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26 September 2019

**SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING HEALTHCARE TOGETHER 2020-2030**

26 September 2019 at 7.30 pm

**7. WELCOME AND INTRODUCTIONS**

The Chair, Councillor Colin Stears, welcomed those present.

**8. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Lewer and Critchard, and Councillor McCabe with Councillor Fraser attending as substitute.

**9. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**10. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

that the minutes of the meeting held on 4 July 2019 be agreed as an accurate record.

**11. IMPROVING HEALTHCARE TOGETHER PROGRAMME UPDATE**

Sandra Ash, Keep our St Helier Hospital (KOSHH) addressed the committee at the discretion of the Chair. The main points raised were:

- The plans being put forward would result in cuts in services, including the reduction of acute services, this would affect the health and wellbeing of people in the area.
- The proposal should be referred to the Secretary of State.
- A single centre would increase journey times for patients which would affect survival rates, this is backed by evidence from other areas where similar changes have occurred.
- Land at the Epsom site was declared surplus and has been sold, as the areas were in use this should have been subject to a consultation process.
- The sale of the land at the Epsom site did not achieve the profit expected therefore the required re-provision of services resulted in costs.
- The sale of the land has been detrimental to service provision at the three sites.
- The CCG has responsibility for long term health care in the area.

The Chair explained that the Improving Health Care Together proposal reported at this stage can not be referred to the Secretary of State at present as the process is not at the formal stage, and does not become so until the proposal reaches the Public Consultation stage. At the Public Consultation stage each borough would have the right to refer to the

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Secretary of State if they wished. Merton and Sutton have both previously declared they wish to retain the right to refer to the Secretary of State.

The IHT programme team informed Members that the sale of the land at the Epsom site had included areas of both clinical and non clinical services. These services were still being provided either elsewhere within the Trust or through re provisioning and there had been no reduction in services. Any profit from the sale of estate would be used within the Trust.

Members asked if land disposal was required as part of the capital funding for the Improving Health Care Together programme, Matthew Tait, Joint Accountable Officer, Surrey Heartlands Health and Care reassured the Committee that land disposal was not included within the business case for the programme.

The Programme team reported to the Committee that there remained a commitment that three hospitals would be retained, although acknowledged there would be service changes. It was also reported that partners, including primary health care providers had been included in discussions. In addition there would be new STP types of plans in November which would include discussion with partners.

The Chair informed Sandra Ash, KOSHH that she would be able to address the Committee at a future meeting.

Andrew Demitriades, Programme Director, Improving Health Care Together gave a verbal update. The main points raised were:

- Regional level assurance had been sought around both financial and non financial issues to ensure the regulator is content.
- The next stage of the process was to seek national assurance (the process was explained), and to secure capital for any of the proposals.
- The programme would not progress to the consultation stage until capital funding was secured.
- The National bodies were aware of statutory requirements.

Members expressed concern that St Helier hospital would be downgraded to a district hospital.

Councillor Brenda Fraser mentioned the Leader of Merton Council had expressed concerns in writing to the IHT programme about both the process to date, and that the pre-consultation business case which signified a downgrading of St Helier to a district hospital.

The Programme Director, Improving Health Care Together explained the services provided at district hospitals and suggested that if St Helier hospital became a district hospital 85% of current services provided would remain.

The programme team acknowledged the process has taken place over a long period of time throughout this time there has been continued work with local residents and staff. If the

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capital for the programme was secured it would have significant impact on the area. The risk remains that funding can not be secured.

Members discussed the engagement process included the views of patients and public, and that a broad coverage of views had been sought. It was acknowledged that the geographies cover and include a complex demographic. Members requested that the Programme team take account of the lessons learned from previous resident engagement work completed. The programme team confirmed that they would aim to engage with hard to reach groups, these groups varied in different areas of the geographies. Members expressed view that there should be no perception of confidentiality requirements by attendees, session should be open and transparent.

The Programme team confirmed that when the consultation stage is reached, all options will be included in the consultation, however if there was a preferred option this would be noted. The consultation would include any limitations which would occur due to capital secured. At this stage the team are not aware of the value of the capital funding which would be allocated.

Members requested that an easy read version of the document be provided which included information about how residents are able to raise their views.

The programme team reported that recent investment provided to Croydon University Hospital did not affect this programme, this funding remained outside of the Improving Healthcare Together programme. It was suggested that improvements created by this funding would not alter patient flow patterns as it had created changes to the premises rather than provision.

## **12. IMPROVING HEALTHCARE TOGETHER CONSULTATION PLANNING**

The Chair drew members' attention to the report.

There were no further questions.

RESOLVED:

The report be noted.

## **13. ANY URGENT BUSINESS**

There was no urgent business.

## **14. DATE OF NEXT MEETING**

To be confirmed.

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The meeting ended at 8.54 pm

Chair:

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Date:

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