**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 5 June 2020 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Tuesday, 14 July 2020.

**Elected Members:**

* Bill Chapman (Chairman)
* Clare Curran
* Nick Darby (Vice-Chairman)
* Angela Goodwin
* Jeff Harris
  Ernest Mallett MBE
* David Mansfield
  Cameron McIntosh
* Marsha Moseley
* Tina Mountain
* Bernie Muir (Vice-Chairman)
* Fiona White

**Co-opted Members:**

* Borough Councillor Vicki Macleod, Elmbridge Borough Council
* Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
* Borough Councillor Rachel Turner, Reigate and Banstead Borough Council

## 9/20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None received.

## 10/20 MINUTES OF THE PREVIOUS MEETINGS: 22 JANUARY 2020 [Item 2]

The minutes were agreed as a true record of the meeting.

## 11/20 DECLARATIONS OF INTEREST [Item 3]

None received.

## 12/20 QUESTIONS AND PETITIONS [Item 4]

None received.

## 13/20 IMPROVING HEALTHCARE TOGETHER 2020-2030 PROGRAMME UPDATE [Item 5]

**Witnesses:**

Clare Burgess, Chief Executive Officer, Surrey Coalition of Disabled People

Andrew Demetriades, Joint Programme Director, Improving Healthcare Together

Daniel Elkeles, Chief Executive, Epsom and St Helier University Hospitals NHS Trust

Dr Russell Hills, Clinical Chair, Surrey Downs Integrated Care Partnership

Kester Holmes, Head of Research Projects, Opinion Research Services

Charlotte Keeble, Senior Programme Manager, South West London Alliance

Brian Niven, Technical Principal for Healthcare, Mott MacDonald

Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands

Kate Scribbins, Chief Executive Officer, Healthwatch Surrey

Matthew Tait, Joint Accountable Officer, Surrey Heartlands

**Key points raised during the meeting:**

1. The Chairman outlined the scrutiny process for this item. The Select Committee would produce a set of recommendations by 12 June, which would be submitted to the Joint Health Overview and Scrutiny Committee (JHSOC). The JHOSC's feedback would then be taken into account for the final decision at the Committees-in-Common meeting on 3 July.
2. The Joint Programme Director for Improving Healthcare Together (IHT) introduced the report. Public consultation on IHT had been active between 8 January 2020 and 1 April 2020. Opinion Research Services (ORS) had been pulling together all of the responses from a wide-ranging process. Consultation analysis was not the only piece of evidence used to make the final decision, but it did play an important part in the process. The programme had begun to consider some of the areas of work that were needed, which included a high-level strategic review of Covid-19, bed numbers and travel and access.
3. The Head of Research Projects for ORS noted that public consultation was intended to be a dialogue but not a referendum that made any decision in itself. The public's feedback was to be conscientiously taken into account.
4. The Head of Research Projects presented the background of the public consultation. The proposed model of care had gained broad support, although it did vary by geography: a higher proportion of Merton CCG residents viewed the proposed model of care as poor or very poor, while the majority of respondents living near Epsom or Sutton viewed it positively. The majority of NHS staff members thought the proposed model was a good or very good solution, and there was also a majority in favour of the proposed model amongst respondents who were not NHS staff. Overall, Sutton did receive slightly broader support than Epsom or St Helier. A positive view of the Sutton option was more common amongst those who viewed the proposed model of care as positive, while those favouring Epsom or St Helier were more likely to have a negative view of the proposed model of care. There was strong support for Sutton amongst NHS staff.

5. The most vocal concern expressed in consultation regarded travel and access. There was concern that the changes might lead to poorer health outcomes, wherever the hospital was built, due to longer journey times. There were also concerns about parking. Travel-related times were expressed by supporters and opponents of the proposed model of care and/or Sutton option. Another concern was the separation of maternity services: that moving staff to different hospitals could reduce consistency of care. Health inequality depending on the level of deprivation in different areas was also a concern.
6. In more structured consultation strands such as a residents' survey and focus groups, where respondents were presented with detailed information before they answered questions, views on the proposed model of care were generally positive irrespective of geography. Some respondents had also noted that even if they did prefer the Epsom or St Helier option, they could see that Sutton was the most reasonable option. Most of the stronger opposition to the proposed model and Sutton option was at the large public meetings.
7. A Member asked how many NHS staff could have answered the questionnaire. The Chief Executive of Epsom and St Helier University Hospitals Trust said 6,000 staff could have responded, around 1,000 of whom worked in primary care. The Member replied that despite this there had been only 718 NHS staff respondents.
8. A Member expressed concern that consultations had been conducted on the basis of current modelling; for example, the transport data used dated to 2018. However, the consultation did not inform the public of future projections or plans, such as the plan to build 600 properties in Epsom, which could cause population growth and congestion. The data in the consultation was limited to 2025, but a realistic demographic projection to 2030 or 2040 was necessary. It was also important to bring current data up to date, as the Covid-19 pandemic had had a huge impact; the Member suggested that the decision should be delayed until facilities had been secured to be able to cope with the fallout of the pandemic, aging population and population increase. The Joint Programme Director responded that regarding the population modelling and beds, the programme had completed a piece of work about extending modelling to 2029/30, which clinical colleagues and governing bodies were currently reviewing. The programme had also spoken with the MP for Epsom and Ewell about extending the horizon for modelling to see if it changed the bed numbers. Secondly with regards to housing development, extending out the bed analysis showed that, putting Covid aside, there would be a small increase in critical care beds and an additional 14-bed increase. Given current parameters, a 10-year horizon seemed reasonable, but the possibility of extending that to 2035 was being looked at.
9. The Joint Programme Director emphasised that the possibility of future pandemics was being taken into account in planning assumptions for all site options. A wider piece of work on Covid-19 was also being conducted.
10. The Chief Executive of Epsom and St Helier noted the difficulties Epsom and St Helier hospitals had had in coping with the Covid-19 pandemic: space and staffing were stretched, and there were not

enough single rooms. This highlighted the need for a new hospital and investment in community services.

11. A Member noted that the proposed model of care could enable preventative work and bring together a range of services that currently operated individually, thereby improving quality.
12. The Technical Principal for Healthcare for Mott MacDonald acknowledged that some new data sets had been released nationally, meaning that the 2018 travel and access data sets included in the Integrated Impact Assessment (IIA; circulated to the committee in advance of the meeting) were somewhat outdated by the 2020 data sets now available. Overall, however, the message had not changed. The section on resilience in the IIA had been refreshed in light of Covid, and a further statement would be added to the IIA noting that if there were any changes to the programme due to Covid, the programme might be reviewed and reassessed.
13. Members expressed concern about deprivation in parts of Epsom; its links with travel and access issues, particularly for those with disabilities; and a lack of suitable public transport, highways and pedestrian infrastructure. There was a need for joint work between the NHS, Surrey County Council and Greater London boroughs; for example, partnership between health and highways services was important. Furthermore, the move towards remote, digital ways of working due to Covid was an opportunity for cutting down the need for travel when accessing health services.
14. The Chief Executive Officer of Healthwatch Surrey stated that Healthwatch had been informed throughout the IHT consultation, promoting engagement materials and reaching out to less well heard communities. It was also part of the Stakeholder Reference Group and had attended impact assessment meetings. While Healthwatch had to remain neutral on decision making, its view was that the consultation and engagement had been thorough and timely, and IHT had been responsive towards views expressed. While residents still had concerns about travel times in particular, IHT had collaborated with residents to come up with ideas and attempt to mitigate risks.
15. The Chief Executive Officer of the Surrey Coalition of Disabled People said that her organisation had been providing targeted forums for IHT to engage with and had also been involved in the Stakeholder Reference Group throughout the process. Her two main concerns were how Covid could change some of the demographics living in the area – some survivors of the illness would be left with a disability of long-term health condition – , and the appropriateness of the location of the Sutton site, being next to a specialist cancer hospital. The Chief Executive of Epsom and St Helier responded to the latter point that the programme had been consulting building designers on how to separate out different groups of patients, such as those with cancer and those without cancer, in order to reduce the likelihood of Covid transmission. He was confident that it would be possible to separate these patients where necessary.
16. A Member queried what assumptions had been made in the programme in relation to housing numbers and population growth. The Joint Programme Director replied saying that the programme had committed to doing a further piece of work around bed modelling

extending to 2030. Existing modelling had shown a need for two additional clinical care beds.

17. A Member expressed concern about planned housing in Epsom and Ewell in particular and how that would affect IHT. The Joint Programme Director said that where IHT knew there was a planned housing development or government housing targets, it would be included in the modelling. The Member noted that these plans often did not include numbers or were still in progress. Would this work be complete and transparent by the Committees-in-Common meeting on 3 July? The Joint Programme Director said that all of this information would be taken through the governing body and a series of discussions would be had over the next few weeks.
18. A Member questioned the revenue budget of IHT, stating that the Epsom and St Helier Trust was £50m in deficit. The Chief Executive of Epsom and St Helier said that the government wrote off debts of all hospitals at the end of the 2019/20 financial year (so the £50m deficit no longer applied). Also, audit accounts had just been completed and analysis had been conducted on the affordability of the new hospital. The proposed model of care reduced the total cost required to run all hospitals in question (Epsom, St Helier and the proposed Sutton site), and improved services at the same time; therefore it was better both financially and in terms of patient outcomes. The Joint Programme Director added that all options had a positive return on investment, but Sutton had the best long-term financial return over the lifetime of the investment, looking at net present value.
19. A Member observed that if the Sutton option went ahead, the recommendation was for £85m to be spent on improving Epsom and St Helier hospitals. What would happen if Sutton was not chosen as the new site? The Chief Executive of Epsom and St Helier explained that money was already being spent on improving those two hospitals and this would continue whether Sutton was chosen or not.
20. A Member expressed doubts about the IHT project finishing on time and within budget. The Chief Executive for Epsom and St Helier also detailed that the IHT planning case would start to be written as soon as possible after the decision was made on 3 July. There was a contingency included in the £500m capital budget, and he was confident that the programme would deliver. The Joint Accountable Officer for Surrey Heartlands added that capital cost estimates in all options included refurbishing existing sites, contingency and bias. The consultation business case included the revenue case.
21. A Member expressed concern that land was being sold or developed around Epsom Hospital, leading residents to feel it was being ‘squashed’ into an ever smaller site and would eventually become limited to nothing more than a small cottage hospital. The Chief Executive of Epsom and St Helier stated that if Epsom was not chosen as the new hospital site, it was not unreasonable to suggest that the land around Epsom Hospital would not be needed. However, in order to sell the land the trust would need to demonstrate that there was not another public sector use for the land. While this was the case two years ago, recently other public sector organisations had shown interest in it; for example, SECAmb expressed interest in moving their ambulance base there.

22. A Member suggested that if the new hospital was built at Epsom (rather than Sutton), there would only be two hospitals in question (Epsom and St Helier), which would surely be easier to fund than three. If the land at the Sutton site was sold, the trust would have more money to invest in Epsom and St Helier. The Joint Accountable Officer stated that all options had been financially assessed, in terms of both capital and revenue costs, and this assessment had found that Sutton offered the best value for money in the long-term, even though it was slightly more expensive in terms of capital requirement.
23. A Member remarked that if the Sutton site was chosen, there would be a relationship with the Royal Marsden Hospital that stood next to it. She enquired whether, if Epsom or St Helier was the chosen site, there would still be a relationship with the Royal Marsden and whether the Royal Marsden would buy the Sutton land. The Chief Executive of Epsom and St Helier replied that the Royal Marsden already had plenty of land in Sutton, so it seemed unlikely they would need more. The Royal Marsden had already said that they would gift the Sutton land to the IHT programme if the Sutton site was chosen.
24. A Member enquired how a second wave of Covid would affect the IHT programme. The Clinical Chair for Surrey Downs responded that this was being taken into account and work was being done on how to identify vulnerable parts of the population.
25. A Member expressed concern about the 24 private beds allocated in the new model being prioritised over NHS patients. The Chief Executive of Epsom and St Helier explained that there were already 20 private beds, so there was an increase of only four beds. Private income only formed a small part of the trust's income, and because of Covid there was no private healthcare at all at the moment.
26. A Member asked how the programme would manage concerns about maternity services being split over multiple sites, particularly for the most vulnerable patients. The Clinical Chair for Surrey Downs responded that national standards had been taken into account when designing this model. Pregnant women could decide where they wanted to give birth (there was a home birth option, although higher risk deliveries would need to be co-located with emergency services), and antenatal and postnatal care would still be close to home, primarily through the mother's GP.

*All witnesses apart from Clare Burgess and Kate Scribbins left the meeting.*

27. The Select Committee discussed the draft recommendations and developed a set of final recommendations.

**Recommendations:**

The Select Committee:

1. Supports the proposal to build a new specialist emergency care hospital but has not received the assurances or sufficient information and data needed to give its support to the preferred site in Sutton.
2. Supports the proposed investment that will be made in Epsom Hospital, wherever it is decided the new SECH will be built.

3. Recommends that IHT work with Surrey County Council to improve transport access, both public and private, to the new SECH and ensure that these improvements are in place by the planned opening date in 2025. Furthermore, the Select Committee recommends that the design and implementation of this improved public transport and road network addresses issues and concerns raised relating to travel times, transport costs, parking and other access issues impacting on Surrey residents, particularly those in areas of high deprivation.
4. Recommends that findings from the work currently being undertaken on the immediate effects to the IHT Programme of the Covid-19 pandemic, and the mitigating actions that will be implemented as a result, are included in the final Business Case.
5. Recommends that that a full review of the IHT Programme is undertaken when the likely continuing, long-term impact of the Covid-19 pandemic is sufficiently understood. The scope of the review should include the impact on the capacity of the public transport system, changes to residents' preferred use of health services, and changes to patterns of working for health workers.
6. Recommends that the South West London and Surrey Joint Health Overview and Scrutiny Committee ensures that the Improving Healthcare Together 2020-2030 Programme sub-committee continues to monitor and scrutinise the progress of the Implementation Plan.
7. Agrees that a letter will be formulated to further explain the views and recommendations of the Surrey Adults and Health Select Committee (attached to these minutes as Annex 1).

**14/20 DATE OF THE NEXT MEETING [Item 6]**

The next meeting of the Adults and Health Select Committee would be held on 14 July 2020.

Meeting ended at: 1.37 pm

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**Chairman**

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Annex 1: Improving Healthcare Together Programme letter

At its meeting on 5 June 2020, the Surrey Adults and Health Select Committee formally considered the Improving Healthcare Together (IHT) 2020-2030 Programme Consultation Report and spoke to representatives from IHT, Epsom and St Helier University Hospitals NHS Trust, Surrey Heartlands, North West Surrey CCG, Opinion Research Services, and Mott MacDonald. Outlined below is a summary of the main comments and concerns raised by members of the Select Committee during the meeting.

**Travel times and access**

Throughout the meeting, many Members raised issues relating to travel times and access and expressed their concern at what impact the IHT Programme proposals might have on Surrey residents. This was particularly the case when considering the preferred option put forward by IHT, which is to build a new specialist emergency care hospital (SECH) on the Sutton site. Members raised concerns about the impact that travelling to Sutton might have on Surrey residents in areas of high deprivation (particularly those reliant on public transport), as well as those with disabilities and their carers. With these concerns in mind, the Select Committee recommended that any healthcare work is backed up by proper provision of infrastructure, covering all areas relating to public transport, roads, cycle paths and pedestrian networks. The Select Committee emphasised the importance of joint working between health services, Highways England, Surrey County Council and Greater London boroughs in order to ensure that issues relating to travel times and access are minimised. Members also raised the importance of making sure that improvements to the network are matched against increasing population levels and related travel needs to the new SECH.

**Future population growth and demographics**

Members made repeated references to assumptions relating to future population growth, particularly in relation to Epsom and Ewell Local Plan housing expectations and government housing targets. The Select Committee heard that IHT had committed to undertaking a further piece of work around bed modelling extended to 2030 but expressed concern that there were gaps in the modelling relating to planned housing development and future population growth in Surrey. With this in mind, Members expressed their view that IHT's planning, data collection and projections should be extended to 2040. Overall, Members felt there was a lack of future proofing in the proposals and raised concerns that a failure to properly factor in future population growth could have a negative impact on not only the overall model of care being proposed but also issues relating to access via public and private transport, congestion and parking.

**Impact of Covid-19**

Members agreed that the long-term impact of the Covid-19 pandemic was one of the most serious challenges facing the IHT Programme and could have a major impact on its proposed model of care and timescale for development and delivery. The Select Committee welcomed the work currently being done on this but emphasised how important it is that findings on these effects, and the mitigating actions that will be implemented as a result, are included in the final Business Case. Members spoke about the significant changes to our society that have been made, and will continue to be made, by Covid-19 and reiterated their belief that the proposals for the new SECH need to ensure that they have been shaped by an in-depth and wide-ranging review of the present and future impacts of the Covid-19 pandemic. This will affect not only the proposed model of care but also the capacity of the public transport system, changes to residents' preferred use of health services, and changes to patterns of working for health workers, amongst other areas.

**Other concerns**

Members raised a number of other concerns relating to the proposals put forward by the IHT Programme. These related primarily to worries that the total number of beds across the three hospitals is currently planned to increase by only four and that this may be insufficient (particularly when considering the concerns expressed by the Select Committee around inadequate population growth data), concerns relating to the current timescales for development and delivery, and the challenges that may result from distributing clinical teams across three different sites. Members also wanted to receive assurance that each of the local authorities affected by the proposals will be able to engage in robust scrutiny during the implementation period, and they expressed concern about being presented with what they saw as being insufficient data and documentation that was either unfinished or not up to date.

In conclusion, the Surrey Adults and Health Select Committee supports the IHT Programme's proposal to build a new SECH and welcomes the investment that will be made in Epsom Hospital, wherever the new SECH will be built, but does not feel it has received the assurances or had sight of the sufficient information and data needed to give its support to the preferred site in Sutton.