

**REPORT FOR THE LONDON BOROUGH OF MERTON HEALTHIER
COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
25 JUNE 2018**

In 2017, Epsom and St Helier University Hospitals NHS Trust produced a Strategic Outline Case to explore ways in which it could address a series of challenges

1. In 2017, NHS Trusts in South West London including Epsom and St Helier, were asked to self-assess their services against clinical standards and to feed this work into local health and care plans for their area. This led to Epsom and St Helier publishing a Strategic Outline Case which identified a series of challenges to the current delivery of major acute services across two sites (Epsom Hospital and St Helier Hospital). These challenges include:
 - Meeting clinical quality standards, when there is a shortage of A&E and acute medicine consultants
 - An underlying financial deficit
 - The buildings in which healthcare is delivered, many of which were constructed before the NHS was created and which are not designed for modern healthcare
2. To address the challenges, the Trust developed a detailed clinical model based on the co-location of major acute services and the continued provision of district services to Sutton, Merton and Surrey Downs localities. The Trust's potential solutions included (i) the consolidation of major acute services to Epsom Hospital, (ii) the consolidation of major acute services to St Helier Hospital and (iii) the consolidation of major acute services to a new specialist acute facility in Sutton.
3. Initial analysis concluded that changing the delivery of major acute services could resolve long standing issues. Specifically it could:
 - Improve care and help deliver the models of care being developed by STPs
 - Meet clinical standards without the need for additional consultants
 - Address critical workforce shortages, in particular in middle grade and junior doctors
 - Support Epsom and St Helier to become financially sustainable

Commissioners have established Improving Healthcare Together 2020-2030 to address local healthcare challenges

4. Following the publication of the Trust's Strategic Outline Case for investment in its hospitals in 2017, Surrey Downs, Sutton and Merton NHS Clinical Commissioning Groups, as the main commissioners of services delivered by Epsom and St Helier, set up the **Improving Healthcare Together 2020-2030** programme.
5. Improving Healthcare Together 2020-2030 is looking at the future challenges identified in delivering healthcare. The CCG has committed to continuing to provide major acute services within the combined geographies of Merton, Sutton and Surrey Downs CCGs
6. To date, the programme has established a number of key governance groups, including:
 - A **Programme Board**, with overall decision-making powers delegated by CCG governing bodies to a joint Committees in Common formed of Merton, Sutton and Surrey Downs CCGs

- A **Clinical Advisory Group**, leading on the clinical model and solutions development
- A **Stakeholder Reference Group**, bringing together patient and community representatives and organisations
- A **Finance, Activity and Estates Board**, leading on the development of the financial model and estates requirements

Emerging issues

7. Improving Healthcare Together has produced a number of key documents which will be considered at the first meeting of the CCGs Committees in Common on June 21st 2018. This includes:
 - An **issues paper** which summarises the case for change, emerging clinical model and potential solutions
 - A draft **case for change** which describes the key challenges faced by the local health economy – and in particular by Epsom and St Helier – and explains why change is necessary.
 - An **emerging clinical model** developed by the Clinical Advisory Group to meet local needs for our combined geographies based on clinical standards and evidence-based best practice.
 - A **potential solutions framework** which describes the standard approach used to understand the potential solutions to deliver the clinical model.
8. The potential solutions identified in the solutions framework form a longlist and a provisional shortlist. The shortlist emerges after applying a series of tests. These tests are:
 - Does the potential solution maintain major acute services within the combined geographies?
 - Is there likely to be a workforce solution to deliver the potential solution? This includes ensuring any potential solution meets our standards for the quality of major acute services with the available workforce.
 - From which sites is it possible to deliver major acute services? This considers whether different sites are feasible for the delivery of major acute services.

The provisional short list includes:

- The 'do minimum': continuing current services at Epsom Hospital and St Helier Hospital
 - A single major acute site at Epsom Hospital, providing all major acute services with continued provision of district hospital services at Epsom and St Helier Hospitals
 - A single major acute site at St Helier Hospital, providing all major acute services with continued provision of district hospital services at Epsom and St Helier Hospitals
 - A single major acute site at Sutton Hospital, providing all major acute services with continued provision of district hospital services at Epsom and St Helier Hospitals
9. The programme has asked the London Clinical Senate and the South East Clinical Senate to review the case for change and emerging clinical model which will take place in the summer and early autumn.
 10. Should the Committees in Common approve the above documents, the programme will launch an early-engagement programme with communities and stakeholders to understand their views and ideas about how to tackle the challenges.

Improving Healthcare Together 2020-2030: Next steps

11. Commissioners are clear that no decisions have been made and are open to new ideas to tackle these challenges.
12. Given the diversity of the three areas covered by the CCGs, the programme is looking at the impact of relative levels of deprivation across the Epsom and St Helier catchment, and how this influences the way people access and use acute services. A series of independent analyses and assessments have been commissioned and include:
 - A deprivation impact study
 - A multi-phased Equalities Impact Analysis
 - A travel times analysis.

These analyses and assessments will feed into any consideration of potential solutions. In particular, commissioners recognise that the Merton catchment area has pockets of deprivation, particularly in south and east of Merton. Understanding how our communities may be affected by any potential changes will be essential.

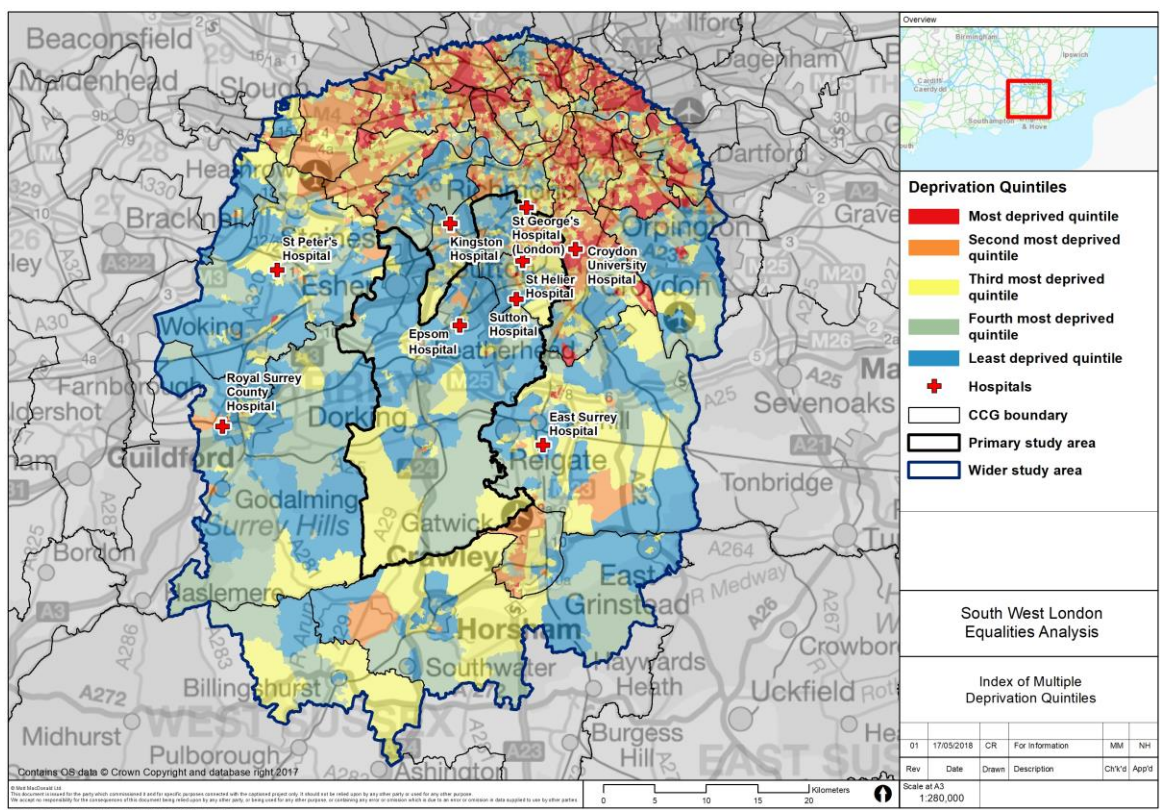


Figure 1 – South West London Deprivation Analysis

13. Should the Committees in Common agree to proceed, over the coming months Improving Healthcare Together will proactively engage with communities This will include, and is not limited to:
 - Public discussion events
 - Stakeholder update events
 - Events for seldom heard and protected characteristic groups
 - GP and primary care engagement
 - Clinical and staff engagement
 - A dedicated engagement website where all information will be published

- Electronic update bulletins and newsletters
 - Media and social media activity
14. The programme is working with the South West London and Surrey Joint Health Overview and Scrutiny Committee to establish the most effective scrutiny arrangements for the programme. The first meeting of the JHOSC will take place on June 26 2018 and will consider whether to devolve scrutiny powers to a subcommittee formed of members from the London Boroughs of Merton and Sutton as well as Surrey County Council.
15. The programme will work closely with all stakeholders and will continue to update Members on the progress being made through the JHOSC. Should the Committees in Common proceed from early engagement to recommending service change which involves substantial variation, we will work closely with colleagues across local authorities to formally consult.

For further information please contact:

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