hospital facility to bring together services for the most unwell patients, as well as births in hospital.

All three options would see the majority of services would stay at Epsom and St Helier hospitals in refurbished buildings, with both hospitals running 24 hours a day, 365 days a year, with urgent treatment centres at each hospital; and

- We would bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in new state-of-the-art buildings. This would mean that specialist doctors, nurses and clinical staff would be able to work together to provide round-the-clock specialist care.

- The proposals make it clear that services could be located at Epsom Hospital, St Helier Hospital but our preferred option is Sutton Hospital next to the Royal Marsden specialist cancer hospital. The other two options would be for the new facility to be at Epsom Hospital or St Helier Hospital. An additional urgent treatment centre is also proposed on the Sutton Hospital site if it were to be the location of the new hospital facility.

- Sutton Hospital is proposed as the preferred option for the specialist emergency care hospital because detailed assessment showed the least overall impact on travel for older people and those from deprived communities, while also having the smallest increase in average travel time for the most people. A new facility at Sutton would be the easiest and fastest to build – taking around four years, rather than up to seven for the other two options of the specialist emergency care hospital being built at Epsom or St Helier.

Comparing the options for the site of a new specialist emergency care hospital

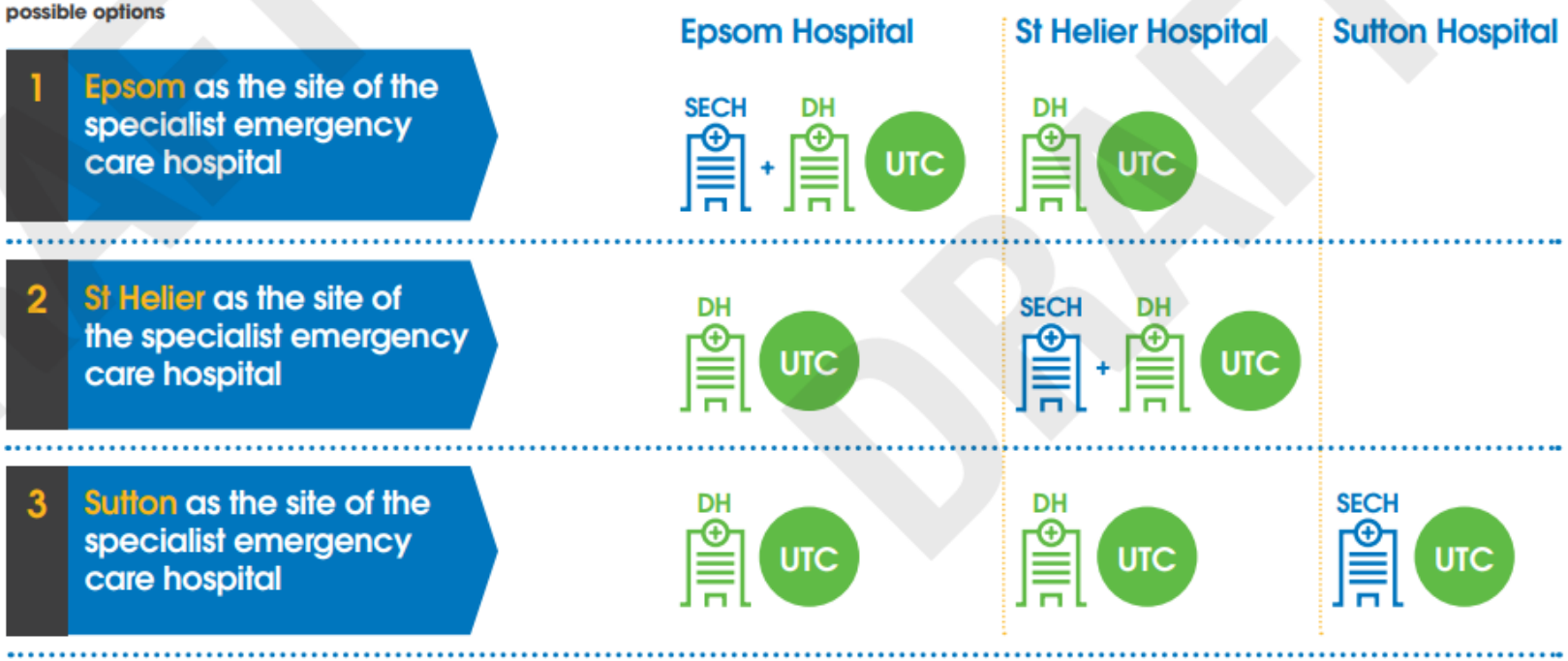
We have looked at where the new specialist emergency care hospital could be located to allow us to keep these services within Surrey Downs, Sutton and Merton.

We applied the following three tests:

- The site would keep major hospital services within Surrey Downs, Sutton and Merton.
- We would have the right number of skilled and specialist staff to deliver healthcare services in the long-term.
- The site must be big enough for the specialist emergency care hospital services.

There are three possible locations for where we could bring together these six core (major) services in a specialist emergency care hospital. This could be at Epsom St Helier or Sutton hospital.

We concluded that there are three possible options



This table shows how we have compared the three hospital sites. We agreed that Sutton Hospital is our preferred option.

For all of the options, the time it would take the majority of people to get to the specialist emergency care hospital, by car or blue light ambulance, would not change. Over 99% of people travelling by car or blue light ambulance would get there within 30 minutes.

Criteria	Sutton (Preferred option)	St Helier	Epsom
Quality of care Would it improve safety and quality of clinical care, improve patient experience, provide the number of beds needed and solve the issues surrounding workforce, recruitment and keeping staff?	The proposed changes would deliver improved quality of care in all options. In all options, how we deliver care would be the same. There would be the same number of beds (a slight increase on what is available now) and the workforce issues would be solved.		
Long-term clinical sustainability Does it improve access to urgent and emergency care and are there other clinical benefits for patients?	Three urgent treatment centres that would be open 24 hours a day, 365 days of the year. Located with Royal Marsden, it would improve care for Epsom and St Helier cancer patients.	Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.	Two urgent treatment centres that would be open 24 hours a day, 365 days of the year.
Meeting the health needs of local people What would the effect be on older people and people from deprived communities?	Least overall effect on travel for older people and people from deprived communities.	Greatest effect on travel for older people and least effect on travel for people from deprived communities.	Least effect on travel for older people and greatest effect on travel for people from deprived communities.
Fit with the NHS Long Term Plan Would it fit with the NHS Long Term Plan and support bringing health and care services together?	All options would be similar to how the NHS Long Term Plan sees healthcare delivered in the future.		
Access, including travel What would the effect be on travel and accessibility?	Smallest increase in average travel time. Fewer local people would have to travel further, as Sutton is the most central to where people live in the areas of Surrey Downs, Sutton and Merton.	Second greatest increase in average travel time. More local people would have to travel further, with more complicated journeys.	Greatest increase in average travel times. A larger number of local people would have to travel further, with more complicated journeys.
How easy it is to deliver? How complex would it be to build and how long would it take? What would be the effect on neighbouring hospitals?	**Easiest to build.** Would take four years to build. Least effect on neighbouring hospitals – 50 beds move to other local hospitals.	**More complicated to build.** Would take seven years to build. Bigger effect on neighbouring hospitals – 81 beds move to other local hospitals.	**More complicated to build.** Would take six years to build. Greatest effect on neighbouring hospitals – 205 beds move to other local hospitals.
Finance What is the cost to build and the long-term financial benefit to the NHS over 50 years, which is the planned lifetime of hospital buildings?	Most cost to build: £511 million. It has the most new buildings but because it keeps the most patients in the area it is the best value for the taxpayer. There are extra benefits of being located with the Royal Marsden.	Least cost to build: £430 million. It has the most refurbished buildings and keeps the majority of patients in the area, making it medium value for the taxpayer.	Medium cost to build: £466 million. The build size is smaller as it keeps the least number of patients in the area. It also has the largest investment needed at other hospitals and so is the least value for the taxpayer.

We have developed a number of consultation materials to provide local people with all of the information they need and so they can respond in a variety of ways …

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

The documents include:

- A consultation plan
- A consultation document and summary
- Clinical case studies and fact sheets
- Consultation videos
- A consultation questionnaire
- A consultation leaflet

- All of these documents will be distributed widely and available on the Improving Healthcare Together website
- We will produce documents in plain English and provide an easy read consultation summary document and consultation questionnaire
- Translation of the consultation questionnaire and consultation summary will be undertaken in three languages: Tamil, Urdu and Polish (3 main most common languages in our combined geographies). These documents will be available electronically and hard copies can be provided upon request.

There will be many ways for people to have their say including:

Fill in the questionnaire on our website: www.improvinghealthcaretogether.org.uk

Come to any of our local listening events to tell us your views

Email us at: hello@improvinghealthcaretogether.org.uk

Engage with us on **Twitter** @IHTogether or visit our **Facebook** page @ImprovingHealthcareTogether

Write to us at Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

Call us on 02038 800 271

Message us via SMS on 07500 063191

Our consultation plan sets out an approach on how we intend to listen to and gather the views from local people

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

The consultation will seek to:

- Ensure people in the affected CCG areas are aware of and understand the case for change and proposed options for change
- Hear People's views on the proposed options for change
- Ensure the CCGs as decision makers receive detailed feedback from the consultation, to ensure they are as well informed as possible for making decisions
- Hear ideas for alternative solutions

We will reach out, listen and talk to key groups of people :

- Our public, patients, carers and their representatives
- Partner organisations
- Community and voluntary sector organisations
- Merton, Sutton and Surrey Healthwatch
- Seldom heard and equality groups
- Staff at Epsom and St Helier University Hospitals NHS Trust and Merton, Sutton and Surrey Downs Clinical Commissioning Groups
- Neighbouring Clinical Commissioning Groups
- Other local hospitals
- Local Authorities and the IHT Joint Health and Overview Scrutiny Committee
- MPs

We will use a range of methods to enable local people to take part in the consultation and talk to us about our proposals

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Proposed programme of consultation activities	Number	Target audience	Geography
Listening events	• 9 events (3 per CCG)	• We will listen to feedback and encourage **local residents** to complete the questionnaire	Surrey Downs, Sutton and Merton CCGs areas
Awareness raising roadshows	• c.18	• To raise awareness of the consultation with local people who otherwise might not actively engage with the consultation process, **to share information, and encourage people to ask questions and complete the questionnaire in at public location of high footfall.**	Surrey Downs, Sutton and Merton CCGs areas (community presence)
Mobile pop-up events	• c.18	• We will encourage **clinicians, NHS staff and patients** to ask questions and fill in the consultation questionnaire	Surrey Downs, Sutton and Merton CCGs areas (ESTH and local healthcare centres)
Focus groups & depth interviews	• 11 focus groups • 6 one to one in-depth interview	• We will talk with diverse **protected characteristics and seldom heard groups** to listen and gather feedback on our proposals	Surrey Downs, Sutton and Merton CCGs areas
Deliberative events	• 3 events (1 per CCG)	• We will listen to views of **local people** on the questions and proposals for consultation based on informed, two-way dialogue	Wider ESTH catchment area
Telephone interviews	• c. 750	• We will undertake a telephone survey with a **representative sample** of the three CCGs	Wider ESTH catchment area
Community Voluntary Sector (CVS) incentive scheme	• To be confirmed	• CVS will support the consultation by running consultation meetings/focus groups with various **protected characteristic and seldom heard groups**	Surrey Downs, Sutton and Merton CCGs areas

We will use a range of methods to enable local people to take part in the consultation and talk to us about our proposals

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

Proposed programme of consultation activities	Target audience	Geography
NHS staff engagement	• We will encourage **NHS staff** to take part in the consultation including completing the questionnaire both at staff meetings and via various internal communications channels	Surrey Downs, Sutton and Merton CCGs and neighbouring areas
Attending existing and actively sourced meetings	• We will consult with the **Joint Health Overview and Scrutiny Committee** in line with the Health and Social Care Act 2012 • We will attend face to face meetings with **key stakeholders** to listen to views on our proposals and/or ensure these are briefed.	Surrey Downs, Sutton and Merton CCGs
Door-to-door communication	• We will deliver a consultation leaflet to **households across the three CCGs areas and close boundary neighbouring areas**	Surrey Downs, Sutton and Merton CCGs and neighbouring areas
Consultation questionnaire	• We will gather views and feedback from **local communities, NHS staff and partners** on issues, concerns, and areas of support in relation to our proposals	Surrey Downs, Sutton and Merton CCGs and wider ESTH areas
Consultation website	• the IHT website will be our 'online consultation hub' for **the public** and visitors to the website will be able to access all consultation information here in one place, including all consultation documentation, frequently asked questions, calendar of our programme of events and the online questionnaire	Surrey Downs, Sutton and Merton CCGs and wider ESTH areas
Media	• We will engage with **the public** via media to raise awareness of any engagement opportunities during consultation, disseminate information and signpost local people to different ways through which they can find out more about and respond to the consultation	Surrey Downs, Sutton and Merton CCGs
Social media	• We will engage with t**he public** via our social media channels (Twitter and Facebook) to raise awareness of the consultation and make the consultation accessible online, post consultation news and promote our proposed programme of consultation activities and events.	Surrey Downs, Sutton and Merton CCGs and wider ESTH areas

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

NHS

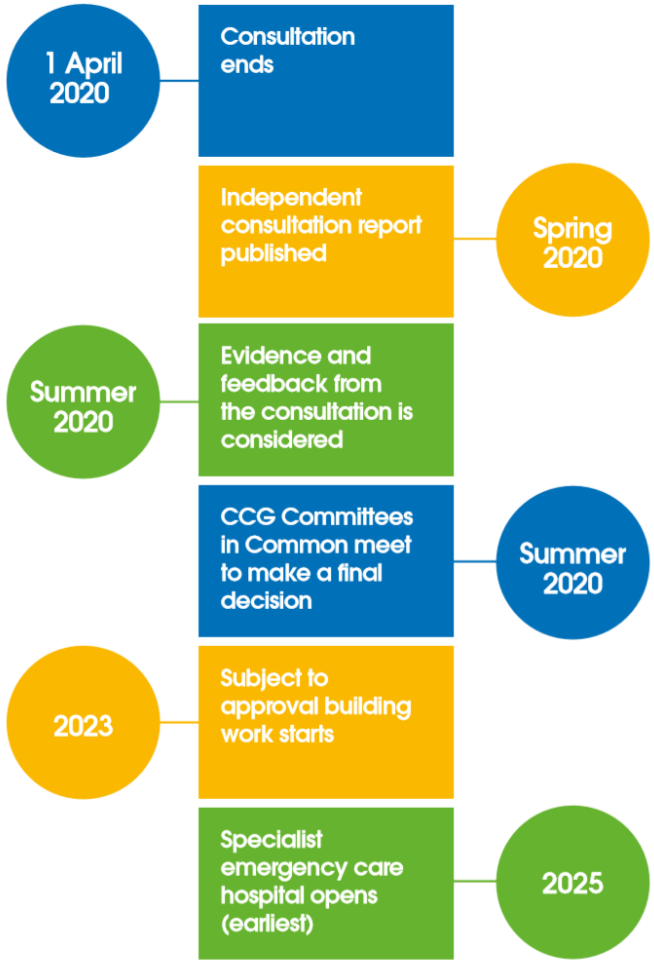
Proposed consultation timeline and decision making process

At the end of the consultation period there are a number of important steps to be taken before any decision is made

Improving Healthcare Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs

- The feedback from the consultation will be analysed by an **independent research organisation** who will produce a consultation report.
- The **consultation report** and any further evidence will be fully considered by Surrey Downs, Sutton and Merton CCGs. This will be published on our website and **shared as widely a possible with communities, patients and stakeholders** which includes the **South West London and Surrey Joint Health and Overview Scrutiny sub-committee.**
- The **three CCGs will make a final decision after we have completed this consultation** and **considered the views of local people gather during the consultation,** and **all the clinical and financial evidence**, including the final Integrated Impact Assessment.
- A **Decision-making business case (DMBC)** will be produced which brings together all the information required by the CCGs Committees in Common to enable it to make its decision on how services should be organised in the future.
- Whatever happens, none of the six services would be brought together **until the new specialist emergency care hospital is built,** which **for the preferred option would be 2025 at the earliest**.

Our proposed decision-making timetable



Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 9th January 2020

Wards: All

Subject: Merton Safeguarding Annual Report

Lead officer: John Morgan, Assistant Director Adult Social Care, Community & Housing

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment

Contact officer: Tricia Pereira Head of Operations, Adult Social Care, Community & Housing

---

Recommendations:

This report provides Scrutiny Committee Members with an overview of the Merton Safeguarding Adults Board (MSAB) Annual Report for 2017/18. The report summarises safeguarding activity undertaken in that period by the Council and its key partners and the performance data figures to date.

1. EXECUTIVE SUMMARY

The Safeguarding Adults Annual Report is published retrospectively and reflects on the work undertaken for a previous period. This is due to process in which, the Department of Health and Social Care collate the national annual data returns. The data is collated and retrospectively published as a national document. As such, the data for the period 2018/2019 has not yet been published and cannot be reported on, we are only now publishing the data for 2017/18.

2. STATUTORY FRAMEWORK

2.1 The Care Act 2014 sets out a clear legal framework for how local authorities and partners should work to support and protect adults at risk of abuse or neglect. The Safeguarding Adults at risk is a key corporate priority and is integral to all the relevant key plans for adult social care.

The Local Authorities statutory responsibilities amongst other duties include:

- Make enquiries, or request others to make them, when concerns have been raised or they think an adult with care and support needs may be at risk of abuse or neglect in order to need to find out what action may be needed
- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Establish a Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy

3 MERTON SAFEGUARDING ADULTS BOARD (MSAB)

3.1 The Merton Safeguarding Adults Board (MSAB) is a statutory function, under Section 43 of the Care Act 2014. The Board is responsible for writing and publishing the Annual Safeguarding Report.

3.2 The MSAB operates at a strategic level. Supporting and protecting adults in Merton from abuse and neglect, through co-ordinating and reviewing the multi-agency approach to safeguarding, across all member organisations. The approach that the MSAB takes directly influences how frontline safeguarding operations are carried out in each member organisation.

3.3 The Local Authority and The Board has oversight on all adult safeguarding across the local area. Collaboration and co-operation are fundamental to gathering safeguarding intelligence across the whole borough and is key to the effectiveness of the MSAB. As such, the Board is made up of various local organisation's both statutory members (Local Authority, Clinical Commissioning Group and Police) and non-statutory members (provider health services, fire, ambulance, probation, Healthwatch and the voluntary sector and other provider services).

4. MERTON ADULTS' SAFEGUARDING BOARD ANNUAL REPORT 2017 – 2018

4.1 The MSAB Annual Report (attached Appendix1) contains a forward by the Board's Independent Chair Teresa Bell who took up post in 2016. This is a fixed term, three-year tenure, which ended in December 2019. Recruitment of a new Independent chair is currently underway.

4.2 The Annual Report is an important function of the MSAB and provides an update on the multi-agency work undertaken to raise awareness in order to safeguard adults in Merton.

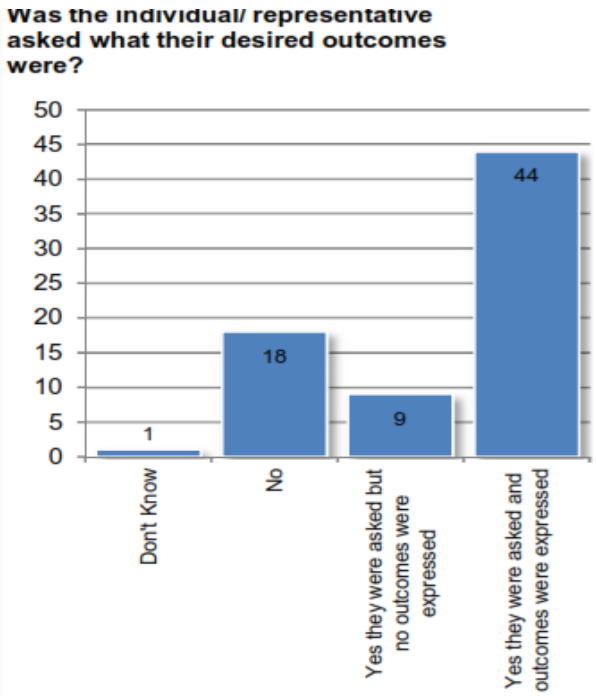
4.3 The annual report demonstrates that residents, the council and other agencies are engaged with and are provided feedback on the effectiveness of the Merton arrangements for safeguarding adults.

5. A PERSONALISED APPROACH TO SAFEGUARDING

5.1 Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. Furthermore, that we become involved only as much as the person states they need us to and that we take the least intrusive response appropriate to the risk presented; in Merton this is an area of strength.

5.2 A significant area of development in Merton has been the recording of ongoing risk and outcomes for the individual. In 26 audited cases in 2019, risk management was identified and recorded appropriately as an outcome for the individual and in 23 of those cases; risk was removed for the individual.

5.3 Further scrutiny of 72 cases and audits carried out by senior managers in September 2019, confirms that there has been an improvement on the quality of our work and evidence that we are working within the MSP Framework. Thus meeting needs and outcomes of those individuals. Where recorded, 44 individuals reported that their personal views and outcomes were considered.



6. HIGHLIGHTS FROM THE ANNUAL REPORT: SAFEGUARDING DATA AND BENCHMARKING 2017/2018 AND UPDATES FROM CURRENT YEAR

6.1 During 2015/16 period, a new electronic recording system for adult social care was procured and embedded, the system is called Mosaic a period of time was need to embed the new system, train and identify the system was functioning correctly. This had an effect on accurate recording of safeguarding concerns and enquiries. Furthermore, it meant that not all data and activities were captured in the correct format for accurate reporting. This caused an under reporting of concerns and enquires.

6.2 The figures show a comparison between 2016/17 and 2017/18 relating to the type of alleged abuse, number of referrals and age group and as such we can clearly track our improvement.

6.3 The report shows that Merton are low in concerns raised when bench marked against London. However, following substantial work from April 2019 to September 2019, there has been an increase in concerns being raised and documented by the local authority. We have significantly improved on recording and are better able to capture this data. From April 2019 to September 2019, there have been 498 concerns raised. This exceeds the total in period 2017 /2018 period, which was 322

6.4 The annual report identifies that the conversion rate from safeguarding concern to safeguarding enquiry showed a conversion rate of 20 % in 2016/17 increasing to 25% in 2018/19. This rate was lower than the London average. In the current financial year, due to extensive work undertaken by the teams: from April 2019 to September 2019 we are currently achieving 46% in line with the London average.

6.5 The report also identifies that 2017/18 the number of Section 42 enquires had reduced from the previous year 80 enquires. From April 2019 to September 2019 we are currently achieving 115 enquires and again this is in line with the London average.

7. ACTION TAKEN TO INPROVE AND SUSTAION PRACTICE

7.1 Specialist safeguarding training has been re-commissioned for all front line staff and managers- all staff will have been re trained by April 2020

7.2 The bespoke training programme includes the introduction of Restorative Approaches and Family Group Conferencing as ways to address and manage complex situations such as harmful / abusive / dynamics within families or where there has been or is a danger of relationship or carer breakdown.

7.3 Mapping of the Safeguarding Pathways on Mosaic has been completed and work has started to improve the pathways on mosaic to make them more user friendly

7.4 A quality assurance framework has been implemented, with regular audits carried out on our safeguarding work.

8. Appendices

The Merton Safeguarding Adults Board (MSAB) Annual Report 2017/2018

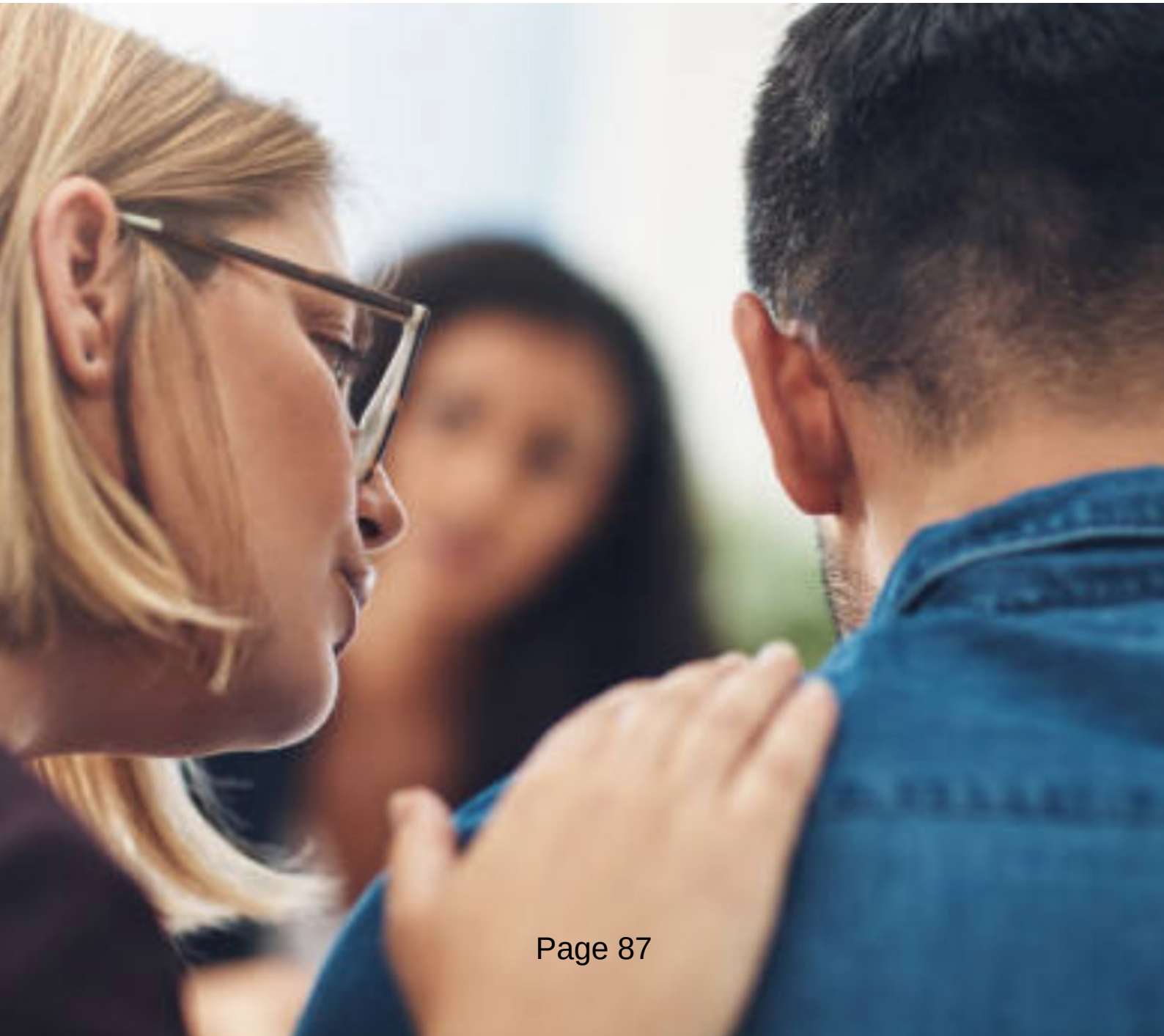
9 . BACKGROUND PAPERS

None

Merton Safeguarding Adults Board

Annual Report

2017/18



The annual report reflects the partner's commitment and enthusiasm for taking forward shared vision and actions over the past year.

Foreword

I am very pleased to introduce the Annual Report for the Merton Safeguarding Adults Board 2017/18. As the Independent Chair of the Board, I continue to be very grateful to all partners for their support and contributions to the Board. The Annual Report reflects the partner's commitment and enthusiasm for taking forward shared vision and actions over the past year. There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. In these increasingly challenging times of resource constraints and growing demand on services, the work of our partnership demonstrates a real willingness to work together, making the best use of our combined resources, to make Merton a safe place for everyone.

This Report shows what the Board aimed to achieve on behalf of the residents of the London Borough of Merton during 2017/18, together as a partnership as well as through the work of individual partners. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. The Report helps us to know what we should be focussing on for the future. It includes the Business Plan for the next year, which will be reviewed and updated as we continue to identify new priorities for improvement, as well as ensuring that we maintain good performance and quality across the area.

The Board's most essential functions are to provide assurance that safeguarding practice is continuously improving and to commission Safeguarding Adults Reviews (SARs). We want to make sure that the lessons learned are making a difference and recommendations from the SARs directly inform our Business Plan priorities.

The Board's understanding of local safeguarding matters has been greatly improved this year by the work achieved by performance and quality sub group members on a new management information report for the Board. This has enabled us to have a much clearer picture of the challenges and how Merton compares with similar areas.

We are keen to ensure that the work of the Board is accountable to local people and we need to find better ways of hearing from and engaging with local individuals and community groups, so that our work is directly informed by learning from people's experience of local services. To this end, the Board has started to make helpful links with local community and voluntary groups.

I am very aware of the pressures on partners in terms of resources and capacity so would like to thank all those who have engaged in the work of the Board, for their time and effort. I would also like to thank Sarah O'Connor, the Safeguarding Board's new Business Manager, who joined us in June 2018. Sarah has quickly and efficiently moved into her pivotal role, bringing her valuable knowledge of adult safeguarding policy and practice, as well as organisational direction and support, which is so essential in helping our partnership deliver its aims and objectives.

Teresa Bell
Independent Chair

Contents

06 Introduction

Merton Safeguarding Adults Board (MSAB) was established in 2015 as a response to statutory requirements, defined under the Care Act 2014.

The Board has been on a significant developmental journey since this period and this work continues in terms of its structural development and exercising of its key functions.

Our vision is that:
"people are able to live as independently as possible, free from risk of abuse or neglect, people are treated with respect and dignity promoting choice and control wherever possible and receive timely support when they need protection"

The annual report provides a summary of the partnership achievements during this period which has shaped our objectives for the coming year and demonstrates the collaboration and commitment as a partnership and Statutory Board.

Who are we?

Merton Safeguarding Adults Board is made up of a collection of local organisation both statutory members (Local Authority, Clinical Commissioning Group and Police) and non-statutory members (provider health services, fire, ambulance, probation, Healthwatch and the voluntary sector and other provider services).

We work together as a partnership to ensure adults at risk of abuse or neglect with care and support needs (whether or not those needs are being met by any agency) receive appropriate advice support and guidance to keep themselves safe and ensure they are safeguarded in a proportionate, empowering and responsive manner.

Key partners to the board are:

- St George's University NHS Foundation Trust
- Healthwatch Merton
- London Ambulance Service
- Probation Service
- London Fire Brigade (LFB)
- Clarion Housing Group Limited
- Mental Health Trust
- Merton & Wandsworth Clinical Commissioning Group (CCG)
- Central London Community Healthcare NHS Trust (CLCH)
- London Borough of Merton
- Metropolitan Police
- Safer Merton
- Merton Children's Safeguarding Board

What do we do?

The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out at paragraph 14.2. of the Care Act Guidance.

The Safeguarding Adults Board (SAB) has three core duties. We must:

- Publish a strategic plan for each financial year that sets how we will meet our main objectives and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- Publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adult's reviews and subsequent action.
- Conduct any safeguarding adults review in accordance with Section 44 of the Act.

The SAB can be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms. It is important that the SAB has effective links with other key partnerships in the locality and share relevant information and work plans. They should consciously cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap. The graph below shows links to our key partnerships

What have we achieved as a partnership against our priorities set for 2017-2018?

PRIORITY 1:
We will ensure that partner agencies work together to prevent abuse and protect adults at risk of abuse and neglect.

Partners have worked together during this period to develop a number of forums in order to prevent and respond to the local and national safeguarding agenda in areas of complex case management and safeguarding work and to develop robust multiagency pathways. Key achievements have been the development and implementation of:

- Modern slavery learning forums
- Safeguarding learning forums
- Hoarding group
- SAM refresher training and working group.

PRIORITY 2:
We will strengthen our communication and engagement across groups and communities in Merton to increase public awareness of safeguarding adults and to ensure that our plans and actions are informed by the experience of the widest range of local people.

In response to this key priority of the Board partners undertook a commitment to commence a programme of awareness raising and outreach within our community although this work continues to be developed. Partners have implemented:

- A programme of Voluntary Sector and Provider Services safeguarding training has been delivered free of cost.
- Safeguarding team links have been established to all social care community teams to review and monitor the nature of open safeguarding concerns and enquiries. This work has helped to identify emerging risk in “hard to reach” areas of our community whilst providing a supportive training and development opportunity for partners in addition to achieving a quality assurance mechanism in practice.

PRIORITY 3:
Together we will learn from experience and support both paid and unpaid staff across the partnership to continually build confidence and the effectiveness of everyone’s safeguarding practice.

Although this year we have been unable to progress to a full workforce development strategy as required by the Board, targeted priority work has been undertaken by the partners to progress learning and confidence by ensuring:

- Coordination of the Safeguarding Adult Review (SAR) evaluation group.
- Commissioning of 2 SAR’s this year.
- Key training development and delivery

PRIORITY 4:
We will understand how effective adult safeguarding is across Merton to ensure that we identify emerging risks and take action accordingly

The Board recognises the importance of developing data reporting methods and analysis of that data in order to identify and respond to emerging local risks and trends. As such partners have committed to specific task and finish groups (in the absences of an established performance and quality subgroup) to identify and report to the Board on relevant data and analysis from the following achievements:

- The local authority safeguarding team have established links to all social care community teams to review and monitor open safeguarding concerns and enquiries.
- Modern Slavery group – There has been partnership working with Safer Merton and Adult Safeguarding to develop a Modern Day Slavery strategy and protocol for the Borough.
- We have progressed the work on risks associated with hoarding this year by developing a dedicated meeting as part of the CMARAC (community multi-agency risk assessment conference) meetings and we are in the process of reviewing our multi-agency protocol.
- The partnership has begun work on developing a dashboard format for the MSAB to enable accurate reporting and overview by the Board to improve its understanding and response to local emerging needs and trends.

What are our priorities for the coming year 2018-2019?

The Boards Business plan for 2018-2019 is attached in appendix 1 of this report. The plan provides detailed activity across the partnership in order meet its set priorities for the coming year.

The key initiatives are summarised below. For the 2018/19 period we commit to:

- Development of multi-agency subgroups- Training and development/Performance and Quality/Communication and Engagement
- Development of a MSAB website
- MSAB Data and Performance Dashboard
- Enhancing reporting mechanisms into the MSAB
- Maximising opportunity to engage with the community, voluntary and provider sector in the work of the MSAB
- Development of key strategies such as a communication strategy, workforce development strategy
- Ensuring a quality assurance framework for Safeguarding adults at risk is achieved.

How will we monitor the impact of our work and commitment?

The partnership is committed to developing formats to ensure the impact and actual outcomes for adults at risk in Merton are measured and inform our work and development as a collaborative partnership.

It is anticipated that the development of subgroups in the coming year will enable development of effective methods to truly measure the impact of our work and what difference this makes to the residents of Merton.

Commitment to the engagement of wider community stakeholders will help us hear “the voice of the community” and the experiences of people who have required safeguarding services. This is crucial for not only promoting the Making Safeguarding Personal agenda but to enable the MSAB to measure the effectiveness and impact our individual agencies performance and wider strategy as a Board.

It is anticipated that development of the Quality Assurance Framework (QAF) for Safeguarding in Merton will incorporate a programme of regular audit in addition to “deep dive” focused audit in response to emerging areas of local or national trends in safeguarding adults at risk. Clear reporting mechanisms into the Board will support the assurance requirements of the Board and in turn drive the work of the Board and its wide range of stakeholders.

Safeguarding Data 2017/2018

During 2017/18 280 individuals had one or more safeguarding concerns raised amounting to 322 concerns being received by Merton Local Authority in total. This is significantly lower than report for 2016/17.

Section 42 Safeguarding enquiries were started for 76 of those individuals (totalling 80 enquires) this data shows a significant reduction in sec 42 enquires with a decrease of 32% from the previous year.

Overall the conversion rate from concern to enquiry showed a minimal increase from 20% in 2016/17 to 25% in 2018/19. Complete enquiries indicated the highest prevalence in type of abuse was neglect and acts of omission. There were issues identified in the recording of outcomes on completion of enquires however where the outcomes were recorded, risks were identified in 26 cases of which the risk was removed from 23 of those cases.

280

INDIVIDUALS HAD ONE OR MORE SAFEGUARDING CONCERNS RAISED

322

CONCERNS RECEIVED BY MERTON LOCAL AUTHORITY

80

TOTAL ENQUIRIES

What Does the Data tell us?

Comparator Data - benchmarking of our statutory returns data highlights that Merton had a very low number of concerns and enquires undertaken during this period in comparison to other local authorities and the national average. Despite comparator data indicating steady increase year on year of safeguarding activity Merton saw a sharp decrease over the same period.

Acknowledgement of inaccuracies in published data.
Whilst change and implementation of a new recording system within the borough was developing during this period, more detailed data and audit of activity is required to truly understand the causal factors for the data inaccuracies. As such the Board highlights and recognises that the data contained within this report is most likely not an accurate reflection of concerns received from partner agencies and safeguarding activity undertaken within the borough. The Board is committed to assuring that safeguarding data for the coming year is truly reflective of safeguarding activity within the partnership.

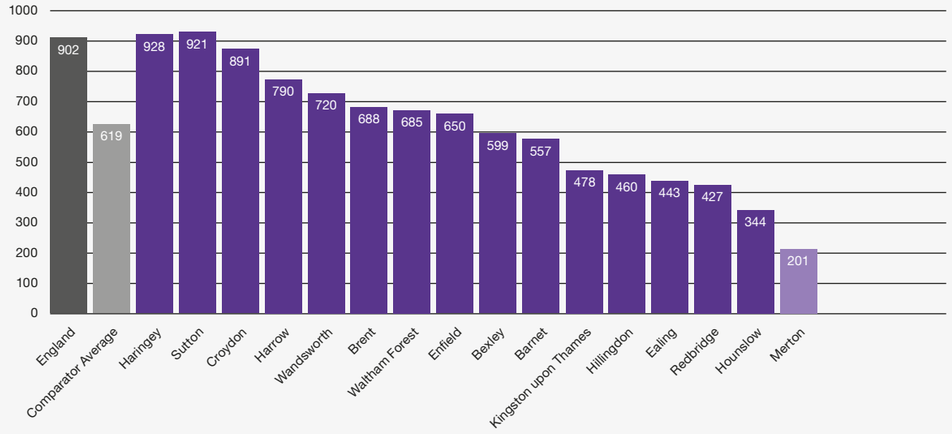
Merton Adult Safeguarding Board Financial Report 2017/18

	Outturn
Income	
Contributions Brought Forward from 2016-17	(21,000)
Contributions Received in Year	
Metropolitan Police	(5,000)
London Fire Brigade	(1,000)
Merton CCG	(25,000)
London Borough of Merton	(38,172)
Total Contributions	(90,172)
Expenditure	
Salaries:-	
Independent Chair	15,543
Safeguarding Manager	22,915
Admin Support	15,256
Other Expenses:-	
Fees	56
Travel	1,129
Room Hire	334
Refreshments	338
Total Expenditure	55,571
Total (Under)/Overspend	(34,600)
Carried Forward to 2018-19	(34,600)

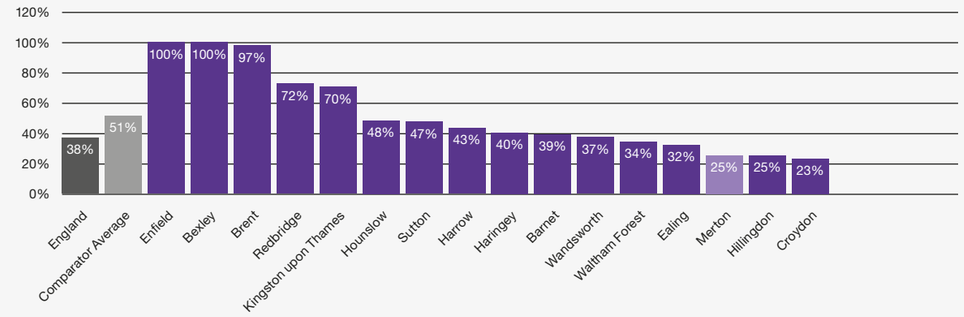
Financial year 2017-18 there was an under spend of £34,600 which was carried forward into 2018-19. The 2017-18 the board was in the early stages of scoping out its remit and agenda.

Merton Safeguarding Board Report Benchmarking 2017/18

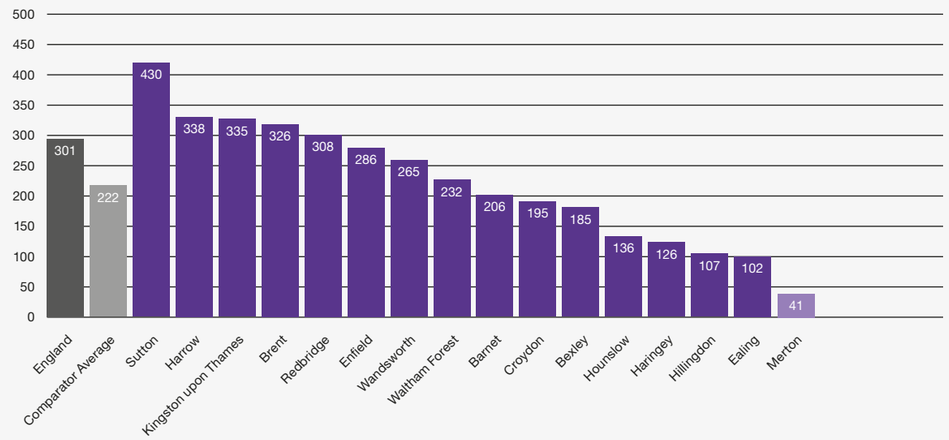
Concerns Raised per 100,000 Population



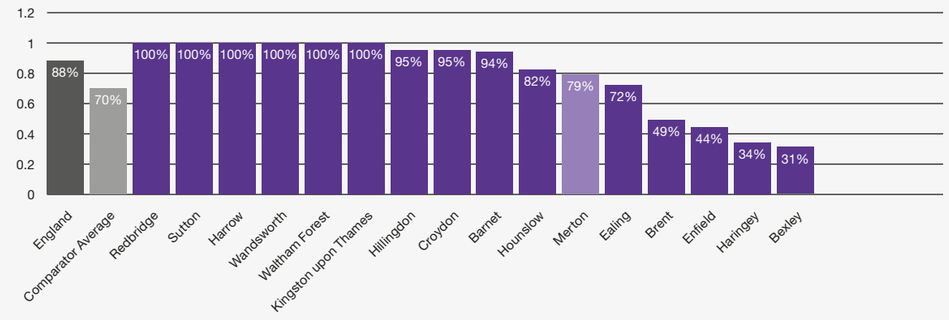
Percentage Conversion Rate: Concerns to Enquiries



Section 42 Enquiries per 100,00 Population

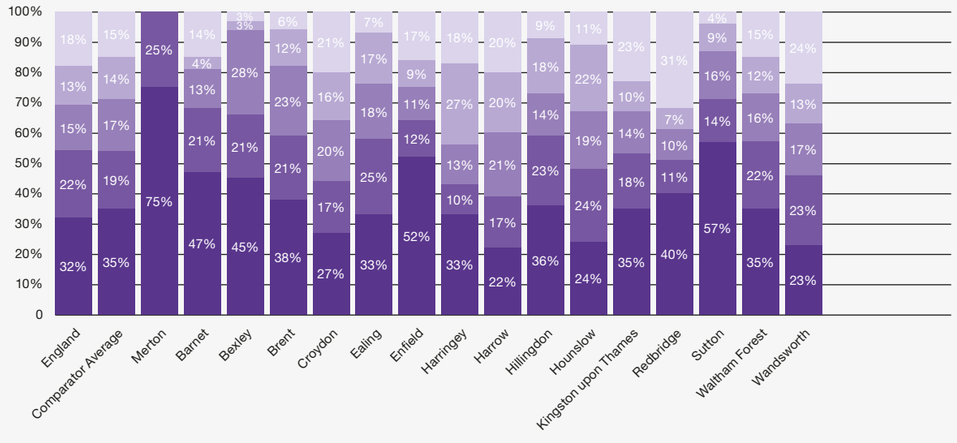


Percentage of Enquiries which were S42 Enquiries



Merton Safeguarding Board Report Benchmarking 2017/18

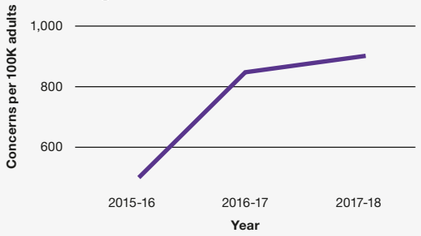
Proportion of Concluded Enquiries by Risk Type



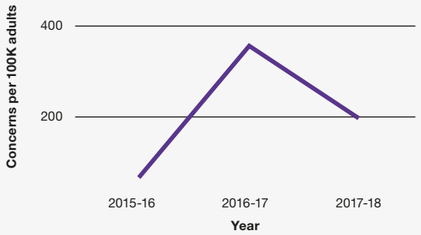
Note: Merton's concluded enquiries were for risk types other than Neglect and Acts of Omission and Physical Abuse are excluded from the benchmarking dataset as the numbers as too low. Risk types included in the 'Other' category are discriminatory abuse, domestic abuse, modern slavery, organisation abuse, self-neglect, sexual abuse and sexual exploitation.

Concerns per 100,000 population - Trend (Source: NHS Digital)

England



Merton



Key Points:

Benchmarking data shows that Merton had very low numbers or concerns and enquiries per 100,000 population compared to the whole of England and to other comparable authorities. The percentage of concerns converted to enquiries also remains low.

Across England, there has been an increase in numbers of concerns per 100,000 population, between 2016/17 and 2018/19, however Merton saw a sharp decrease over the same period.

Merton
Safeguarding
Adults Board

This page is intentionally left blank

Healthier Communities and Older People Work Programme 2019/20

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2019/20. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting Date 17 June 2019 – Report Deadlines

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Primary Care Networks	Report to the Panel	Katie Denton Director for Transforming Primary Care – Merton and Wandsworth CCGs	To gain an overview of the new system and scrutinise progress with development in Merton.
Scrutiny of adult social care	Provider Market Failure	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To consider the department's approach to this issue.
Scrutiny review	Loneliness Task Group update.	Report to the Panel	Daniel Butler, Senior Public Health Principal	To consider the progress with implementing the recommendations from the review
Scrutiny Task Group Review	Transitions Task Group – Final report	Report to the Panel	Cllr Rebecca Lanning, Task Group Chair	To review the final report and recommendations and agree to send the report to cabinet.

Meeting date – 04 September 2019 **Report Deadlines 23 August at noon**

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Public Health Annual Report	Report to the Panel	Mike Robinson, Public Health Consultant	To review progress over the last twelve months and make suggestions for the future
Scrutiny Review	Homeshare Task Group Update	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	Review progress with implementing recommendations
Scrutiny of Health Partners	St George's NHS Trust – performance update	Report to the Panel	Senior NHS Staff	Review progress with improvements since last CQC inspection

Meeting Date – 05 November 2019 **Report Deadlines 24 October at noon.**

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget scrutiny	Draft Business Plan	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on the current budget.
Scrutiny of Health Partners	Sexual health services for Merton residents	Report to the Panel and visit to services	Kate Milsted/ Julia Groom -Public Health Team	Review the service and ensure it meets the needs of Merton residents
Scrutiny Review	Transitions action plan	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	Department plan for implementing the recommendations

Scrutiny of health partners	South West London Clinical Commissioning Group Five year strategy	Report to the Panel	James Blythe, Managing Director, Merton and Wandsworth CCGs.	Update on the progress with developing the Strategy
Scrutiny of health partners	South West London Clinical Commissioning Group - CCG Merger	Report to the Panel	James Blythe, Managing Director, Merton and Wandsworth CCGs.	Update on the progress with the Merger.

Meeting date – 09 January 2020 Report Deadline 30 December 12 Noon.

Scrutiny category	**Item/Issue**	**How**	**Lead Member/Lead Officer**	**Intended Outcomes**
Scrutiny of Health Partners	Improving Healthcare Together (IHT)	Report to the Panel	Andrew Demetriades, Joint Programme Director for IHT	To receive an update and review the Merton consultation plan for the IHT Programme
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To review progress over the last twelve months and make suggestions for the future
Scrutiny of Adult Social Care	Scrutiny of Older People's Day Opportunities	Report to the Panel	Phil Howell, Interim Interim Head of Older Adults and Disabilities	To receive an update on future plans for older people's day opportunities. This item will be discussed in a private session as it contains commercially sensitive information.

Meeting date – 11 February 2020 Budget Report Deadline 31st January at 12 noon.

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny	Draft Business Plan	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on the current budget.
Scrutiny of Health Partners	Substance Misuse Services	Report to panel	Miguella Mark-Carew Barry Causer – Public Health Team	Review the service and ensure it meets the needs of Merton residents
Scrutiny of Adult Social Care	Learning from safeguarding adult reviews.	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To consider how the council utilises the learning from safeguarding adult reviews

Meeting Date – 10 March 2020 **Report Deadline 28th February at 12 noon**

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Primary Care Strategy	Report to the Panel	Merton CCG	Update on progress with implementing strategy with a focus on access to GP appointments and succession planning for retiring GPs.
Scrutiny review	Mental Health Placements Task Group report and recommendations	Report to the Panel	Task group chair	To agree the report and recommendations and send to Cabinet for agreement.
Scrutiny of Health Partners	Merton CCG progress reports: • Merton Health and Care Together • Development of the Wilson • Progress with Implementing the NHS Plan	Report to the Panel	Merton CCG	To review progress with implementing the projects.
Scrutiny of Health Partners	Adults immunisations schedule	Report to the Panel	NHS England	To review the uptake of adult immunisations for Merton residents.
Scrutiny of Health Partners	Improving Access to psychological therapies – update on services for Merton residents	Report to the Panel	Merton CCG	To review service provision for Merton residents.

June 2020

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Health and Wellbeing Strategy Update	Report to the Panel	Dagmar Zeuner, Director of Public Health	Update on progress with implementing strategy.

This page is intentionally left blank