

IMPROVING HEALTHCARE TOGETHER 2020-2030 OUTCOME

Head of Service:	Rod Brown, Head of Housing & Community
Wards affected:	(All Wards);
Urgent Decision?(yes/no)	No
If yes, reason urgent decision required:	
Appendices (attached):	Annex 1 Council consultation response Annex 2 Council Position Statement

Summary

The report provides an update on the Clinical Commissioning Groups' (CCGs) decision following the Improving Healthcare Together 2020-2030 public consultation.

Recommendation (s)

The Committee is asked:

- (1) To consider the outcome of the CCGs Improving Healthcare Together 2020-2030 consultation, and
- (2) To note that the London Borough of Merton are requesting a review of the decision

1 Reason for Recommendation

- 1.1 For the Committee to consider the decision taken on 3 July 2020 by the Joint Clinical Commissioning Groups with reference to Sutton as their preferred location for the new acute hospital, with continued provision and investment in district hospital services at both Epsom and St Helier. For information, London Borough Merton (LB Merton) are requesting a review of the decision by the Secretary of State Health and Social Care.

2 Background

- 2.1 In January 2020 the NHS Surrey Downs Clinical Commissioning Group, NHS Sutton Clinical Commissioning Group and NHS Merton Clinical Commissioning Groups (the CCGs) started a public consultation known as "Improving Healthcare Together 2020-2030" (IHCT). Consultation ended 1st April 2020.

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- 2.2 The proposals consulted upon included an £80m investment in both Epsom and St Helier Hospitals making these hospitals “District Hospitals” and the construction of a new acute services hospital in one of three locations: Epsom Hospital, St Helier Hospital or Sutton (alongside the Royal Marsden Hospital).
- 2.3 It was proposed that the new hospital would include a modern, consultant led, Accident and Emergency department. Currently the Accident and Emergency service at Epsom has limited emergency surgical services with, in many instances, patients requiring transport to other hospitals such as St Helier Hospital or St Georges to receive surgery.
- 2.4 During the public consultation it was confirmed that should the new hospital not be located at Epsom, there would be provision of a 24 hour, 365 days a year Urgent Treatment Centre (UTC) facility at Epsom Hospital to respond to all but the most complex medical emergencies.
- 2.5 In assessing the three alternative location options for the new hospital, extensive analysis was done including, but not restricted to, analysis of travel times to the new locations. Details of the analysis completed and further information is available on the IHCT website at <https://improvinghealthcaretogether.org.uk>
- 2.6 The public consultation process included publication of a range of consultation documents, stakeholder reference groups and independent analysis associated with the IHCT programme which were published on a dedicated IHCT website. In addition, a range of public consultation meetings were held by the IHCT programme and separate to this the Council’s Health Liaison Panel held a well-attended public meeting on 26th February 2020 at Bourne Hall which was helpful in informing the Council’s response.

3 Consultation outcome

- 3.1 The Council’s Community and Wellbeing Committee considered a report on the Council’s response to the IHCT consultation at the 19th March 2020 meeting. The Committee agreed the Council’s consultation response, as well as a Position Statement relating to the future location of the new specialist emergency care hospital.
- 3.2 The Committee’s response cited Epsom as the preferred location for the new acute hospital and if this was not the case, the Council’s second preference was for the Sutton site, the Council supported the proposal for reinvestment. These are set out in Annex 1 and 2 respectively and attached to this report.

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- 3.3 On 3rd July 2020, at a specially arranged Committee in Common meeting, a joint CCG decision making body, met to consider the outcome of the IHCT consultation. The Committee in Common decided that Sutton was their preferred location for the new acute hospital, with further investment and continued provision of district hospital services at both St Helier and Epsom.
- 3.4 Whilst 85% of existing services will remain at Epsom and St Helier hospitals, the decision to locate the new acute hospital at Sutton will include locating six core services from either Epsom and/or St Helier hospitals into the new facility. These six core services which will be relocated in the new acute hospital are:
- major emergency department
 - emergency surgery
 - critical care
 - inpatient paediatrics
 - births
 - acute medicine
- 3.5 Epsom and St Helier hospitals will still continue to provide district hospital services, including
- Outpatient services and treatments including antenatal and postnatal care
 - Diagnostic services including X-ray, endoscopy, pathology, ultrasound, radiology and MRI scans
 - Urgent Treatment Centre operating 24 hour 365 days a year
 - Hospital rehabilitation beds
 - Planned care procedures, such as day case operations, minor surgery, injections, chemotherapy and radiotherapy
 - South West London Elective Orthopaedic Centre (SWELEOC) would remain at Epsom
- 3.6 Further information on the CCG's decision is available on the IHCT website

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4 Post consultation

- 4.1 It is anticipated that construction of the new facility at Sutton and completion of the IHCT programme will take several years, with an indicative timeline for the combined services in the new acute hospital, now known as the specialist emergency care hospital (SECH) being 2025 at the earliest. Of the three locations considered, the Sutton site was the quickest to build.
- 4.2 Since the decision on the future location of the SECH, it is understood that London Borough of Merton (LB Merton) has indicated it intends to write to the Secretary of State of Health and Social Care, requesting an independent review of the decision. LB Merton consider the outcome to represent a downgrading of St Helier Hospital.
- 4.3 In their consultation response, LB Merton raised numerous issues including a challenge of the case for centralising acute services in one hospital. They refused to express any preference for either Epsom or St Helier, although neither did they support Sutton as a site for the SECH.
- 4.4 LB Merton published their response to the consultation together with other relevant documents on their website <https://www.merton.gov.uk/healthy-living/st-helier-hospital>
- 4.5 Amongst other concerns LB Merton consider the use of Sutton would move health services away from deprived areas and into a more affluent area. They also argue that the impact of COVID-19 has not been properly taken into account and that it is too early to assess the impact of the pandemic on future health services in their area.

5 Consideration of any further response

- 5.1 It is now some three months since the CCG's Committees in Common decision on the location of the new SECH was announced on 3rd July 2020. However, the Committee may wish to consider whether, even at this stage, any formal written representation to the Secretary of State for Health and Social Care is considered appropriate.
- 5.2 If the Committee was to consider a formal written representation to the Secretary of State for Health and Social Care regarding the CCG's decision on the 3rd July 2020, the Committee would need to identify specific grounds for any representation.
- 5.3 Although the current projected timescale for the delivery of the SECH extends to 2025, it is probable that any further additional review might delay delivery of the new facility further and potentially put the proposed investment in hospital facilities at risk.

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Legal or other duties

5.4 Impact Assessment

5.4.1 The Committees in Common commissioned independent consultants to complete an Integrated Impact Assessment on the options being considered as part of the consultation. The report has been reviewed and agreed by a Steering Group, which was independently chaired by Professor Andrew George.

5.4.2 The final Integrated Impact Assessment Report (IIA report) was produced on 1st June 2020 incorporating a review of the consultation responses, including any new impacts or mitigating actions not identified earlier.

5.4.3 Following the public consultation, access, travel and transport to services was identified as a major area of concern. The IIA Report included refreshed deprivation and travel times' analysis. The final report is available on the IHCT website.

<https://improvinghealthcaretogether.org.uk/document/final-integrated-impact-assessment-report/>

5.4.4 Amongst the findings, the IIA Report identified that the option to site the SECH at Epsom would have the greatest reduction in accessibility for patients and visitors to acute services in terms of journeys lasting under 30 minutes.

5.4.5 Sutton was identified as giving the greatest accessibility to the local community, represented by the residents within the three CCGs. St Helier was identified as the second best option.

5.4.6 The IIA Report identified that the Epsom option would disadvantage deprived communities disproportionately as these communities were more densely located in Sutton and Merton. Conversely the St Helier option would disproportionately impact older people who were more concentrated in the Surrey Downs CCG area.

5.5 Crime & Disorder

5.5.1 There are close synergies between improving the health outcomes for the local community through excellent service delivery and improving community safety where prevention, early intervention and treatment are key factors.

5.6 Safeguarding

5.6.1 High quality hospital services have an important role in protecting vulnerable people including those experiencing domestic abuse and safeguarding them from harm.

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5.7 Dependencies

5.7.1 A final decision is awaited from the Secretary of State for Health and Social Care on the proposed hospital investment approved by the local Joint Clinical Commissioning Groups in July.

6 Financial Implications

6.1 It is not anticipated there will be any direct financial costs for the Council related to this matter.

6.2 **Section 151 Officer's comments:** None for the purposes of this report.

7 Legal Implications

7.1 When a health body has under consideration any proposal for a substantial development of the health service in the area of a local authority, under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 they are required to consult the authority.

7.2 Where a health body consults more than one local authority under Regulation 23, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation.

7.1 South West London & Surrey Joint Health Scrutiny Committee sub-committee – Improving Healthcare Together 2020-2030 was formed by the London Borough of Croydon, the Royal Borough of Kingston, the London Borough of Merton, Surrey County Council, the London Borough of Sutton and the London Borough of Wandsworth to scrutinise Epsom and St Helier University Hospitals NHS Trust's Improving Healthcare Together 2020-2030 programme,.

7.2 Separate to the statutory obligation to consult the Joint Health Scrutiny Committee above, there has been an extensive public consultation. Following the consideration by the Council's Health Liaison Panel the Council submitted a consultation response, set out in Annex 1, on behalf of the Council.

7.3 **Monitoring Officer's comments:**

The Council submitted their response to the consultation and it is now difficult for the Council, at this late stage, to justify a change of position. Merton Council's response to the consultation was on completely different grounds to those put forward by this Council. Merton's were based around the deprivation in Merton and therefore their position is different to this Council's.

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This Council acknowledged the benefits of a single site critical care unit. Following the extensive research, analysis and public consultation it supported the siting of the new hospital at Sutton and did not comment on the loss of the 15% of services from Epsom despite this being noted in our position statement

8 Policies, Plans & Partnerships

- 8.1 **Council's Key Priorities:** Investment in high quality hospital services that support the health and wellbeing of Epsom and Ewell residents, directly contributes to delivering the Safe and Well priority in the Borough's vision and the Council's Four Year Plan.
- 8.2 **Service Plans:** The matter is not included within the current Service Delivery Plan.
- 8.3 **Climate & Environmental Impact of recommendations:**
- 8.4 **Sustainability Policy & Community Safety Implications:**
- 8.5 **Partnerships:** The Council's Health and Wellbeing Strategy agreed by Community and Wellbeing Committee in October 2019 recognises the importance of partnership working in improving the health outcomes for local people.

9 Background papers

- 9.1 The documents referred to in compiling this report are as follows:

Previous reports:

- Community and Wellbeing Committee 19th March 2020 Report "Response to public consultation on Improving Healthcare Together 2020-2030" available at <https://democracy.epsom-ewell.gov.uk/ieListDocuments.aspx?CId=214&MIId=752&Ver=4>

Other papers:

- Improving Healthcare Together 2020- 2030 consultation material, available at <https://improvinghealthcaretogether.org.uk>
- London Borough Merton responses to the IHCT Consultation and associated materials available at <https://www.merton.gov.uk/healthy-living/st-helier-hospital>