

**LOCAL NHS ISSUES – POSITIONING STATEMENT INCLUDING
EPSOM AND ST HELIER UNIVERSITY HOSPITAL NHS TRUST
LOCATION FOR ACUTE SERVICES**

Head of Service/Contact:	Rod Brown, Head of Housing & Community
Urgent Decision?(yes/no)	No
If yes, reason urgent decision required:	
Annexes/Appendices (attached):	Annex 1 - Position statement on future of Epsom General Hospital and local health services Annex 2 - ESHUHT Strategic outline case for investment in our hospitals 2020–2030
Other available papers (not attached):	Report to Social Committee 28th January 2010 Local NHS issues – Position Statement Update

Report summary

The report considers a Positioning Statement for issues relating to the future provision of acute services within Epsom and St Helier University Hospitals NHS Trust (ESHUHT) area and the proposed sale of land and buildings, as well as the future of West Park Hospital site and the provision of other NHS services.

Recommendation (s)

- (1) That the committee adopts the Positioning Statement relating to the future location of acute services within the Epsom and St Helier University Hospitals NHS Trust (ESHUHT) area and other matters as set out in Annex 1.

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 provision of high quality healthcare.

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2 Background

- 2.1 Epsom and St Helier University Hospitals NHS Trust (ESHUHT) was formed in 1999, bringing together four hospitals - Epsom, St Helier, Sutton and Queen Mary's Hospital for Children.
- 2.2 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. This 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 General Hospital (EGH) and the continued provision of Mental Health services.
- 2.3 In 2017, ESHUHT undertook a stakeholder engagement process considering options for the location of future acute services from 2020 within the ESHUHT's area covering Surrey Downs, Merton and Sutton Clinical Commissioning Groups (CCGs) which provides services to approximately 729,000 people.
- 2.4 The ESHUHT estate within the Borough of Epsom and Ewell includes the remaining sites at West Park. Included at this site is the new Epsom and Ewell Community Hospital (NEECH) providing community beds and inpatients services such as physiotherapy and rehabilitation services.
- 2.5 The majority of the West Park site was released to develop new homes as part of the Hospital Cluster site.

3 Future of Acute Services

- 3.1 In 2017 the ESHUHT completed a pre-consultation engagement process with local communities to explore views on six options for the future of acute services.
- 3.2 Following this engagement process, ESHUHT has published a strategic outline case in "Strategic outline case for investment in our hospitals 2020–2030" (attached as **Annex 2**).
- 3.3 The commissioners (Surrey Downs, Sutton and Merton Clinical Commissioning Groups) have now established an Acute Sustainability Programme to look in detail at the challenges faced by the Trust and how the Trust can best ensure that the hospitals continue to deliver high quality, safe and sustainable services for local people in the years ahead whilst also being financially sustainable.
- 3.4 The commissioners, through the Acute Sustainability Programme, will examine whether there is a business case to support the options being proposed. If a business case is established leading to significant change in service delivery, they are required to enter into a public consultation process before making their decision.
- 3.5 The acute services being considered include:

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- Major A&E,
 - Inpatient paediatrics,
 - Hospital births and neonatal extra care and
 - Complex emergency medicine.
- 3.6 By locating acute services at one location, the ESHUHT argues it is possible to support acute service teams with senior clinicians 24hrs, 7 days a week, leading to better outcomes and more lives saved, as well as reducing costs associated with the employment of additional agency staff.
- 3.7 The ESHUHT has also identified the urgent need to invest in the existing hospital buildings to bring them up to the standard for 21st century care. The ESHUHT states that 43% of the ESHUHT's clinical space is defined as "functionally unsuitable" with St Helier being in poorer condition than EGH.
- 3.8 It is proposed that, should a bid for central government funding be successful, that the ESHUHT will require capital investment between £377m - £444m to replace the buildings and create a new acute service centre. The ESHUHT currently carries a significant financial deficit which, the Trust states, cannot be addressed with a two site configuration. This financial deficit is estimated to be c. £33m a year by 2025/26.
- 3.9 The ESHUHT are considering reducing their existing deficit through the release of parts of the EGH site so as to generate capital receipts. The Trust has argued that this would increase the opportunity for a successful outcome of a bid for central government funding.

4 Proposals

- 4.1 The Commissioners and ESHUHT have not yet made any decision about the location of acute services within the trust's area.
- 4.2 Any scenario considered for the future of the Trust must meet four strategic criteria:
- meet the needs of the local population
 - be clinically viable
 - ensure that the current and projected workforce supply – particularly medical and nursing – will be able to staff the hospital without anything but unavoidable and infrequent recourse to agency staff
 - support financial sustainability.
- 4.3 The earlier ESHUHT pre-consultation engagement process explored views from the community on six options for the future of acute services.

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- 4.4 In addition to the scenarios outlined in 4.6 below, three other options were considered but not taken forward by the Trust. These included: Do nothing but bring EGH and St Helier up to functioning levels, locating acute services at Sutton hospital and receive no capital investment.
- 4.5 Following the engagement process, the Trust has developed the Strategic Outline Case (see **Annex 2**) for the three remaining scenarios towards public consultation.
- 4.6 These scenarios are:
- 4.6.1 Scenario 1: **Acute Services at Epsom General Hospital** with full range of local services at both hospitals
- 4.6.2 Scenario 2: **Acute services at St Helier Hospital** with full range of local services at both hospitals
- 4.6.3 Scenario 3: **Acute services at a building at the Royal Marsden at Sutton** with full range of local services at both hospitals
- 4.7 The capital investment required at any of the three proposed sites does not differ very significantly and is within the range of £377m to £444m.
- 4.8 Any investment of this magnitude will require consent from NHS England Board, Department of Health and the Treasury. In addition, any significant change in service delivery will require a period of public consultation. The Trust published an indicative timetable in November 2017 which proposed the following:

Activity	Indicative timeline
Pre-consultation / outline business case completed	June 2018
Public consultation	Summer/autumn 2018
Decision on outcome of public consultation	Spring 2019

- 4.9 Following the completion of the Strategic Outline Case by ESHUHT, it is then for the commissioners, represented by the three CCGs working as a Committee in Common, to set out their thinking and to trigger a process of pre-consultation. This meeting is scheduled for mid-June 2018. If required any formal public consultation would occur early in 2019. If the Trust was to proceed with delivering new facilities, it is initially envisaged that these could open in 2024-26.

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5 Financial and Manpower Implications

- 5.1 There are no financial or manpower implications arising from the recommendations within this report.
- 5.2 **Chief Finance Officer's comments:** None for the purposes of this report.

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

- 6.1 There are no legal implications arising from the recommendations within this report.
- 6.2 **Monitoring Officer's comments:** None for the purposes of this report.

7 Sustainability Policy and Community Safety Implications

- 7.1 There are no sustainability and community safety implications arising from the recommendations within this report.

8 Partnerships

- 8.1 The Council is one of a number of locally-elected bodies of representatives and non-elected bodies having an interest in local health services and the impact these have on residents.

9 Risk Assessment

- 9.1 There is a risk that the public over-estimates the Council's ability to deliver the desired outcomes in local health services. However, producing a position statement on the future of acute services and associated matters will improve the Council's ability to play a major role in influencing decisions by ESHUHT on local health delivery.

10 Conclusion and Recommendations

- 10.1 There are a number of proposals and issues currently under consideration that will impact on the location and nature of hospital services. There is therefore an understandable level of public concern on the future of Epsom General Hospital and other local NHS services.
- 10.2 Given the changes that are being considered and the Council's role as a community leader, it is appropriate that the Council considers the position statement on the future use of Epsom General Hospital and associated health matters.
- 10.3 The recommendation is therefore that the committee adopts the Positioning Statement relating to the future location of acute services within the Epsom and St Helier University Hospital NHS Trust (ESHUHT) area and other matters as set out in **Annex 1**.

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Ward(s) Affected: (All Wards);