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HEALTH LIAISON PANEL

Tuesday 3 July 2018 at 7.00 pm

Council Chamber - Epsom Town Hall

The members listed below are summoned to attend the Health Liaison Panel meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Committee Members
Councillor Richard Baker (Chairman)
Councillor Liz Frost
Councillor Jane Race
Councillor Humphrey Reynolds
Councillor Guy Robbins
Councillor Jean Steer MBE
Councillor Peter Webb

Representatives invited to attend
Councillor Andrew Burley, Elmbridge Borough Council

Yours sincerely

Chief Executive

For further information, please contact Fiona Cotter, 01372 732124 or fcotter@epsom-ewell.gov.uk

AGENDA

1. DECLARATIONS OF INTEREST

Members are asked to declare the existence and nature of any Disclosable Pecuniary Interests in respect of any item of business to be considered at the meeting.

2. MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

The Panel is asked to confirm as a true record the Minutes of the meeting of the Health Liaison Panel held on 14 December 2017 and 13 March 2018 and to authorise the Chairman to sign them.

3. IMPROVING HEALTHCARE TOGETHER 2020-30

Andrew Demetriades, Joint Acute Sustainability Programme Director (for Sutton, Merton and Surrey Downs Clinical Commissioning Groups), and Daniel Elkeles, Chief Executive, Epsom and St. Helier University Hospitals NHS Trust will be in attendance to discuss recent developments.

4. ANNUAL REPORT

To receive the Annual report of the Health Liaison Panel for 2017/18.

Minutes of the Meeting of the HEALTH LIAISON PANEL held on 14 December 2017

PRESENT -

Councillor Richard Baker (Chairman); Councillor Steve Bridger, Councillor George Crawford, Councillor Jane Race and Councillor Jean Steer MBE

Absent: Councillor Humphrey Reynolds and Councillor Peter Webb

Officers present: Rod Brown (Head of Housing and Community), Linda Scott (Community Services Manager) and Fiona Cotter (Democratic Services Manager)

6 DECLARATIONS OF INTEREST

No declarations of interest were made by councillors regarding the item on this Agenda.

7 HEALTH AND WELLBEING POSITION STATEMENT

The Panel received a short presentation from the Head of Housing and Community, which informed discussion the draft Health and Wellbeing Position Statement and Action Plan prior to its consideration by the Community and Wellbeing Committee in January 2018.

The Panel's Terms of Reference referred to "preparation, promoting and monitoring the Council's Health Strategy…" and the development of the action plan fitted in with this. It was stressed that the draft plan attached as an Annex to the report was an early draft. This was the first time that current delivery and developments in the Borough that contributed to residents' health and wellbeing, either directly or indirectly, had been matched to wider strategy and it was pleasing to note how the Borough's activities mirrored Surrey County Council's priorities set out in the Surrey Health and Wellbeing Board's Joint Health and Wellbeing Strategy (JHWS).

The purpose of the Health and Wellbeing Position Statement and Action Plan was to recognise the Borough Council's role in the community in relation to promoting health and wellbeing within existing resources, for example, Surrey Youth Games or campaigns run by Environmental Health such as "Eat out, eat well". The draft plan worked around the five priorities in Surrey's JHWS. The Council's activities with implications for these priorities were wide ranging and some activities covered several priorities. It was noted that the Borough was particularly active in working with the elderly: priority 4 of the JHWS was to improve older adults' health and wellbeing and that not every activity or initiative

was time bound by a set target date or specific outcomes. Some activities or initiatives related purely to reinforcing messaging or education, for example, promotion of healthy eating campaigns such as “Change 4 Life”.

Key points to arise from the discussion around the draft Plan were:

- It was highlighted that this Borough Council was the only District/Borough to actively engage in discussions with the County Council to raise awareness of relevant Borough Council activities and to discuss further coordination or service developments within existing resources;

- Opportunities were being taken to input into the development of the Local Plan, notably around planning infrastructure;

- The Council was developing a successful, bespoke model in relation to “social prescription” led by team at the Wellbeing Centre, drawing on and alongside the wealth of voluntary sector help available. The pilot scheme would be running until the end of March 2018.

The Head of Housing and Community thanked members for their engagement and contributions and undertook to circulate the presentation and a latest draft of the Action Plan to members of the Panel following the meeting prior to its submission to the Community and Wellbeing Committee.

The meeting began at 7.30 pm and ended at 9.15 pm

COUNCILLOR RICHARD BAKER (CHAIRMAN)

Minutes of the Meeting of the HEALTH LIAISON PANEL held on 13 March 2018

PRESENT -

Councillor Richard Baker (Chairman); Councillor George Crawford, Councillor Jane Race and Councillor Humphrey Reynolds

In Attendance: Councillor Rachel Turner (

Absent: Councillor Steve Bridger, Councillor Jean Steer MBE and Councillor Peter Webb

Officers present: Kathryn Beldon (Chief Executive), Rod Brown (Head of Housing and Community), Fiona Cotter (Democratic Services Manager) and Margaret Jones (Business Assurance Manager)

8 DECLARATIONS OF INTEREST

No declarations of interest were made by councillors regarding items on the Agenda.

9 ACUTE SUSTAINABILITY PROGRAMME (SUTTON, MERTON AND SURREY DOWNS CLINICAL COMMISSIONING GROUPS)

Mr. Andrew Demetriades, Joint Programme Director for the Acute Sustainability Programme established by Surrey Downs, Sutton and Merton Clinical Commissioning Groups, addressed the Panel.

Epsom and St. Helier University Hospitals NHS Trust faced significant challenges in terms of the sustainability of its buildings and how its acute services were organised. The Trust recently set out its own views on these challenges and how to respond to them, running a public engagement exercise and producing a Strategic Outline Case for investment in its acute services. The key challenges going forward were threefold: clinical, financial and estates. In particular, Mr. Demetriades highlighted the challenge faced in relation to the Trust's estates.

The decision to change service arrangements locally could only be taken by the three CCGs. The Acute Sustainability Programme would be looking in detail at the challenges faced by the Trust and how the CCGs could best ensure that the hospitals continued to deliver quality, safe and sustainable services for the area going forward.

There was a complex regulatory process that needed to be followed, particularly in terms of financing any proposals, but the importance of engaging more widely in the potential future configuration of services was recognised. The Trust had set out its preferred scenario of consolidating its major acute services onto a single site either at Epsom, St. Helier or on the Sutton Hospital Site where a new build would be required. In the Sutton scenario, land had been retained by the Trust in order that a new facility could be co-located on with the Marsden site. Should the Sutton site not be the way forward, the land would be sold to the London Borough of Sutton for housing purposes.

The programme would consider the best overall clinical model going forward in terms of the configuration of Major Acute services as well as other local health and care services. Major Acute services were identified as Emergency Department, Acute Medicine, Paediatrics, Emergency General Surgery, Obstetrics and Intensive Care. Any changes to the configuration of services needed to have clinical support based on good evidence but Mr. Demetriades stressed that the CCGs had reaffirmed their commitment to the requirement for two hospitals.

In order to achieve this, it was important that the governance process was sound. An independently chaired Programme Board had been established with commissioner, provider and regulator representation. The Board would provide strategic oversight of the programme and make recommendations to the Committees in Common.

Mr. Demetriades outlined the programme's journey so far, in particular highlighting that testing of the clinical model and case for change had begun and a dedicated Stakeholder Reference Group was about to be established to help shape the programme. The indicative programme timeline envisaged the programme being delivered through 5 phases, working on the assumption that a formal consultation would be required. The programme was currently in the phase of reconfirming the case for change and reviewing the clinical service models & impacts these may have, in particular whether deprivation might have an impact on access to services. It was currently envisaged that the earliest any decision on public consultation was likely to be in the autumn of 2018 and there was a significant amount of work to be undertaken between now and then.

It was pointed out that costly and aborted review exercises had been undertaken in the past and queried whether anything would come of the current exercise. Mr. Demetriades stated that there was no guarantee but all parties were united in trying to find a solution to the challenges faced, not the least access to capital funding. In terms of the cost of the review exercise, in order to secure significant investment, the proportion of spend needed to arrive at a high quality and robust case was a consideration. The programme would call on as much resource across the three CCGs as possible to progress this but some external advisory assistance would be required.

Mr. Elkeles stressed that no decision had been taken regarding the location of consolidated services but that the status quo was not an option. However, any solution was contingent on capital funding being made available. There was a

limited amount of funding available and the Trust was lobbying hard to ensure that this was in place. In the meantime, services at Epsom were not being run down and significant sums had been invested in services on the site. In terms of funding the scheme itself, the source of the borrowing was not the issue, it all counted as government debt and part of NHS capital and therefore government buy-in to the project was necessary. The Trust supported the approach of more care at home but there was still a need for acute facilities.

In respect of staffing, Mr. Elkeles stated that the Trust had made a step change improvement but that £1m was still spent a month on temporary staff in the acute services because there were not sufficient clinicians either here or from abroad to cover the establishment and this was not clinically sustainable. One of the reasons the Trust was doing relatively well was because staff were motivated to do well because of positive vision of future of acute services with sustainable rotas and teams and job satisfaction. The biggest risk to getting to that end point was the financing and it was vital that the focus was on securing this.

10 SURREY DOWNS CLINICAL COMMISSIONING GROUP

Dr. Russell Hills, Clinical Chair, was in attendance and updated the Panel on the work of Surrey Downs Clinical Commissioning Group (CCG).

The Panel was reminded that Surrey Downs CCG was made up of 31 GP membership practices across three localities (Epsom, Dorking and East Elmbridge), 19 of the practices in the Epsom locality. The CCG planned and bought healthcare for just over 305,000 people living in an area that crossed four local authority areas (Epsom & Ewell, Elmbridge, Mole Valley and Reigate & Banstead). The CCG procured health care from a range of different organisations and one of the CCGs largest contracts was with Epsom & St. Helier University Hospitals NHS Trust. The CCG was part of the Surrey Heartlands Health and Care Partnership (formerly the Sustainable Transformation Partnership) which involved eleven organisations and covered a population of around 850,000.

In terms of the population and local health needs in the CCGs catchment area, it was an ageing population and the CCG faced a number of challenges around issues such as obesity, smoking and skin cancer. New care pathways had been launched across a range of areas with more services available in the community, closer to home. The CCG has recently won a Health Service Journal Award for the success of a skin care initiative aimed at preventing/catching problems early and targeting intervention. The majority of patients in the Surrey Downs area were now benefiting from better access to primary care with extended GP opening hours, including weekends, via the hub system, which was proving extremely popular.

Dr. Hills highlighted that Surrey Downs CCG has also started working more closely with Guildford and Waverley and North West Surrey CCGs. To reflect closer working across the three CCGs, a new Joint Executive Team had been established. The three CCGs remained separate statutory organisations but were increasingly aligning their plans and priorities. He was also pleased to

announce, hot off the press, the new provider for adult community services in the Surrey Downs area from the 1 October 2018. The new service was to be delivered through a partnership with Epsom & St Helier University Hospitals Trust, CSH Surrey, GP Health Partners, Dorking Healthcare and Surrey Medical Network. The partnership was to be known as the Integrated Dorking, Epsom & East Elmbridge Alliance (IDEEA).

In terms of the CCGs current focus, it was currently finalising its commissioning plans and priorities for 2018/19, aligned through the Surrey Health and Wellbeing Board. The need to live within financial means was recognised and there was a continued programme of efficiency savings, looking for opportunities to improve care and reduce variation. The CCG was also actively supporting the progression of the Epsom and St. Helier Acute Sustainability Programme.

Dr. Hills then went on to talk about the Surrey Heartlands Health and Care Partnership working across health and social care He explained that across England there were 44 of these partnerships with local NHS organisations and Councils drawing up proposals to improve health and care in the areas they served. Within that there was a group of 10 partnerships, of which Surrey Heartlands was one, that were part of an Integrated Care System and Surrey Heartlands was only one of two devolved regions in England, piloting taking on greater responsibility for health and care commissioning at a local level. The partnership stemmed from the need to meet the demands of an ageing population in a challenging financial environment through the delivery of sustainable, integrated services. There were currently 13 work streams in progress and progress to date included securing additional investment to improve care in several priority areas such as psychiatric liaison in A & E. In response to a particular concern about mental health services, Dr. Hills stated that, as a heartlands network, partners took the issue of mental health very seriously and was about to appoint a new Mental Health Lead.

11 SURREY DOWNS ACCOUNTABLE CARE INITIATIVE

Daniel Elkeles, Chief Executive Epsom & St Helier University Hospitals NHS Trust, Dr Hilary Floyd, Medical Director, GP Health Partners Ltd and Sonya Sellar Area Director, Adult Social Care, Surrey County Council were in attendance and presented an update to the Panel on the local delivery of services.

The Trust had seen no increase in elderly care admissions to Epsom and the length of stay of those admitted had come down by a day because of the work of Epsom Health and Care Alliance. Resulting from the local NHS's shared vision to work more closely together, the alliances from Dorking, Epsom & East Elmbridge, led by the Trust, had been successful in bidding for a contract to provide adult community services. The principle behind the successful bid was the division of the Surrey Downs area into six GP lead localities, bringing community services into these localities with the aim of proactively preventing hospital admissions. It was about to become one of the most integrated health and care systems in the country with the support of Surrey County Council and

Mr. Elkeles was keen to stress that there was also a role for the District/Borough Council's in shaping this exciting model of delivery.

From the GP federations perspective, Dr. Floyd confirmed their desire to improve services for their patients by integrating services in the community and gave an example of how the model might work with the allocation of a key worker, determined by their particular need, who could co-ordinate a patient's care for the overall wellbeing of that individual. The model also aspired to motivate and energise the work force via a much more rewarding work environment leading to greater job satisfaction and staff retention, sentiment echoed by Sonya Sellar.

The proportion of spend of Council Tax on Adult Social Care was decided by Surrey County Council's cabinet but it was acknowledged that the service was stretched even with the extra 3% recently ring fenced. However, the County Council did not work in isolation. It was as much about providing signposting and advice as direct services. Mr. Elkeles held up the Longmead Centre as a good example of the delivery of preventative agenda. The Panel Chairman echoed the Council's desire to expedite this local approach to a national problem of a health service overwhelmed by an ageing population. He referenced the emerging Action Plan being drawn up by Epsom and Ewell Borough Council that aimed to bring all the strands together and coordinate its activity with other providers to help people stay out of hospital. Councillor Turner also provided some examples of initiatives undertaken in Reigate and Banstead, in particular tapping into voluntary sector resources.

Dr. Floyd summed up by stressing how important it was to work together now on planning how to prevent a repeat of the stresses placed on acute services last winter, at least in the local NHS.

12 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health Liaison Panel held on 4 July 2017 were agreed as a true record and signed by the Chairman. The Minutes of the meeting held on 14 December 2017 would be presented to the next meeting.

13 ANNUAL REPORT

Presentation of the Annual Report was deferred.

The meeting began at 7.02 pm and ended at 8.50 pm

COUNCILLOR RICHARD BAKER (CHAIRMAN)

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