



## Meeting with CVHT

19 June 2020 at 2.00pm via Goto Meeting

### Present:

Parish Council	CVHT
Liz Townsend – Chairman (ET)	Richard Everitt (RE)
Nigel Sanctuary – Vice Chairman (NS)	
Beverley Bell – Parish Clerk (BB)	

RE is a long term resident of Cranleigh, he outlined his role as a new Trustee at the Cranleigh Village Health Trust (CVHT). He is very aware of the ongoing challenge to get community beds into Cranleigh. The simple point is to see whether there is a basis for better engagement with the Parish Council and CVHT in terms of delivering something for the wider community. The current plan is for 16 – 20 beds. The purpose of the beds has changed as there is more recovery at home. There is a strong need for social care beds for people who are being assessed who can no longer live at home.

RE said he has two issues:

- There is a clear need now and growing for the over 70's, increasing from 14,500 to 20,000 in the wider Waverley area. There is new housing in Cranleigh which is attracting people in their later years leading to a growing problem in Cranleigh.
- Quality. The care sector has evolved. Price has been the driving factor. These beds would be available for people who cannot afford longer term care. There is a big agency report that 6,500 beds are unacceptable for the future.

The issue for Cranleigh is that here is an opportunity to get community and additional beds close to transport links, such as they are, at the heart of the community. There is an issue with staff accommodation. It is very difficult to attract staff in high cost of living areas. The fact there is staff accommodation is a way of attracting people to support the facility, to attract high quality staff and commensurate high quality of the home. Travelling to Cranleigh is not good for the person or for the wider environment.

Is there a basis for a stronger dialogue between Cranleigh Parish Council and CVHT to get community beds back into Cranleigh? The beds would be purpose built of high quality and there would be no difference between the community and private beds.

It is a great shame there does not seem to be cohesion between the Parish Council and the work of CVHT.

ET said she would be interested to hear about the relationship between CVHT and the community and look at how that can be developed. There needs to be a transparent relationship with the community. CVHT should aim to engage with the community, and not just through the normal developer consultation. She asked how CVHT can draw the community back into this project.



RE said CVHT would have loved to have further public exhibitions but that is not possible at the moment. He said Cranleigh Community Radio is an interesting way of connecting with the wider Cranleigh community. He talks to friends and colleagues and has no ready answer how they can do more than they are at the moment. He said he would like to hear the Parish Council's ideas.

ET said there needs to be a two way dialogue. It may be uncomfortable at times but should be about sharing information and allowing feedback in real time.

NS said there is a lot of emotional background. The community have a stake in the money they have donated, but it has eroded as the project has morphed over time. Do people want community beds and/or an urgent care unit? There are a series of battle lines between the community and CVHT. He asked what can CVHT get for the money it has and how can CVHT achieve it? People will soon realise you cannot have it no matter how much you shout. CVHT cannot change their parameters as they have a commercial interest. How do we create a campaign in the community, some want a village hospital, some a minor injuries unit? It is important that the money raised is not wasted. Is the delivery of the scheme viable and achievable? How do we come up with something valuable to both sides? Need to bring issues to the table and reality. What can CVHT do? Give that problem to the community, give them a stake in the argument.

RE said they cannot do a public meeting until the end of the year but could do a virtual round table. The notion of a minor injuries unit does not work, but it is a reasonable question. Has someone got an idea how to run a virtual meeting?

ET said that Cranleigh is a small community and people are invested in what's going on in Cranleigh. If she were to chair a round table meeting it would be civil and hopefully reach a compromise.

ET said the Parish Council had held a meeting in public to discuss the one public estate which is looking at combining public buildings. The Council have buildings that are empty all day and only used in the evenings. The Council needs to make some tough choices. There is an opportunity with the land here and an opportunity for other partners to come on board. In partnership with someone else, there could be community involvement and consultation.

NS said a key point is to take the past out of the debate. This is how much money you have, support, opportunity, things you can do, things you cannot do. Over the next few months, the Parish Council could talk with CVHT to create an environment for community debate. People are so entrenched. RE agreed with this point.

ET said there must be space for public participation, a formal framework.

RE suggested an independent chair for any round table discussion.

BB said she had previously used an independent facilitator at the District Council and said there is an online conferencing platform called Hopin.

ET suggested using Ms Anne Bott, Deputy Chief Executive of the Surrey Association of Local Councils as independent facilitator. RE said in the port of Dover, he had used the Bishop who played a very key role.



NS said people need to get their point across and may need a separate meeting for the other point of view. Need to come to a sense of reality, compromise and a village recommendation.

ET said people need the opportunity to be heard and feel valued. People need to feel listened to, but it must not be a 'fait accompli'. There is no point in a tick box exercise. There is no point in spending time and energy if the decision has already been made, and people will feel even more hard done by. There should be consultation with the village and consultation with the Parish Council. It must be meaningful to build the bridge to lead to somewhere.

RE said the new planning application and appeal have been submitted. There is not a lot of room to change how things are done. Very difficult to scrap the project at this stage. They are a long way down the track. ET said they can always turn back. NS said the loud voices do not represent more than 5% of the village, but you should get them around the table. It may be hard to pull back from the plan now, but you should see what is feasible.

RE said the ideas may not be possible. CVHT started on one basis but the healthcare bodies changed the way they wanted to do things.

NS said one public estate could look at an urgent care unit and engage with residents to find out what they would like to see.

ET said the one public estate would require investment and could include buildings like the new leisure centre and other public buildings in the centre of the village. She suggested that CVHT go away and think about this as there are always choices to be made. If a round table discussion takes place it must have a sphere of influence that people understand they are feeding into something. Any consultation does need to be meaningful. The new planning application and appeal does feel like a 'fait accompli', but there are still opportunities to get involved in something different.

RE thanked the Councillors for their time. He said he had no mandate from CVHT to do anything, and ET said neither did individual Councillors.

RE said he would reflect on the idea to bring the various interests together. He fully accepts that if there is no room for manoeuvre it will not improve things. He said he personally thinks there is benefit from discussions with people.