

Minutes of the meeting of the
Epsom AND EWELL LOCAL COMMITTEE
held at 7.00 pm on 10 September 2018
at Bourne Hall, Spring Street, Ewell KT17 1UF.

Surrey County Council Members:

- * Mr John Beckett (Chairman)
- * Mrs Tina Mountain (Vice-Chairman)
- * Mr Eber A Kington
- * Mrs Jan Mason
- * Mrs Bernie Muir

Borough / District Members:

- * Cllr Michael Arthur MBE
- * Cllr Richard Baker
- * Cllr Kate Chinn
- Cllr Hannah Dalton
- Cllr Mike Teasdale

* In attendance

OPEN FORUM

The questions and responses to the matters raised in the Open Forum are attached to the minutes.

28/18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies for absence were received from borough councillors Hannah Dalton and Mike Teasdale, Cllr Tella Wormington substituted for Cllr Dalton.

29/18 DECLARATIONS OF INTEREST [Item 2]

There were no declarations of interest.

30/18 CHAIRMAN'S BUSINESS [Item 3]

The Chairman reminded county councillors that bids for members' community allocations need to be received by 31 January 2019 and preferably earlier to ensure that all funding is allocated.

He drew members attention to the current consultation on camera enforcement of bus lanes and that the policy could be extended to cover bus stops as well.

The Surrey Performing Arts Library has been relocated to the Bourne Hall Library which reopens tomorrow.

He passed on thanks to highway officers from the residents of Bradstock Road for the recent resurfacing.

31/18 WRITTEN PUBLIC QUESTIONS AND STATEMENTS [Item 4]

One question had been received. The question and response are set out in the supplementary agenda for the meeting. The questioner was not present and there was no discussion.

32/18 PETITIONS [Item 5]

No petitions were received.

33/18 MINUTES OF PREVIOUS MEETING [Item 6]

Confirmed as a correct record.

34/18 PRESENTATION FROM SCC LEAD CABINET MEMBERS FOR PEOPLE AND PLACE [SERVICE MONITORING AND ISSUES OF LOCAL CONCERN - AGENDA ITEM] [Item 7]

Declarations of Interest: None

Officers and members attending: Tim Oliver, SCC Lead Cabinet Member for Place, Sarah Parker, Director of Transformation, Surrey Heartlands Health and Care Partnership

Petitions, Public Questions/Statements: None

Member discussion –key points

Tim Oliver and Sarah Parker gave a presentation on changes to support the health and wellbeing of residents. As is well known, the County Council has significant budget pressures, arising from increased costs in adult social care and special educational needs, which account for a significant portion of the budget. In order to manage cost a process of transformation is underway to focus on early help and prevention, whilst maintaining front line services. Members have already seen the vision and going forward the County Council will be looking to have a greater understanding of residents priorities and be more transparent.

Only 20% of health needs are influenced by health care, the remaining 80% are influenced by other factors. In Epsom & Ewell the Social Care team provide support for 1241 adults, this includes 141 carers. This is mainly older people (1030 people) and adults with learning disabilities (211 people).

By 2031 Epsom and Ewell will require 7 additional GPs, 8 additional dentists, 26 additional acute hospital beds and 5 mental health beds. These figures are some of the highest in any borough. By 2025, 69 nursing care beds and 63 residential care beds will be needed. This is low when compared to other boroughs.

There are 885 children in need (3.7% of the population), 227 families in need (1% of the population) and 1177 children registered for Free School Meals. These figures are low when compared to other boroughs.

Surrey Heartlands is looking at changing systems so they are not centred around hospitals and integrating with other agencies by joining up computer systems and co-locating staff.

Cllr Baker, Chairman of the Boroughs Health Liaison Panel, raised concern at the proposal for Epsom Hospital to sell surplus land at the hospital to fund refurbishment, when this may be needed for future expansions to meet the needs of a growing population. The Borough have been working with the hospital to try and influence what may be built on this site to include affordable homes and an Adult Social Care facility. Hospitals should not be relying on the sale of assets to upgrade facilities as this is not sustainable long term and should be funded from central government budgets.

Whilst the aspirations are good, members were concerned that, given the need for budget savings, they will be unachievable and the public are seeing reductions in service in a number of areas. The County Council needs to demonstrate its commitment and ability to deliver, to build trust with the public and partners. There is also a need to focus resources into areas of high need such as the Longmead and Watersedge areas.

It was acknowledged that more needs to be done in the health sector to improve computer systems and allow patients to book and change appointments. Sarah Parker undertook to raise a current issue where patients at Epsom Hospital are having their appointments changed or cancelled by St Helier and not being notified.

The Committee thanked Tim Oliver and Sarah Parker for the presentation.

35/18 MEMBER QUESTION TIME [Item 8]

There were no member questions.

36/18 HIGHWAYS UPDATE [EXECUTIVE FUNCTION - FOR DECISION] [Item 9]

Declarations of Interest: None

Officers and members attending: Helen Currie, Principal Highway Maintenance Engineer; Gavin Smith, Maintenance Engineer; Steven Howard, Transport Strategy Project Manager

Petitions, Public Questions/Statements: None

Member discussion –key points

Members requested that a list of centrally funded projects should be added to the report for future meetings.

Noted in Table 4, Ewell Village AQMA Package, that the loading bay had been included in the Phase 11 parking review and therefore the table needed to be updated.

Members were disappointed that there may not be sufficient funding remaining from the current Kiln Lane works to carry out the proposed scheme at Chuters Grove. Other funding needs to be identified to complete this work if this is the case as this is a high priority.

Table 4 – Chessington Road. Members queried whether this should read Riverholme Drive to Green Lanes as Longmead Road is on the opposite side of the road. They also requested that the kerb adjustments be completed as soon as possible.

Table 4 – Fair Green. The Chairman agreed to look into why the Borough Council had not responded.

The divisional member was concerned that the Borough Council had allocated £35k CIL funding for a new bus shelter. She felt that the money could have been better used elsewhere.

The divisional member thanked officers for preparing the options for the use of the developer funding from the Aldi Development. He acknowledged that the cost of the preferred option exceeded the budget available and that additional funding will need to be identified to take this forward.

Noted that when the work at the Spread Eagle junction takes place the pavement in High Street East will not be replaced, except to install new tactile paving sections. The tree by Metro Bank is privately owned and it is believed that it has a Tree Preservation Order so it will need to be replaced by the owners if it is dead or diseased.

Members asked whether the CIL funded schemes would be completed this financial year. As funding had been awarded on the basis that the schemes were ready to go, this should be the case and if not the funding may need to be returned.

Noted that Item 10 in Appendix 1 is in West Ewell division. Members queried the significance of the green shading which it was thought indicated schemes being progressed.

Resolved: To

- (i) approve the provisional allocation of budgets for 2019-20 as shown in Table 3 of the report;
- (ii) authorise the Area Highway Manager in consultation with the Chairman, Vice Chairman, and relevant Divisional Member(s) to undertake all necessary procedures to deliver the agreed programmes.

Reasons: Recommendations are made to facilitate development of Committee's 2019-20 Highways programmes, while at the same time ensuring that the Chairman, Vice Chairman and relevant Divisional Members are fully and appropriately involved in any detailed considerations.

Committee is asked to provide the necessary authorisation to deliver its programmes of work in consultation with the Chairman, Vice Chairman and

relevant Divisional Member without the need to revert to the Committee as a whole.

37/18 LOCAL COMMITTEE DECISION TRACKER [FOR DECISION] [Item 10]

The Committee noted the progress made with items in the tracker and agreed that those marked as complete could be removed.

38/18 FORWARD PLAN [FOR INFORMATION] [Item 11]

Noted the forward plan.

39/18 DATE OF NEXT MEETING [Item 12]

Monday 10 December 2018 at 2pm, Epsom Town Hall.

Meeting ended at: 9.15 pm

Chairman

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SCC LOCAL COMMITTEE IN EPSOM & EWELL – 10 September 2018

OPEN FORUM IN ADVANCE OF FORMAL MEETING VERBAL PUBLIC QUESTIONS

Question 1: Mike Houghton

Mr Houghton is a resident of Dirdene Gardens and yellow lines have been proposed outside his house in the current parking review and previously. He is grateful that the proposal in this review would not proceed, but asked whether the proposal could be re-submitted for a future review. He has requested a dropped kerb for off-street parking but this has been refused on safety grounds as he is near to a junction and he is concerned that if a yellow line is introduced he will have nowhere to park.

Response:

The Chairman responded that as there is an open process for the submission of requests for consideration in parking reviews it would not be possible to prevent a similar request being submitted. The divisional member indicated that she would be unlikely to support a request unless the situation changes and so there can be no guarantee. She undertook to see whether anything could be done to permit off-street parking.

Question 2: Residents of Lynwood Road

Lynwood Road residents are preparing to submit a request to the next parking review. They asked whether their proposals are likely to be agreed if a high majority of residents are in favour and if several suggestions are submitted which will be submitted to the review.

Response:

The Chairman responded that if the majority of residents are in favour the proposal will receive serious consideration. The divisional member indicated that she would be working with residents to ensure that the proposal most favoured by residents and considered to be suitable by the parking team was submitted to the review.

Question 3: Town Centre works

There were several questions from residents in relation to the highway work in Epsom town centre.

Responses:

The crossing near TK Max will remain in its current location. The signals are being replaced currently and it will reopen shortly.

The barriers currently in South Street were installed as a safety measure whilst motorists got used to the new road layout. They are being removed in stages and should be gone by Friday 14th. There are still issues to be resolved with the co-ordination of the lights by the Ashley Centre.

The works at the Spread Eagle junction will commence on 17 September having been slightly delayed by other works taking place in the vicinity.

Question 4: Tree in Providence Place

A resident was concerned that a tree was dangerous and blocking visibility.

Response:

The resident was invited to discuss with the Maintenance Engineer after the meeting.

Question 5: Epsom By-pass

A resident asked whether discussions had taken place with Chris Grayling over the possibility of building a by-pass around Epsom town centre.

Response:

No discussions have taken place, but it was felt that this would be highly unlikely to proceed on the grounds of cost and also that it would need to cross Epsom Common which is protected land.

The Wider Determinants of Health

How District and Borough Councils support the health and wellbeing of their residents.

Cllr Tim Oliver, Cabinet Lead for
Health and Wellbeing, Surrey
County Council

Content

1. Context- 2030 vision
2. Understanding the wider determinants of health
3. The role of local authorities
4. Evolving health and care systems in Surrey
5. Surrey Heartlands- case study
6. Discussion and questions

1. Context- 2030 vision

THE VISION FOR THE PEOPLE OF SURREY

BY 2030...

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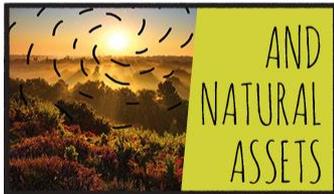


WE WANT SURREY TO BE A UNIQUELY SPECIAL PLACE

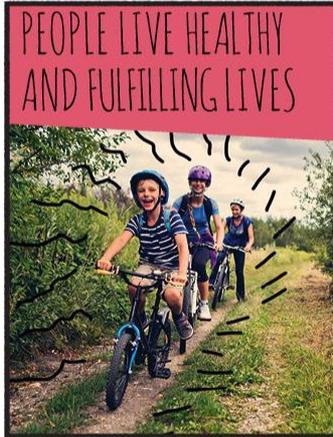
THAT BUILDS ON ITS LOCATION



AND NATURAL ASSETS



PEOPLE LIVE HEALTHY AND FULFILLING LIVES



WHERE EVERYONE HAS A GREAT START TO LIFE



EVERYONE ACHIEVES THEIR FULL POTENTIAL



AND CONTRIBUTE TO THEIR COMMUNITY...



...NO ONE IS LEFT BEHIND

OUR VISION IS FOR...

Children and young people to be safe and feel safe, healthy and make good choices about their wellbeing



Young people to be equipped with the confidence and skills to succeed in life

Surrey people to live healthy, active and fulfilling lives, independently in their local community with choice and control



Surrey people to access the right health and social care at the right time in the right place



Surrey people to access information and services to help prevent, reduce and delay the need for care and support

THE VISION FOR SURREY AS A PLACE

BY 2030...



WE WANT OUR COUNTY'S
ECONOMY TO BE...



SURREY IS SEEN
AS A GREAT
PLACE TO...



...LIVE, WORK
AND LEARN

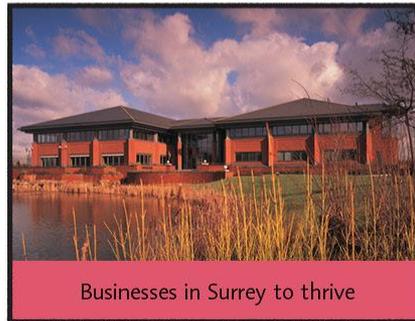
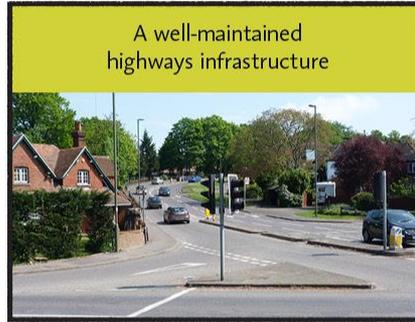
COMMUNITIES
FEEL
SUPPORTED



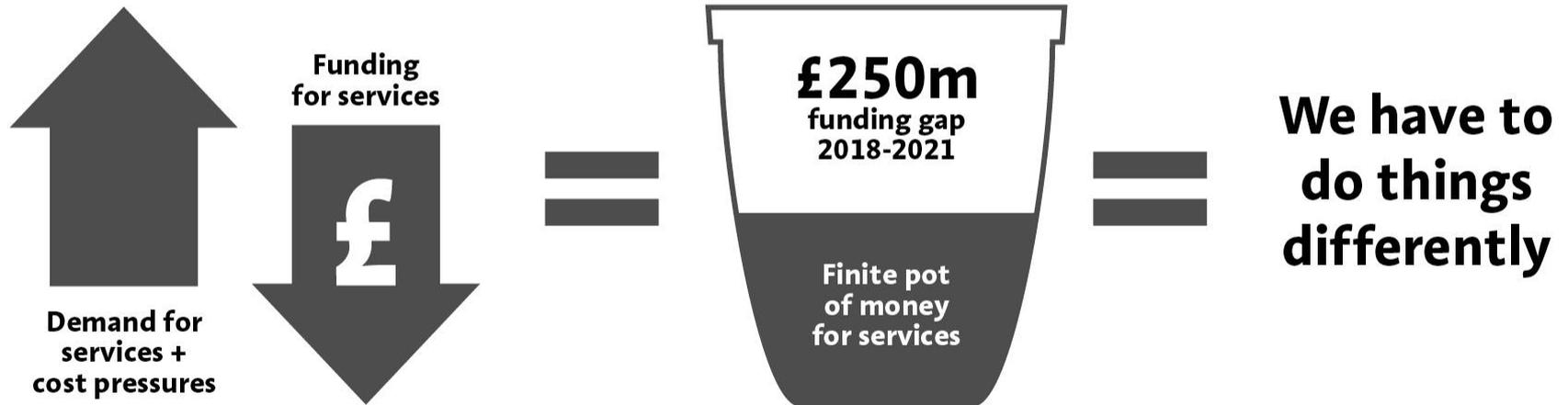
AND PEOPLE
ARE ABLE TO...

...SUPPORT EACH OTHER

OUR VISION IS FOR...



FINANCIAL FACTS ARE STARK



2. Understanding the wider determinants of health in Surrey

Contributors to health outcomes



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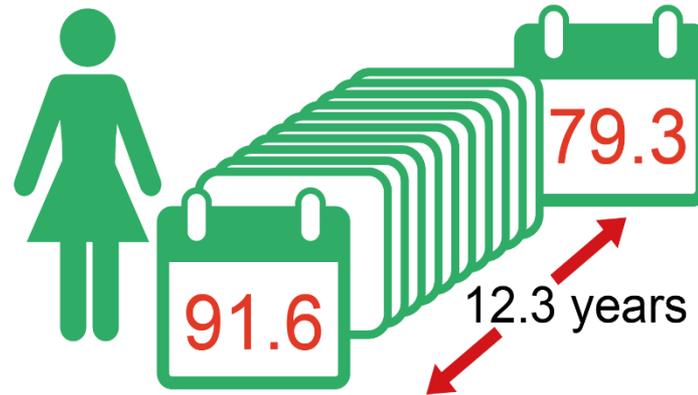
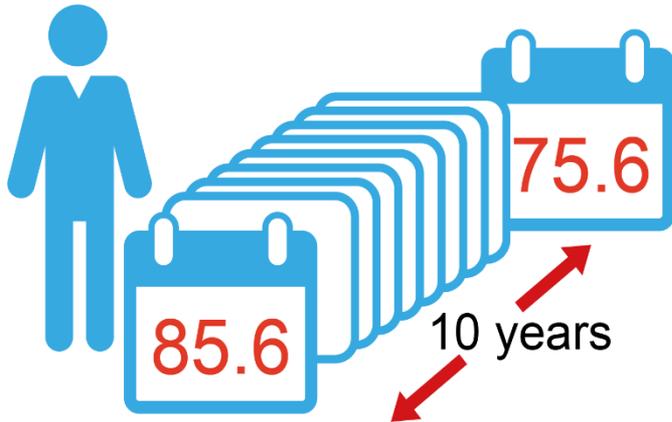
We have to concentrate action on all fronts

Life expectancy



Life Expectancy gap for **males** living in **Haslemere East and Grayswood ward** (Waverley) which has the highest life expectancy and **Court ward** (Epsom and Ewell) which has the lowest.

Life Expectancy gap for **females** in **Godalming Holloway ward** which has the highest life expectancy and **Hindhead ward** which has the lowest (both in Waverley).



The wider determinants influence the proximate causes of ill health



3. The role of local authorities

The role of local authorities



Source: Adapted from Campbell F (editor) (2010) [The social determinants of health and the role of local government](#)

Neighbourhood design



Enhance Neighbourhood Walkability



Build Complete and Compact Neighbourhoods



Enhance connectivity with safe and efficient infrastructure

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Modifiable features	Impact	Health outcomes
<p>Increase walkability Improve infrastructure to support walking and cycling Compact neighbourhoods Increased access to amenities and facilities Improved street connectivity Public realm improvements – e.g. street lighting</p>	<p>Social engagement Physical activity Mobility among older adults Social participation Pedestrian activity</p>	<p>Mental wellbeing Risk of CVD, type 2 diabetes, stroke, and some cancers Reduced BMI Risk of musculoskeletal conditions Road traffic collisions</p>

Housing



Improve Quality of Housing



Increase Provision of Affordable and Diverse Housing



Increase Provision of Affordable Housing for Groups with Specific Needs

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Modifiable features	Impact	Health outcomes
<ul style="list-style-type: none"> Energy efficient homes Removal of home hazards Housing refurbishment, retro-fitting Fuel Poverty Daylight and ventilation Provision of diverse housing types Provision of mixed use affordable housing Provision of affordable housing for specific vulnerable groups, groups with long term conditions, or for the homeless 	<ul style="list-style-type: none"> Social outcomes among older adults Damp proofing, re-roofing and new windows Warmth and energy installation Daylight exposure, Indoor air quality Physical activity, Safety perceptions, Social behavioural and health related outcomes, Engagement with healthcare services, employment 	<ul style="list-style-type: none"> General health, Mental health, Asthma, Mortality, Fall-related injuries among older adults, health inequalities among low income groups, excess winter deaths, prevalence of chronic conditions, risk of CVD, respiratory symptoms, some cancers, Substance misuse, QOL, Risk of CVD

Food Environment



Provision of healthy, affordable food for the general population



Enhance community food infrastructure

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Modifiable features	Impact	Health outcomes
<ul style="list-style-type: none"> Increase access to healthier food for the general population Decrease exposure to unhealthy environments Increase access to healthy food in schools Access to retail outlets selling healthier food Urban food growing Provision of and access to allotments and adequate garden space 	<ul style="list-style-type: none"> Dietary fat intake, Dietary behaviours, Fruit and vegetable consumption Attitudes towards fruit and vegetable consumption Dietary behaviours among children in low income areas Opportunities for social connectivity, physical activity 	<ul style="list-style-type: none"> Maintenance of healthy weight Reduced risk of CVD, Nutrition related outcomes among children and adolescents Mental health and wellbeing Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal problems

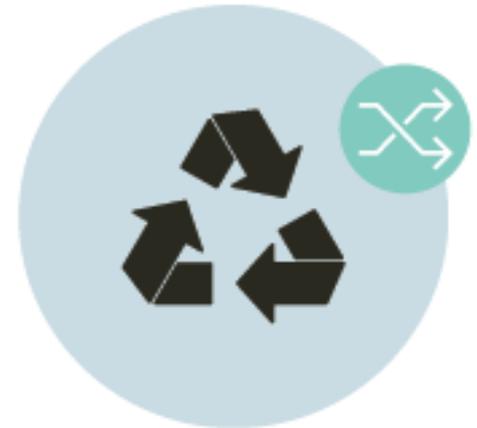
Natural and sustainable environment



Reduce exposure to environmental hazards



Access to and engagement with the natural environment

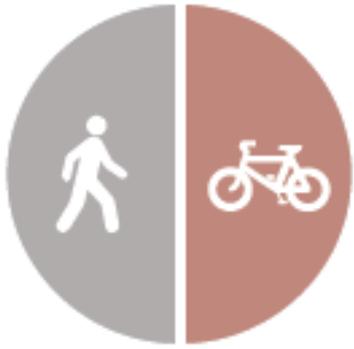


Adaptation to climate change

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Modifiable features	Impact	Health outcomes
<ul style="list-style-type: none"> Improved air quality Exposure to air pollution Excessive noise Reduce impact of flooding Provision of access and engagement opportunities with natural environment Aesthetic park improvements Participation in physical activity in outdoor settings Prioritisation of neighbourhood tree planting Tackle climate change 	<ul style="list-style-type: none"> Physical activity among older adults Exposure to particular matter and other gaseous matter Exposure to excessive noise Physical activity, Active Travel, Mobility, Social participation Motivation to engage with physical activity First-time park users Urban heat island effect, heat and cold extremes 	<ul style="list-style-type: none"> Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions, mental wellbeing Cognitive function, improved birth outcomes, reduction in infant mortality, lung cancer, ischemic heart disease, risk of CO poisoning, physical health outcomes, improved bone health

Transport



Provision of active travel infrastructure



Provision of public transport



Prioritise active travel and road safety



Enable mobility for all ages and activities

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Modifiable features	Impact	Health outcomes
<ul style="list-style-type: none"> Increase infrastructure for cycling and walking Encourage use of public transport Prioritise pedestrians and cyclists Traffic calming measures Public realm improvements Access to recreational spaces Active travel to work and school 	<ul style="list-style-type: none"> Mobility, Physical activity, active travel Social participation Pedestrian activity 	<ul style="list-style-type: none"> Risk of CVD, cancer, obesity and type 2 diabetes and some cancers. Promoting mental wellbeing. Risk of pedestrian injury, road traffic collisions

Preventative approach

Upstream



- Preventative
- Increase the length and quality of life
- Address health inequalities
- Reduce emergency admissions
- Promote self-care
- Sustainable services

Downstream



- Reactive
- Pressure on services
- Worse health outcomes for citizens

3. Evolving health and care systems in Surrey

Health and Wellbeing Board

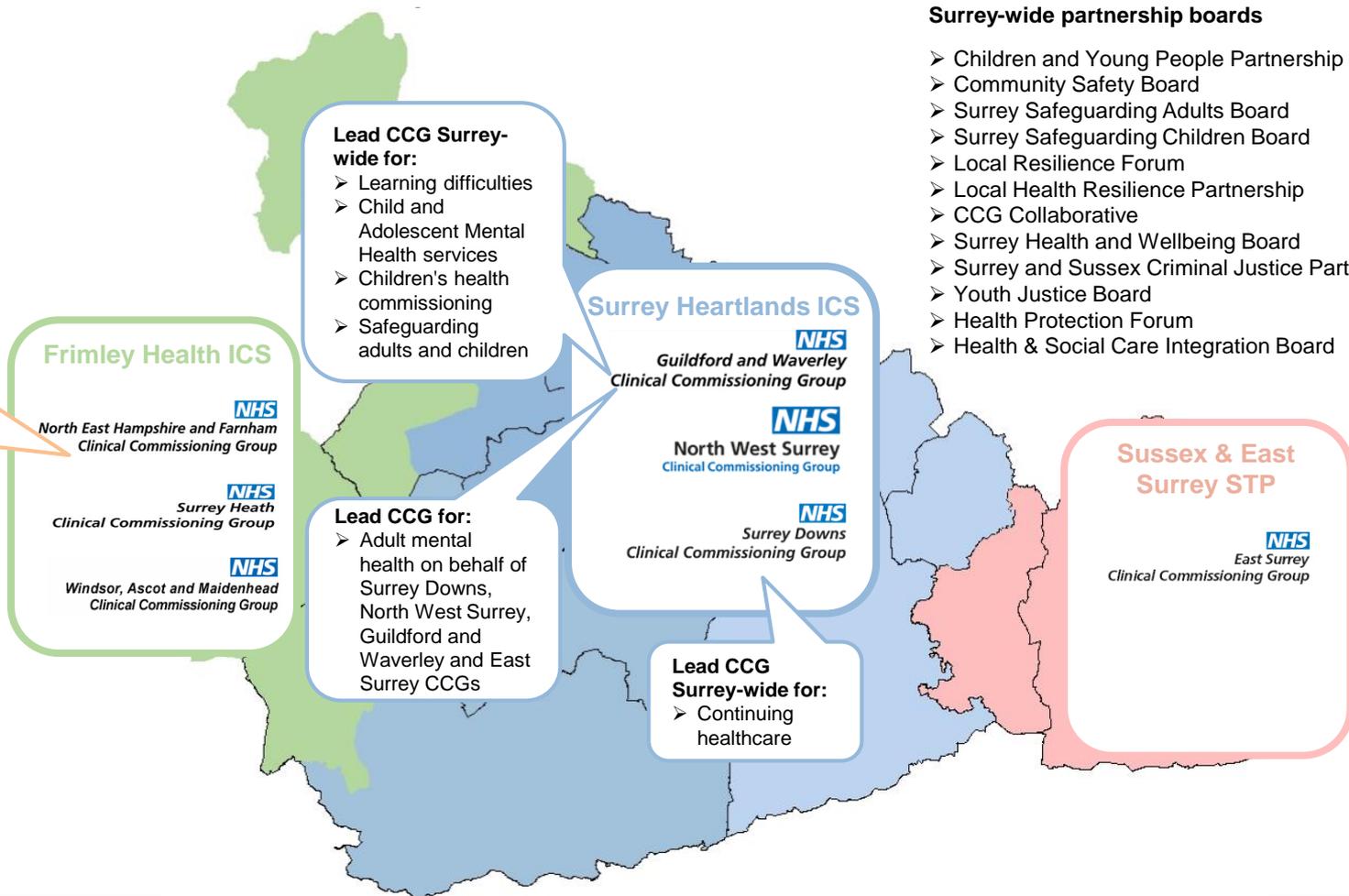
Duties of the Health and Wellbeing Board:

1. *Duty to prepare a joint strategic needs assessment (JSNA)*
2. *Duty to prepare a joint health and wellbeing strategy*
3. *Duty to encourage integrated working*

**JOINT
STRATEGIC
NEEDS
ASSESSMENT**



HEALTH AND SOCIAL CARE PARTNERSHIPS IN SURREY

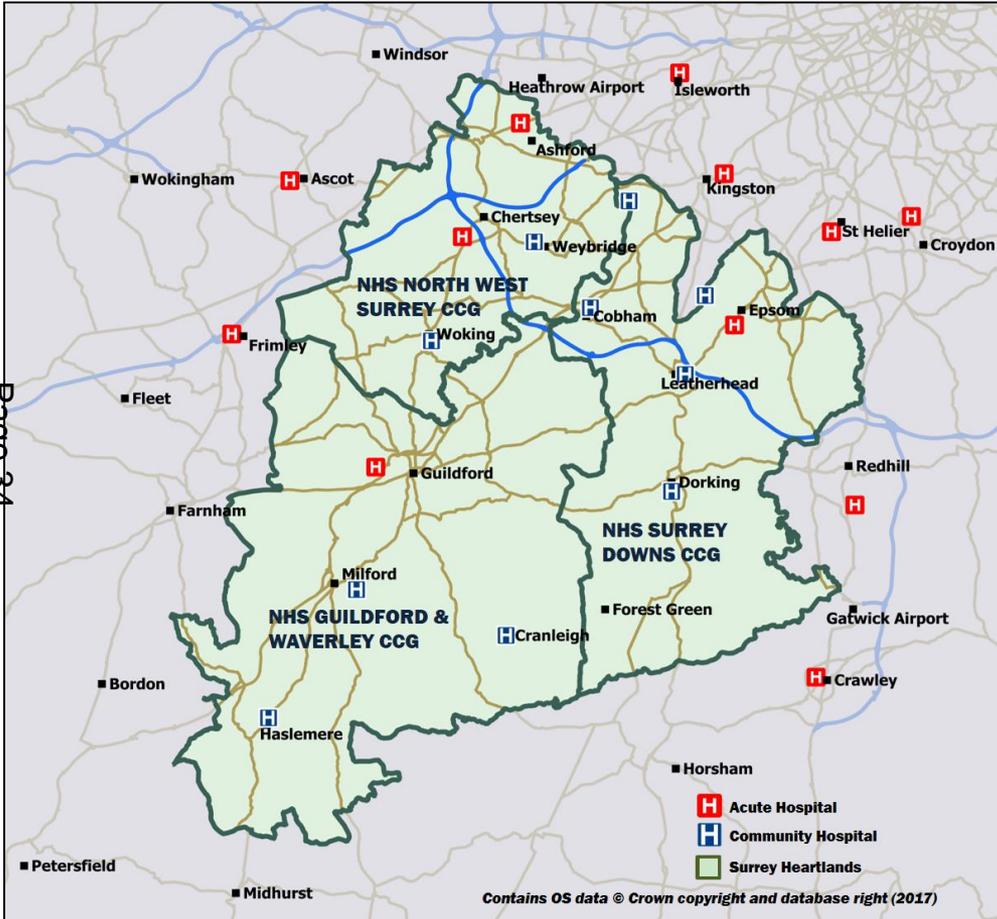


Population footprints



4. Case study: Surrey Heartlands

Our partnership in more detail



- Serving 850,000 people across nine district/borough councils
- With health funding of c. £1bn and combined social care and public health budget of £328m
- 3 CCGs across eight GP-led localities
- 684 GPs in 95 practices
- **H** 4 acute hospital sites
- **H** 11 community hospital sites
- 1 community services provider
- 1 mental health provider (four in-patient sites and 22 community sites)
- 1 upper tier local authority (Surrey County Council) - social care and public health

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There are three elements that really set our partnership apart:



Devolution



Surrey Heartlands Clinical Academy



Citizen-led Engagement and Communications

Our priorities 2018/19

Generational Change

- Better births programme
- Children & young peoples mental health
- system wide commitment to improving health of the next generation

The role of the citizens of Surrey Heartlands

- Prevention and the wider determinants of health
- Self-care; shared decision making
- Citizen ambassadors and deliberative research & co-design
- Role of carers

Working as one team

- Workforce (via SHWAB)
- Clinical (via the Academy) - GIRFT & RightCare opportunities, quality improvement & innovation & research
- Corporate and back office services; clinical support services

Devolution & New Models of Care

- Integrated strategic commissioning and enabling workstreams e.g. digital, estates
- Becoming an integrated care system and creating integrated care partnerships
- Development of the new care model (including frailty / last 1000 days)

National Priorities

- Mental health; Cancer; Urgent care; Primary care; Diabetes; Continuing healthcare

An integrated system

- Surrey Heartlands is one of fourteen 'Integrated Care Systems' – a more evolved partnership where health and local Government are taking a collective responsibility for health and social care
- And through our devolution agreement, we are developing our specialist integrated commissioning role (across health and social care) to maximise benefits for local people



Developing local partnerships

- At a more local level, we are developing three local partnerships – known as Integrated Care Partnerships – across the current CCG areas
- These are alliances of local health and care organisations, including CCGs, GP federations, our borough colleagues, the voluntary sector and others
- To make the changes needed at local level – in this first year their focus is on strengthening out of hospital services and ultimately reducing reliance on the acute hospital system



Recent successes (1)

- **Our 24/7 Maternity Advice line** – v successful start - 4716 calls taken in the first month, with 3500 answered within 60 seconds. **42 ambulance attendances were avoided.**
- **Perinatal mental health** – successful bid totalling c£970k for 2018/19 with a new service due to start this autumn
- Working with the Academic Health Science Network on **cardiovascular prevention**, in particular to detect and treat hypertension and atrial fibrillation - both major contributors to strokes and heart attacks



Recent successes (2)

- **MSK** - tool to support GPs in decision making and offer self-help advice to patients piloted in East Elmbridge, with roll out across Surrey Heartlands by April 2019
- **Diabetes** – new integrated diabetes specialist nurses now supporting patients at Ashford & St Peter's, Royal Surrey County and Epsom hospitals and in the community
- Collaborative working with adult social care to improve hospital discharge e.g. Home First at RSCH



Recent successes (3)

- **Surrey Care Record** – first phase to go live from 29 August enabling sharing of GP records with local A&E departments
- Part of a successful bid for £7.5m investment to scale up digital records programme across Surrey Heartlands/Thames Valley
- **Woking Family Hub** – agreement with Woking BC to fund a large retail space in Woking town centre for a children/families hub to include health, social care, mental health services as part of our *Better Births* programme
- Further £6 million of transformation funding for local initiatives for 2018/19

More information

- Look out for **monthly Surrey Heartlands newsletters**
- More information is available at:
www.surreyheartlands.uk



Questions

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