

7 February 2019

**SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING
HEALTHCARE TOGETHER 2020-2030
7 February 2019 at 7.30 pm**

MEMBERS: Councillors Zully Grant-Duff, Peter McCabe and Colin Stears

21. WELCOME AND INTRODUCTIONS

The Chair, Councillor Colin Stears, welcomed those present.

22. APOLOGIES FOR ABSENCE

There were no apologies for absence.

23. DECLARATIONS OF INTEREST

Councillor Colin Stears, Non Pecuniary, his wife works for the Epsom and St Helier Trust

24. MINUTES OF THE PREVIOUS MEETING

RESOLVED: that the minutes of the meeting held on 28 November 2018 be agreed as an accurate record.

25. IMPROVING HEALTHCARE TOGETHER PROGRAMME UPDATE

Andrew Demitiades, Programme Manager, Improving Health Care Together presented the report.

Members asked about the response to the letter regarding the impacts on other hospitals in the area from the Programme Director and expressed concerns that it had not been shared with Members of the Committee. Sarah Blow, Accountable Officer, NHS SW London Alliance explained that the response had been provided to Merton Council as the sender of the original letter, but that the response letter could be shared with the Committee.

The Programme Manager confirmed that a work programme with dates and milestones would be refreshed and provided to Officers and Members of the Committee.

Members asked about the attendance criteria for members of the Programme team to these meetings, and requested that representatives from relevant local Commissioners attend.

26. A REPORT ON THE OPTIONS CONSIDERATION PROCESS BY TRAVERSE

Andrew Demitiades, Programme Manager, Improving Health Care Together presented the report.

Members expressed concern that none of the workshops had been held in Surrey, although noted that there had been one at Bourne Hall in Ewell, Members also noted that only one workshop had been held in the evening. It was noted that the same workshops had been repeated in each of the CCG areas, and a cross section of residents invited, the split of

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attendees was 60% from the community and 40% staff, people had generally preferred to attend their nearest event.

Daniel Elekes, Chief Executive Epsom and St Helier Trust, mentioned that the workshops completed so far, will become part of the work used by each CCG to develop a view and will support future work.

Members reported that residents have expressed concerns about accessibility of proposed sites, and held the view that they would need to be able to park any site chosen. The Programme Director assured Members that all comments made at workshops are being logged, and information about parking and transport concerns will be included.

The design for each of the sites being considered includes a multi storey car park, the cost of the car park in the design at each site is similar. Bus services paid for by the Trust will start next week, the H1 bus from St Helier hospital to Epsom hospital and the 293 route being diverted to pass close to St Helier hospital.

27. RESPONSE FROM EPSOM & ST HELIER UNIVERSITY HOSPITALS NHS TRUST TO THE REPORT ON THE OPTIONS CONSIDERATION PROCESS BY TRAVERSE

Daniel Elekes, Chief Executive Epsom and St Helier Trust presented the report.

It is recognised that capital investment is required in order to progress any of the options. The process of securing the capital investment required will be completed before public consultation begins. As the patient numbers is the same for each of the options the capital funding required for each of the options is also the same.

The completion of this project is some way ahead, and therefore the Chief Executive, Epsom and St Helier Trust suggests the process does not affect staff recruitment and retention. However, the investment being completed on buildings at the moment which is improving working conditions is making recruitment easier.

28. REPORTS FROM LOCAL HEALTHWATCH ON FOCUS GROUPS WITH PROTECTED CHARACTERISTIC GROUPS

Matthew Parris, Healthwatch, Surrey and Pete Flavell, Healthwatch, Sutton presented the reports.

In discussion it was noted that urgent care treatment and the ways in which people present for urgent care is changing and will change in the future. Use is being made of Local Plan, and best evidence available of Community and long term plans to understand the changes to urgent care provision and use.

The Chair informed a local resident who asked, that nothing has been agreed to date and that residents will be able to share their views when the formal consultation of options becomes available.

Healthwatch (Sutton) confirmed that they would carry out further resident engagement when more information about the options becomes available. This engagement work will be used by the CCGs.

29. IMPROVING HEALTHCARE TOGETHER (IHT) PROGRAMME EQUALITIES RESPONSES TO HEALTHWATCH REPORTS

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Dr Russell Hills, Clinical Chair Surrey Downs CCG presented the report.

The initial work for phase 2 will be starting next month, which will develop the initial work further, the scope of this phase is included in the report.

Members asked about the recruitment process to the post of Independent Chair of the IIA Steering Group, and heard that the standard recruitment process had been used and the selection panel included the Chair of the Programme Board and The Managing Director of a CCG.

30. ANY URGENT BUSINESS

There was no urgent business.

31. DATE OF NEXT MEETING

The date of the next meeting is to be confirmed.

Chair:
Date:

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