

To: All Members of the Health Liaison Panel

Dear Councillor

HEALTH LIAISON PANEL - TUESDAY, 12TH MARCH, 2019

Please find attached the following presentations from the meeting of the Health Liaison Panel held on Tuesday, 12th March, 2019. These were not included in the original Agenda pack published previously.

2. **PRESENTATION: IMPROVING HEALTHCARE TOGETHER 2020-30:
UPDATE** (Pages 3 - 10)

Andrew Demetriades, Acute Sustainability Programme Joint Programme Director
Sutton, Merton and Surrey Downs Clinical Commissioning Groups.

Daniel Elkeles, Chief Executive, Epsom & St. Helier University Hospitals NHS Trust.

3. **PRESENTATION: HEALTH & WELLBEING: UPDATE** (Pages 11 - 20)

Rod Brown, Head of Housing & Community, Epsom and Ewell Borough Council
Rachel Kundasamy, Health and Wellbeing Officer, Epsom and Ewell Borough Council

Introduction of newly appointed Health and Wellbeing Officer and up-date on current work in respect of developing the Boroughs Health & Wellbeing Strategy

For further information, please contact Rachel Kundasamy (Health and Wellbeing Officer),
01372 732168

Yours sincerely



Chief Executive

This page is intentionally left blank



Improving Healthcare
Together 2020-2030
NHS Surrey Downs, Sutton and Merton CCGs



Page 3

Improving Healthcare Together 2020–2030

Epsom and Ewell Health Liaison Committee

12 March 2019



Our challenges remain significant and we need to resolve these in line with the case for change we have set out.....



Epsom and St Helier hospitals have faced significant challenges for many years. Surrey Downs, Sutton and Merton CCGs are looking in detail at these and developing some solutions so the hospitals can deliver high quality care for local people in the future. The challenges are:

Clinical

Epsom and St Helier does not have the workforce to meet the clinical standards for six major acute services to deliver high quality care 24/7 on two hospital sites.

Estates

Many of the Trust's buildings were built before the NHS was founded and are rapidly aging. They are not designed for modern healthcare

Financial

The Trust has an underlying financial deficit which is getting worse each year. The financial position will worsen unless changes are made.



We are united in finding a solution to the challenges we have identified...

- | | | |
|---|----------------------------------|--|
| 1 | Working together | <ul style="list-style-type: none">• The three CCGs most affected by these challenges are united in finding a solution• The Improving Healthcare Together programme is led by the CCGs with the full support of Epsom & St Helier |
| 2 | Retaining services | <ul style="list-style-type: none">• We are clear that all services will be retained within our combined geographies• Our focus is on enhancing the services offered locally and ensuring we have thriving hospitals• In all options, no hospitals are closed |
| 3 | Supporting infrastructure | <ul style="list-style-type: none">• Our out of hospital services have developed significantly over recent years and we now have a strong infrastructure in place• These will continue to develop and will be in place in advance of any changes in acute services |
| 4 | Sustainable solutions | <ul style="list-style-type: none">• Our analysis suggests a number of options offer sustainable solutions for our local health economy• This includes clinical, workforce and financial sustainability |
| 5 | Realistic forecasts | <ul style="list-style-type: none">• Our forecasts are based on realistic estimates of demand and capacity, which we are testing with regulators• We are forecasting a small increase in the overall number of beds needed in all options |



We have developed a range of options which we are assessing as part of our ongoing options consideration process..

In June 2018, the three CCGs published an issues paper and began an early engagement period to discuss the case for change, set out its thinking on the potential options development and discuss a range of evidence material generated so far.

The potential solutions propose bringing treatment for emergencies, maternity and the seriously ill into one new acute facility in the area.

There are no proposals to close any existing hospitals, and both Epsom and St Helier hospitals would still provide 85 per cent of services including urgent treatment centres.

Based on our initial tests, we have three options and we will also compare these options with continuing as-is scenario :

- 1 Locating **major acute services at Epsom Hospital**, and continuing to provide all district services at both Epsom and St Helier Hospitals
- 2 Locating **major acute services at St Helier Hospital**, and continuing to provide all district services at both Epsom and St Helier Hospitals
- 3 Locating **major acute services at Sutton Hospital**, and continuing to provide all district services at both Epsom and St Helier Hospitals

The IHT programme is continuing to develop its service proposals and evidence whilst we undergo an assurance process....



Phase	Outputs	Governance route	Decision point
1	Pre-consultation engagement <ul style="list-style-type: none"> • Early engagement on <i>Issues Paper</i>, including case for change, emerging clinical model and provisional solutions development framework • Phase 1 Integrated Impact Assessment (IIA) scoping: initial equality analysis and baseline travel analysis 	June 2018 Committees in Common in public	Decision to engage on <i>Issues Paper</i>
2	Initial option consideration <ul style="list-style-type: none"> • Public and stakeholder feedback on engagement activities • Co-production of non-financial criteria, weighting and scoring of options 	June – November 2018	
Page 3 3	Regulatory assurance <ul style="list-style-type: none"> • Draft Pre-Consultation Business Case submitted to NHS regulators • Provider impact analysis and Phase 2 IIA development • Regulator review of PCBC and Clinical Senate review of clinical model • Development of consultation plan in conjunction with JHOSC and SRG 	December 2018 – June 2019	WE ARE HERE
4	Review of assurance and consultation planning <ul style="list-style-type: none"> • Further consideration of evidence by Governing bodies • Public engagement on further evidence • Feedback from NHS regulators • Approvals from National oversight (OGSCR) and Investment Committee 	June – August 2019	
5	Decision to proceed to consultation <ul style="list-style-type: none"> • Final PCBC approval with preferred option(s) identified for consultation • Approval of consultation plan • Governing bodies decision to proceed to consultation 	September 2019 Committees in Common in public	Decision to proceed to consultation
6	Consultation <ul style="list-style-type: none"> • Consultation 	September 2019 – January 2020	
7	Consideration of consultation outputs & decision making <ul style="list-style-type: none"> • Independent review of consultation responses • Consideration of full post-consultation IIA (Phase 3) • Decision on agreed option • Development of decision-making business case for approval by regulators 	Spring 2020 Committees in Common in public	Decision to proceed with agreed option

Agenda Item 2

ALL TIMINGS ARE SUBJECT TO CHANGE

We are continuing to assess the likely impact on other NHS providers working closely with each of them....



- We are working closely with all local neighbouring NHS providers to understand the impact of any potential changes on their services looking at the impact in a number of key areas
 - Capacity (beds, theatres, A&E, diagnostics)
 - Estates and capital (new build / refurbishment, capital costs)
 - Income and expenditure
 - Workforce
- We are currently working with providers on detailed modelling for each of their Trusts, taking into account a range of sensitivities which include things like patient behaviours and modes of transport as well as views from SeCAMB and LAS.
- Each of the affected providers will use this modelling to develop detailed impact assessments
- The CCGs will consider these detailed impact assessments as part of the additional evidence that will feed into the ongoing options consideration and before any public consultation takes place

We are undertaking the second phase of our Integrated impact assessment (IIA)



- The phase two integrated impact assessment **aims to identify positive and negative impacts of any potential changes to services on the local population**, and in particular on the groups and communities who will be the most sensitive to changes.
- The purpose of impact assessments is **not to determine the decision about which option might or might not be selected**; rather they help decision-makers by giving them better information on how they can promote and protect the well-being of the local communities they serve.
- The IIA will bring together impacts across a number of different assessment areas including an **equalities impact assessment (EqIA), health impact assessment, travel and access impact assessment, and sustainability impact assessment.**
- Phase two is an exploration with:
 - people that need to travel to services
 - people from areas where health inequality has been identified or is suspected
 - people with protected characteristics and their representatives as identified through the pre-engagement phase
- The evidence gathered during phases one and two of the IIA work will be collated into an interim IIA report later this Spring.

We may be ready to consult by early autumn 2019 depending on regulator support and securing agreement in principle for capital availability....

- The three CCGs will consider all further evidence and feedback before determining whether they wish to proceed to public consultation on any proposals.
- The Improving Healthcare Together programme could be ready to consult by Autumn 2019. We have received confirmation that we should continue to develop our capital bid as part of the programme and we will be working closely with NHS Improvement and NHS England to agree how we take this forward.
- We have always made it clear that any consultation will only take place once we have agreement in principle for the capital.
- Following a public consultation, the CCGs will reflect and deliberate on the evidence gathered, the views of the public and expert clinical advice. A formal decision around any changes to services will be made with assurance provided by NHS England and NHS Improvement.
- 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.

Health and Wellbeing: Up-date

Page 11

Rachel Kundasamy – Health & Wellbeing Officer

Health Liaison Panel – 12th March 2019

Agenda Item 3

Previous Position

- **January 2018:**

- Position statement produced by EEBC

- Analysis of EEBC activities against the 5 Surrey priorities as identified in the Joint H&WB Strategy (H&WB board)

- Identified current activity in each area was being met.

However:

- Identified lack of cohesion / coordination between Borough activities

- Identified need for strategic review and to better understand local demographic and community needs

Where are we now.....

Help us improve health and wellbeing in Surrey

Comment on the draft **Joint Health and Wellbeing Strategy**

Health and Wellbeing Surrey



Drivers for the 10yr H&WB Strategy

- **Improve H&WB outcomes for population of Surrey (starting well, living well, ageing well – focus on prevention vs. ageing pop)**
- **Reduction in health and care activity**
- **Reduced financial burden on public sector**
- **Reducing inequality in health outcomes and considering the wider determinants of health**
- **Sustainability: long term, preventative approach as opposed to short-term reactive approach**
- **Alignment to the ‘bigger picture’: NHS Long-Term Plan, and consideration of the Integrated Care System / Partnerships**

Surrey County Council - DRAFT

Priorities

- **Enabling people in Surrey to live healthy lives**
- **Enabling the emotional wellbeing of people in Surrey**
- **Enabling people in Surrey to fulfil their potential**

Cohorts

- **General Population**
- **Children with SEND / Children & Adults with LD & autism**
- **Carers**
- **People who need support to live independently with ill health / or die well**
- **Deprived and vulnerable**

NHS Targets – NHS Long Term Plan

- **New Service Model:** Boost out of hosp. care / Redesign and reduce pressure on emergency service / Digitally enabled care / Personalised care / population health address via integrative care
- **Prevention & Inequalities (fixed / avoidable):** Ageing pop / Unmet need / innovation / GBD / air pollution / Wider-Determinants
- **Care Quality & Outcomes:** Physical and mental & emotional health
- **NHS Staff / workforce**
- **Taxpayers Investment will be used to max. effect:** Financial viability: 'The five tests'

Time-lines Stakeholder feedback

- 27th March – deadline for feedback

- 4th April – feedback to Health & Wellbeing Board

- April 19 – Strategy finalised and released?

<https://www.surreysays.co.uk/adult-social-care-and-public-health/hwbstrategy/>

EEBC response and current work-plan...

- Meeting with Internal colleagues – aims of consolidating our current ‘offer’ – aligned to new priorities
- Desk-top reviews – looking at EEBC local needs – multiple sources
- External Meetings – identify partnership arrangements
- Areas for consideration:
 - Coordination / integration
 - Long & Short-term intention
 - Partnership working
 - Local need vs wider picture

This page is intentionally left blank