

Minutes of the Meeting of the HEALTH LIAISON PANEL held on 10 November 2020

PRESENT -

Councillor Liz Frost (Chairman); Councillor Christine Cleveland, Councillor Hannah Dalton, Councillor Colin Keane, Councillor Debbie Monksfield and Councillor Guy Robbins

In Attendance: Councillor Bernie Muir, Emma Cox (Programme Director) (Surrey Downs Integrated Care Partnership), Daniel Elkeles (Chief Executive) (Chief Executive, Epsom and St. Helier University Hospitals NHS Trust), Dr. Hilary Floyd (GP Partner and Co-Medical Director) (Surrey Downs Health and Care) and Councillor Rachel Turner (Health Champion) (Reigate and Banstead Borough Council)

Absent: Councillor Bernice Froud

Officers present: Rod Brown (Head of Housing and Community), Rachel Kundasamy (Health and Wellbeing Officer), Alex Awoyomi (Trainee Solicitor) and Sarah Keeble (Democratic Services Officer)

1 MINUTES OF PREVIOUS MEETING

The Panel agreed the Minutes of the meeting of the Health Liaison Panel held on 9 July 2019 as a true record and authorised the Chairman to sign them.

2 DECLARATIONS OF INTEREST

No declarations of interest were made in items on the agenda.

3 THE CURRENT POSITION OF EPSOM AND ST. HELIER UNIVERSITY HOSPITAL NHS TRUST IN RELATION TO THE RECENT PUBLIC CONSULTATION AND THE ON-GOING COVID-19 PANDEMIC

The Panel received a presentation from Daniel Elkeles, Chief Executive, Epsom & St. Helier University Hospitals NHS Trust. The presentation provided an overview of the current position of Epsom General Hospital, in relation to the outcome of the Improving Healthcare Together consultation, the impact of the COVID-19 pandemic on the works being undertaken at Epsom General Hospital, and on the clinical services being provided to residents.

Mr. Elkeles confirmed that £500m had been secured to build a new specialist emergency care hospital, and to refurbish both the Epsom and St Helier hospital sites.

Mr. Elkeles provided the Panel with a timeline summary of the Improving Healthcare Together consultation that resulted in Sutton being the preferred location for the new specialist hospital with Epsom and St Helier retaining 85% of the services.

Merton Council did not agree and had asked the Secretary of State to refer the decision to the Independent Reconfiguration Panel. The Independent Reconfiguration Panel had since agreed with the NHS's decision and advised that the programme of work continue to proceed.

Mr Elkeles said that the business case was being prepared and would include the following:

- The provision of more beds.
- A redesign of the buildings as to increase the number of single rooms. Mr. Elkeles confirmed it was currently aimed for 70% of the beds to be in single rooms.
- The improvement of travel and access to all sites.
- Plans to ensure the hospital is net-zero carbon neutral.
- To have in place a new Electronic Patient Record system.
- Plans for a specialist renal care facility to operate from one location.

Mr Elkeles gave further details on the hospital's redesign in respect of the single rooms. He advised that all rooms would be in the line of sight to clinical staff, improve infection control, and offer patients privacy and dignity.

Mr Elkeles spoke about the significant investment at the Epsom and St Helier sites, confirming 6 major construction projects were underway.

The time-line for the programme of work was to be as follows. The final business case to be submitted by 31st December 2020. Final approval was due to be secured in January 2022, with the specialist hospital build in Sutton to commence in February 2022. It was anticipated that the specialist hospital would open in 2025.

Mr Elkeles confirmed that out of the 40 Hospital Trusts due to submit a business case, it is anticipated that Epsom and St Helier University Hospital Trust would be ranked 2nd and that he was therefore confident in the ambitions set out.

The Chairman asked a question about the proposed layout of the single rooms and the visibility of patients. Mr Elkeles confirmed that the focus was on an experience of privacy and dignity for patients, with glass panels that would allow nurses to see in, and windows that would allow patients to look out on a courtyard.

A Councillor asked about the electronic patient record system, asking whether there would be liaison with other agencies such primary care or adult social care, as to promote seamless travel for patient records across services.

Mr Elkeles and Dr Floyd (Medical Director for Surrey Downs Health and Care – also in attendance) confirmed that it was intended that the Hospital would adopt the same system as is already used by Surrey Downs Health and Care and the Mental Health Service across Surrey, thus benefitting from having one common medical record.

A Councillor asked about cost management and the risk of over-spend.

Mr Elkeles advised that the business case methodology included Optimism Bias set at 15% of the overall budget. In addition to this, a pre-determined rate of inflation was predicated over several years as to not under-estimate construction costs. The business case would also need to outline the money required for the Epsom and St Helier refurbishment costs.

A Councillor asked about transport issues, and asked if reassurance could be given that there would be adequate spaces for those with mobility issues.

Mr. Elkeles advised that on the site of the specialist emergency hospital, it was proposed to build a 1,000 space multi-story care park. This would be situated approximately 100 metres from the main building and as such there will also be a drop off point and some allocated disabled parking.

A Councillor asked about the additional beds and whether they would serve the same number of people.

Mr Elkeles confirmed this was the case, however the pandemic had demonstrated that the hospital needed more ITU beds than had been planned for in the original business case. These beds would be in the final design.

The Chairman commented on the plan to provide renal services from a single location and asked for further elaboration on this.

Mr Elkeles advised that historically renal services had been delivered in such a way that meant St Helier provided the clinical care, and St Georges provided renal surgery. This was not ideal for the patient. Renal specialists had requested that all services be delivered in one location. The Trust was subsequently producing an options appraisal for this.

Mr Elkeles advised that renal care is a specialist service and if the business case to deliver it from one location could be made, it was likely to result in better outcomes for the patients, and a better experience overall.

4 SURREY DOWNS INTEGRATED CARE PARTNERSHIP: 'RESPONSE AND RECOVERY' IN RELATION TO THE COVID-19 PANDEMIC

The Panel received a presentation from Dr Hilary Floyd and Emma Cox. The presentation provided an overview of service provision in response to the issue

of social isolation and Long COVID, and a look at how we are returning to business as usual.

Dr Floyd presented an overview of some of the issues in recovery of COVID patients, stating that when the pandemic first started, there was a significant focus on ITU and acute care. As time moved on, it was recognised that as these patients left hospital they required more support to recover from the effects of long COVID. The Seacole Centre was opened in May 2020 in response to this need.

Some of the patients who had been ventilated for a long time (60-90 days) were not fit to return home or to their Care Home straight away and so received inpatient rehabilitation care at the Seacole Centre. Others were able to return to their home with an on-going care package including an exercise schedule.

Many people who contracted COVID did not require hospital admittance. However Dr Floyd advised that it had also been noted that some of these patients reported Long COVID (fatigue, breathlessness, on-going coughs, exercise intolerance) and were often unable to return to work.

The Long COVID programme had been initiated, and Leatherhead Hospital provided rehab programmes for these patients. Services were delivered by Surrey Downs Health and Care, Epsom Hospital and Sutton Health and Care. People seen at the service attended to get their energy levels back up, but also to receive psychological support.

The service has been extended to primary care and GPs could now refer people to a rehabilitation service. Leisure centres and gyms had also been approached to see if this work could continue in the community.

Dr Floyd advised the Panel that primary care was operating and GPs were keen to see their patients. Dr Floyd stressed the importance of seeing patients with chronic disease, to assist in preventing severe COVID. Surgeries were now holding 50% of consultations face-to-face.

The Chairman asked if the newer emerging treatments for COVID patients that were having an effect on reducing Long-COVID symptoms.

Dr Floyd advised it was too early to tell whether the new treatments were having an impact on Long-COVID.

Emma Cox gave the Panel an overview of the Surrey Heartlands Organisational Development Programme, Surrey 500. Emma advised that this was a programme that looked to bring together partners, staff and managers from across systems to look at particular challenge or initiative within their place.

Surrey Downs ICP recruited 70-80 representatives from key partners, including from the voluntary sector and Districts and Boroughs.

Work was undertaken across the Districts and Borough in Surrey Downs, looking at what they felt the challenges were, and to find the common ground in how to

tackle the issue of social isolation and loneliness. Work was undertaken with Central Surrey Voluntary Action and the Coalition for the Disabled, to develop a programme that was evidence based, and would provide the best possible solution.

The Tech to Community Connect Project was subsequently developed in partnership with the above organisations, and in partnership with Action for Carers.

The project was specifically designed to support the reduction in loneliness, isolation, technophobia and digital exclusion. The initiative looked to provide devices, and 'Tech Angels' (volunteers) who can support residents to develop their skills. This was being done virtually.

A Councillor asked if there are plans for Surrey Heartlands to reach out and connect with organisations where all staff were working from home, and are having very little outside engagement.

Emma Cox acknowledged the impact that a long period of home working could have on both physical and mental health. Surrey Heartlands ICP were working across all organisations and regularly liaising with staff, conducting risk assessments, and trying to help staff teams feel more connected. This would require regular monitoring.

A Councillor asked about the financial barriers in being able to access technology, and whether this has been observed as an issue for many accessing the service.

Emma Cox advised that research had shown that for some residents the greatest barriers had been the fear and anxiety of going on-line. In this respect the Tech Angels had been invaluable and were integral to the project.

A Councillor asked if the Tech Angels were going to be put on the ambassadors training for 'scam spotting'.

Emma Cox informed the meeting that this suggestion would be passed to the relevant team.

A Councillor reflected that the scheme appeared to focus on older people as opposed to younger people.

Emma Cox confirmed there was no age limited and anyone could be referred to the project. The criteria were flexible, with the only set requirement being if a person is feeling lonely and needs support. The project focussed on older people, those who may have experienced long COVID, or any resident who has come into contact with front-line services.

The Chairman thanked the guest speakers, Daniel Elkeles, Dr Hilary Floyd and Emma Cox for their presentations.

The meeting began at 7.00 pm and ended at 8.10 pm

COUNCILLOR LIZ FROST (CHAIRMAN)