

Minutes of the Meeting of the HEALTH LIAISON PANEL held on 4 July 2017

PRESENT -

Councillor Richard Baker (Chairman); Councillor Steve Bridger, Councillor Humphrey Reynolds, Councillor Jean Steer and Councillor Peter Webb

Absent: Councillor George Crawford and Councillor Jane Race

Officers present: Rod Brown (Head of Housing and Community), Fiona Cotter (Democratic Services Manager) and Margaret Jones (Scrutiny Officer)

1 DECLARATIONS OF INTEREST

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

2 EPSOM AND ST. HELIER UNIVERSITY HOSPITALS NHS TRUST

Daniel Elkeles, Chief Executive, Epsom & St Helier University Hospitals NHS Trust was in attendance and provided an update on the Trust's latest performance and financial position.

The Panel was reminded of the context of the Trust's activities: one District General Hospital on two sites with a catchment of 490,000. The Trust served two health economies with two host clinical commissioning groups and comprised almost 5,000 staff and 600 volunteers. It was the fifth largest renal provider in the country and the very successful South West London Elective Orthopaedic Centre (SWELOC) was based on the Epsom Site.

Looking back at 2016/17, Mr. Elkeles highlighted the reduction in expenditure on agency staff, which was currently the lowest in London and, in terms of performance, that the Trust was consistently delivering the four-hour A&E target, regularly being number one in London and 7th nationally.

Mr. Elkeles reported that, financially, the Trust ended the year in a better position than forecast: the slightly lower than predicted deficit meant more to spend on patient care.

The Trust was also working hard to address the CQC rating of "Requires Improvement". The Trust was originally committed to 300 actions, 40 of which were outstanding as of March 2017: Of these still outstanding actions, a number were connected with the Trust's estate and would be extremely challenging to

address. It was anticipated that a re-inspection would take place in Q3 of this financial year. In terms of providing consistently high quality care – accelerated by the CQC findings, a restructure of the leadership team had taken place with an emphasis on clinical leadership (from “Board to Ward”). 10% of consultants were now in leadership roles. The Critical Care Faculty set up in conjunction with St. George’s Hospital had proved a huge success and had resulted in the appointment of two new consultants. Mr. Elkeles also highlighted the Vanguard “Red Bag Initiative” which was the equivalent of the Epsom and Ewell Health Care Alliance in the London Borough of Sutton. The initiative was having a huge impact on the quality of care of those admitted to hospital from care homes in that area.

Mr. Elkeles went on to highlight the previous fifteen years’ of strategic uncertainty that had faced the Trust and indicated that there would be announcement made shortly regarding the future beyond 2020.

Concerning the Trust’s estate, Mr. Elkeles was pleased to confirm that the Trust had been permitted to reinvest the proceeds from the sale of the Sutton site into a 72-week programme of backlog maintenance and improvements at St. Helier. Whilst this was good news, the disruption to patients was acknowledged.

In terms of improving services, it was highlighted that St. Helier was now home to a new Assisted Conception Unit, £500,000 had been set aside to improve cancer diagnosis and a new state-of-the-art contact centre had been installed.

Whilst the Panel welcomed the investment being made in the Trust, members were concerned that the focus appeared to be on St. Helier.

3 EPSOM HEALTH AND CARE ALLIANCE

The Panel received a presentation from Sonya Sellar, Mid Surrey Area Director of Adult Social Care, Surrey County Council, Dr. Hilary Floyd, Medical Director, GP Health Partners Ltd, Stephen Cass, Chief Executive Officer CSH Surrey and Daniel Elkeles on the work of the Epsom Health and Care Alliance. The presentation set out to explain who made up the Alliance, what it had achieved in the last eighteen months and what it hoped to achieve in the coming year.

The partner organisations that made up the Alliance consisted of GP Health Partners Ltd, Epsom and St. Helier University Hospitals NHS Trust, CSH Surrey and Surrey County Council. It had been established as a legal joint venture (or equal partnership) based on shared interests and vision to provide coordinated and integrated care to the 200,000 people registered at the 20 GP practices that together comprised GP Health Partners Ltd. It was considered important that the Alliance’s Vision and Values had been developed in conjunction with local residents and staff from across the partnership – there were no organisational silos. In terms of governance arrangements, lay members were key; Surrey and Borders Partnership NHS Foundation Trust and the Borough Council also had places on the Board.

The work of the Alliance currently focussed on the frail and elderly over 65 and integration of care was at the heart of what the Alliance was working to achieve. This saw a shift towards more preventive working, listening and responding to the needs of patients. The service was one of the first of its kind in the country.

There were several elements to the @home service pioneered by the Alliance. Firstly, GPs had an opportunity to refer patients to the Community Assessment and Diagnostic Unit (CADU) for a multi-disciplinary approach to their needs. This team would thoroughly review an individual's situation and needs and then arrange the required services, for example, for equipment to be delivered at home or for visits from nurses, physiotherapists, occupational therapists, community matrons or social care re-enablement assistants. Secondly, an enhanced @home team could arrange rapid additional short-term support at home for people who ran the risk of becoming acutely unwell or who needed extra support after being discharged from hospital. Finally, early discharge team on the wards assessed who could be assisted at home with the correct support negating the need for an unnecessarily prolonged stay in hospital.

It was considered that this approach had made a real difference with more people receiving better care, at home, people receiving care in the right setting and new ways of working as demonstrated by the following statistics:

- On average 3 patients remained at home and 3 brought home sooner each day;
- Equivalent 1 ward patient being actively looked after at home;
- Emergency admissions below 2015/16 (national increase 3-4%);
- People staying half a day less in hospital;
- Epsom Hospital achieved 4 hour Accident and Emergency target;

Staff felt part of one team and the challenge was now to grow the service. It was stressed that this service was not a Vanguard initiative and therefore not directly funded by NHS England. The initiative was funded on a local basis. Alliance Partners considered the model had proved itself in terms of outcomes and hoped to continue.

Over the next year, the Alliance was working on:

- **Whole Service Transformation** - Aligning how the partners worked together to get people the care they needed in the most appropriate place, including:
 - developing a better pathway for people after their acute phase of illness;
 - Integrating services together to build a better supported discharge process;

- Making more efficient use of our buildings to establish an integrated post-acute/rehabilitation unit
- **Epsom Centre for Stroke** - Implementing a fully integrated, service for those recovering from a stroke from end of the acute phase through to life after stroke including providing supported discharge for people to go directly home, and acute and rehabilitation care for people needing to spend longer in a bedded service
- **Neighbourhoods** - Reconfiguring how out of hospital organisations work together to treat people closer to home, including:
 - Promoting preventative services based on best practice across the country
 - Developing primary care based neighbourhood hubs to share care resources effectively across Epsom.

It was recognised that caring for those recovering from a stroke may require a different approach and would have to flex around the patient. The variety of outcomes would dictate the care required but it was stressed that the services offered by the Alliance were not intended to be long term.

4 MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health Liaison Panel held on 23 March 2017 were agreed as a true record and signed by the Chairman.

5 DRAFT FUTURE WORK PROGRAMME

The Chairman stated that he considered the mission or the purpose of the Panel was to influence work undertaken within the Borough Council to support the preventative healthcare strategy and the drive towards cutting hospital admissions, particularly amongst the frail and elderly. He wished to position the Panel as an adjunct to the Community and Wellbeing Committee.

He informed the Panel that a Health Strategy paper was being prepared for the Panel's November meeting prior to submission to the Community and Wellbeing Committee and that he would be looking at the Panel's Terms of Reference to make sure that they were relevant and up-to-date, in particular the role of partner authorities.

The following work programme was intended to set out the scope of the Panel's work. It would help direct and maximise the Panel's output and would be reviewed at each meeting.

MEETING DATE	ITEMS FOR CONSIDERATION AT PANEL MEETING	FLEXIBLE ITEMS TO MONITOR
4 July 2017	<ul style="list-style-type: none"> • Epsom and St Helier University Hospitals NHS Trust - performance (to cover Quality Account 2016/17 including objectives for 2017/18), financial position, update on estates, follow up action to CQC inspection • Epsom Health and Care Alliance – update on work of the Alliance to support residents over 65 (to note support provided by EEBC) • HLP Draft Health Liaison Panel Work Programme 2017/18 	<ul style="list-style-type: none"> • Future provision of acute mental health services (potential for public consultation)
14 Nov 2017	<ul style="list-style-type: none"> • Surrey Downs Clinical Commissioning Group - updates on Surrey Stroke Services and local Community Hospitals where reviews have been undertaken, STP (including in particular prevention strategy) and any other developments • Draft EEBC Health & Wellbeing Strategy • Planning for Annual Public Health meeting • Public Health Update – Surrey wide prevention work and update on activities taken locally 	<ul style="list-style-type: none"> • Borough Health Profile • HLP Work Programme 2017/18 update • Epsom & St Helier University Hospitals NHS Trust
13 March 2018	<ul style="list-style-type: none"> • Mental Health Services provision • Epsom and St Helier University Hospitals NHS Trust • Potential Items for Work Programme 2018/19 • Chairman’s End of Year Report to Community and Wellbeing Committee 	

There was some discussion about the appropriate time to put mental health services on the Agenda but it was considered that March 2018 would be appropriate based on current understanding of developments in this area. It was requested that any consideration of mental health issues should also specifically encompass "Safe Havens" and suggested that mental health provision might be a suitable topic for a public meeting. It was agreed that the Head of Housing and Community, in consultation with the Chairman, would review the work programme and re-circulate it to members of the Panel.

The meeting began at 6.30 pm and ended at 8.20 pm

COUNCILLOR RICHARD BAKER (CHAIRMAN)