

Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 5 March 2024

PRESENT -

Councillor Christine Cleveland (Chair); Councillor Chris Ames, Councillor Liz Frost, Councillor Bernice Froud, Councillor Bernie Muir and Councillor Kim Spickett.

In Attendance: Councillor Rod Ashford (Reigate and Banstead Borough Council), James Blythe (Managing Director - Epsom and St. Helier, University Hospitals NHS Foundation Trust) and Tim Wilkins (Programme Director for Building your Future Hospitals)

Officers present: Rachel Kundasamy (Community Development Manager) and Victoria Sandri-Healy (Community Development Officer)

11 DECLARATIONS OF INTEREST

Epsom and St Helier University Hospitals NHS Trust

Councillor Kim Spickett, Other Interest: Councillor Kim Spickett declared that she is part of the Malnutrition Pathway.

12 MINUTES OF THE PREVIOUS MEETING

The Minutes of the meeting of the Health Liaison Panel held on 23 November 2023 were reviewed by the Panel. The Panel agreed that they were a true record and authorised the Chair to sign them.

13 EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

The Panel received a presentation from James Blythe, Managing Director of Epsom and St Helier University Hospitals NHS Trust and Tim Wilkins, Programme Director for Building your Future Hospitals (published as a supplement to the agenda).

The following matters were considered by the Panel:

- a) It was identified that the number of people coming to and staying in hospital is increasing. As our population rises, there are more people with complex needs resulting in further hospital admissions. It was noted that in the plans for the new hospital site in Sutton, there has been a

significant reduction in inpatient beds. A question was posed around whether this will be reconsidered given the trends of admissions into hospital alongside the increase in population. It was stated that hospitals have seen a rise in the length of patient's hospital stays mainly due to outstanding Occupational Therapy, Social Care and Mental Health needs. It was queried how much the hospital should be incorporating acute beds in order to mitigate challenges seen in Social Care. It was also confirmed that the plan aims to retain an acute bed base at the Epsom site.

- b) It was also noted that St Helier, St George's and the new hospital site in Sutton are all within ULEZ zones. A question was put to the speakers regarding whether any consideration will be given to patients who have no choice but to travel back and forth through these ULEZ zones. It was stated that there is a scheme already in place where if it's necessary for a patient to use a non-compliant ULEZ vehicle, then they can reclaim. It does however involve the patient paying first and then getting it back. Additionally, it was also queried whether the temporary car park will be keeping fees or whether they are being paid to the hospitals. The response was that the management of the parking will continue to be done by the hospitals and they will continue to receive income from this. However, a peppercorn payment will probably have to be paid but most of the fees can be kept.
- c) A concern was raised in response to the argument for the Sutton scheme. All expertise would be in one place, but the refresh poses further concerns about the likelihood of moving cancer paediatrics to Evalina hospital. It was queried how solid and up to date the information behind the refresh is. It was noted that the refresh is aimed at updating the design solution. The 'Improving Healthcare Together' consultation is still being considered and the hospitals have been charged at considering how this will be done, what it will look like and assuring layouts within the hospitals meet current clinical practice. A further question was asked on whether a heads up would be given if there was to be a change in services. It was stated that the clinical model within the consultation doesn't change.
- d) Another consideration was made regarding the pharmacy scheme and how much data there is on the number of people that come to A&E that perhaps could have visited a pharmacy instead. It was noted that there is no data on this, but patients do attend A&E when they have struggled to access Primary Care or have found that Primary Care providers have not been responsive to their needs. It was also mentioned that patients often find it simpler to sit and wait in A&E, even if said wait is hours long.
- e) It was queried whether the speakers had been consulted on the Right Person, Right Care scheme. It was stated that this is already implemented with the MET Police for St Helier and has gone more smoothly than anticipated. If someone in Epsom hospital is assessed as needing to be sectioned, they can be with the emergency department for several days, which may result in them walking out. The risk assessment will be done by the police handler based on information given to them from the hospital

team. From this, it is decided whether it's a police matter or not. This has been worked through with the MET Police but there may be different challenges with Surrey Police regarding time scale and how we keep people safe. Surrey Police engagement has been thorough, and the hospital are having frequent meetings with them to implement this as soon as possible.

- f) It was stated that there is a large back up of traffic from those going to hospital on the Dorking Road and that there is a persistent issue with the barriers to the carpark stating it is full when it isn't. It was queried whether the hospital plans take the traffic build up into consideration. A response was given stating that the speakers are conscious of the traffic because of outpatient appointments, and that equally staff and patient parking is a huge demand that the hospital team are working through. It was noted that a multi-storey car park would stop cars queueing on the road and that options are being considered to make improvements short term.
- g) Another question was raised regarding the funding stream for new sites and how secure that funding is or whether there is a 'Plan B' should there be a shortage of funds. Reassurance was provided that the hospital team continue to make improvements to the site at Epsom and make sure the buildings are safe. The plan is solid and will be stuck to and delivered – these schemes usually take between 15 and 20 years to deliver but hope to have it done by 2030.
- h) It was queried whether consideration has been given on giving concessionary rates or even free parking for staff on hospital sites. It was stated that if staff live within a 2-mile radius of the hospital, they are not given a parking permit. Anything outside of that, a parking permit is given. Alongside this, parking is charged based on salary of each staff member which means it's cheaper for lower paid staff. It was also noted that the hospital has more permits in their system than they have space for, and so making the parking free would make the problem worse. It was noted that it's not a perfect arrangement, but the hospitals are doing the best with what they have.
- i) A consideration was given to the Maternity services and how disappointing it was to see the result from the CQC report. Pregnancy is a time of worry for women and their partners and so a question was raised around how the hospital intends on keeping patients calm when they see the poor results of the report. It was stated that despite it being a difficult balance, patient experience anecdotes are very important. Some of this data is published on their website and this allows patients or future patients to make an informed decision and choice on whether to birth with us. The hospital also states that they have been open with their staff about the CQC report, including what the plans are in response to it. The hospital advised that if their staff are aware and have confidence in the action plan then they are the best advocates. It is the staff that can reassure patients the best. A further question was raised regarding whether the poor report results could affect staff intake. It was stated that

the midwifery ward is small and high-risk births are not typically done at Epsom. There continues to be a strong recruitment because of this.

- j) It was stated that the Health and Wellbeing Board are attempting to get impact assessments implemented across all agencies. It was asked how this may change the service. It was noted that after considering the more mature place structures across the NHS and the Government, it is pilot schemes that allow for change within services. It was stated that the challenge and the ability to talk about complex system impacts within place partnerships that involve Boroughs and District, Local Authority, Health Partners and third parties is quite strong.

14 DISCUSSION ON THE FORWARD PLAN

The Chair invited the Panel to discuss which areas relating to health and wellbeing it would like to see added to the forward plan for consideration at its future meetings.

The following matters were discussed by the Panel:

- a) A concern was raised regarding the number of children who do not go to the dentist, and it was queried whether consideration could be given to what can be done. Secondly, it was stated that CAMHS has been found to not be fit for purpose, with patients having to wait months for appointments before giving up and paying for private diagnoses. It was noted that a speaker from Surrey Heartlands could be invited in to discuss why children are not going to the dentist and a speaker from SABP (specifically from Mind Works) could be invited to discuss CAMHS.
- b) It was requested that walking programmes are brought to future discussions as they should be re-introduced to the area. There are many places within Epsom that are reachable, level and suit all abilities. Walking is a free gym and a good way to meet people. It was suggested that the 'Round the Borough Walks' should be revived as it shows people how to reach places by foot.
- c) It was queried whether the Panel should consider where things are concerning promoting public health. It was noticed that Public Health are working more closely with agencies that the Councillors are targeting. A lot going on that the public themselves can do, such as the pharmacy scheme. It was also stated that a much bigger public facing focus is needed and Councillors have a big part to play in this. It was requested that speakers from Public Health attend future Panels to see if there are any avenues worth exploring.

The meeting began at 7.00 pm and ended at 8.05 pm

COUNCILLOR CHRISTINE CLEVELAND (CHAIR)