

**South West London & Surrey JHSC sub-committee -
Improving Healthcare Together 2020-2030**



21 October 2020

7.30 pm

Virtual Meeting

To all members of the South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030:-

Chair: Councillor Colin Stears
Vice-Chair: Councillor Bill Chapman
Councillors: Councillor Sean Fitzsimons
Councillor Anita Schaper
Councillor Ian Lewer
Councillor Peter McCabe

Substitutes: Councillors Joyce, Heron, Stranack, Heap, Fraser,
Barlow, Henderson, Darby and Turner

This meeting will be recorded and made available on the Council's website.

Helen Bailey
Chief Executive
Date: 9 October 2020

Enquiries to: Cathy Hayward, Committee Services Officer, Tel: 020 8770 4990 | Email: committeeservices@sutton.gov.uk

Copies of reports may be available in large print on request

A G E N D A

1. **Welcome and introductions**

2. **Apologies for absence**

3. **Declarations of interest**

4. **Minutes of the previous meeting**

1 - 6

To approve as a correct record the minutes of the meeting held on 6 June 2020.

5. **Update from the Trust and Commissioners on next steps**

7 - 22

The Improving Healthcare Together (IHT) plan has moved into its next phase with work being led by the Epsom and St Helier Trust under the title 'Building Your Future Hospitals' (BYFH).

6. **Any urgent business**

To consider any items which, in the view of the Chair, should be dealt with as a matter of urgency because of special circumstances (*in accordance with S100B(4) of the Local Government Act 1972*).

South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030

4 June 2020

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

4 June 2020 at 7.30 pm

MEMBERS: Councillor Colin Stears (Chair), Councillor Bill Chapman (Vice-Chair) and Councillors Sean Fitzsimons, Ian Lewer, Peter McCabe and Anita Schaper

1. WELCOME AND INTRODUCTIONS

The clerk opened the meeting, it was proposed by Cllr Schaper and seconded by Cllr Chapman that Cllr Fitzsimons be Chair until Cllr Stears was able to join the meeting.

The Chair, Councillor Sean Fitzsimons, welcomed those present

2. APOLOGIES FOR ABSENCE

There were no apologies for absence.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED: that the minutes of the meeting held on 26 September 2019 be agreed as an accurate record.

Councillor Colin Stears joined the meeting at 7.45pm and took the Chair.

**5. IMPROVING HEALTHCARE TOGETHER JOINT HEALTH SCRUTINY COMMITTEE
(IHT JHSC) - STATUS REPORT AND MOVING FORWARD**

David Olney, Scrutiny Officer, London Borough of Sutton presented the report.

There were no further questions from Members of the Committee.

Resolved that:

1 The member authorities of the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) are confirmed as London Borough of Sutton, London Borough of Merton, Surrey County Council, London Borough of Wandsworth, Kingston Council and London Borough of Croydon.

2 That Councils that have not considered their position regarding the power of referral to the Secretary of State will do so and will then to report their decision back to this committee.

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3 Timetabling future activity of the Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC) was considered.

6. IMPROVING HEALTHCARE TOGETHER - PROGRAMME UPDATE

(a) Independent consultants report on public consultation

Charlie Wilson, Opinion Research Services presented the report.

Members expressed concerns there was insufficient funding allocated for infrastructure, such as roads, around all of the proposed sites, or considerations and allowances given for population growth in the area in the data within the report.

Members expressed they were reassured the report reflected concerns members had raised and concerns they had made aware of by residents.

The representative from Opinion Research explained that the evidence in the report took information from personal experiences of service users and their families, both those traveling by blue light, visitors traveling by car or public transport. Also that the information supporting the report had been collected using a wide range of methods so as to include the views of a wide range of interested groups.

Members explained they were aware that some of the residents they represent as Councillors felt that in some cases more weight was being put on the views of NHS staff than the views of local residents. This was of concern due to differences between the views of residents and those of NHS employees. Members recognised that many residents would like health care located near to their homes and that this created a challenge as the model was a single hospital covering three areas. Members also drew attention that a significant number of residents were reported not to have heard of the IHT programme and suggested that this may have limited the findings of the consultation.

Members drew attention to health inequalities of the poorest and those with the highest levels of deprivation, and reduced life expectancy of this group, drawing attention to the areas with the highest levels of deprivation being found in the locations around the St Helier hospital site.

The representative from Opinion Research reported the views of staff have been separated from those of residents, but no weighting had been added to the views of any group in the findings. The report included the views of all responses to the consultation including the submission from Merton Council. It included both majority and minority views. The findings from the consultation show some level of support for each of the sites.

Resolved:

The analysis of the consultation feedback and findings were noted.

(b) NHS IHT programme update

Andrew Demetriades, IHT Programme Director presented the report and thanked those who had responded to the consultation. He informed members that a high level report was being

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developed regarding the learning to date and impacts of the COVID 19 situation for the programme. This report will include work that is being carried out by the Epsom and St Helier Trust. It was confirmed by the IHT programme team that the COVID 19 report and findings will be considered but they suggested the situation would not be an issue in relation to the options for the programme.

Members expressed concerns that the report and findings relating to COVID 19 would not be made available to elected councillors before the submissions were due on 19 June 2020. The lack of sight of this report to elected Members was of particular concern as Members considered that the COVID 19 crisis would have health and other implications including economic impacts on the community in the short, medium and long term. Concern was raised that recognition of the impacts of COVID 19 were not being fully considered and understood before the decision on 3 July 2020. Members expressed dissatisfaction that the findings of the high level COVID 19 report being prepared would be available to decision makers but not to elected councillors and that the findings of this report could result in changes to thinking and the programme.

The IHT programme confirmed the business case will include a 'you said, we did' section.

Resolved that:

The Programme Director's update be noted.

7. UPDATE ON THE INTEGRATED IMPACT ASSESSMENT

Brian Niven, Mott MacDonald presented the report.

Members drew attention to the data relating to maternity care, and the impact for various groups including those of child bearing age and the separation of care between the sites.

All Members expressed concern about the changes which had been made to the report and that the most up to date reports were not available to this meeting. The Chair confirmed that he would follow up with the Accountable Officers the requirement that all, and the most up to date information, is required by elected councillors in order they are able to provide a response by 19 June 2020.

Brian Niven confirmed that the wording in the report had been amended twice, once had been following the report being presented to the IIA Steering Group on Monday 1 June 2020, therefore the report provided to this meeting was not the most up to date version. Brian Niven stated the changes to the report had been minor.

Members drew attention to the Marmot report on Health Inequalities in England, and the suggestion from the programme that services would be moved away from the more deprived areas within the geographies.

Resolved that:

The Integrated Impact Assessment (IIA) and its implications for the Improving Healthcare Together (IHT) Joint Health Scrutiny Committee's (JHSC) consultation response were considered and questioned.

8. PUBLIC REPRESENTATIONS

Members reviewed the public representations included within the agenda, and agreed they would be used to support and inform their responses due by 19 June 2020.

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Resolved that:

The Public representations were noted.

9. COUNCILS AND CONSULTANTS COMMENTS

Roger Steer, External Independent advisor presented the report.

Members explained this report had been commissioned by Merton Council, it challenged assumptions made, and noted that no options for alternatives to the models proposed by the IHT team had been presented at the Listening Events attended by residents. Members recognised that this paper was outside the remit of this Sub Committee.

Members stated they felt that the changes caused by the current situation (COVID -19) required the programme to be paused and that decisions should not be taken on 3 July 2020, but there should be a short delay.

Councillor Peter McCabe reported that Merton Council's view was that the preferred site be the St Helier site, and welcomed that this view had also been expressed by Sutton Council.

Resolved that:

The views and information provided were noted.

**10. MERTON, SUTTON AND SURREY DOWNS CCGS - PRESENTATION TO
FACILITATE CONSULTATION FEEDBACK**

Members noted the report and the consultation feedback.

Members suggested the programme should be delayed to allow the impacts of COVID- 19 to be considered, and that a short delay would not create issues as the process had taken place over a long timescale to date. Members reiterated their concerns that the IIA had been altered and that the most up to date version was not available also that some evidence, the COVID- 19 report, would be used to take a decision which will affect communities was not being made available to the elected councillors.

Andrew Demetriades, IHT Programme Director stated that the timeline position was set out by the CCG. He noted Members' concerns in relation to the COVID- 19 situation that national and regional advice and learning would be taken into account, however the IHT programme do not feel they should delay the decision.

Resolved that:

The views and information provided were noted.

11. ANY URGENT BUSINESS

There was no urgent business.

The meeting ended at 10.20 pm

Chair:

Date:

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Report to:	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030	Date: 21 October 2020
Report title:	Update from the Trust and Commissioners on next steps	
Report from:	David Olney, Interim Statutory Scrutiny Officer	
Ward/Areas affected:	Borough Wide	
Chair of Committee/Lead Member:	Councillor Colin Stears	
Author(s)/Contact Number(s):	David Olney, Interim Statutory Scrutiny Officer, 020 8770 5207	
Corporate Plan Priorities:	<ul style="list-style-type: none"> ● Being Active ● Making Informed Choices ● Living Well Independently ● Keeping People Safe 	
Open/Exempt:	Open	
Signed:		Date: 7 October 2020

1. Summary

- 1.1 This item provides a report from the Epsom and St Helier (EStH) Trust and appendix from local commissioners on the next steps of the Improving Healthcare Together 2020 -2030 plan.
- 1.2 The Improving Healthcare Together (IHT) plan has moved into its next phase with work being led by the EStH Trust under the title 'Building Your Future Hospitals' (BYFH).

2. Recommendations

- 2.1 To note the report.

3. Background

- 3.1 The NHS Improving Healthcare Together 2020-2030 programme has now moved into its implementation phase following the approval of the Decision-Making Business Case. The

Epsom and St Helier University Hospitals NHS Trust is responsible for implementing the agreed proposals and recommendations set out in the Decision Making Business Case (DMBC).

3.2 The IHT JHSC will wish to understand the new ‘architecture’ and governance of this new phase and consider how it exercises its scrutiny responsibilities.

3.3 Appendices and Background Documents

Appendix letter	Title
A	EStH Trust update
B	SW London and Surrey Heartlands CCGs updates

Audit Trail		
Version	Final	Date: 7 October 2020

Background documents
None



Building Your Future Hospitals

Programme Update

21st October 2020

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1. Purpose of the paper

This paper provides a programme update from July 2020 from ESTH Trust, please refer to Appendix 1 in terms of an update from NHS SW London and Surrey Heartlands CCGs

2. The steps to implementation so far

<p>2017</p>		<p>We set out the strategic case for change, including:</p> <ul style="list-style-type: none"> • Clinical Quality and sustainability – Delivering high quality care • Old Buildings - Ensuring care is delivered from 21st century buildings • Financial - Achieving a stable financial position
<p>Jan - 2020</p>		<ul style="list-style-type: none"> • Public consultation ran from Jan 20 – Apr 20 • We'll run services across three sites in Epsom, St Helier and Sutton including building a new hospital • New hospital to run emergency care and two district sites providing non emergency and outpatient care
<p>July - 2020</p>		<ul style="list-style-type: none"> • Outcome of consultation published in July 20 • Sutton chosen as the site for new state of the art Specialist Emergency Care (SECH) hospital • District Services including Urgent Care Centres to operate in Epsom and St Helier

3. Decision and requirements in DMBC

The Improving Healthcare Together Committees in Common (NHS Surrey Heartlands and NHS South West London Clinical Commissioning Groups) met online on Friday 3 July 2020 to decide whether to locate the new specialist emergency care hospital on the Epsom, St Helier or Sutton hospital sites after considering feedback from a consultation which ran from 8 January to 1 April this year alongside all the other evidence contained in a decision-making business case.

The Committees in Common discussed all of the points within the DMBC, answered questions and agreed the following resolutions for implementation.

- To adopt the clinical model for the delivery of district hospital services and the specialist emergency care hospital (SECH).
- That the preferred option for the location of the Specialist Emergency Care Hospital is Sutton, with continued provision of district hospital services at Epsom Hospital and St Helier Hospital.
- To adopt the recommendations for implementation.
- To establish a Strategic Executive Group and Strategic Oversight Group to monitor the delivery of the recommendations throughout implementation.

The Trust welcomed the decision made and has been managing the programme to implement these resolutions.

4. DMBC 24 Recommendations for implementation

Working closely with our CCGs, the 24 recommendations have been reviewed, accepted and evaluated for what tasks need to be delivered to fulfil the recommendations.

As the recommendations span the timeframe from now to implementation (i.e. up to 'go live' in 2025) we have worked with our commissioners to identify the tasks and the period they would be delivered in.

The core areas that need consideration are:

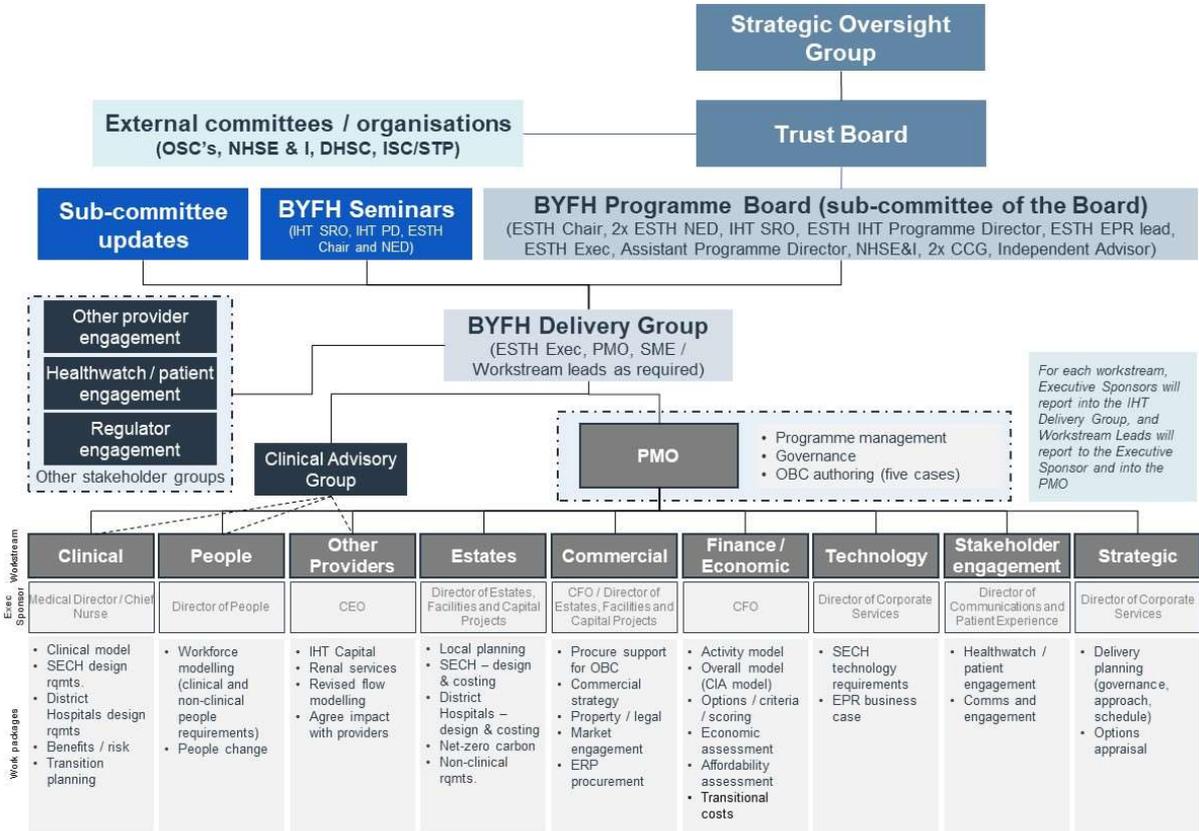
- Assurance of implementation – establishing programme governance
- Changes required to COVID 19
- Digital
- Clinical model
- Workforce
- Future bed requirements
- Funding
- Environmental
- Primary Care and Community Services
- Travel and Access
- Deprivation and health inequalities
- Renal
- Social Care

We will continue to work on these requirements throughout the programme and have responded to the majority of these areas (and wider) within this update.

5. BYFH Programme governance

Since the CCGs made the decision for the SECH to be located at Sutton, we have established our programme within the Trust.

Formal programme structure:



To support the programme, and to meet the challenging timelines we have procured both internal and external programme resource.

Meetings since the decision-making meeting on the 3rd July.

- The Strategic Oversight Group (SOG) has met once (now monthly)
 - Attended by: CCG Accountable Officers, Clinical Chairs, CFO, Trust CEO, Medical Director(s), BYFH Programme Director, CFO, NHSE/I
- The Programme Board has met 3 times (monthly)
 - Attended by: ESTH Board (including non-execs), CCG representative, NHS E/I, London Estates.
- The Delivery Group (EDG) has met 12 times (weekly)
 - Attended by: ESTH Executives (workstream leads as required).
- The regulator meeting has met 3 times (monthly)
 - Attended by: ESTH CEO, BYFH Programme Director, NHS E/I, London Estates, DH.

6. COVID-19 impacts

Implications for the design of hospital buildings

COVID-19 has given us lots of insights into how hospital buildings need to be designed to make them better able to cope with diseases like this in the future.

- Buildings need to be designed to be flexible. To respond to future pandemics and/or changes in demand, healthcare buildings need to be designed so they can be used in different ways, including providing more ITU and/or ventilated capacity when needed.
- Where possible, access and clinical spaces should be separate/segregated. Planned spaces should, where possible, be separate from emergency spaces, to support separation of patients – and this would be supported by the split of the SECH from the district hospital sites (meaning we could offer COVID-protected environments). Emergency spaces should also be designed to enable segregation when necessary (e.g., segregating emergency departments in COVID and non-COVID spaces). Departments should, as much as possible, have dual access and egress routes.
- We need greater capacity and staffing resilience to support planned care. In future pandemics, we would want to continue more planned care than during COVID-19. This requires better facilities and more resilient staffing, supported by consolidation. The greater separation of planned and emergency care offered by the clinical model would mean we are more able to offer COVID-protected planned care facilities in the future.
- Digital needs to be embedded in the hospital. To maintain the shift to virtual care, dedicated facilities and systems will be needed alongside clinic rooms for face-to-face care – including the ability to review outpatient/ambulatory patients virtually and for staff to work remotely. Moreover, the facility should maximise the opportunity offered by digital.

These areas will be explored further through the business case process as plans develop into more detailed pathway and building designs.

- To support improved resilience for future epidemics, so far we have:
 - Increased the number of Intensive Care Beds.
 - Increased the number of single rooms from 50% in PCBC to over 70% single rooms at the Sutton site (SECH).
 - For this we have highlighted the estimated additional capital requirements through the HIP1 regulator process (and at the NHS Joint Investment Committee – 5th August).
- We continue to participate and learn from other HIP1 schemes in regard to the changes they are implementing to support resilience.

7. Electronic Patient Records

The Trust has completed extensive work over the summer and created a combined Strategic Outline Case and Outline Business Case for the purchase and implementation of a new EPR.

This case has been signed off by our Board (11th September 2020) and has been submitted to regulators for approval (those managing the HIP1 Capital schemes).

Our Trust Board agreed to progress to Full Business Case immediately, with the expectation that this would be complete by March 2021.

8. Clinical model development

- Our engagement on the clinical model has been extensive over the last 3 months, including almost 60 workshops held, with over 180 clinicians, AHPs and managers engaged.
- Clinical engagement workshops were run in 3 phases and concluded successfully
- Each workshop had input from multiple clinicians throughout the process
- The Clinical Advisory Group (CAG) has provided clinical leadership and oversight, making clinical recommendations on key issues that have arisen from workshops
- Write up of the outputs is now in progress and will be included within the clinic chapter of the OBC

- All 3 rounds of workshops have taken place and concluded.
- **Almost 60 workshops held.**
- The groups have had a mix of clinicians attending, including AHPs and nurses.
- We are continuing to hold ad hoc sessions where required and they have taken place for Endoscopy, Acute Oncology & Haematology

Clinical design and healthcare planning		Outcomes
Phase 1: Principles & Pathways	Workshop 1 (w/c 15/06)	• Define clinical design principles
	Workshop 2 (w/c 22/06)	• Agree high-level clinical requirements, co-dependencies and adjacencies • Demand and capacity requirements
Phase 2: Requirements & Specification	Workshop 3 (w/c 13/07)	• Agree design requirements, inc. estates, technology & workforce
	Workshop 4 (w/c 27/07)	• Agree outline specification
Phase 3: Feedback on design/refinement	Workshop 5 (w/c 10/08)	• Feedback on design • Initial refinements
	Workshop 6 (w/c 24/08)	• Final refinements



9. Workforce

- Alongside our activity and finance modelling, we have created a workforce baseline model.
- This model has been updated simultaneously as part of our clinical engagement workshops for future ways of working.
- We are currently reviewing these requirements across the programme (in conjunction with space requirements).

10. Finance & Activity

- Bed capacity
 - Refreshing the activity model (based on Trust information with greater granularity) is suggesting a small change in bed numbers across the system of approximately 1,069 vs 1,066 identified within the DMBC. This is a small change of +3 beds.
- Capital requirement
 - We have highlighted to the system (via our regulators) potential increase in capital requirements for additional areas of consideration, including COVID implications, EPR, meeting environmental standards.

11. Business case and building design options

11.1. SECH new build Sutton

- Options for build are well developed including massing on site and Schedule of Accommodation.
- Our new build must achieve net zero carbon standards.
- We have submitted a pre-application for planning permission.

- 1:500 & 1:200 drawings are being developed.
- Engagement continues with all Sutton site stakeholders specifically around operational synergies:
 - We have had clinical meetings for synergies with; Haematology, Oncology, Paediatrics, and Pharmacy, this work continues.
 - Operational meetings on; back office, shared facilities, this work continues.

11.2. District hospital renovation plans

- We continue to implement significant capital investment into our hospitals over the next 6 years in addition to our HIP1 funding.
- Within our clinical workshops we have engaged and developed the Schedule of Accommodation (SOA) for both sites.
- We are creating 1:500 and 1:200 drawings / layouts that meet this requirement.
- We are engaging with Primary Care and Community service colleagues to meet their requirements for space on the St Helier site (currently identified as an option for 3 Primary Care centres).

12. Travel and Access

Sutton site

- Secured agreement in principle with London Borough of Sutton:
 - For the short term and longer-term primary access points to the Sutton campus.
 - To commission joint travel analysis work to model the impacts of our new building on the local road network.
- Further work has included
 - Visiting a potential park and ride site in surrounding areas with a view to reducing staff vehicle journeys to the Sutton campus.
 - Explore with LBS potential public transport improvements (bus and train) to provide better access to the Sutton campus.
 - Discussions with Institute of Cancer Research to discuss options for re-routing of their access route (currently across RMH land) which would be needed for our proposed new building.
 - Discussions with RMH on short term and longer-term physical links from our new building to their current and planned estate, patient access from the proposed multi-storey car park to their new Oaks outpatient centre and sharing of waste and other support functions with a view to reducing delivery vehicle journeys to the Sutton campus.

District Hospital sites

- Initial scoping has been undertaken to determine that ambulance stations with associated parking could be accommodate on the St Helier site.
- We have been progressing with the enabler scheme of providing a multi-storey car park at Epsom.
- We are also progressing with our refurbishment and upgrade of the stroke ward at Epsom.
- St Helier – we are progressing with an enabler scheme to relocate Renal services from the back of the site to our main building to improve the patient environment.

- Current bus service - the Trust, with Transport for London (TfL) agreement, currently operates the H1 bus route which provides staff and the public with a link between St Helier, Sutton and Epsom hospitals. We have approached TfL to explore an extension of that route to Morden underground station and to Leatherhead and have received initial comments which are positive with some caveats around funding the route south of Epsom hospital and the capacity of Morden bus station, we will further develop these options.

13. Our programmes impact on “Other providers” activity / capacity

- We have agreed with our regulators the level of detail required within our business case for the providers our transition to the Sutton site effects.
- We have been meeting with the Trust leads to progress these requirements.
- Original capital requests/estimates (within PCBC & DMBC):
 - Ashford St Peters - £11.8m
 - Kingston - £4m
 - Royal Surrey - £6m
 - East Surrey and Sussex - £3m
 - St Georges - £14m
 - Croydon – no capital req.
- The activity model is being refined to confirm capacity requirements at these sites.

14. Comms and engagement

Objectives of comms & engagement

Through effective communications and engagement we can influence, inspire, explain, collaborate and encourage local people, patients, carers, those potentially affected by any proposed changes and organisations to share their views.

Our engagement activities aim to ensure:

- Our local populations understand why the new Specialist Emergency Care Hospital is needed
- The benefit to local people and future generations to come is clear
- A best practice, legally robust and independently assured approach to public and stakeholder engagement is undertaken
- Any concerns raised will be heard and a resolution sought
- Impacts on groups protected under the Equality Act are fully considered and mitigated.

Principles

We are building on the engagement work which has already been done in previous programmes, such as engagement for the Epsom and St Helier University Hospitals NHS Trust’s Strategic Outline Case (known as Epsom and St Helier 2020-2030) and the consultation process, which has been recognised as ‘best practice’ by the Consultation Institute.

The following guiding principles underpin the aspirations for our engagement programme with patients, public, stakeholders and staff. It will provide a test against which the communication approach can be measured and assessed:

- Open and honest, accurate, fair and balanced

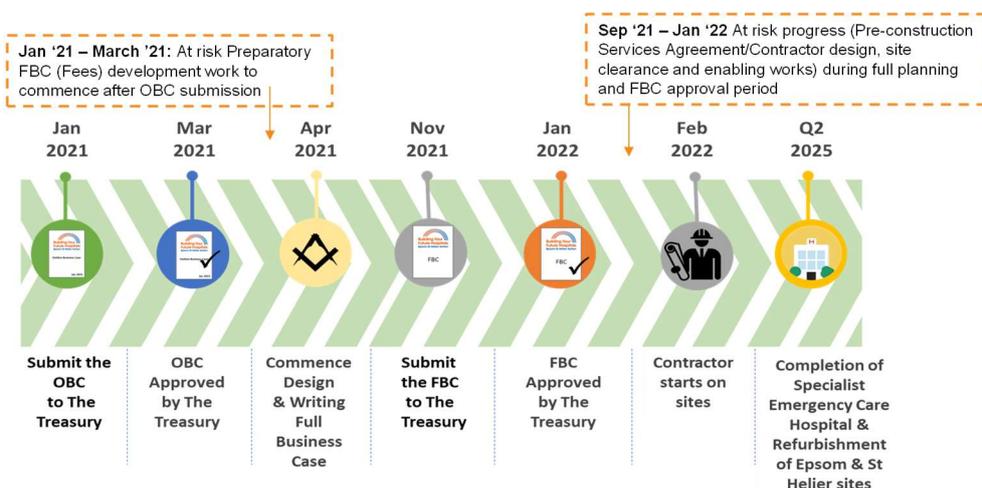
- Consistent, clear and professional – using plain English
- Accessible and inclusive – making information available in other formats and languages where requested
- Two-way conversational
- Partnering and collaborating
- Cost-effective
- Respectful of diversity
- All of our activity will be aligned with corporate brand guidelines (visual and tone)
- Leaders are role models and partners, staff and volunteers are our ambassadors.

Our engagement activities to date

- All staff briefings – All staff - 10th July – Zoom wide broadcast by the Trust executive
- Clinical workshops – split by specialty/operational area. Between July – September we have held **over 60 workshops** to engage in clinical redesign (mixture of face to face and ‘teams’ meetings).
- H1 Newsletter
- Exec verbal briefings
- Trust Exec Committee – 50 Trust leaders have been updated monthly over the summer as to our OBC progress.
- Press release for a celebration of the decision made and next steps – 10th July
- Engaged with local Health Watch for continued engagement support
- Early engagement Q&A session with Patients Public Group
- Establish a staff engagement network – many staff have volunteered
- Rebranding from Improving Healthcare Together (IHT) to Building Your Future Hospitals (BYFH) – we have re-branded to show we are now in the implementation phase.
- Annual Public Meeting – update on the progress of our business cases.
- Engagement with the workforce unions

15. Expected timelines

- We are working with the regulator and within our governance to ensure that we meet the programme timelines.
- We are evaluating the possibility of continuing certain elements of the business cases while they go through formal signoff to deliver as quickly as possible to the benefit of our patients.



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Improving Healthcare

Together 2020-2030

NHS Surrey Downs, Sutton and Merton CCGs

NHS South West London and Surrey Heartlands CCGs

Improving Healthcare Together 2020 – 2030

Joint Health and Overview Scrutiny Sub-Committee

21st October 2020



Following the CCGs' Governing Bodies meeting on the 3rd of July to consider the IHT proposals in respect of changes to hospital services in Merton, Sutton and Surrey Downs...



The CCGs approved:

- The clinical model for the delivery of district hospital services and the specialist emergency care hospital (SECH).
- Sutton as the preferred option for the location of the SECH, with continued provision of district hospital services in refurbished buildings at Epsom Hospital and St Helier hospitals.
- 24 recommendations for implementation set out in the Decision-Making Business Case (DMBC); and
- The establishment of a Strategic Oversight Group (SOG) to monitor the delivery of the recommendations throughout implementation. The SOG will have oversight of the implementation plans for each of the Trust's recommendations set out in the Decision Making Business Case and review and support the Outline Business Case (OBC) and Full Business Case (FBC).

CCGs committed to work with other partners to ensure implementation of:

- **Recommendation 16 (deprivation and health inequalities):**
 - a. Ensure the implementation of district services, enhanced local services and the targeted local strategies developed by CCGs to reduce health inequalities through increased access to local primary or community care are realised, with a focus on prevention, as well as targeted initiatives to manage patients with risk factors around diabetes or high blood pressure and supporting behaviour change.
- **Recommendation 17 (deprivation and health inequalities):**
 - a. Undertake a further focused deprivation review specific to East Merton and North Sutton residents to determine whether any additional services should be made available locally
- **Recommendation 21 (Covid-19):**
 - a. The local health and care partners should monitor the latest guidance on implementing the response to COVID-19, including any further requirements for protected characteristics (e.g. BAME), deprived communities and vulnerable groups.

In line with DMBC recommendations 17 and 21; the CCGs will undertake a further review of protected characteristic groups and people from deprived communities for the combined geographies, with specific reference to East Merton and North Sutton residents to determine whether any further services should be made available locally



- The review will be independently commissioned and aims to:
 - Draw on the findings of the Deprivation Study undertaken by the Nuffield Trust and the Equalities Impact Assessment by Mott Macdonald previously commissioned by the Improving Healthcare Together Programme
 - Review any new research findings for example, Public Health England's Disparities in the Risk and Outcomes of COVID-19 report and/or any other new DOH guidance to inform any new findings or further recommendations
 - Identify any new population health information with respect to tackling health inequalities in the combined geography with specific reference to East Merton and North Sutton
 - Review system-wide COVID recovery plans intended to increase the scale and pace of reducing health inequalities and identify recommendations to address health inequalities for the combined geographies with specific reference to East Merton and North Sutton
 - Make any recommendations on any further steps that the CCGs with its system partners might make to addressing health inequalities for East Merton and North Sutton residents
 - Review the latest guidance on implementing the response to COVID-19, including any further requirements for protected characteristics (e.g. BAME), deprived communities and vulnerable groups.

In line with DMBC recommendation 16, the CCGs have committed to undertake further work in partnership with local authorities and the Trust to appraise additional services that could be located on district site(s) or other local settings

During the consultation Merton and Sutton Councils have requested that...

- Specific services should be considered for St Helier Hospital if it is not the specialist emergency care hospital to ensure it remains at the heart of the community. These include:
 - More **community beds**, including "discharge to assess" beds located in this accessible and visible location.
 - A **Children's hub**, meeting the needs of young people, dealing with child development and recognising that this is an area which would benefit from greater focus in Mental Health (CAMHS) and Safeguarding resources.
 - **Mental Health and Wellbeing services** such as have already been planned for the Wilson hospital site in Mitcham.
 - **Primary care** is under pressure throughout out boroughs, and we recognise that attempts that have been made to date to integrate primary and acute care on the St Helier site, but we think that this needs to go further and that any new configuration needs to work to support primary care and community services so that hospital remains for our communities a resource to be accessed in times of need rather than the only visible source of help and advice.

We will carry out an options analysis appraisal for the provision of primary and community services

- We will describe the case for change for inclusion of these services, and carry out a desk-based research exercise on the population need for these services, including through review of JSNAs and health and wellbeing strategies.
- We will review the latest COVID-19 guidance and any health inequalities review.