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

4 July 2019 at 7.30 pm

MEMBERS: Councillor Colin Stears (Chair), and Councillors Bill Chapman and Peter McCabe

ABSENT Councillor Jeffrey Harris

1. WELCOME AND INTRODUCTIONS

The Chair, Councillor Colin Stears, welcomed those present.

Presentation: Provider Impact presentation (This is a draft paper and numbers and impacts are subject to change as further work is carried out).

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jeffery Harris with Councillor Bill Chapman attending as a substitute.

3. DECLARATIONS OF INTEREST

Councillor Colin Stears declared his wife is employed by the Epsom and St Helier Trust (renal unit).

4. MINUTES OF THE PREVIOUS MEETING

Members drew attention to the appendix to the minutes of the meeting 30 April 2019.

Members had had sight of a document which had been given to attendees of the Options Development Workshop, the attendees had then been asked to sign the document. Members suggested the document appeared to be a non disclosure agreement.

Andrew Demitriades, Programme Manager, Improving Health Care Together (IHT) explained that the document had been used by Traverse, and not the Programme directly and it had not been intended as a non disclosure agreement. Members suggested as the document had the appearance of a non disclosure agreement, and Traverse had been

commissioned by the IHT programme, and that this may lead to concerns around trust of the openness of the programme in the communities the Members represent. The document contained reference to keeping information confidential and required a signature. Councillors could then rightly assume this document was a non disclosure agreement.

RESOLVED:

that the minutes of the meeting held on 30 April 2019 be agreed as an accurate record.

5. IMPROVING HEALTHCARE TOGETHER PROGRAMME BOARD AND CONSULTATION UPDATE

Andrew Demitriades, Programme Manager IHT presented the report.

The Programme Manager mentioned the Clinical Senate report had been published on 26 June 2019.

In discussion members heard that the ranking of options will be submitted to the regulators to review prior to consultation on a date soon after 19 July when the Programme Board is meeting. The ranking will not indicate a preferred option, but the options to be considered. It will be clear and explanation will be included that there has been no decision at this stage. The Programme team acknowledged that the timescale remains unclear due to the processes which are required to be followed. All information which can be shared will be shared publicly at this time and before submission to the regulator.

There will be a response to the request for capital funding available prior to the consultation starting, this was not part of the previous arrangement for this process.

Members asked and were provided explanation of the process and timescale to secure funding, by Sarah Blow, Accountable Officer, NHS SW London Alliance.

Members mentioned that the membership of the Travel and Access Working Group does not include elected members, suggesting that consideration should be given to their inclusion.

Members asked that expected timelines be provided to Officers, the Accountable Officer, NHS SW London Alliance, stated that timelines remain dependant on the processes required by the regulator.

Matthew Kershaw, IHT Provider, CEO Lead provided the presentation attached as an appendix to these minutes, it was noted the presentation was a draft paper and numbers and impacts are subject to change as further work is carried out. Draft numbers were provided for capital so that the Committee could have the most up to date information."

The IHT Provider CEO Lead outlined that as a part of the package for this programme the impacts of capital on outlying hospitals had been modelled and that only areas which directly relate to changes to patient flow as a result of this programme had been included in the modelling. Provider impact is only one factor in the development of the rankings.

It was noted that the evidence provided is at a point in time, it is therefore refreshed regularly and that consideration is included about current collaborations in South West London and future changes to the NHS.

Members requested that all documents for meetings are provided in a timely manner.

6. ANY URGENT BUSINESS

There was no urgent business.

The meeting ended at 8.42 pm

Chair: .....

Date: .....

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NHS

DRAFT

This is a draft paper and numbers and impacts are subject to change as further work is carried out.

Draft numbers were provided for capital so that the Committee could have the most up to date information

Improving Healthcare Together 2020-2030

Provider impact briefing for the IHT JHOSC Sub-Committee

July 2019

The information included in these slides is subject to regulator review in the national assurance process.
No decisions about any changes to services will be made until after a full public consultation has taken place and all of the information has been considered by the CCGs

We need to understand the impacts of different options on local providers; we have co-developed the process and approach, and impacts have been approved by individual provider boards

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Impacts have been co-developed and agreed with providers and approved by individual provider boards

- A **Technical Group** has been convened, comprising provider Directors of Strategy from each provider, as well as representation from ambulance providers
- The group has considered the **activity impact** on affected Trusts including **bed, theatre and diagnostics capacity** and the resulting requirements for **estates**, **finance** (**revenue and capital**) and **workforce**.
- The work has been supported with **clinical input** from **medical and nursing directors** through the IHT **Clinical Advisory Group**.
- Individual trusts have sought **approval** of impacts from their **statutory boards**.
- Following this, **impacts** will be used as an **input** to the **IHT financial model**; and **detailed commentary** will be included in the **pre-consultation business case** document.
- A **provisional analysis** of the early **provider impact** work has been referenced in the **interim Integrated Impact Assessment** (IIA) report; and the **full provider analysis** will be incorporated into the **IIA assessment**.

All providers agreed a consistent approach to the analysis of impacts

- A **consistent view** of **patient flows** has been developed, through a **co-developed activity model**
- A range of **sensitivities** have been developed to **test** how impacts changes based on **flexing key assumptions**
- Providers have **agreed** that the **core scenario** (based on **travel time**), will be used as an **input to the IHT financial analysis**
- **Capacity**, **estates / capital and finance** impact analysis includes **assessing the impact** of potential changes in patient flow on the range of areas. Components have been estimated by **individual provider trusts** based on a **consistent and agreed set of assumptions**
- Providers have **reported** back to the programme, using a **standard report format** for consistency.

All providers have stated that all options would be deliverable

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Whilst providers have noted that all options would be deliverable, the Epsom option has a high impact

- **Each provider** has **stated** that **all options** would be **deliverable** with the right level of **investment** and **mitigations**.
- Impacts on other providers are **greater** for the **Epsom option** and **lower** for the **Sutton and St Helier options**. This is because there are currently **more patients using St Helier than Epsom**, as well as the proximity of other hospitals to St Helier.
- For the **Epsom** option, **London providers** are expected to be **impacted more significantly – particularly St George's and Croydon** hospitals. A **high level of capital investment** is likely to be needed and additional **workforce** will also be needed. **Surrey providers** are **not impacted in this option**, given services at Epsom remain largely unchanged.
- For the **St Helier option**, **Surrey providers** – particularly **Ashford and St Peter's** and **East Surrey** hospitals will be impacted. This includes **additional capacity** and associated **capital investment** needed to accommodate demand. The overall **impacts** on these hospitals is **smaller than the impact on St George's and Croydon for the Epsom option**. With the exception of **Kingston**, **London providers are not impacted in this option**, given services at St Helier remain unchanged.

Impacts are distributed more evenly across providers in the Sutton option

- For the **Sutton option**, impacts are **distributed more evenly across providers in both London and Surrey**. This is driven by the location of the Sutton site, in between the Epsom and St Helier sites. A **small amount of additional capacity** and associated **capital investment** is needed for **each provider** to accommodate additional demand.

The table below shows the **capital needed** in **total across all providers** for **each option**. Providers were asked to estimate **incremental capital only**, for the purposes of including in the financial appraisal; while broader enabling capital will be included in the narrative for the draft PCBC.

Capital £m, 25/26 – based on provider submissions

Capital / provider	Total
MA Epsom	174
MA St Helier	44
MA Sutton	39

Overview of draft impact assessment across options by individual providers – all providers have stated that all options are likely to be deliverable

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MA Epsom	STP	KGN	RSU	ESU	STG	CRY
Capacity (inc. A&E, theatres, wards, support services)	L	L	L	L	H	H
Estates and capital	L	L	L	L	H	H
I&E	L	L	L	L	H	H
Work-force	L	M	L	L	M	H
Deliverability	L	M	L	L	H	H

MA St Helier	STP	KGN	RSU	ESU	STG	CRY
Capacity (inc. A&E, theatres, wards, support services)	M	M	L	M	L	L
Estates and capital	M	L	M	H	L	L
I&E	M	L	M	L	L	L
Work-force	H	M	M	M	L	L
Deliverability	L	M	M	M	L	L

MA Sutton	STP	KGN	RSU	ESU*	STG	CRY
Capacity (inc. A&E, theatres, wards, support services)	M	M	L	M	M	M
Estates and capital	M	L	M	M	M	M
I&E	M	L	M	M	M	M
Work-force	H	M	M	M	L	M
Deliverability	L	M	M	M	M	M

KEY: L = low impact; M = medium impact; H = high impact

**Indicated low impact for min sensitivity, high impact for max sensitivity, explicit rating not provided for core*

SUBJECT TO CIC APPROVAL

The provider boards have identified the key impacts on activity, workforce, beds and capital for each of the options

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1	**Ashford and St Peter's**	• The ASP Board believes all scenarios are deliverable, although there is a some risk in relation to the St Helier and Sutton options relating to the availability of workforce to support increased demand at ASPH which is exacerbated by adherence to current care models.
2	**St George's**	• STG identified that providing major acute service at Epsom would have a high impact, Sutton a high / medium impact and St Helier a low impact. This included a significant capital investment requirement.
3	**Kingston**	• The KGN Board agreed impacts for each option, and considers both the core and maximum impact sensitivities as deliverable. The Trust expects broadly consistent impacts across the options, with limited differentiation between them.
4	**Croydon**	• CRY identified a low impact for the major acute at St Helier option, medium for the Sutton option and a high impact for the Epsom option. It stated that while all three options are deliverable, there is a financial cost within the various options, and particular challenges with the Epsom option (significant inflows), which would require significant capital investment.
5	**Surrey and Sussex**	• ESU expect overall impacts to be low for the Epsom option, medium for the St Helier option (due to additional emergency demand) and medium for the Sutton option (due to additional emergency demand). Both the St Helier and Sutton options require capital investment to support an expansion.
6	**Royal Surrey**	• The Board agreed that the core scenarios of each option and the max sensitivity of the Epsom option are deliverable. The max sensitivity for the St Helier and Sutton options are not deliverable but the Trust does not believe the sensitivities modelled to be material as the likelihood of them happening is deemed to be small

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