Improving Healthcare Together 2020 to 2030

Integrated Impact Assessment Steering Group

(IIASG) Independent Chair: Professor Andrew George

MEETING NOTES
Date: 30th April 2020
Time: 15:30 – 17:30
Location: Online meeting

In attendance:

Name	Initials	Role
Andrew George	AG	Independent Chair for IIA Steering Group
Mike Robinson	MR	Interim Consultant in Public Health, Merton Council; Deputy for Hannah Doody, Director of Community and Housing, Merton Council
Yasmin Broome	YB	Involvement Coordinator, Surrey Coalition of Disabled People
Susan Gibbin	PB	Lay member, South West London Governing Body
James Blythe	JB	Locality Executive Director (Merton & Wandsworth), South West London CCG
Russell Hills	RH	GP representative, Surrey Heartlands CCG Governing Body
Jonathan Perkins	JP	Lay members, Surrey Heartlands CCG Governing Body
Kate Scribbins	KS	Chief Executive, Surrey Healthwatch
Amanveer Nathan	AN	Patient and Public Engagement Manager (Merton), South West London CCG
Brian Niven	BN	Mott MacDonald
Sarah Reeves	SR	Mott MacDonald
Programme representatives		
Charlotte Keeble	CK	Senior Programme Manager, IHT Programme Team
Ioana Miron	IM	Project Manager, IHT Programme Team
In attendance		
Charlie Wilson	CW	Opinion Research Services
Kester Holmes	KH	Opinion Research Services

No.	Agenda Item	Who
1.	**Welcome and introductions**	
	AG welcomed the members of the Steering Group and noted apologies from: • Imran Choudhury, Sutton Council • Pippa Barber, SW London CCG • Stephen Taylor (Kingston Council) • Dorothy Watson, Sunnybank Trust • Nicola Upton, Age UK Sutton	

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2.	Recap of the findings of the draft interim IIA report	
	Mott Macdonald provided members with an updated on the: • Aims and methodology of the Integrated Impact Assessment (IIA) • Potential impacts and proposed mitigation actions in the draft interim IIA report. JP asked for clarification with regards to the difference between impact magnitudes. BN advised that the assessment of impacts with regards to magnitude is based on the evidence but largely subjective and therefore the different impact magnitudes have not been strictly defined in the draft interim report. **ACTION:** Clarify within the final report the different impact magnitudes including, for example, 'marginal' and 'minor' impacts. JN highlighted that section 1.4.2.3 on longer journey times to acute services for visitors when compared against the three options requires a review as it makes reference to visitors accessing acute services. **ACTION:** Revise the wording under section 1.4.2.3 on longer journey times to acute services for visitors when compared against the three options. KS asked why the table on page 25 of the Executive Summary to the draft interim IIA report doesn't include all protected characteristics groups. KS added that the 30 minutes travel time does not apply to older people in Surrey Downs. BN explained that Table 1 (pp. 15) and Table 2 (pp. 25) within the Executive Summary of the draft interim report outlines protected characteristics groups expected to experience disproportionate positive and respectively adverse impacts as a result of service change in comparison to the overall population. These groups were identified by phase 1 of the IIA, including deprived communities. Other groups may be impacted by the proposals but those impacts are not significantly different. The details of the impact assessment is also available within the wider report. MR asked if the scoring of impacts as beneficial/adverse and marginal/minor/major will be revisited by the Steering Group in light of the public consultation. BN explained that phase 3 of the IIA will focus on reviewing the draft interim IIA report in light of the findings from consultation to ensure that fair coverage and consideration is given to: • The range of potential impacts likely to be experienced by the local community and specific community groups within this; • Any additional data sources which may support analysis of impacts; and • Any further mitigation actions which may help to alleviate the effects of some of the impacts identified. JB advised that the IIA would look at any new evidence that has come up via the consultation and the draft interim IIA report will be updated accordingly.	**BN** **BN**

	YB asked if the final IIA report will make reference to Covid-19 in terms of potential impacts. BN advised that the draft interim IIA report includes a section which discusses resilience in terms of a surge in capacity. In light of the outbreak of the Coronavirus, this section will be revised. JP flagged that the IIA report will need to be reviewed in order to reflect the new terminology following the merger of the CCGs in Surrey Heartlands and respectively in South West London. **ACTION:** Ensure the final IIA report explains and reflects the change of terminology after the CCGs in Surrey and those in South West London have joined together to create two new singular commissioning organisations across their areas - the Surrey Heartlands CCG and respectively South West London CCG.	**BN**
3.	**Phase 3 IIA**	
	a. Activities undertaken during consultation BN advised: • During the consultation additional analysis was undertaken at the request of Merton Council to consider the association between deprivation and the use of hospital services. • This analysis was completed for all 3 CCGs areas and has explored whether those living in deprived areas may be disproportionally impacted in relation to the usage of hospitals services and length of stay • Findings from this analysis identified a high correlation between ED attendances and levels of deprivation although there were much weaker association for medical and surgical admissions with deprivation. No association was observed in relation to lengths of stay in hospital and deprivation • The outputs and outcomes from this additional deprivation analysis will be incorporated as part of the final report and its supporting appendices MR stated he was grateful for the additional analysis undertaken by Mott MacDonald. MR highlighted that people in deprived areas make more use of the A&E and that they may be disproportionally adversely impacted by the three proposed options for the location of the Specialist Emergency Care Hospital (SECH) in terms of longer journey times. MR asked if additional weighting will be given to deprived people in the final report. BN explained that the IIA documents the likelihood, magnitude and duration of the impacts identified. It is not the role of the IIA to weight this evidence. JP asked to what extend would the A&E attendances equate with the new ED and how many with the Urgent Treatment Centres (UTCs). JP highlighted that under the preferred option there will be 3 UTCs in the area and one emergency department.	

BN explained that the data at this level is not available.

RH advised that the outpatients will delivered from both Epsom and St Helier hospitals regardless of the location of the SECH. The SECH will take on emergency and inpatient care.

b. Proposed activities to finalise the IIA

BN advised:

- The draft interim IIA report forms the basis for the final report.
- Between the publication of the interim report and its finalised version, there are a number of updates and refreshes which should be considered for incorporation into the finalised version. Topics for update include:
    1. The additional deprivation analysis for the 3 CCGs following a request from Merton Council for further research on the association between deprivation and the use of hospital services. This analysis was shared with Steering Group members and no further comments were provided.

    2. The release of new indices for deprivation
        - Whilst the impact of this new data source is likely to have only a marginal impact on the overall analysis, given the sensitivities which have been raised in relation to deprived communities, it is suggested that the analysis be updated to reflect the latest situation.

    3. A refresh of the travel analysis following the release of new national data sets for private car and public transport
        - Mott MacDonald reviewed the differences between the data originally used to inform the analysis and what is now available to assess its materiality
        - Overall, under the baseline, there is little difference to the overall proportion of the population who can access services within 30 minutes by private car and little difference to those accessing services within 45 minutes by public transport

SG advised that the outcomes of this analysis are relative and based on a model used consistently across all options and that therefore the analysis should not be looked at from the perspective of whether it matches people's personal views and experience.

BN explained that the travel analysis has been based on national data sets on travel times which are also used by local authorities. Mott MacDonald has compared the relative difference between the options by looking at different days and time periods.

CW explained the consultation has highlighted that levels of support for the clinical model, for example, varied by geography with more individuals living in Merton stating that the model of care is a poor or very poor solution. This was linked to their preference for having the SECH at the St Helier Hospital. Those who were

	supportive of the model of care have also tended to support the Sutton site option. 4. Future population projections analysis 5. Resilience – in light of the outbreak of Covid-19 JB explained that the emerging evidence from the current Covid-19 crisis shows that a consolidated response was able to deal with crises more effectively. **ACTION:** Liaise with James Blythe on available data in relation to the ability to deal with crises like Covid-19 more effectively. 6. Public Sector Equality Duty – in particular, examining responses from protected characteristic groups and potentially impacted communities IIA Steering Group members agreed that the final IIA report should encompass the latest available data and supported the approach and key areas identified by Mott MacDonald.	**BN**
4.	**Early findings from public consultation**	
	BN advised: • Feedback from the variety of consultation activities will strengthen the impacts which have been documented to date through the IIA analysis and focus groups. • In particular, responses from those in certain protected characteristic groups and/or living in particular areas highlighted as a potential disproportionate impact should be reviewed and summarised for incorporation into the final report. These groups include but not limited to: ○ Those living in higher levels of deprivation ○ Older persons ○ Those seldom heard and hard to reach groups, for example, LGBTQ+ and the Roma/travelling community that the draft interim IIA report has recommended to further engage during the public consultation Steering Group members were provided with a presentation by independent experts at Opinion Research Services, who are undertaking the consultation analysis. The presentation provided an: • Update on the consultation process including a description of the available channels for responding to the consultation • Scale of responses across all consultation strands • Early key findings from the consultation BN advised that the IIA review process of the findings from consultation will include 4 stages: 1. Raw data review 2. Data cross-checking 3. Analysis – data enrichment 4. Data integration – update the interim IIA report	

	○ Whilst the review of the consultation findings for the IIA is still in progress, many of the responses lend weight to the findings already identified in the draft interim IIA. Some people have also used the draft interim IIA as the basis for their consultation responses. BN highlighted one report which specifically criticised the interim IIA and identified a number of challenges to the work undertaken prior to the consultation and overseen by the IIA Steering Group. Extracts from this paper were shared with the IIA Steering Group at the meeting for review and discussion. IIA Steering Group members requested the production of a paper outlining the responses to the report critical to the IIA received during consultation. **ACTION:** Produce a response to the consultation report critical of the IIA and share with the IIASG. KS asked if the IIA will also address the mitigations and enhancements identified in the report. AG advised that the role of the IIA is to provide the CCGs with essential information (including the impacts/ consequences of any decisions and potential mitigation actions) in order to be able to make informed decisions on service improvements to the St Helier and Epsom hospitals. The IIA is one of a number of pieces of evidence that the CCGs will review to inform their decision making. BN explained that IIA mitigations and enhancements will be addressed by the programme via a Decision-Making Business Case (DMBC). The CCGs will determine which mitigation and enhancement actions would need to be addressed and implemented. **ACTION:** The IHT programme to clarify next steps in terms of considering and addressing the mitigations and enhancements recommended by the IIA.	**BN** **CK/IM**
5.	**Post-consultation engagement**	
	CK advised that the programme will continue to engage with local people by sharing the consultation findings. . This will include: publishing the consultation findings on the IHT website, and virtual meetings with the Consultation Oversight Group and the Stakeholder Reference Group.	
6.	**Next steps**	
	BN outlined the draft indicative timeline for the revision of the draft interim IIA and agreement of the final IIA report by the Steering Group by the end of May. This would give Steering Group members one week to review the draft final IIA report and provide any feedback via email. The Steering Group supported this timeframe. **ACTION:** Produce a change log/document highlighting changes to the draft interim report and circulate this to the IIASG together with the draft final IIA report. This document would be used by Steering Group members as the basis to review the final IIA report.	**BN**

	Steering Group members requested for the group to reconvene to discuss any nuanced comments provided by members via email and sign off the final IIA. **ACTION:** The IHT programme team to arrange another IIASG meeting (w/e 22nd May or w/c 26th May) to review nuanced written comments provided by members to the draft final IIA report and agree the final IIA report. AG asked Steering Group members if : 1) They agreed with the proposed approach for updating the draft interim IIA report and the information provided by Mott MacDonald; and 2) There were any other data sources to be considered for inclusion in the final IIA report. No further comments were provided by Steering Group members. The Chair confirmed that on this basis, the IIA could be updated with the agreed information.	**CK/IM**