

RESPONSE TO PUBLIC CONSULTATION ON IMPROVING HEALTHCARE TOGETHER 2020 TO 2030

Head of Service/Contact:	Rod Brown, Head of Housing & Community
Urgent Decision?(yes/no)	Yes
If yes, reason urgent decision required:	The period of consultation ends 1 st April 2020
Annexes/Appendices (attached):	Annex 1 – Position Statement in response to proposal to site specialist acute unit at Sutton Annex 2 – Proposed consultation response Annex 3 – Consultation documentation
Other available papers (not attached):	Agenda papers Community and Wellbeing Committee 12 June 2018

Report summary

This report considers the consultation response on Improving Healthcare Together 2020-3030 and a Council Position Statement on the consultation.

Recommendation (s)

The Committee

- (1) agrees the Position Statement relating to the future location of the new specialist emergency care hospital as set out in Annex 1**
- (2) agrees the consultation response to Improving Healthcare Together 2020-2030 as set out in Annex 2**

1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy

- 1.1 The Council's key priorities include supporting our community and this report seeks to support our residents through the provision of high quality healthcare.

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2 Background

- 2.1 In December 2008 the Council adopted a Charter and Position Statement on the delivery of local NHS services, to be used as a standpoint on a range of NHS services. The Position Statement was updated in 2010 to incorporate the Council's views on a range of NHS services, including the retention of the current A&E services at Epsom hospital.
- 2.2 In response to proposals to sell land at Epsom Hospital, in June 2018 the Council adopted a further Position Statement for issues relating to the future provision of acute services within Epsom and St Helier University Hospital NHS Trusts (ESHUHT) area and the proposed sale of the land.
- 2.3 In 2017, the Epsom and St Helier University Hospital NHS Trust (ESHUHT) undertook a stakeholder engagement process considering options for the location of a future acute services unit.
- 2.4 In 2017 following the stakeholder engagement the ESHUHT completed a pre-consultation process, exploring six possible options for the future of acute services. Following this they produced a strategic outline case for investment in the hospitals for the period 2020 – 2030
- 2.5 Feedback received by ESHUHT during the pre-consultation process has informed the proposals, reducing the options for the future location of a new specialist emergency care hospital from six options to three options.

3 Consultation: Improving Healthcare Together 2020 -2030

- 3.1 On 8th January 2020 a public consultation known as "Improving Healthcare Together 2020- 2030" (IHCT) was launched jointly by NHS Surrey Downs Clinical Commissioning Group (SDCCG), NHS Sutton Clinical Commissioning Group (SCCG) and NHS Merton Clinical Commissioning Group (MCCG). The consultation considers proposals to invest in both Epsom and St Helier hospitals and build a new specialist emergency care hospital. The consultation ends on 1st April 2020.
- 3.2 The services to be delivered by the new specialist emergency care hospital include:
 - A major emergency department
 - Acute medicine
 - Critical care
 - Emergency surgery
 - Births
 - Inpatient paediatrics or children's beds

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- 3.3 Of these six services, critical care and emergency surgery are currently only available at St Helier hospital.
- 3.4 The consultation includes questions on three alternative locations for the new specialist emergency care hospital. The options being considered are:
- St Helier Hospital
 - Epsom Hospital
 - Sutton (alongside the Royal Marsden)
- 3.5 The preference of all three CCGs is to locate the new specialist emergency care hospital at the Sutton site.
- 3.6 The proposals include further investment of £80m in the remaining St Helier and Epsom hospitals and making both hospitals “District Hospitals”. These hospitals would provide a wide range of services including outpatient services, diagnostic services, planned care, hospital rehabilitation and 24 hour Urgent Treatment Centres (UTCs)
- 3.7 If Epsom was not the location for the specialist emergency care hospital the proposals include the commitment that 85% of existing services at these hospitals will remain at each hospital.
- 3.8 In assessing the three alternative location options for the new hospital, analysis was done of travel times to the new locations and a deprivation impact analysis. Details of the various assessments can be found on the Improving Healthcare Together website at:
<https://improvinghealthcaretogether.org.uk/>
- 3.9 The consultation includes a questionnaire which asks eight questions, including questions about each of the possible locations for the new hospital, as well as about transport and travel. A proposed consultation response on behalf of the Council is included in Annex 2.
- 3.10 The consultation document is included as Annex 3, which includes details of the proposal, how the assessment of the three locations was determined, and the timetable for the changes proposed along with the consultation questions. There is a more detailed consultation document and other information available at the IHCT website above.

4 Health Liaison Panel Public Meeting

- 4.1 The Council’s Health Liaison Panel held a well-attended public meeting on Wednesday 26th February 2020 at Bourne Hall to help inform the Council’s response to the consultation.

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- 4.2 At this meeting a presentation on the consultation proposals was given by the Surrey Downs CCG and the ESHUHT. This followed questions and answers from Council Members attending and the public.
- 4.3 During the meeting it was reported that there were three key drivers for the proposed changes:
- Quality - Some key services do not meet the agreed national and regional clinical standards, largely due to the heavy reliance on agency staff. This resulted in the Quality Care Commission rating the Emergency Care and Safety as “Requires Improvement”.
 - Buildings – Some of the existing buildings at both hospitals are not fit for 21st Century needs with a lack of single rooms, movement within the hospital is poor including having to transport patients in the open air and poor lifts which frequently fail and an excessive cost for maintenance. .
 - Finance – Both St Helier and Epsom hospitals are operating with significant deficits because of the way services are organised across two sites, without enough permanent staff and in old buildings.
- 4.4 During the public meeting it was disclosed that Epsom was the cheapest build option out of the three proposed alternative locations. However, when considering the impact on the other hospitals by having the new acute services at Epsom, the whole system cost was the highest if Epsom was chosen for the new facility.
- 4.5 It was reported that this additional cost would arise from the need for ambulances, in the densely populated northern extremities of the catchment area, to take patients to geographically closer A&E hospitals.
- 4.6 There were numerous concerns raised at the Public Meeting. These included the possibility of the new hospital being located at Sutton and the impact this would have on travel time for residents of the borough.
- 4.7 There was also concern expressed about the impact of not having the new hospital in Epsom, given the inevitable growth in the population size of the borough and the relatively high elderly population in the borough compared to other areas within the catchment area.
- 4.8 There was concern expressed at the meeting that the District Hospital model proposed might not provide at least 85% of existing services provided by the existing Epsom hospital. There was a clear reassurance that this would be the case and that there would continue to be significant investment in both St Helier and Epsom, should Sutton be the location chosen for the new hospital.

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5 Financial and Manpower Implications

- 5.1 NHS Trusts are liable to pay business rates, therefore any change in the provision or scope of NHS services in the Borough could have a future impact on the level of business rates collected.
- 5.2 The proposals being consulted upon by the CCGs do not have any other direct financial or manpower implications for the Council.
- 5.3 **Chief Finance Officer's comments:** *None for the purposes of this report.*

6 Legal Implications (including implications for matters relating to equality)

- 6.1 The proposals being consulted upon by the CCGs do not have any direct financial or manpower implications for the Council
- 6.2 **Monitoring Officer's comments:** *None for the purposes of this report.*

7 Sustainability Policy and Community Safety Implications

- 7.1 Any proposal which increases the distance travelled for local residents would negatively impact upon both vehicle emissions and the time taken to reach appropriate treatment centres.

8 Partnerships

- 8.1 The County wide Health and Wellbeing Board is a partnership with responsibility to strategically lead many partners across Surrey, including all CCGs within Surrey and Epsom and Ewell Borough Council

9 Risk Assessment

- 9.1 The Council has an opportunity to respond to this consultation and to agree a new Position Statement setting out the Council's view on the proposals contained within the consultation. If the Council did not respond to the consultation there would be no opportunity influence the outcome of the consultation.

10 Conclusion and Recommendations

- 10.1 For the reasons expressed in the attached Position Statement in Annex 1 and the proposed consultation response (Annex 2) the Council considers the new emergency care hospital should be created at Epsom hospital with Sutton as the next best location.
- 10.2 The investment of £500m in the healthcare services for Epsom and Ewell Borough residents is thoroughly welcomed, as well as the commitment to continue to invest in Epsom hospital.

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- 10.3 The recommendations are that the committee agree the Position Statement relating to the future location of the new specialist emergency care hospital, as set out in Annex 1 and agree the consultation response to Improving Healthcare Together 2020-2030 as set out in Annex 2.

Ward(s) Affected: (All Wards);