

Minutes of the Meeting of the HEALTH LIAISON PANEL held on 12 March 2019

PRESENT -

Councillor Richard Baker (Chairman); Councillor Liz Frost, Councillor Guy Robbins and Councillor Jean Steer MBE

In Attendance: Daniel Elkeles (Chief Executive, Epsom and St. Helier University Hospitals NHS Trust) and Andrew Demetriades (Sutton, Merton and Surrey Downs Clinical Commissioning Groups)

Absent: Councillor Jane Race, Councillor Humphrey Reynolds and Councillor Peter Webb

Officers present: Rod Brown (Head of Housing and Community) and Rachel Kundasamy (Health and Wellbeing Officer)

1 DECLARATIONS OF INTEREST

Councillor Liz Frost informed the meeting that her current employment within NHS England could be said to give rise to a disclosable pecuniary interest under the Council's Local Code of Conduct for Members. However the Council's Standards Committee had discussed this and did not consider that, in most circumstances, this would damage the public's confidence in the authority's business and, for the avoidance of doubt, she had been granted a dispensation by the Standards Committee to speak and vote on matters related to health.

2 IMPROVING HEALTHCARE TOGETHER 2020-30: UPDATE

The Panel welcomed the Chief Executive of Epsom & St Helier University Hospitals NHS Trust (ESHUHT), Mr. Daniel Elkeles, and the Acute Sustainability Programme Joint Programme Director Sutton, Merton and Surrey Downs Clinical Commissioning Groups, Mr. Andrew Demetriades, and received a presentation on the programme for Improving Healthcare Together.

There was an acknowledgement of the progress made on the business case, with the 3 Clinical Commissioning Groups (CCGs) (Surrey Downs, Merton and Sutton) having worked closely with Epsom & St Helier.

It was acknowledged that there was a need to retain access to major acute services. However, in providing this critical care, the only way to do so was by bringing them into one site. The current system was "too fragile" to keep going.

Notwithstanding this, there remained a commitment to providing district hospital services through “planned and specialist care” at Epsom and St. Helier.

The current position remained that approval was required by the regulators before an options paper could go out to public consultation. A draft, making the case for change, had been submitted to NHS England at the end of last year. It had not been made public for several reasons, one key reason being that the business case was now required to ‘go through’ several tests in regards to clinical workforce and clinical standards, and financial viability/sustainability.

Several questions were raised by councillors in respect of the number of additional bed spaces being made available through the proposed model, the anticipated (and significant rise) in population in relation to funding, sale of the Trust’s land, staffing of the hospitals, location of, and access/travel time as impacted by the location of critical care on one site.

In response to these questions by Mr. Elkeles and Mr. Demetriades, it was noted that:

- It was confirmed that 40 additional beds would be provided over the next 4 years. However, this was not an appropriate measure of need due to the changes in the way elective surgery was now carried out with more people being able to be cared for at home.
- The current model meant not having the workforce to cover the two sites: at present, there was one middle grade doctor available after 10pm, which could lead to significant waits in A&E. If the workforce was located on one site, the Trust could meet the 24/7 staff requirements as set by NHSE. The location of the major acute services on each of the proposed sites had been confirmed as feasible, deliverable and buildable.
- It was acknowledged that funding and estates were a “huge hurdle”. There was an underlying deficit in running two acute sites. As stated, there were a number tests in respect of affordability that needed to be ‘passed’ by the regulators in respect of the sustainability of the proposal being made as well as the availability of capital funding. This was a two-stage process overseen by NHSE and a National Oversight Committee.
- ESHUHT was not the only Trust bidding for capital funding. There had been a huge number of bids for capital from various NHS Trusts. 7 schemes had been shortlisted with ESHUHT being one in making its case for a new £500m hospital. It was unclear as to ESHUHT’s position on the shortlist or when confirmation would be received as to whether the bid had been successful. A letter had also been written to Surrey County Council and other authorities seeking any interest in investment.
- In respect of sale of land, a public announcement would be made on Friday, 15 March 2019. The site in question housed no provision of clinical care, and had no viability for future critical care use. It was also accepted that sale of land should not simply ‘pay off debt’, but be

reinvested into developing the Trust's existing sites. Work being undertaken was primarily in long-term investment, such as 32 new consultation rooms in outpatients.

- The Trust had been successful in securing repayment for treatment from some overseas patients.
- Structural changes were currently underway at Epsom to ensure patient experience and clinical provision could be improved and aligned to wards. Children's play facilities were provided in each consulting room.
- Ambulance providers were looking at conveyance times at different times of the day and considering net inflow and outflow. This piece of work would be completed by the end of May 2019 and was looking at a sustainable system across all of the 3 CCG areas for which there were currently circa 750,000 residents.
- Access would form part of the IIA (Integrated Impact Assessment) which would be considering positive and negative impacts across the CCG areas, including the impact on those in protected characteristic groups. The IIA was not to determine what option was selected, but was evidence to support any decision made.
- There was now a bus route (81) that ran directly between both sites
- It was confirmed that of all 6 major acute services would be on one site under the proposal with clinical evidence for better outcomes for patients. The location of acute services on one site would mitigate the scope for presenting with a need at the 'incorrect' site. Currently, this could be confusing. A directory of services was available to GP's and the CCG continued to publicise this.
- Public consultation could possibly be undertaken in autumn. To date most people had expressed a willingness to travel a little further to receive better quality care. It was hoped that this would be supported by the outcome of any formal public consultation. The trade-off in losing an acute facility in one location would be an additional 3 miles travel to a site that could result in a better, potentially lifesaving, patient outcome.

3 HEALTH & WELLBEING: UPDATE

The Panel welcomed Rachel Kundasamy, Epsom & Ewell Borough Council's newly appointed Corporate Health & Wellbeing Officer and received an overview the draft Joint Health & Wellbeing Strategy for Surrey, and Epsom and Ewell Borough Council's current position and workstreams.

The draft Joint Health and Wellbeing Strategy, overseen by the Health and Wellbeing Board, focussed on preventing poor health and wellbeing in Surrey over the next ten years and had been developed in consultation with the NHS, the CCG, Surrey County Council and other partners. Members were invited to

give their views on the draft Joint Strategy to Rachel Kundasamy. A response to the consultation needed to be submitted by 27 March 2019

It was confirmed that in response to the draft Joint Strategy, the Council would be consolidating its current offer (as aligned to health and wellbeing), as well as considering how this delivered against the new priorities proposed by the Health and Wellbeing Board and a draft strategy for Epsom & Ewell Borough Council would also be formulated. Meetings were taking place with partners, to establish ways of working with emphasis on integration and collaboration to meet the needs of Borough residents. It was generally accepted that the neglect of wellbeing could be detrimental to health but that this was often outside of the medical sphere. Therefore, the role of boroughs/districts in this area was becoming more recognised.

Councillors commented on the draft priorities in the Joint Strategy and the conflict between these and the current climate in which the closure of children's centres and youth services was being witnessed. The priorities for Special Educational Needs (SEND) and young carers were quoted as an example.

The Panel discussed the importance of social prescribing going forward and the Panel acknowledged that the Council was ahead in regards to many aspects of health and wellbeing, particularly in the sporting activities and community events it promoted/organised. In this regard, congratulations were extended to the Sports and Leisure Team for their work on the Surrey Youth Games and the Cox Lane skate park as well as children's playgrounds.

The Council's Head of Housing & Community, Rod Brown, advised that boroughs and districts were best placed in many respects to undertake such work, as public health is 'what we do', with an acknowledgement of how the Council could expand this and the Council's role in mobilising social capital.

He confirmed that other districts and boroughs would also be represented on Integrated Care Partnerships and that there was plenty of opportunity for this Council to demonstrate what it did across the borough, not just for physical health but also in relation to the mental and emotional health of the Borough's residents in working with partners. It was confirmed that Age UK has also been requested to align what they deliver to the corporate objectives of health and wellbeing. The Council's Community and Voluntary Sector Liaison Officer, Serena Powis, was leading on this

Some strength of feeling was noted in respect of an example of poor outcomes for young people entering Children Services. It was suggested that, as part of the draft strategy was tied to outcomes, there was an opportunity to give feedback in a way that summarised the problem, whilst highlighting what would have been the measure of success.

The Panel acknowledged that the Council needed to make use of resources available to it and that it had an opportunity to reduce the pressure on other public services further down the line. The Corporate Health and Wellbeing Officer confirmed that she would look to consult with members on a draft Epsom

and Ewell strategy post-election and was looking to present a draft strategy to the Health Liaison Panel on 9 July 2019.

The meeting began at 7.00 pm and ended at 8.50 pm

COUNCILLOR RICHARD BAKER (CHAIRMAN)