

To: All Members of the Health Liaison Panel

Dear Councillor,

HEALTH LIAISON PANEL - TUESDAY, 5TH JULY, 2022 , Council Chamber - Epsom Town Hall

Please find attached the following document(s) for the meeting of the Health Liaison Panel to be held on Tuesday, 5th July, 2022.

1. **PRESENTATION SLIDES** (Pages 3 - 34)

The slides presented to the Panel by the external speakers at the meeting on 5 September 2022

For further information, please contact Democratic Services, 01372 732000 or democraticservices@epsom-ewell.gov.uk

Yours sincerely



Interim Chief Executive

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Epsom

primary care network

Working together for better healthcare

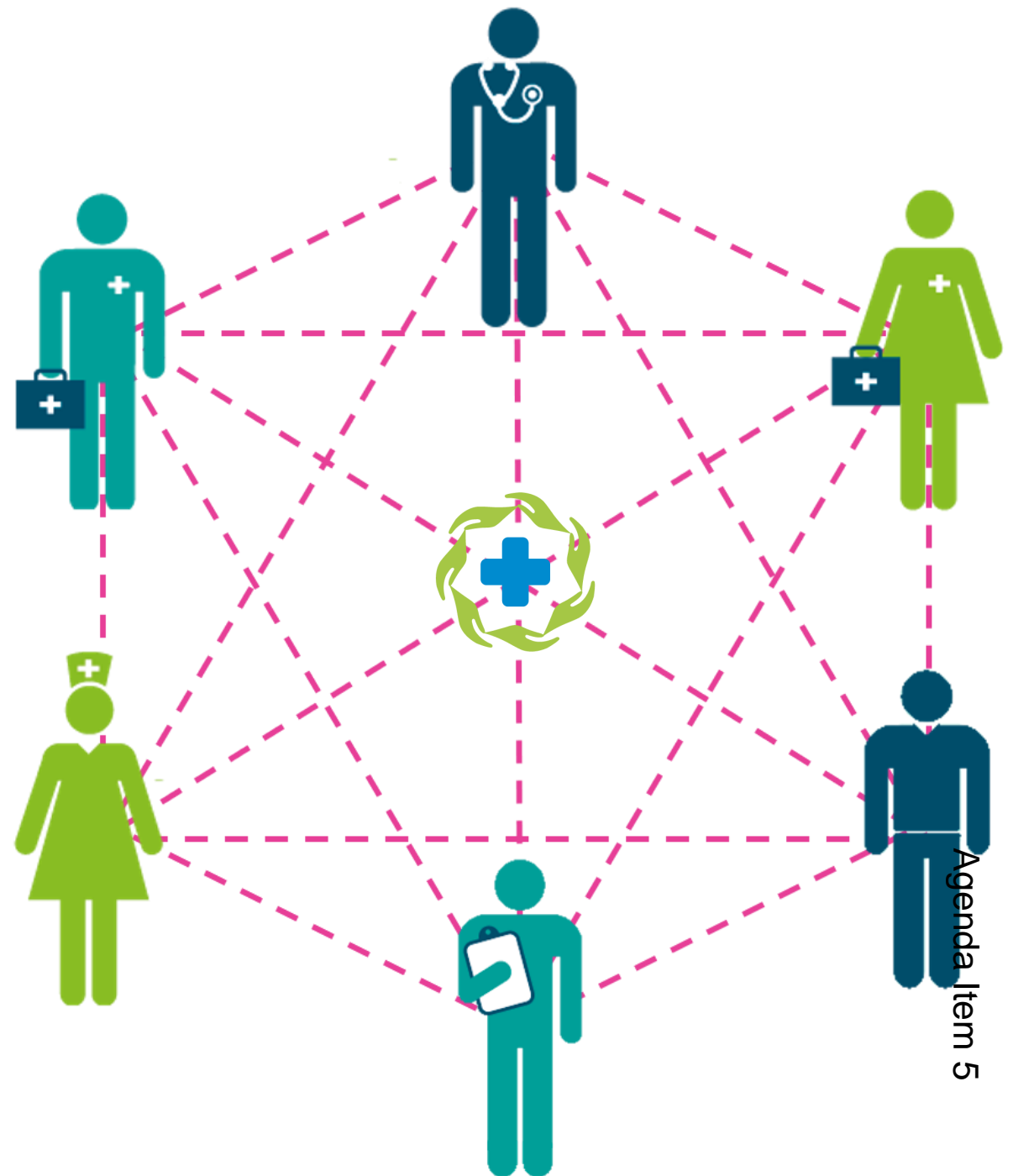


Who are Epsom Primary Care Network?

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Executive Summary

Context

Surrey Downs Health and Care (SDHC) is an innovative partnership comprising three GP Federations (GP Health Partners Ltd; Surrey Medical Network; Dorking Healthcare); acute provider (Epsom and St Helier University Hospital Trust – ESTH); community provider (CSH Surrey) and local authority (Surrey County Council – SCC). Whilst the SDHC population is 320,000 people, Epsom PCN is estimated to service ~60,000 of that.



Demographics



Ethnicity

Whilst all PCNs in SDHC have a white British majority, **5.6% of Epsom residents are Asian, which is the third most of any SDHC PCN.**



Deprivation

Whilst the county of Surrey is the 3rd least deprived county in the UK, **Epsom is representative of Surrey as a whole**



Age

58.3% of the population is of working age, with 23.5% being 19 or under, and 18.2% being 65 or over



Wider determinants of health

Despite being **slightly higher than average in terms of income level**, Epsom still has **slightly higher rates of unemployment, fuel poverty and rough sleepers per household** than the rest of Surrey Heartlands



Prevalence of conditions

Residents of Epsom have the **second highest levels of Asthma, Arthritis and Diabetes**, whilst the PCN sees the **lowest rates of Cancer and Palliative Care**



Population segmentation

Whilst 89% of our population in Epsom is considered mostly healthy, **the resource required to support those with LTCs is 30-207 times greater** than their mostly healthy counterparts, and **37-316 times greater for the most complex** than their mostly healthy counterparts. This is particularly true of **children's cancer, followed by adult's cancer, dementia and SMI.**

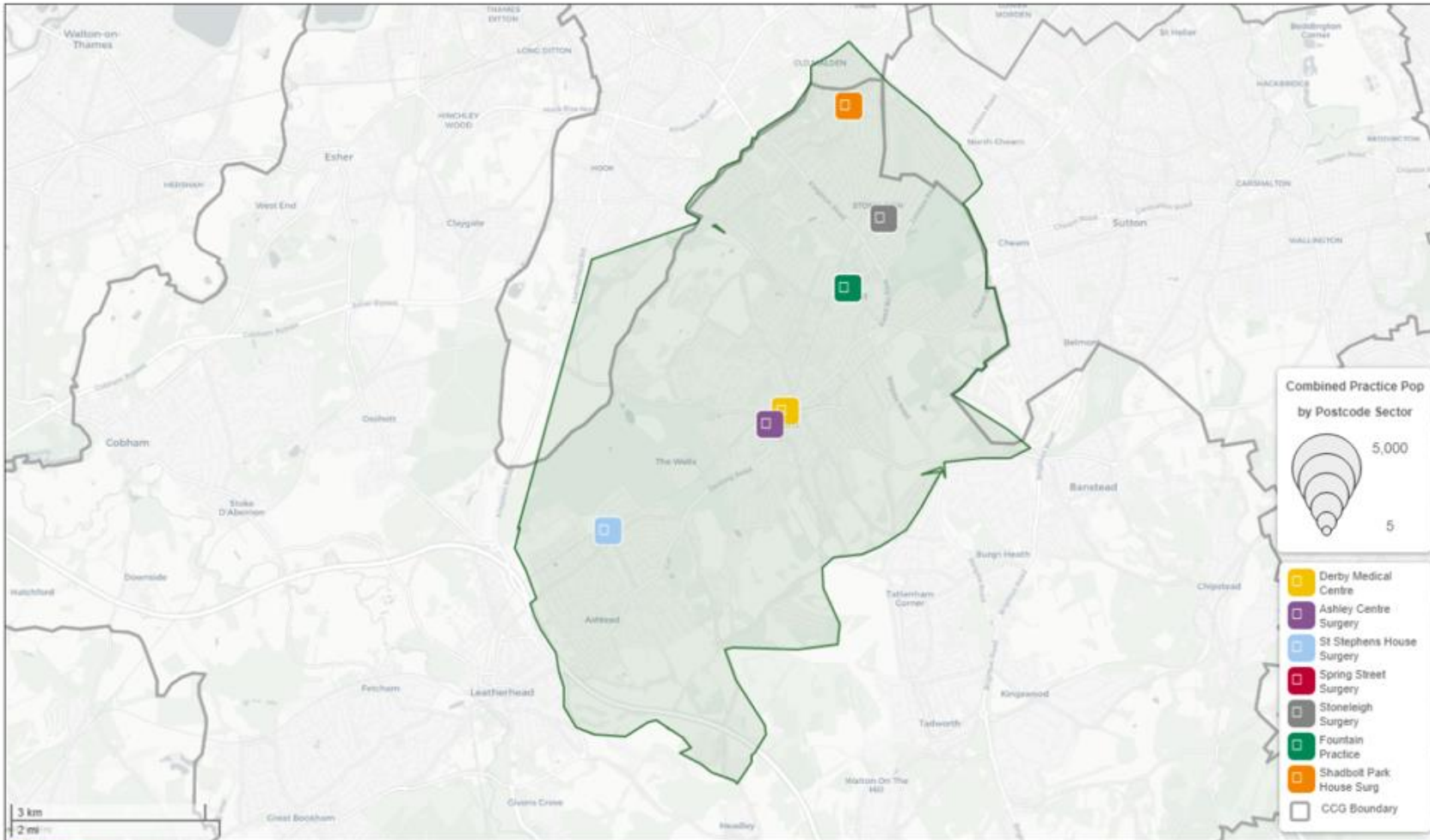


Patient experience

Epsom sees its performance for patient experience across access, quality and covid fall very much in line with regional and national benchmarks. This meant however that **24% of people reported avoiding a GP appointment because of Covid**



Map of Network Area



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EPSOM PCN

Total population: 57,795, Date of population extract: 22/03/2019



South, Central and West
Commissioning Support Unit

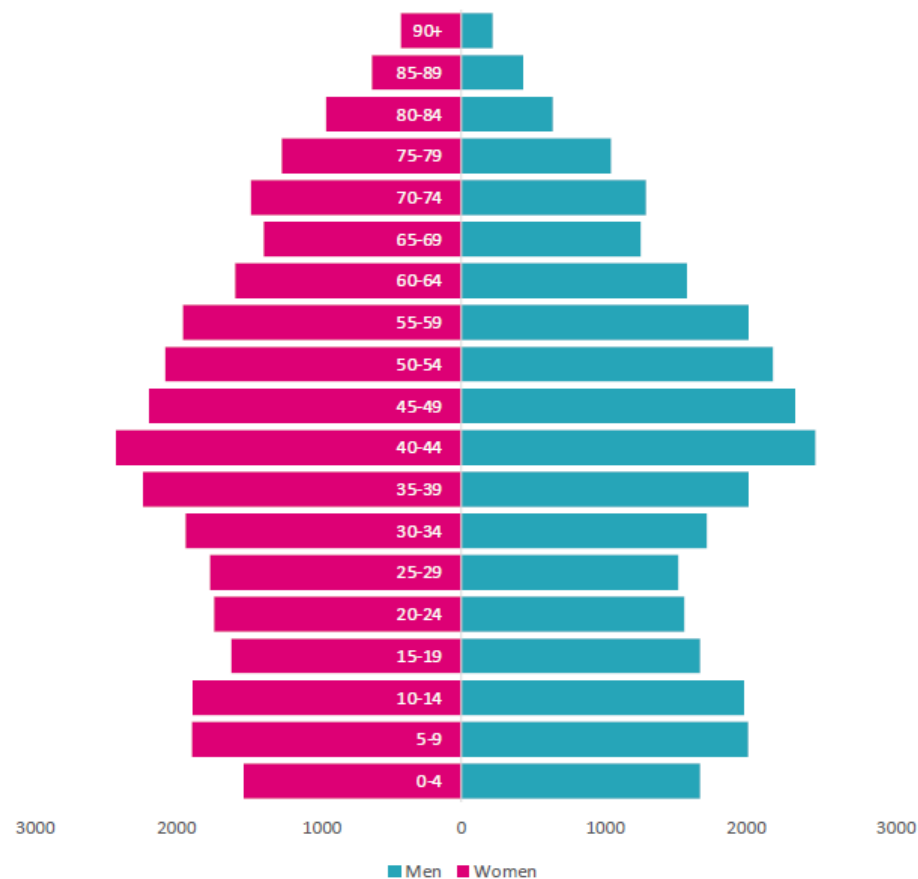


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Epsom PCN Population Profile

Epsom PCN's age profile is slightly younger than the other PCNs

Epsom PCN Population Pyramid [%]



Total Population: 60,013

Overall there are more women than men in Epsom

- 51% of the total population is female
- However, this varies based on age banding; there are more men than women at every age banding under 19, more women than men at every banding 20-39, more men 40-59 and then more women than men at every older banding

Just over half of the population is of working age

- 58.3% of the population is aged 20-64
- 23.5% is 19 or under
- 18.2% is 65 or over



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Source: ONS Data (Patients Registered at a GP Practice, January 2022)

Epsom practices perform in line with the national benchmark for experience

During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?

Overall, how would you describe your experience of your GP practice?

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	Yes, definitely	Yes, to some extent	No, not at all	Don't know / Can't say
Banstead Healthcare	66%	23%	7%	4%
Dorking	84%	13%	2%	1%
East Elmbridge	69%	25%	4%	2%
Epsom	70%	24%	4%	2%
ICP	71%	25%	1%	3%
Leatherhead	79%	17%	2%	3%
SDHC	73%	21%	3%	2%
National	70%	23%	4%	3%

	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor
Banstead Healthcare	41%	34%	12%	6%	6%
Dorking	64%	28%	5%	1%	1%
East Elmbridge	43%	38%	10%	7%	3%
Epsom	48%	36%	10%	4%	2%
ICP	39%	48%	7%	6%	0%
Leatherhead	50%	39%	8%	3%	1%
SDHC	48%	37%	9%	4%	2%
National	48%	35%	10%	4%	2%

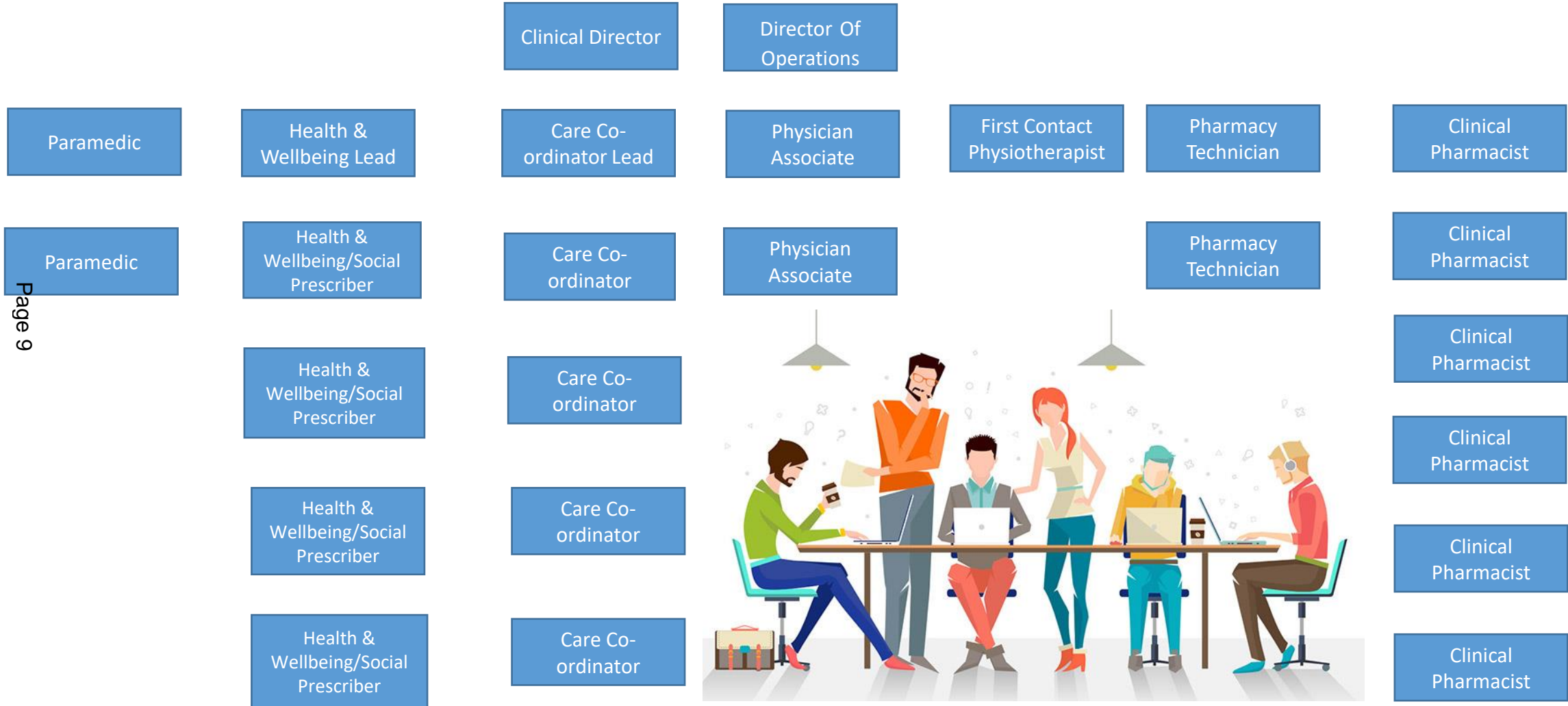
Thinking about the reason for your last general practice appointment, were your needs met?

	Yes, definitely	Yes, to some extent	No, not at all	Don't know / doesn't apply
Banstead Healthcare	57%	31%	9%	2%
Dorking	75%	20%	3%	2%
East Elmbridge	64%	27%	5%	3%
Epsom	66%	26%	6%	2%
ICP	64%	33%	1%	3%
Leatherhead	70%	24%	4%	1%
SDHC	66%	27%	5%	2%
National	63%	29%	6%	3%

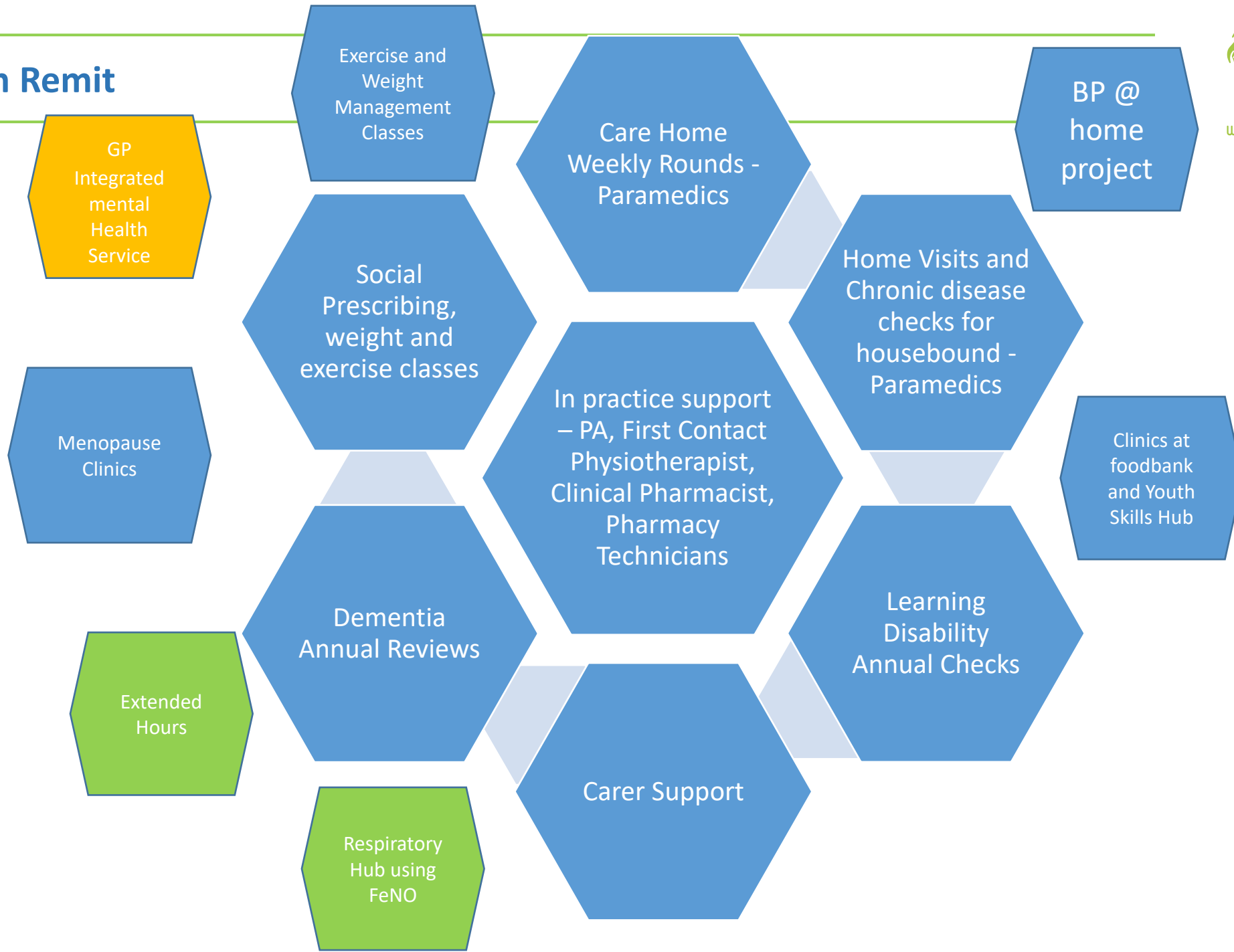
- SDHC typically on average performs in line with the national average, within a few percentage points for each score. There is however an amount of variation across the PCNs (up to 25 percentage points between the highest and lowest scores depending on the question)
- Epsom performs very similarly to the SDHC and national averages, typically within a few percentage points



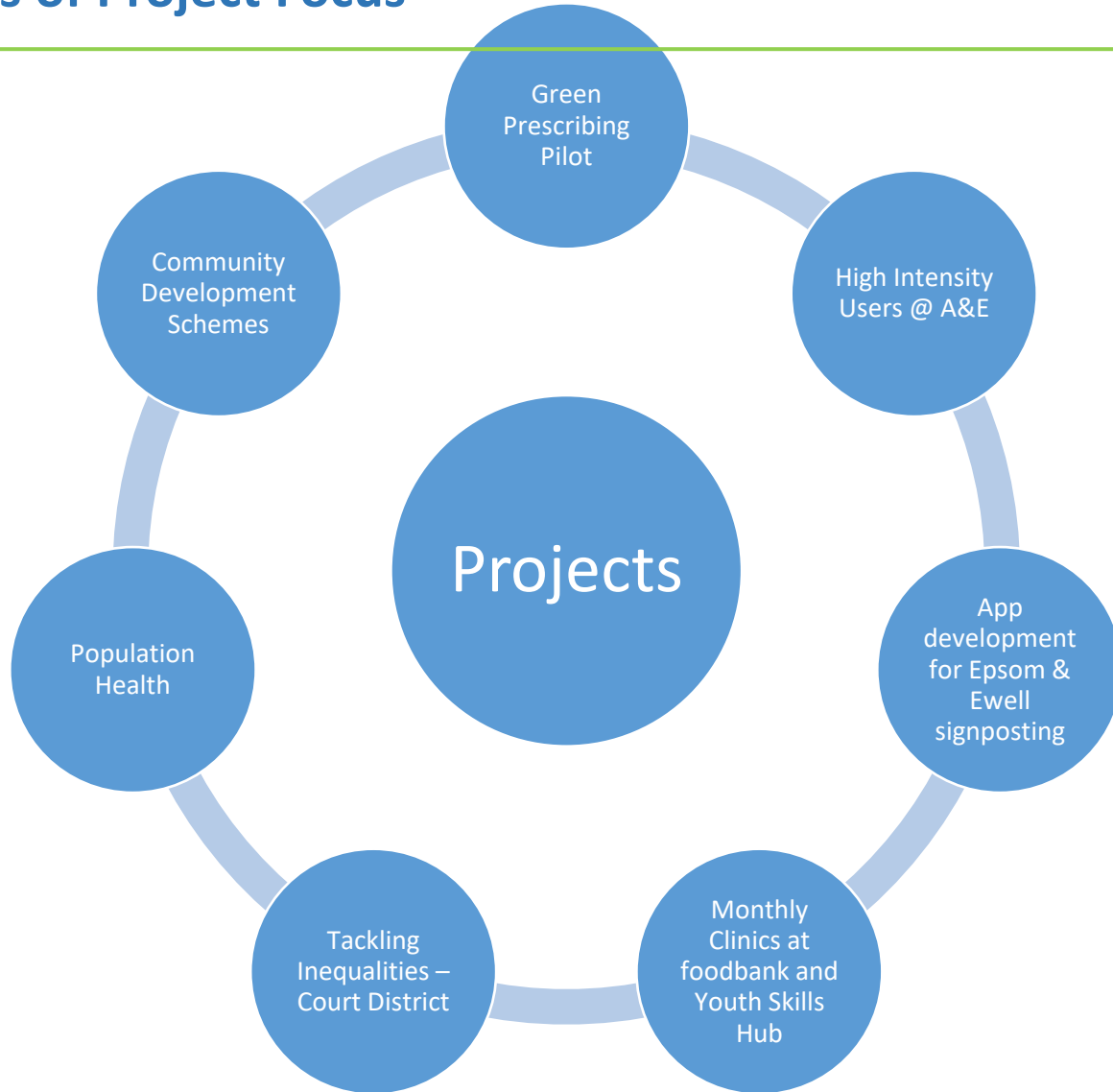
Team Structure



Team Remit



Areas of Project Focus



Transforming our ICS through the ‘Critical Five’

We are uniting as a system to transform our services through our strategic ambitions - the ‘Critical Five’, for clinical and financial sustainability. They will and deliver the services our citizens deserve – improving outcomes and reducing health inequalities.

To provide focus, we have set five strategic ambitions for our system.

These are our **ambitions for the next 10 years**; and this Plan contains **key interventions** we believe will support us to achieve the aims of these ambitions **over the next 2-3 years**. It is our intention to **continue to review** and assess our priorities against the Critical five annually as a system, and within each of our Places, to make sure that we are continually focused on delivering against these.

We have set key **Executive and Clinical Leads** to oversee our delivery on each of the Critical Five, although we recognise that we each have a role to deliver on these.

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1	2	3	4	5
Keeping people Well and urgent community care	Safe and effective discharge	High risk care management	Effective hospital management	Surrey Heartlands -wide efficiencies
Help people stay well at home, increase self-care, and strengthen urgent community care to provide viable alternatives to A&E.	Improve discharge processes (e.g. D2A and Trusted Assessor), and integrate and improve all community-based care.	‘Wrap’ care around vulnerable citizens so that their care plans and pathways are tailored and coordinated.	Manage resources and patients effectively to deliver high quality care and ensure safe and efficient hospital ‘flow’.	Efficiencies that will deliver greater benefits through being organised and delivered at scale across our System.
				<ul style="list-style-type: none"> Diagnostics Cross-system patient management & clinical networks Workforce optimisation Digital innovation Corporate & clinical support serv. Financial management Estates and facilities



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GP Health Partners Ltd.
helping practices help patients

Who are GP Health Partners?

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Our Vision & Values



GP Health Partners Ltd is a company owned by 18 GP practices in the Epsom locality. The practices formed GPHP Ltd to undertake activities for the local patient population which they could not provide individually. Being part of GPHP Ltd means that they can provide a fuller range of services with greater efficiency to improve patient care in the community. With the more recent formation of Primary Care Networks (PCN's), GP Health Partners provide services and support to assist their functionality, development and delivery of essential primary care services to support general practice.

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Our vision

Joined-up patient care through integrated, patient-centred, prevention-focused health services

Our Mission

Helping practice helps patients

Our strategic objectives

Sustain General Practice

Improved access for patients

Working at scale

Our values

Putting patients first

Joined up care & seeking new ways of working

One team approach

Ongoing education of ourselves & others

Honest trustworthy always

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GP Health Partners Ltd.
helping practices help patients

Why is this vision so important?

Working together we can achieve so much more. It also allows us to respond to our populations' varying health needs; not only does this provide better access for patients, it supports practices with staffing challenges creating capacity where and when it's needed.

In addition to GP appointments, cervical screening, cardiology diagnostics, NHS/SMI Healthchecks and a Dermatology Step-Up Clinic are also integral, vital elements of our service offering. More recently, we supported our practices by delivering the COVID-19 vaccination programme at scale.

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GP Health Partners Ltd.
helping practices help patients

Background & Future Plans

Back in October 2018 with funding from the Prime Minister's Challenge Fund, GPHP formed an Improved Access service offering GP appointments weekday evenings and on Saturday & Sundays, 365 days a year. Over the last 4 years this contract and provision has evolved but has been primarily provided from three main central bases; Derby Medical Centre (Epsom), Nork Clinic (Banstead) and Leatherhead Hospital (Leatherhead).

From Jan 22 to May 22 we have completed the following:

280 Cytology appointments

3213 Livi (telephone / video)

5867 GP Face to face or telephone appointments in our Hubs

In addition to weekend and evening provision, owing to the demands on practices we have also offer in-hours clinics to alleviate some of the demand for GP appointments. We have also supported practices with SMI & NHS Healthchecks that fell behind during the pandemic.

This provision will cease in it's current form on 30 September 2022 and will be contracted to local Primary Care Networks so as to provide better access for patients provided by a MDT. Appointments will be made available on weekday evenings between 6.30pm and 8.00pm and on Saturdays between 9.00am and 5.00pm



GP Health Partners Ltd.
helping practices help patients

Our core services – Improved Access

Patient Survey Highlights

- 4.5*** rating
- 89% would recommend the service to family/friends
- 95% felt they could discuss their condition and treatment in privacy

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- LIVI online appointments & face-to-face hub appointments available 7 days a week for a population in excess of 170,000
- Patients can book on the day and up to two weeks in advance
- LIVI also available during core working hours to alleviate demand on General Practice as a whole
- Nurse clinics for asthma, healthchecks, cytology
- Providing in excess of 492 GP appointments per week, every week plus LIVI and nursing. Utilisation is consistently over 98%
- Service is very convenient for commuters, carers and children as appointments are in the evening and weekend



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We've vaccinated a total of
118,510
patients as of May 2022

898 doses
Biggest single day 19/12/2021
16,030 doses
Biggest month Feb 2021

54 Care Homes
Visited for at least 4 doses
5,579 doses in total

13,683
Hours provided by bank staff
at NESOCOT since Sept 21

3,500
Hours provided by SJA
volunteers

120+
Staff on the vaccination team

In addition to main sites we've run pop-ups at:
Epsom Market Square
Chessington World of Adventures
Tattenham Library
Cobham Health Centre
Religious & community sites
And we went viral in the global news with our sheep!



St George's, Epsom
and St Helier
University Hospitals and Health Group



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Epsom and St Helier Update

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Presented by:
James Blythe, Managing Director and
Ralph Michell, Director of Strategy

5 July 2022

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Introduction

What we'll be covering:

- Epsom and St Helier update
- Our Building Your Future Hospitals Programme
- Five year strategy for St George's, Epsom and St Helier University Hospitals and Health Group

Epsom and St Helier update

- We are doing very well at restoring planned care
 - We are also supporting other NHS organisations to reduce long waiting lists, for example at SWLEOC where we have treated patients from the south west.
- However, our hospitals have never been so busy outside of winter
 - Patients are often complex with a number of health, social care and wider support needs, so we have to work even harder with partners across the system to support them in the right way.
 - We're also seeing a significant number of patients with mental health issues
- The number of patients with Covid-19 is rising, this is similar to the national picture.

Epsom and St Helier update

- It's a challenging financial environment and 2022/23 must be seen in the context of coming out of a global pandemic
- High cost of living in the Trust catchment, proximity of central London Trusts (which can offer more training and research opportunities), and providing sufficient workforce to staff 24/7 rotas across two sites continue to be challenges to recruitment
- Joining NHS England's Culture and Leadership Programme, which will build on the respect work undertaken in the Trust in recent years, ensuring we understand and improve on our staff's current lived experience of our singular value of respect.

Building Your Future Hospitals update

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*Designs for illustrative purposes only

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Recap on our proposals

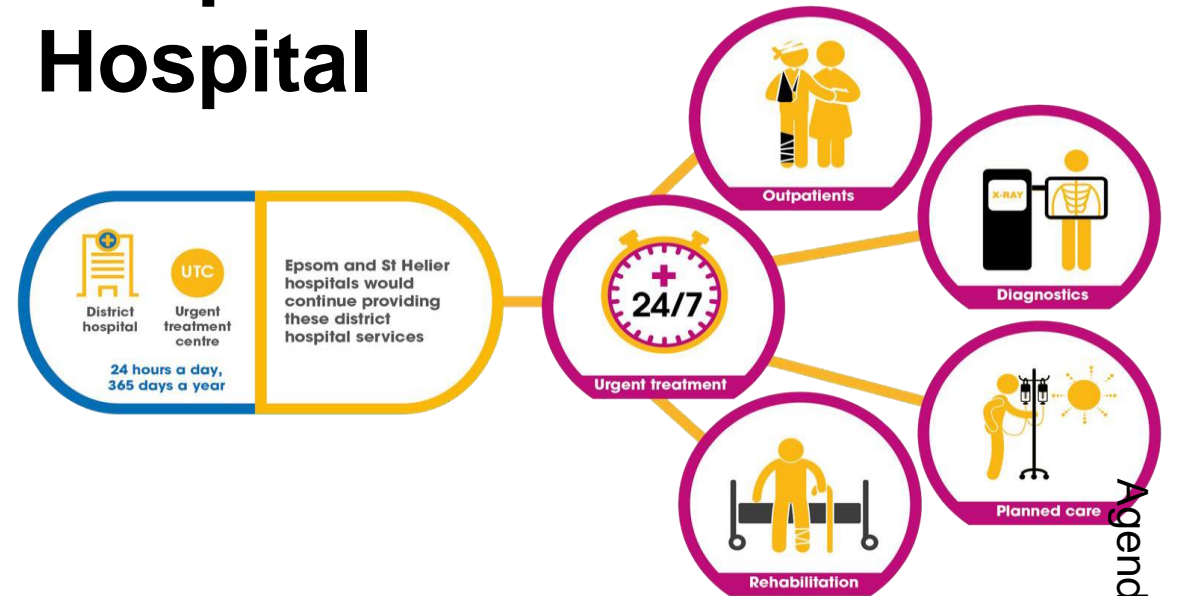
The new Specialist Emergency Care Hospital will consolidate major services including A&E, Critical Care, Acute Medicine, Emergency Surgery, Inpatient Paediatrics, and Maternity Services.

The majority of patients – 85% of the people who need care – will still be seen and treated at Epsom and St Helier hospitals. There will also be urgent treatment centres open 24 hours a day, 365 days a year at both sites.

The plans will also see at least £80 million spent across both Epsom Hospital and St Helier Hospital to deliver essential repairs and refurbishments and enable those hospitals to focus on delivering excellent elective care.



The vision for Epsom Hospital and St Helier Hospital



Programme update

- We continue to wait for feedback and confirmation of next steps from the New Hospital Programme, which we expect to receive in the Autumn.
- The Government is committed to the Building Your Future Hospitals programme - but the new hospital will not be ready until 2027 at the earliest.
- We have made a strong case to the national programme for more upfront investment so we can submit planning applications and start building work more quickly.
- We are hugely committed to the new emergency care hospital in Sutton and the promised upgrades at Epsom and St Helier hospitals which is why we will continue to push for more money and more progress to get it done.
- Everyone who works for the Trust contributes, every day, to delivering safe and effective care despite serious problems with our hospital buildings.

Why is this so important

- We have a once in a lifetime opportunity to build a brand new Specialist Emergency Care Hospital to care for the sickest patients and to significantly improve Epsom and St Helier hospitals.
- The Trust has crumbling buildings – especially at St Helier where over 90% of the buildings are older than the NHS itself - they are not fit for modern healthcare and they hamper the level of care staff can provide. This has been further emphasised by the pandemic.
- Staff run duplicate services across two sites, which means our workforce is stretched and we need to strengthen staffing. A new, purpose-built hospital will enable the Trust to improve the quality of services we provide to local communities.
- Transforming the Trust's facilities is so important for improving the quality of care we are able to provide to patients, but also to improve the way our doctors, nurses and staff work day-to-day.

Work to date

- Clinical model – developing our clinical models for the new hospital and district sites with clinical teams and clinicians
 - Also considering workforce needs and new ways of working
- Digital transformation - work has started to develop our new electronic patient records system, replacing the dated clinical and administrative systems currently in place.
- Design and planning - Held our first phase of pre-planning public consultation last June.
 - Our team has been considering all of the feedback we have received as we continue to develop the plans for the hospital, multi-storey car park and access routes.
 - We hope to share our updated plans with you later this year before we submit a planning application.

Epsom Hospital developments

- Recently completed the new link bridge, linking Wells Wing with the second floor of Langley Wing, and new Britten Ward space on the second floor of Langley Wing
- Work continues at pace to complete the Langley Wing redevelopment (due to be completed in the autumn)
 - New Epsom and Ewell Community Hospital (NEECH) and The Poplars neuro-rehabilitation service will be moving into Langley Wing from the West Park site
 - Focus on reablement and rehabilitation - supporting people to regain their previous levels of independence and return home safely, with the right package of care in place
- We've welcomed our first patients to our new Cath Lab at Epsom
- We are also replacing the ventilation system to Wells Wing at Epsom, which will improve the internal environment for patients and staff.

Our five year strategy

Background, considerations and next steps

Introduction and where we are now

Over the course of 2022/23, a new five year strategy for the St George's Epsom and St Helier (GESH) Group will be developed.

Page 30 We are doing this because the external environment has changed significantly in the last few years, eg Covid-19, new legislation encouraging NHS organisations to work together more collaboratively, the creation of a Group with St George's.

The strategy will:

- Enable staff across both organisations to shape and feel a common sense of direction
- Give us a clear set of strategic priorities for the years ahead.

We would welcome your feedback at this early stage, to help shape the work we undertake over the coming months.

Elements of our existing strategies which will remain as 'fixed points'

1. The Group remains committed to St George's and Epsom and St Helier's status as district general hospitals for their local populations in Wandsworth, Merton, Sutton and Surrey Downs
2. The Group remains committed to implementing commissioners' decision for consolidating major acute services in a single specialist emergency care hospital at Sutton Hospital, and the associated clinical model
3. The Group remains committed to St George's status as a centre for specialist healthcare: the major trauma centre and tertiary provider for South West London and Surrey, and a centre for research and education
4. The Group remains committed to acting as a collaborative player at place, ICS and regional level – including Epsom and St Helier's leadership role in pursuing place-based integration in Surrey Downs and Sutton

There are key strategic questions we need to consider which will shape our future strategy

1. Within the Group, how do we articulate our vision and strategic objectives in a way that gives staff a sense of common purpose?
 - Need to think about **quality** of care, **access** to care, **financial** sustainability, and **people and culture**.
2. What are our priorities for collaboration across the Group?
3. At local 'place' level, how do we want to collaborate with partners to improve the health of our local population and deliver more integrated care?
4. What role do we want to play in tackling health inequalities?
5. What role do we want to play in SWL and Surrey Heartlands ICSs? What is our long-term strategy for working with ICS partners (eg in the Acute Provider Collaborative to deliver acute elective care)?
6. For our tertiary/specialist services, how do we want to work with partners across the pathway to deliver better outcomes for the population of South West London and Surrey? How do we want to work with other tertiary providers in South London and Surrey? What are our priority tertiary services that we want to be known for?
7. How do we strengthen our contribution to research, and stay at the leading edge of innovation in healthcare?

Engagement will be key

The strategy will be underpinned by a comprehensive engagement programme.

This will include engagement with:

- Patients and the public across the geography we serve
- Our staff
- Our partners.

Thank you.



Any questions?