

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



**15 March 2021**

**6.30 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, Anita Schaper, Adrian Flook, Peter McCabe

Substitutes: Councillors Edward Joyce, Marlene Heron, Richard Chatterjee, Lesley Heap, Brenda Fraser, Graeme Henderson, Nick Darby and Rachel Turner

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

Helen Bailey  
Chief Executive  
Date 5 March 2021

*Enquiries to: Cathy Hayward, Committee Services Officer Tel: 020 8770 4990 | Email: [committee.services@sutton.gov.uk](mailto:committee.services@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**

3 - 6

To approve as a correct record the minutes of the meeting held on 21 October 2020.

5. **Update on Building Your Future Hospitals (BYFH): Outline Business Case: A Summary**

7 - 24

A report from the Epsom and St Helier (EStH) Trust on the next steps of the Improving Healthcare Together 2020 -2030 plan that has moved to its next phase with work being led by the EStH 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*).

### Reminder – Declaration of Interests

Members should consider the following interests and whether they have any they should declare.

#### Disclosable Pecuniary Interests

Where you have a Disclosable Pecuniary Interest in any business of the Authority at this meeting and you have either declared it beforehand in the Register of Members' Interests or to the Monitoring Officer for entry in the Register you must state at this meeting that you have such an interest and then withdraw from the room or chamber where the meeting is being held whilst that business is considered.

Where you have a Disclosable Pecuniary Interest in any business of the Authority at this meeting and have not previously declared it you must declare the nature of that interest at this meeting and then withdraw from the room or chamber where the meeting is being held whilst that business is considered.

#### Other Pecuniary and Non-Pecuniary Interests

Where you have any other pecuniary or non-pecuniary interest in any business at this meeting you must declare that interest, but may continue to speak and vote on the matter. However, if the interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest then you should declare the interest and withdraw from the room or chamber where the meeting is being held whilst that business is considered.

Further information on these matters can be found in the Council's Code of Conduct and Constitution. If you are in any doubt as to whether you have an interest you should seek advice **before** the committee meeting from Alexa Coates.

If, during the course of the committee meeting, you consider you may have an interest you should always declare it.

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**South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030****21 October 2020****SOUTH WEST LONDON & SURREY JHSC SUB-COMMITTEE - IMPROVING  
HEALTHCARE TOGETHER 2020-2030****21 October 2020 at 7.30 pm**

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

**12. WELCOME AND INTRODUCTIONS**

The Chair, Councillor Colin Stears, welcomed those present..

**13. APOLOGIES FOR ABSENCE**

There were no apologies for absence..

**14. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**15. MINUTES OF THE PREVIOUS MEETING**

Members of the Sub Committee updated the position of their Council regarding referral to the Secretary of State:

Croydon Council - Endorsed the referral made by Merton Council to the Secretary of State

Kingston Council - Retained the right to make a referral to the Secretary of State

Surrey County Council - No referral would be made to the Secretary of State

Merton Council - A referral had been made to the Secretary of State

Sutton Council - Retained the right to refer the matter to the Secretary of State

**RESOLVED: that**

1. the minutes of the meeting held on 4 June 2020 be agreed as an accurate record.

**16. UPDATE FROM THE TRUST AND COMMISSIONERS ON NEXT STEPS**

Daniel Elkeles, Chief Executive, Epsom and St Helier Trust, Dr James Marsh, and Andrew Demetriades, Programme Director, Improving Healthcare Together 2020 to 2030 provided the presentation.

Members discussed the governance structure of the programme is complex, with interdependencies between the work streams and that this resulted in ambitious timelines. Sutton and Merton councils had requested that consideration be included within the programme's plans that primary care services are located on the St Helier site, however,

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2020-2030****21 October 2020**

this had not yet been confirmed. Members drew attention to the fact that involvement and engagement with the Community and stakeholders was required and should start as soon as possible. Members suggested that engagement should be seen by communities to be open and honest as this would support building trust within communities. Members expressed concern there was a very short timeline for the development of the Outline Business Case (OBC), and that residents had not been able to become involved. Members were informed that delays to the programme would create additional costs of approximately £5m for every six months of delay. The programme was progressing, current timelines were being met, it was expected the programme would continue to meet the timelines outlined.

Members drew attention to the need for oversight and visibility of progress against the 24 recommendations set out in the Decision Making Business Case (DMBC). The IHT team confirmed progress against the recommendations was reviewed regularly.

Daniel Elkeles, Chief Executive, Epsom and St Helier Trust explained that as Merton Council had exercised the right to refer to the Independent Reconfiguration Panel (IRP) engagement could not be carried out while the outcome of the referral remained unknown. Recommendations from the IRP would be incorporated into the programme as required. It was discussed that service changes would not conclude until 2025, there would be listening and adapting of the plans throughout the programme.

Members were informed that the Mayor of London's office was considering issues related to deprivation and would meet Sutton and Merton's Directors of Public Health. Members asked about the mechanism to allow input from Surrey. It was agreed this would be followed up outside of this meeting. Members requested that this sub committee had as early sight as possible of the Mott McDonald report on the assessment of impact on deprived communities. The Programme Director, Improving Healthcare Together 2020 to 2030 informed Members the report would be completed in early December 2020.

It was explained that the arrangements for involvement of elected representatives had included the IHT team regularly attending this sub committee, the Joint Health Scrutiny Committee and a range of meetings at each of the represented councils.

It was outlined that money had been allocated for use at St George's hospital due to the expected displacement of patients from some areas of Merton if the programme was completed at the Sutton site. The funding allocated would be used to increase capacity within the A and E, maternity services and for provision of additional beds for admissions.

In discussion members asked about transport to the site from Surrey and the groups being worked with to ensure the best available options are considered. The Programme team asked that if Members had suggestions of groups to be approached relating to transport from Surrey this was further discussed with the team. Members drew attention to issues of transport from areas of Sutton and Merton, and changes to bus routing in the area.

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**21 October 2020**

Members suggested the programme should be used as an opportunity to develop state of the art facilities, areas for such developments could be primary care, early intervention and prevention and obesity.

RESOLVED: that

- 1. the report be noted

**17. ANY URGENT BUSINESS**

There was no urgent business.

The meeting ended at 9.03 pm

Chair: .....

Date: .....

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<b>Report Title</b>	Update on Building Your Future Hospitals Programme: Outline Business Case: A Summary		
<b>Committee</b>	South West London & Surrey JHSC sub-committee - Improving Healthcare Together 2020-2030		
<b>Committee Date</b>	15 March 2021		
<b>Committee Chair</b>	Councillor Colin Stears		
<b>Report From</b>	Sam Barker, Assistant Director Customers, Transformation and Strategy		
<b>Report Author(s)</b>	Allyson Local, Policy and Projects Officer		
<b>Ward(s) Affected</b>	All Wards		
<b>Open/Exempt</b>	<b>Open</b>		
<b>Signed</b>		<b>Date</b>	5 March 2021

### 1. Summary

- 1.1 This item provides a report from the Epsom and St Helier (EStH) Trust on the next steps of the Improving Healthcare Together 2020 -2030 plan that has moved to 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 Appendices and Background Documents**

Appendix letter	Title
A	Update on Building Your Future Hospitals: Outline Business Case: A Summary

Audit Trail		
Version	Final	Date: 05 March 2021

Background documents
None



**Building Your  
Future Hospitals  
Epsom St Helier Sutton**

**OUR OUTLINE BUSINESS CASE:  
A SUMMARY**

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**All illustrations are artistic impressions and not final designs**

# YOUR FUTURE HOSPITALS – 2025 ONWARDS



1. Specialist Emergency Care Hospital (SECH) at Sutton

2. A refurbished Epsom Hospital as district hospital

3. A refurbished St Helier Hospital as district hospital



4. New proposal to improve renal care for all



6. New Electronic Patient Records System across all sites



5. New proposal to create a Cancer Surgery Centre in the SECH

# SPECIALIST EMERGENCY CARE HOSPITAL

Co-location of **major acute services**, while **vital services continue** to run at **Epsom and St Helier hospitals** – retaining their position at the heart of our communities

The new SECH will include six major acute services for our very sickest patients:

- Major A&E
  - Critical care
  - Acute medicine
  - Emergency surgery
  - Inpatient paediatrics
  - Births
- 
- A permanent catheter lab
  - 24/7 interventional radiology
  - And expansion of diagnostic services



# FITTING WITH LONDON CANCER HUB MASTERPLAN

## The SECH has to fit with the wider master plan

- We're working with the London Borough of Sutton on:
  - Height of build
  - Access
  - Car park
  - Massing
- Working with Royal Marsden Hospital on:
  - Physical links to the buildings
  - synergies with their services
  - Car park requirements



\*Design for illustrative purposes only

# BUILDING TO MEET EVERYONE'S NEEDS

## Long term improvements will include:

- Significant increase in single rooms and improved infection prevention measures
- Easy access to bathroom facilities (many en-suite)
- Separation of public, patient, staff and facilities management flows into the building
- Separate lifts for public, bed lifts, facilities management
- Accessible changing facilities – centralised staff change and dedicated for theatres, maternity, A&E and ICU.
- Consideration in the design given to those with hidden disabilities, such as autism



# DESIGN REQUIREMENTS OF NEW BUILD

We are forming a collaboration with the other Trusts in London and nationally to drive design standardisation and value for money

**Carbon  
neutral**



**Smart  
building**



**Modern  
methods of  
construction**



## District Hospital

Development of  
integrated **district  
hospital services**

### District services include:

- Urgent Care Treatment Centres (UTC)
- Inpatient beds
- Outpatients
- Day case surgery (adults)
- Low risk antenatal and postnatal clinics
- Chemotherapy
- Dialysis
- Endoscopy
- Imaging and diagnostics

**Epsom**  
SWLEOC  
23 hour surgery

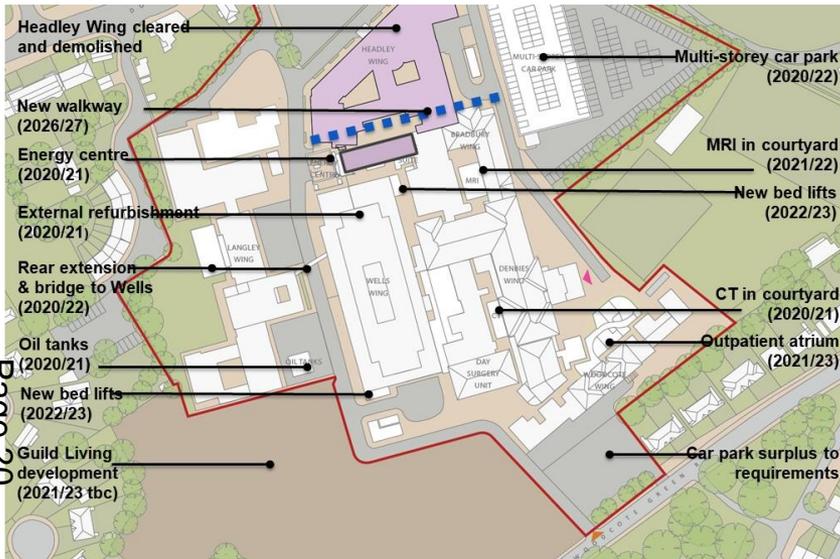


**St Helier**  
GP practice  
space for 15,000  
patients



\*Last picture: taken pre-Covid

# REFURBISHED EPSOM AS DISTRICT HOSPITAL



These plans will allow for a record investment into Epsom Hospital. Improvements include:

## Prior to 2025

- Complete refurbishment of Wells Wing (our main ward block)
- Refurbishment and extension of Langley Wing
- SWLEOC - 6th theatre for more planned surgery
- Multi-storey car park

## Post 2025

- New main entrance
- Co-location of diagnostics with outpatients
- Changes to ward layout



# A NEW LOOK ST HELIER AS DISTRICT HOSPITAL



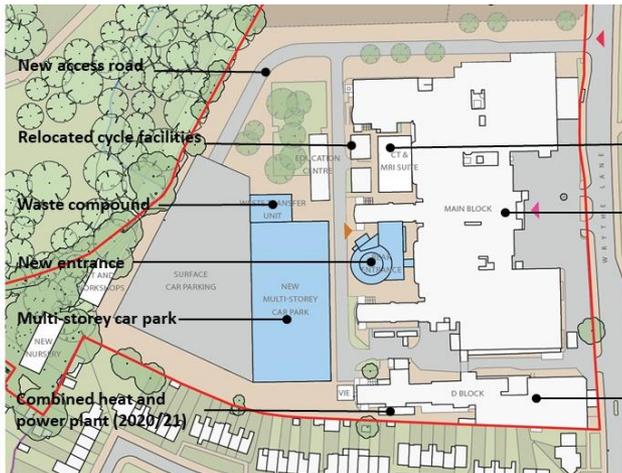
We will continue to invest in St Helier, improvements include:

## Prior to 2025

- Move renal wards into main hospital block
- Build new pathology centre
- Create a new building for the onsite nursery

## Post 2025

- New main entrance
- New multi-storey car park
- Major changes to A-D block
- Capacity preserved for further day surgery expansion in future



**We have launched a dedicated travel and transport group to look at accessibility to our hospitals, identify opportunities for improvements and tackle obstacles.**

Current proposals and travel projects are:

- **Multi-storey car park at Sutton** with 800 spaces and smart technology to improve access and space management
- **Extend our H1 bus route** to connect the new site (we are already piloting new pick up stops)
- **Working with London Borough of Sutton** to ensure road infrastructure to the SECH is suitable
- **A potential new park and ride service** for residents of Reigate and Banstead
- **Engaging with TfL** – We gave detailed feedback to recent TfL consultation and will continue to work closely together.



# A NEW PROPOSAL FOR RENAL CARE

## The situation now

- Acute and specialist renal services are provided to the population of South West London, Surrey and beyond from St George's Hospital and St Helier Hospital.

## Case for change

- Patients from different parts of the region experience unacceptable inequalities in their treatment.
- The estate of both hospitals has suffered from long term under investment, and as a result the buildings are not fit for purpose.

## Proposal

- **Satellite Dialysis units, outpatients and Frimley Inpatient Renal service all unchanged**
- Our proposal combines the **acute inpatient renal services** into one centre at St George's Hospital. This will cater for inpatient and acute renal needs.
- This would affect around 2750 patients per year – 650 from Surrey, 600 from Croydon and 500 from Sutton.



# KEY IMPROVEMENTS FOR RENAL CARE

## Co-locating the core acute renal services improves care

- **Clinical quality and patient outcomes:** Faster and equal access to renal surgical and specialist radiology
  - Increased access to home therapies.
  - More rapid access to transplantation and increase rates of pre-emptive listing.
- 
- The image shows two hands, one from the left and one from the right, with fingers curled to form a heart shape. In the center of the heart, there are two red kidney icons, one on the left and one on the right, symbolizing the connection between care and health.
- **Patient experience:** A purpose built new renal inpatient building that has the acute service at both St Helier and St George's will provide a much better patient experience
  - **Research and education:** SGUH benefits from its co-location with St George's, University of London (SGUL), while ESTH hosts the Renal Research Institute. Bringing together these strengths will enable the new centre to increase opportunities in R&E.
  - **Staff experience:** The joint unit will provide significant opportunities for the development of staff working within renal services.
  - **World Class :** Combining the two services will make it the 3rd largest renal service in England, and with some of the best outcomes will enable us to become a world-class service

# CANCER SURGERY PROPOSAL



## The situation now

- The Royal Marsden (RM) provides a range of cancer services on the Sutton site but does not provide critical care.
- Patients who need critical care are transferred from Sutton to Chelsea where necessary.
- Cancer surgery buildings are coming to the end of their natural life

## The case for change

- The ESTH SECH would provide the full range of emergency care services, including critical care enabling RMH to provide more services in Sutton than it can now
- RM's principal academic partner (located on site) is the Institute of Cancer Research (ICR).
- Locally, there is a long term aim to build the Sutton site into a leading cancer research and innovation hub.
- Improved collaboration both locally and across South West London will be enabled by fit for purpose facilities

## Proposal

**The Royal Marsden to use space vacated by Renal Unit for Cancer Surgery.**

# KEY IMPROVEMENTS FOR CANCER SURGERY

Proposal is to use this facility for:

**BOTH**

Transfer existing cancer surgery undertaken by RMH at Sutton primarily breast and sarcoma (bone/soft tissue)

**AND**

Repatriate SWL patients treated at RMH Chelsea who could now be well cared for in Sutton likely to be colorectal (bowel) cancer

- **Clinical quality and patient outcomes:** Will be able to provide best patient outcomes and more services than now
- **Patient experience:** A purpose built new cancer surgery facility will provide a much better patient experience
- **Research and education:** Opportunities to get the biggest benefit of having acute services, RMH and Institute of Cancer Research co-located
- **Staff experience:** The new facilities will greatly enhance staff experience
- **World Class :** RMH offers world class cancer services now and by moving their cancer surgery into a great new estate will be able to provide world class care for these patients too



\*Ward design for illustrative purposes only

# Key steps from business case to build

As our OBC is reviewed by NHSE/I and the DHSC, we are sharing our current position with you – we're asking for your feedback, questions, and your support to secure the future facilities our patients and staff deserve.

OBC reviewed by NHSE/I and Department of Health and Social Care

Continue to work up detail for planning application for SECH

Process to appoint build contractor and confirm costs

Submit Full Business Case by early 2022

Build contractor on site Spring 2022

SECH opens mid 2025

Refurbishment of Epsom and St Helier as District Hospitals by 2027

# IMMEDIATE NEXT STEPS

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- Briefing JHOSC on current position of our OBC (as NHSE/I continue to review it) – end of March (TBC)
- The National Joint Investment Committee meets to review the OBC – 27<sup>th</sup> April
- Meeting of JHOSC to agree process for renal and cancer if the Joint Investment Committee agrees they will be funded – May 2021