

annexe 1**(Surrey County Council's Local Committee)****17th SEPTEMBER 2008 (15th September 2008)****Health Strategy Update:**

Annexe - Summary table of local health change programmes having an impact on Epsom & St Helier University Hospitals Trust, and the Epsom General Hospital site in particular.

The following is an update on the Health Strategy actions, as at 22nd August 2008.

Action A - Community Leadership**1. Epsom & St Helier University Hospitals Trust (ESHUT)****a. *Safe and Sustainable Services and Turnaround work***

The focus for 'Turnaround' has been the Outpatient and Inpatient Processes. The three patient process workstreams are designed to:

- reduce the time patients need to spend in hospital
- improve the access to outpatient appointments and provide community based follow-up assessment in line with best practice
- improve the experience of patients undergoing elective care

b. *Maternity and Paediatric Services*

Further work is being undertaken by the clinically-led Models of Care group to develop the options, and the clinical implication of all options. The options currently stand as follows:-

- Keep both inpatient services (current configuration)
- Inpatient services at Epsom only [with (a) nil at StHH, (b) midwife led unit at StHH, or (c) low risk obstetric unit at StHH]
- Inpatient services at St Helier only [with (a) nil at Epsom, (b) midwife led unit at Epsom, or (c) low risk obstetric unit at Epsom]
- Partnerships option
- Women and Children's Hospital Sutton
- No in-patient children's services or doctor led deliveries on either site

Partnership options currently being reviewed are whether St Helier Hospital and St George's could work in partnership to deliver these services, with Epsom Hospital doing the same with a Surrey-based provider. A Project Scope document has been prepared setting out the deliverables in respect of exploring potential partnership options. This clarified that there is a need to identify how such options may operate in principle, so that they can be included in the appraisal of all of the emerging options for Epsom and St Helier review.

The review of maternity and paediatrics to identify clinically and financially sustainable solutions for the configuration of services is currently in the pre-consultation Engagement Phase. This is referred to again under the Surrey PCT part of this report.

c. Denbies proposal for EGH site

The Programme Board, set up by the Trust Board at its December meeting, has one representative for the local authorities and this is Councillor Christine Long (with David Smith acting as substitute).

The remit of the Programme Board is to review the feasibility of the Denbies Charitable Trust proposals and for that purpose a negotiating team, led by ESHUT's Director of Finance, has been set up to enter into discussions with Denbies and report back to the Programme Board.

The Trust is working with Department of Health and London Strategic Health Authority to explore options for working with Denbies Trust to modernise the estate on the Epsom site.

A meeting of the Programme Board took place in August but there was little progress reported. Members will be aware that the discussions relate largely to financial and legal issues and the whole process is subject to rules of commercial confidentiality, so there is likely to be limited public information in advance of the report to the ESHUT Board.

2. Surrey Primary Care Trust

a. Fit for the Future - "Assuring Access for Epsom and the Surrounding Area"

As part of the developing *Fit for the Future* work, Surrey PCT has established an Assuring Access for Epsom and the Surrounding Area Board (previously the Epsom Programme Board). This has responsibility for looking at the future services at Epsom General Hospital and community hospital sites, anticipating that some redesign would be required in line with national standards and to achieve a realignment to meet local needs.

A co-design meeting was held on 18th July facilitated by external consultants, Loop2. Following discussion there was agreement to a series of co-mapping workshops with stakeholders and clinicians in September/early October. Four events are proposed to progress this work, each concentrating on one of the following clinical areas:

- • Women and Children's services
- • A&E – unscheduled care
- • Outpatient and Diagnostics
- • Planned Surgery.

In support of this work the Epsom Services Development Group (of which David Smith is a member) continue to work on projects to improve services locally under the headings

- Urgent Care,
- Planned Care,

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- Care of the Older Patient
- End of Life Care
- Mental Health Care

b. Maternity & Paediatric Services

At the Project Board on 8th July, new governance arrangements were agreed which reflect the position of a review across two Strategic Health Authority areas; the two different communities served by the hospitals and the emerging partnership arrangements (see above). Surrey PCT and Sutton & Merton PCT will now take this work forward separately through existing strategic programmes, namely the *Epsom Assuring Access* programme within Surrey and *Better Healthcare, Closer to Home* in Sutton & Merton.

c. Renal Services

In April this year, the PCT Board approved the Renal Services Programme Mandate. The scope of this work encompasses:

- Establishing a robust baseline of current need and service delivery.
- Establishing the current cost to the PCT and comparing them with the costs of different service and site options.
- Defining future service delivery model and option evaluation criteria (including community and primary care services as part of the pathway).

This work will impact on ESHUT as this Trust is a significant provider of renal services to the residents of Surrey, principally at the St Helier site. The expressed intention is to relocate at least some of the services within the County. A Clinical Adviser has been appointed to comment on clinical models for the PCT. Whilst it is very likely that the Renal facility would be sited on one of Surrey's acute sites, consultation is expected to commence in the autumn.

3. Strategic policy programmes**a. "Better Healthcare Closer to Home" (BHCH)**

ESHUT is leading the work, as part of BHCH, to complete a clinical and financial option appraisal for clinical and non clinical services on the Sutton site. This will include contributing to an assessment of the feasibility of developing a polyclinic on the Sutton site. ESHUT is also developing a business case for the renewal of estate on the St Helier site, including the development of a Local Care Centre at St Helier, as well as renewal of other outpatient and inpatient accommodation.

However, local interest in Surrey has now shifted from this programme to *Fit for the Future* (see above). Surrey PCT is no longer an investment decision-maker within *BHCH* and therefore does not have a role in the top level governance of the *BHCH*

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programme. However, it will continue to be represented at a working/operational level to ensure appropriate links and good communication are maintained.

b. "Healthcare for London - A Framework for Action"

Following consideration by PCT boards of the responses to the Healthcare for London (HfL) consultation on proposed models of care for the capital, the Joint Committee of PCTs (JCPCT) agreed a number of recommendations at a public meeting on 12th June. Full details including a summary document can be found at:

www.healthcareforlondon.nhs.uk

A formal response to the Joint Overview and Scrutiny Committee (JOSC) is being prepared, and a provisional meeting date of 24 October 2008 set for the JOSC meeting. The focus of the HfL programme will now shift from its design phase to an implementation phase with each PCT (or where appropriate, groups of PCTs) developing proposals for commissioning services in accordance with the decisions and recommendations of the JCPCT.

However, the London review does not include EGH and its future has now been brought back into the *Fit for the Future* programme.

4. Scrutiny, Patients' Fora and LINKs

The Local Government and Public Involvement in Health Act received Royal Assent on 30 October 2007. This legislation abolished Patients' Forums from March 31 2008 and required all local social services authorities to set up Local Involvement Networks in their area from 1 April 2008, with the aim of achieving greater involvement in both health and social care across communities.

A late amendment to the legislation put a temporary duty on local authorities, where a LINK wasn't in place on 1st April, to ensure that LINKs activities are carried out. The temporary duty to ensure transition arrangements lasts until 30 September 2008.

A transition structure has been set up which is expected to mirror the Surrey LINK that should become established in the autumn following the letting of the contract to the support organisation (or 'host agency'). Information is still awaited on which organisation has been given the 'host' role as the support organisation.

Four LINKs Transition Workstream Groups have been set up covering the following areas:

- 1) Transition Group – overall coordination of LINKs development and decision making: chaired by Cliff Bush
- 2) Organisation and Governance Group – considering the structure of LINKs, rules and procedures: chaired by Cliff Bush
- 3) Communications and Engagement Group which includes looking at how LINKs can become known to the wider public: chaired by Sally McLaren
- 4) Procurement Group managing the procurement of the host support organisation: led by the SCC Procurement Officer.

To ensure that the activities of LINKs are maintained during the Transition period for health issues, the PPI Forums have developed into 3 Transitional Locality Groups:

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1. Mid Surrey Locality Group (including Epsom & Ewell)
2. West Surrey Locality Group
3. East Surrey Locality Group

Officers are continuing to work with those involved in the developing LINK structure to establish the best means of making sure that our residents' and voluntary sector groups' views are taken into account in its work. The principal route appears to be, at the moment, via the Transitional Mid Surrey Locality body.

Surrey County Council's Health Scrutiny Committee (along with the Select Committees for both Adults & Community Care and Children & Families) has been receiving update reports on the work to develop the Surrey LINK and the procurement process. Any further developments will be reported verbally to the meeting. Some concerns had arisen because of the arrangements for the transitional support organised by Surrey County Council as well as the likelihood of the procurement process meeting the autumn deadline.

5. National/Regional/County issues and policy update**a. *South East Coast Strategic Health Authority (SHA) - "Healthier People, Excellent Care"***

Prior to publication of Lord Darzi's *Next Stage Review*, SHAs were asked to develop their own vision for local healthcare, to reflect local priorities and health needs. The South East Coast SHA's vision, '*Healthier people, excellent care*', sets out a blueprint for better health and healthcare that includes cleaner hospitals, more local services and more help for people to stay healthy. The vision makes specific recommendations for improvements in eight key areas; maternity and newborn care, children's services, staying healthy, mental health care, acute care, planned care, long-term conditions and end of life care. These include specialist centres for strokes, heart attacks and major injuries, more diagnostics available on the local high street or at home, special programmes to help people cope better with long-term conditions and to give people more choice about where they wish to die.

The vision was the focus of a consultation exercise which ended on 15th September. Responses will be reviewed and a report prepared at the end of September, with a summary of views and next steps published in October. NHS South East Coast will then work with the local NHS across the region, beginning in the autumn, to deliver the vision for patients and people living in Kent, Surrey and Sussex.

b. *NHS Constitution*

The proposed NHS Constitution was launched by the Secretary of State on 30th June 2008, alongside Lord Darzi's *Next Stage Review*. The draft Constitution was developed through a wide process of consultation and research into what matters to staff, patients and the public. The draft NHS constitution records in one place what the NHS does, what it stands for and what it should live up to. It sets out principles to guide how all parts of the NHS should act and make decisions. The consultation documentation, including two short guides to the Constitution for the public and staff have been made available to Members and can be obtained on the Department of

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Health website www.dh.gov.uk/consultations. The consultation closes on the 17th October 2008.

c. Transforming Community Services

With the publication of the *Next Stage Review, High Quality for All, June 2008* and especially the *Vision for Primary and Community Care, July 2008*, a clear direction of travel for community services locally from both a Commissioner and Provider perspective has been set out. Surrey PCT Board has agreed a number of actions, summarized as follows:-

- Detailed integrated Programme Plan embracing all aspects from the Commissioner and In-house provider perspective. It will address “state of readiness” for the new environment and timelines.
- Competition and Procurement Strategy embracing market development and management
- Criteria for determining organisational form(s) and the decision making process.
- Communications and engagement plan covering both internal and external interests.

This is obviously set out as a high-level policy position and it is difficult at the moment to translate this into the likely effects on local service delivery. Local community nursing and therapy services are mainly provided by Central Surrey Health under contract to Surrey PCT. It will be necessary to monitor developments in this area in the coming months in order to assess the impact this policy will have on the Borough's residents.

d. Joint Area Review of Children and Young Peoples Services in Surrey

The Joint Area Review (JAR), led by Ofsted, took place during early April 2008. This is an external inspection of the public agencies delivering services to vulnerable children and young people. Whilst Surrey County Council is the statutory lead agency, there is also a Commissioning Partnership which involves a variety of representatives including those from the NHS.

The subsequent inspection report was critical of interagency services to vulnerable children. In particular, criticism was made of services to safeguard children and young people, services to children with learning difficulties and disabilities and services to reduce teenage pregnancy and support teenage parents. An improvement plan has been drawn up and this will be subject to discussion with the Department for Children, Schools and Families. Whilst social services will be a particular focus, Surrey PCT's arrangements for this age group will also have to be improved.

In a report to the PCT Board on 29th July, a number of areas were identified for immediate action (summarised below):

- a) Criminal Record Bureau (CRB) and employment checks for staff
- b) Consistent learning from serious case reviews
- c) Ensuring that sufficient resources are in place to deliver comprehensive health services, including school nurses, midwives, and Child and Adolescent Mental Health Services (CAMHS)
- d) Partnership resources to identify and meet the needs of those with Learning Difficulties and Disabilities (LDD)

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- e) Availability of contraceptive and sexual health service
- f) Partnership coordination to accelerate reduction in teenage pregnancy

Over the longer term there would have to be work to accelerate the pace of joint commissioning to integrate services to better meet needs.

The implications for the Borough Council are that the policies we already have in place relating to safeguarding children and young people and all those activities involving vulnerable young people (including community safety) will need to form part of the partnership activity seeking better integrated services.