Merton Council

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda

Membership

Councillors:

Councillor Annamarie Critchard, LB Wandsworth
Councillor Roger Crouch LB, Richmond
Councillor Stephen Crowe, LB Merton
Councillor Nick Darby, Surrey CC
Councillor Sean Fitzsimons, LB Croydon
Councillor Jeffrey Harris, Surrey CC
Councillor Lesley Heap, RB Kingston
Councillor Edward Joyce, LB Sutton
Councillor Alan Juriansz, LB Richmond
Councillor Ian Lewer, LB Wandsworth
Councillor Peter McCabe, LB Merton
Councillor Anita Schaper, RB Kingston
Councillor Colin Stears, LB Sutton
Councillor Andy Stranack, Croydon

Date: **Tuesday 30 July 2019**

Time: **7.30 pm**

Venue: **Committee rooms B, C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX**

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda please contact or telephone .

All Press contacts: communications@merton.gov.uk, 020 8545 3181

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda

30 July 2019

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Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
26 JUNE 2018

(7.00 pm - 8.40 pm)

PRESENT Councillors; Anita Schaper (in the Chair), Sherwan Chowdhury, Zully Grant-Duff, Graeme Henderson, Andrew Howard, Edward Joyce, Rebecca Lanning, Ian Lewer, Wyatt Ramsdale and Colin Stears.

Andrew Demetriades, Joint Programme Director Acute Sustainability Programme Sutton, Merton and Surrey Downs CCGs, James Blythe, Managing Director Merton and Wandsworth CCG, Dr Jeff Croucher, Chair, NHS Sutton CCG, Colin Thomson, Chair, NHS Surrey Downs. Stella Akintan, Scrutiny Officer.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Cllr Annamarie Critchard, (Wandsworth) Councillor Peter McCabe (Merton), Councillor Andy Stranack (Croydon), Cllr Munir Ravalia (Kingston).

2 ELECTION OF CHAIRMAN (Agenda Item 2)

The Scrutiny officer asked for nominations for chair of the committee, Councillor Anita Schaper, accepted the nomination.

RESOLVED
Councillor Anita Schaper was duly elected as Chair of the South West London and Surrey Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

3 ELECTION OF VICE-CHAIRMAN (Agenda Item 3)

The Chair asked for nominations for vice-chair of the committee, Councillor Lewer accepted the nomination.

RESOLVED

Councillor Ian Lewer was duly elected as Vice- Chair of the South West London and Surrey Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

4 AGREEMENT OF TERMS OF REFERENCE AND RULES OF PROCEDURE (Agenda Item 4)

Agreed by the Committee

5 IMPROVING HEALTHCARE TOGETHER 2020- 2030 (Agenda Item 5)

The Joint Programme Director for Acute Sustainability gave an overview of the report and highlighted that Epsom and St Helier Trust developed a Strategic Outline Case which set out three key challenges; clinical sustainability, modernising the estate and financial sustainability. The Trust conducted an engagement exercise and made recommendations to address these challenges and identified potential solutions.

Sutton, Merton and Surrey are the three principle customers of services from Epsom and St Helier therefore the respective Clinical Commissioning Groups have formed the Improving Healthcare Together 2020-2030 programme to look at the challenges identified by Epsom and St Helier. It was recommended that the Joint Health Overview and Scrutiny Committee should mirror the NHS arrangements.

A recent meeting of the Committees in Common agreed the initial proposals within the Improving Healthcare Together Programme and given approval for the work to move to the engagement stage. The CCG's are keen to keen to engage with all sections of the public and local authorities.

Members noted that the report is still at a high level and asked if the figures are predicated on current provision and if so what assumptions will be made. The Managing Director for Merton and Wandsworth said the current assumptions are broadly based on current services, this information is still being compiled. Further information will model the demographic and non demographic growth as well as planned commissioning changes. As the population is ageing, south west London will need the range of services that are provided at the moment retaining the current acute services and any potential solution must retain acute services within the combined geography.

Members were concerned that a reconfiguration of acute services could result in a change in patient flows as residents may use acute services elsewhere rather than local community services. The Managing Director for Merton and Wandsworth said they recognise there may be a change in the local authorities who are affected by the change in acute configuration. They have commissioned some work to assess travel times as many acute services are accessed by ambulance, there is a need to understand how patient flows will change. They will also look at the impact of deprivation and how deprived communities access care differently and if they use more acute care.

There are no results at this stage, the outcomes from the reviews will feed into engagement when the information becomes available. The Improving Healthcare Together Programme is also working closely with other acute providers to ensure they are not de-stabilised by this process.

Members asked how the CCG's can lead on the provision of healthcare from modern buildings when the power to raise this funding rests with the acute trusts. The Joint Programme Director for Acute Sustainability said
Commissioners will play an important role in developing the pre- consultation business case which will demonstrate if the proposals are affordable, they are also working with regulators and the Trust. Members noted it will not be possible to go to public consultation until support in principle is secured for capital investment.

6 ESTABLISHMENT OF SUB-COMMITTEE TO CONSIDER IMPROVING HEALTHCARE TOGETHER 2020-2030 PROGRAMME (Agenda Item 6)

Members agreed to form a sub-committee to scrutinise the Improving Healthcare Together Programme and that membership of the sub committee will initially compromise of Sutton, Merton and Surrey. This is subject to further information from the NHS and on the basis of the information presented may open the sub committee to full voting rights for other local authorities in the South West London area.

The Committee had concerns about the delegating power to the sub- committee but upon discussion it was agreed that decision making should rest with the authorities who are most affected. The CCGs confirmed they will have a better understanding of the impact on other boroughs when the analysis is completed.

Members asked for all the JHOSC membership authorities to be kept up to date with the latest developments within the Improving Healthcare Together Programme.

The committee made some revisions to the recommendations set out on page 27 of the agenda.

RESOLVED
The Committee agreed to the establishment of a sub-committee to carry out detailed scrutiny of the Improving Healthcare Together 2020-2030 programme.

The Committee agreed that the membership of the sub-committee include one member from the affected boroughs of Merton Surrey and Sutton, which may be subject to revision as a result of evidence arising from the on-going NHS work programme.

The committee agreed that the final decision making power is delegated to the sub-committee.

The Committee agreed to appoint Councillor Steers as the interim Chair of the sub-committee and that the formal appointment of Chair would be made at the first meeting of the sub-committee.

SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
30 JANUARY 2019

(7.00 pm - 9.08 pm)

PRESENT Councillor Anita Schaper (in the Chair), Councillor Ian Lewer, Councillor Annamarie Critchard, Councillor Edward Joyce, Councillor Peter McCabe, Councillor Colin Stears,Councillor Andy Stranack,Councillor Matthew Hull,Councillor Richard Warren and Councillor Nick Darby

Sarah Blow Accountable Officer for South West London Alliance, Dr Andrew Murray, Chair, Merton CCG, Hazel Fisher, Programme Director Cardiac and Paediatrics Specialised Commissioning and Claire McDonald, Communications and Engagement Lead, Stella Akintan, Scrutiny Officer, LB Merton

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Cllr Zully Grant-Duff (Surrey CC), Cllr Andrew Howard,(LB Merton), Councillor Munir Ravalia, (RB Kingston),

2 DECLARATIONS OF PECUNIARY INTERESTS (Agenda Item 2)

Councillor Colin Stears reported that his wife works for St Helier Hospital

3 MINUTES OF THE PREVIOUS MEETING HELD ON 26 JUNE 2018 (Agenda Item 3)

This item was not considered. The minutes of the meeting held on 26 June will be reported to the next meeting for approval.

4 SOUTH WEST LONDON HEALTH AND CARE PARTNERSHIP (Agenda Item 5)

NHS Colleagues tabled an update of the presentation which explained the progress and objectives of the South West London Health and Care Partnership, the development of borough based Local Health and Care Plans and how these approaches link with the NHS Long Term Plan. Dr Andrew Murray gave an update on the progress with the children's mental health trailblazer pilot involving south west London schools.

The Accountable Officer said following the publication of the NHS long term Plan there will be a new South West London Plan published in the Autumn 2019. The individual Local Health and Care Plan's will be updated to reflect this.

The Accountable Officer also highlighted that the team had attracted significant investment into South West London which had supported extended access in primary care from 8am to 8pm, record sharing, the red bag scheme, diabetes and workforce initiatives.

Committee members asked if officers had considered the links between self-harm and risky behaviour, as this was a significant issue in Richmond. The Chair of Merton Clinical Commissioning Group (CCG) said they had looked at all the work at borough level and incorporated this into the work streams.
The Accountable Officer said alcohol and drugs issues in Richmond and Kingston will be incorporated into the Start Well Programme and adapted to meet the requirements of each local authority. The Chair of Merton CCG added that Start Well in primary schools will mean that they benefit from early intervention and will help to prevent ill health in adolescence.

Committee members asked when the Fast Followers will join the mental health pilots. The Chair of Merton CCG reported possibly by summer 2020 when there will be a wave two of the pilots. The first wave will be evaluated in spring with a follow up next year. They will then develop a business case to roll out the pilot more widely.

5 DELIVERING THE CONGENITAL HEART DISEASE STANDARD IN LONDON - NHS ENGLAND (Agenda Item 4)

Hazel Fisher, Programme Director Cardiac and Paediatrics Specialised Commissioning and Claire McDonald, Communications and Engagement Lead tabled a summary of their presentation on delivering the Congenital Heart Disease standards in London which put forward proposals for ensuring standards were met prior to public consultation during summer 2019. The standards relate to co-location with paediatric services, minimum volumes and size of clinical team.

The committee heard that new build for heart and lung services is being considered for Chelsea and Westminster on the Westminster campus.
Committee members asked for a map showing locations of services in London and Surrey and a better understanding of the impact on South West London residents.

The committee asked about the timescales and what would happen if a suitable site is not found and sought clarification that would be no loss of services. It was reported that the Paediatric element should be completed by 2022 and the proposals only involved a change of location not loss of services.

Committee members asked why patient numbers are higher from the Midlands and East of England. It was reported that some of the region is quite close to London and patient choice is a factor.

RESOLVED
Officers were thanked for their presentation and asked to provide:
Details on the scrutiny arrangements as this programme progresses
Further updates as the programme develops

6 IMPROVING HEALTHCARE TOGETHER 2020-2030 - PROGRAMME UPDATE (Agenda Item 6)

The Accountable Officer gave an update on the Programme, highlighting that if the provider impact demonstrated that other areas may be affected we may need to re-consider the membership of the sub-committee. She added that there would be more in-depth discussion at next week's meeting of the JHOSC sub considering this matter.

Councillor Colin Stears Chair of Improving Healthcare Together sub-committee said that although some initial work had been undertaken on the provider and travel analysis, the sub-committee were of the view that the workshops had taken place too early and as a result attendees were not working from meaningful information.

Councillor McCabe said Merton Council wants to see all services maintained at St Helier Hospital and expressed concern about the multiple attempts to close the accident and emergency services over the last fifteen years. The Accountable Officer stated that there is no intention to close hospitals but some services need to be co-located. However a lot of services for the elderly will be accessed in the same way as present.

Councillor Schaper asked if residents are of the view that the IHT programme constitutes a closure of services. The Accountable Officer said they need to convince people that change is necessary, it will enhance services but they still haven't gathered all the evidence to determine which outcome is the best one. It is recognised that this is a great concern for local people. The Accountable Officer added that no decisions would be made prior to consultation and consultation later this year would only take place if there is a good chance of securing capital.

Councillor Stears said it is important to provide the evidence from the equalities, provider impact and travel analysis to ensure residents are not of the view that the outcome has been pre-determined. The Accountable Officer said the only outcome from the workshops is that it is clear change is necessary.

Councillor Andy Stranack said Croydon University Hospital have been clear that they cannot absorb the impact of the closure of accident and emergency at St Helier and it would mean that they would require three extra wards.
The Accountable Officer said she will provide the Committee with the response she sent to Croydon Hospital about this issue. All providers have said all options are possible but the analysis and evidence gathering is still taking place. Further details on each specialist area is required before applying for the capital monies that will be required.

RESOLVED
Accountable Officer to provide the letter sent to Croydon University Hospital about the potential impact of the Improving Healthcare Together Programme.
The Chair accepted a question from the public gallery

Sandra Ash from Keep our St Helier said she is keen to see services retained at both Epsom and St Helier hospitals. The programme has argued that 85% of services will remain but 'out patients are a thing of the past' How can the two be reconciled.

The Accountable Officer said the proposal is to change the way services are delivered and it will not make other services unsustainable but they will provided in a different way. Dr Murray said it will result in enhanced support for the elderly who will be seen by a holistic team. There will be a wraparound range of rehabilitation services in a district hospital. The aim is to improve clinical standards and some are currently not being met. Services for stoke and trauma in London were changed and it resulted in much better outcomes.
A further question came from the public gallery on how many hospitals in the country meet the clinical standards. It was reported that this information is available on the website.

7 SOUTH WEST LONDON HEALTH SCRUTINY TRIGGER DOCUMENT (Agenda Item 7)

David Olney, Policy and Project Manager LB Sutton, gave an overview of the report. The Accountable Officer said she had used a similar document at previous organisations, her team were happy with it and will find it useful.

Councillor Peter McCabe expressed his support for the trigger document and thanked David Olney for his work on securing agreement across organisations.

Committee members sought clarification about which NHS organisations will use the document.

The Accountable Officer said she will circulate a list of those who will use the trigger document it will include South West London NHS and Merton CCG.

RESOLVED

NHS South West London to provide a list of NHS organisations who will use the trigger document.

Improving Healthcare Together 2020 - 2030

South West London and Surrey Joint Health Overview Scrutiny Committee

Impact on other providers summary assessment

July 30th 2019

1.1 Purpose of report

This paper provides an update on the provider impact work as requested by the SW London and Surrey Joint Health Overview Scrutiny Committee (JHOSC).

The paper includes:

- A description of the process undertaken; and
- A summary of potential impacts based on work undertaken jointly by the IHT programme and local providers and,
- Next steps

Members are asked to note the provider impact assessment was scrutinised at the IHT JHOSC Sub-Committee on the 4th of July 2019.

This report has been shared with the provider technical group (see point 1.2) for their review.

Each provider has stated that all options would be deliverable with the right level of investment and mitigations, while noting the scale of the challenge and investment varies by option

1.2 Introduction

We need to understand the impacts of different options on local providers. We have considered impacts on six local providers, excluding ESTH:

- Ashford and St Peter's Hospitals NHS Foundation Trust (St Peter's Hospital, ASP)
- Croydon Health Services NHS Trust (Croydon University Hospital, CRY)
- Kingston Hospital NHS Foundation Trust (Kingston Hospital, KGN)
- Royal Surrey County NHS Foundation Trust (Royal Surrey County Hospital, RSU)
- St George's University Hospitals NHS Foundation Trust (St George's Hospital, STG)
- Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital, ESU)

We have co-developed the process and approach with providers. A Technical Group has been convened, comprising provider Directors of Strategy from each provider, as well as representation from ambulance providers. This group has considered the activity impact on affected Trusts including bed, theatre and diagnostics capacity and the resulting requirements for estates, finance (revenue and capital) and workforce.

There has been significant clinical input from medical and nursing directors through the IHT Clinical Advisory Group, to support the development of a number of assumptions.

Individual trusts have sought approval of impacts from their statutory boards. Following this, impacts will be used as an input to the IHT financial model; and detailed commentary will be

included in the draft pre-consultation business case document which will be submitted to regulators at the end of July.

A provisional analysis of the early provider impact work has been referenced in the interim Integrated Impact Assessment (IIA) report; and the full provider analysis will be incorporated into the IIA assessment.

1.3 Approach to provider impact assessment

A consistent view of patient flows has been developed, through a co-developed activity model with providers, and a range of sensitivities have also been developed to test how impacts changes based on flexing key assumptions. Providers agreed that the core scenario (based on travel time), will be used as an input to the IHT financial analysis.

Capacity, estates, capital and finance impact analysis includes assessing the impact of potential changes in patient flow on the range of areas. Components have been estimated by individual provider trusts based on a consistent and agreed set of assumptions.

In terms of feedback, providers have reported back to the IHT programme, using a standard report format for consistency.

1.4 Key messages

There are a number of key messages from the impact analysis:

- Each provider has stated that all options would be deliverable with the right level of investment and mitigations, while noting the scale of the challenge and investment varies by option.
- Impacts on other providers are greater for the Epsom option and lower for the Sutton and St Helier options. This is because there are currently more patients using St Helier than Epsom, as well as the proximity of other hospitals to St Helier.
- For the Epsom option, London providers are expected to be impacted more significantly – particularly St George's and Croydon hospitals. A high level of capital investment is likely to be needed and additional workforce will also be needed. Surrey providers are not impacted in this option, given services at Epsom remain largely unchanged.
- For the St Helier option, Surrey providers – particularly Ashford and St Peter's and East Surrey hospitals will be impacted. This includes additional capacity and associated capital investment needed to accommodate demand. The overall impacts on these hospitals is smaller than the impact on St George's and Croydon for the Epsom option. With the exception of Kingston, London providers are not impacted in this option, given services at St Helier remain unchanged.
- For the Sutton option, impacts are distributed more evenly across providers in both London and Surrey. This is driven by the location of the Sutton site, in between the Epsom and St Helier sites. A small amount of additional capacity and associated capital investment is needed for each provider to accommodate additional demand.

1.5 Summary outputs

Table 1 shows the capital needed in total across all providers for each option. Regulators requested that providers estimate incremental capital only, for the purposes of including in the financial appraisal; as well as broader enabling capital, to be included in the narrative of the draft PCBC:

- Incremental capital describes capital investment which is needed as a direct result of IHT proposals, and will be included in the IHT financial appraisal of options and part of the direct capital 'ask' for IHT; and
- Enabling capital describes broader changes that will be needed over the next ten years to support any incremental changes and will need to be in place before any IHT options can be delivered – i.e. IHT impacts are dependent on these other plans.

In order to ensure a robust financial appraisal, only incremental capital has been included in the IHT financial analysis – and enabling capital has been included in the PCBC narrative. Including additional enabling capital in the financial analysis would distort the financial appraisal.

It should be noted that all draft provider impact estimates include outputs developed at a point in time, and reflect the joint work undertaken with providers to date based on the agreed methodology and assumptions. The analysis is expected to be refined and updated as new information becomes available, including as part of any next stage business cases.

Table 1: Incremental other provider total capital associated with each option

Capital / option	Total (£m)
Major acute services at Epsom	174
Major acute services at St Helier	44
Major acute services at Sutton	39

1.6 Provider assessments

The programme asked providers to assess their impacts based on the common activity and bed information, agreed methodology to estimate capacity and costs, as well as each organisation's own analysis and deliberation. Each provider has returned a report in a standard format to the programme, summarising the impact of each option. Impact was assessed based on a scale of low (L), medium (M) and high (H), with providers offering further description and rationale as appropriate.

Table 2, Table 3 and

Table 4 give an overview of the draft impact assessment across options by individual providers. All provider boards have agreed these impact assessments.

Table 2: Assessments submitted by providers – major acute Epsom

MA Epsom	STP	KGN	RSU	ESU	STG	CRY
Capacity (inc. A&E, theatres, wards, support services)	L	L	L	L	H	H
Estates and capital	L	L	L	L	H	H
I&E	L	L	L	L	H	H
Work-force	L	M	L	L	M	H
Deliverability	L	M	L	L	H	H

KEY: L = low impact; M = medium impact; H = high impact

Table 3: Assessments submitted by providers – major acute St Helier

MA St Helier	STP	KGN	RSU	ESU	STG	CRY
Capacity (inc. A&E, theatres, wards, support services)	M	M	L	M	L	L
Estates and capital	M	L	M	H	L	L
I&E	M	L	M	L	L	L
Work-force	H	M	M	M	L	L
Deliverability	L	M	M	M	L	L

KEY: L = low impact; M = medium impact; H = high impact

Table 4: Assessments submitted by providers – major acute Sutton

MA Sutton	STP	KGN	RSU	ESU	STG	CRY
Capacity (inc. A&E, theatres, wards, support services)	M	M	L	M	M	M
Estates and capital	M	L	M	M	M	M
I&E	M	L	M	M	M	M

MA Sutton	STP	KGN	RSU	ESU	STG	CRY
Work-force	H	M	M	M	L	M
Deliverability	L	M	M	M	M	M

KEY: L = low impact; M = medium impact; H = high impact

1.7 Provider specific observations

All providers have stated that all options would be deliverable with the right level of investment and mitigations, while noting the scale of the challenge and investment varies by option. There are also a number of specific observations by provider:

- **Ashford and St Peter's:** The ASP Board believes all scenarios are technically deliverable, although there is some risk in relation to the St Helier and Sutton options relating to the availability of workforce to support increased demand at ASPH which is exacerbated by adherence to current care models.
- **St George's:** STG identified that providing major acute service at Epsom would have a high impact, Sutton a high / medium impact and St Helier a low impact. This included a significant capital investment requirement.
- **Kingston:** The KGN Board agreed impacts for each option, and considers both the core and maximum impact sensitivities as deliverable. The Trust expects broadly consistent impacts across the options, with limited differentiation between them.
- **Croydon:** CRY identified a low impact for the major acute at St Helier option, medium for the Sutton option and a high impact for the Epsom option. It stated that while all three options are deliverable, there is a financial cost within the various options, and particular challenges with the Epsom option (significant inflows), which would require significant capital investment.
- **Surrey and Sussex:** ESU expect overall impacts to be low for the Epsom option, medium for the St Helier option (due to additional emergency demand) and medium for the Sutton option (due to additional emergency demand). Both the St Helier and Sutton options require capital investment to support an expansion.
- **Royal Surrey:** The Board agreed that the core scenarios of each option and the max sensitivity of the Epsom option are deliverable. The max sensitivity for the St Helier and Sutton options are not deliverable but the Trust does not believe the sensitivities modelled to be material as the likelihood of them happening is deemed to be small.

Next steps

The programme will submit a draft PCBC to NHS England and NHS Improvement for the next stage of the national assurance process. This document sets out all the work we have done to date and all the research and evidence we have collated (including the provider impact analysis).

Any future consultation will only take place once we have agreement in principle for the capital.

No decisions about any changes to services will be made until after a full public consultation has taken place and all the information has been considered by the CCGs.

Andrew Demetriades
Joint Programme Director for Improving Healthcare Together