

Improving Healthcare Together Joint Health Scrutiny Committee (IHT JHSC)

Response to NHS consultation on plans for Epsom and St Helier Hospital under their programme Improving Healthcare Together 2020-2030.

1. Summary

1.1. The IHT JHSC asks that NHS commissioners consider the following. The JHSC has resolved to provide comments to the CCGs but none of the comments set out below should be interpreted as recommendations.

(i) commissioners to provide further explanation of what they will do to provide better access and transport services ; how they will work with relevant partners to deliver and ; how funding will be secured to deliver (see paragraphs 4.1, 4.4, 4.9 - 4.15)

(ii) commissioners to further address actions to minimise impact on deprived communities (see paragraphs 4.19 - 4.21)

(iii) commissioners provide further information on the impact of Covid-19 in particular addressing implications for bed numbers and infection control ; deprivation and ; the impact on BAME communities (both patients and staff). (See paragraphs 4.4, 4.19 - 4.21, 5.3 - 5.6)

(iv) Commissioners to work with relevant Local Authorities regarding the wider impact on the local economies of both the chosen Specialist Emergency Care Hospital (SECH) site and the District Hospital sites (see paragraphs 4.1, 4.18, 4.22 - 4.23)

(v) commissioners ensure that development of the wider community based services and facilities happens before or in parallel with move to the new clinical model (see paragraph 4.2 , 4.4)

2. Background

2.1. Since being established in October 2018 the JHSC, (in its discretionary stage and post-publication of the formal public consultation in its mandatory form), has scrutinised the work being undertaken by the 3 CCGs responsible for the NHS plans,(NHS Surrey Downs, Sutton and Merton), exploring ways we can address local health challenges and make sure NHS services are sustainable and fit for the future.

2.2. [Improving Healthcare Together](#) (IHT) 2020 to 2030 sets out proposed changes to hospital services across the Epsom and St Helier University Hospitals NHS Trust. To summarise;

- Both Epsom and St Helier hospitals are facing significant challenges to delivering services across the two sites
- In September 2019, the trust was allocated £500 million to improve the current buildings at Epsom and St Helier hospitals as well as build a new specialist emergency care hospital on one of the three sites – Epsom, St Helier or Sutton.
- IHT proposes to bring together at one site (Epsom, St Helier or Sutton) six core (major) services for the most unwell patients and those who need more specialist care in the form of a single specialist emergency care Hospital
- The specialist emergency care hospital would be complemented by the existing district hospitals each with its own Urgent Treatment Centre (UTC), open 24 hours a day 365 days per year, continuing to treat a significant proportion (80%) of existing demand.

- 2.3. The IHT process has resulted in a shortlist of three options.
- Epsom as the site of the specialist emergency care hospital This would include UTCs at both Epsom and St Helier hospitals
 - St Helier as the site of the specialist emergency care hospital This would include UTCs at both Epsom and St Helier hospitals
 - Sutton as the site of the specialist emergency care hospital This would include UTCs at Epsom, St Helier and Sutton hospitals (IHT preferred option).
- 2.4. The role of the JHSC is to scrutinise the proposals of the NHS and take a policy view which takes into account the collective view of the Councils represented on the committee and all of the issues which impact on residents' use of healthcare, including access, transport and the consequences for employment, the local economy and wider public services.
- 2.5. As part of its responsibilities during the mandatory stage the JHSC is permitted to delay making its consultation response until after the full public consultation has been completed so that it can then be informed by the findings and conclusions arising from the public consultation.
- 2.6. On this basis the JHSC held a meeting on 4 June 2020 to receive and be briefed on the analysis and findings of the public consultation and the latest version of the Integrated Impact Assessment (IIA).
- 2.7. The IHT JHSC response to the consultation below is informed by the information and briefings it has received, the questions asked of NHS commissioners, other stakeholders and members of the public across all the meetings held since October 2018.
- 2.8. The response uses the questions as set out in the public consultation to provide a framework for the responses to more specific areas. The response also raises a number of concerns regarding the process that has been followed, particularly in light of Covid-19 outbreak.

3. **Points related to consultation questions** (original consultation questions shown in italics)

- 3.1. As representatives of the local communities affected by these plans the committee focuses its attention on the wider non-clinical aspects of the proposals and wishes here to re-enforce the points it has made over the duration of the committee's oversight. In particular this concerns issues around:-
- Consideration of transport and accessibility issues including the balance between public and private transport modes
 - Consideration of the impact on deprived communities resulting from changes to the location of certain service provision
 - Consideration of the impact on the wider local economies and potential regeneration
 - Impact on staff not only in the Trust itself but also support organisations such as the voluntary sector and local government (adult social care)
 - Impact on the environment eg: air quality.

- 3.2. It is acknowledged by the JHSC that without significant capital investment the model for acute hospital provision within the borough is currently unsustainable and needs to change. Whether this investment needs to include a new third site is the subject of this consultation.
- 3.3. *Our Model of Care (or New Way of Working) Our proposal is to keep most services at their present hospitals in refurbished buildings, and bring together six core (main) services for the most unwell patients, those who need more specialist care, and births in hospital, onto one site in a state-of-the-art new specialist emergency care hospital.*
- 3.4. Whilst the committee welcomes some aspects of the new model of care, most members believe that there are also a number of areas of concern where we have not been able to get the assurance we would need to fully support these ideas. There are continuing concerns around:
- The fact that the new model will both be new and unique in London
 - The extent to which preparations would be in place to ensure patients, families and carers understood the effect of the new 'architecture' of care,
 - The extent to which the companion community-based service changes and facilities would be ready in time and sufficiently bedded-in
 - The implications for existing users from deprived communities resulting from changed locations of provision
 - The travel, transport and accessibility (public and private) issues arising from the changes
 - The impact on staff and the ease with which new or replacement staff can be recruited to work for the Trust, particularly at the site(s) which are not chosen to be the major centre.
 - The costs and complexity of district hospital services and major acute services being on different sites requiring inter-site patient transfers

If the new model of care is adopted then these concerns will need to be addressed, and a Sub-Committee of the JHSC will be tasked with assuring that this happens. To ensure that the views of all affected areas are properly represented, working groups of the Sub-Committee will ensure that they include representation from local Borough and District Councils.

- 3.5. *The location of the specialist emergency care hospital : Sutton Hospital as our preferred location / St Helier Hospital as the location of the new specialist emergency care hospital / Epsom Hospital as the location of the new specialist emergency care hospital*
- 3.6. As the IHT JHSC is made up of members of six local authorities who are in varying degrees impacted by the proposals it will necessarily be the case that the different local ambitions and priorities will influence the responses. This IHT JHSC response is therefore a combination of aspects where there is broad agreement and more specific local views. This is specifically the case when it comes to the location of the new acute hospital. NHS commissioners will also need to take into account the specific responses made here and in the individual responses as below. The IHT JHSC cannot therefore express a consensus view on the location of the specialist emergency care hospital.

- 3.7. The individual views of the councils involved in terms of the options presented in the consultation are available via the links in Appendix one.
- 3.8. *What would help improve transport and travel? What would improve public transport and travel to the new specialist emergency care hospital for any of the three options?*
- 3.9. As noted above issues around travel transport accessibility and the increase / changes to flows around the re-modelled sites is a very important issue. The committee has seen various information based on traffic modelling which provides some theoretic outcomes for travel times etc. The Integrated Impact Assessment notes that some people from deprived communities and older people are disproportionately affected by the increased travel times. These disparities are accentuated when public rather than private transport needs to be used as is often necessary for these groups of people.
- 3.10. Regarding the transport considerations for each site this needs to include more detail on those groups whose travel times are lengthened by the Sutton site option and link this to higher historic use of A&E by these groups, which will not necessarily be mitigated by an Urgent Treatment Centre at St Helier.
- 3.11. While the committee understands that major public transport providers such as Transport for London (TfL) have been involved in some early discussions by necessity these can only be very provisional, being based on the possibility of any one of the three options being chosen. It is also not clear that any required additional funding would be provided for the relevant transport providers, the committee's understanding being that the £500M relates to hospital spend only. It is not clear whether the mitigations for adverse impacts proposed in the IIA final report are feasible or affordable.
- 3.12. The JHSC notes that further work will be needed to improve transport access, both public and private, to the new SECH and ensure that these improvements are in place by the planned opening date in 2025. The JHSC expects the design and implementation of this improved public transport and road network will be carried out in conjunction with local authorities and will address issues and concerns raised by the JHSC relating to travel times, transport costs, parking and other access issues impacting on residents, particularly those in areas of high deprivation. The JHSC calls on NHS commissioners to work closely with the relevant local authorities to make the case to the Government to give assurance that sufficient funding is available to deal with transport issues arising from the anticipated increased population of the wider catchment area, together with the impact of the implementation of the IHT programme.
- 3.13. We also believe that the impact of longer journey times, poor bus connections and insufficient train routes and car parking are inter-related risk factors which require further mitigation. Some of the evidence presented in the Deprivation Analysis indicates greater healthcare usage by deprived communities. We note that a key concern from the formal consultation has been about poor health outcomes as a result of longer journey times.
- 3.14. Longer journey time concerns have repeatedly surfaced throughout the process and in particular in the consultation process. The YouGov and Ipsos MORI findings support this feedback. The London Borough of Merton St. Helier Survey results also refer to longer journey times. Importantly, across the entire formal consultation exercise, concerns were

raised about longer travel times, separation of services/maternity services and pathways and patient flow.

- 3.15. A potential risk to parking capacity at the preferred acute site may also materialise if “non-patient” usage exceeds expectation. Parking capacity at Sutton hospital is currently well below that of Epsom and St. Helier. Considerable investment would be required to allow for increased number of visitors at the preferred site, especially in acute maternity/birthing and paediatrics.
- 3.16. *How would our proposals affect you and your family? If you think any of our proposals would affect you, your family or other people you know, either positively or negatively, please tell us why you think this using the space below.*
- 3.17. As noted above in the general section the JHSC’s response reflects our position as local community leaders for both our individual communities and across the sub-region.
- 3.18. Recognition should be given to the role of the local councils with regard to their communities in terms of accessibility, transport, deprivation and the impact on local economies.
- 3.19. Throughout both the engagement phase and during the public consultation members have expressed concerns about and pressed IHT Commissioners about the impact of the proposals on deprived communities. The deprivation impact analysis and Integrated Impact Analysis have provided some information with regard to these concerns.
- 3.20. However the JHSC is still concerned that the particular impacts of changes to the location of services for deprived communities are not sufficiently considered in terms of accessibility and transport and the specific clinical needs of those from such communities. This is also shown in the actions and mitigations which reflect on these issues in the Integrated Impact Analysis.
- 3.21. As the programme moves to the development of its Decision Making Business Case the JHSC would like to see more substantive detail on the implications and mitigations which would be necessary.
- 3.22. At this stage of the proposals it is not possible to provide anything like a full consideration of the potential impact of the choice of one site over the other two in terms of resulting development (opportunities) or diminution of the impact on local economies for each site.
- 3.23. As local authorities with responsibility for our areas as a whole it is vitally important for JHSC members to consider this alongside the medical aspect of the proposals. The JHSC and relevant local councils will therefore want to work closely with NHS commissioners as and when the project moves forward to ensure that full and proper consideration is given to maximising benefits and avoiding or minimising any possible downsides irrespective of the site chosen.

4. Procedural Considerations

- 4.1. The Committee does not believe it has been presented with the information needed to effectively carry out its scrutiny in a timely manner. From the start and during the process

the JHSC has been concerned about and registered comments about the way in which the information provided by the NHS has often been in an incomplete or draft form and has had the impression of the JHSC being 'drip-fed'. Whilst fully recognising the range and complexity of the issues it has too often felt as if the JHSC involvement was being treated as a series of steps to be achieved on a largely predetermined path.

- 4.2. On a similar theme members were also not helped by the fact that important contributory papers such as the IIA were still not being provided to them in final version form. In particular the final report of the IIA was not made available to the JHSC members before the 4 June meeting. JHSC members understand the iterative nature of such work and the timing issues that can arise when having to work to statutory publication deadline for committee papers but the fact is that the timelines for this piece of work were in the control of the programme and the committee management deadlines are well known in advance.
- 4.3. The JHSC and some of the individual councils raised concerns towards the end of the period of public consultation when the lockdown effects of Covid-19 were introduced and caused face-to-face elements in the remaining consultation period to be cancelled. Whilst recognising that online paths did remain open, members were concerned that people would not have the opportunity to respond and would rightly be prioritising themselves and their families health rather than participating in a consultation.
- 4.4. The JHSC is disappointed that requests either for an extension to the consultation or a pause were rebuffed. The committee has not seen any evidence to support the stated view that the impact of Covid-19 was minimal and is concerned that this demonstrates a continuation of approach whereby the IHT programme presses ahead on the basis of its own timetable with little or no thought for the impact on wider stakeholders.
- 4.5. At the JHSC meeting on 4 June the committee heard that the programme was undertaking work to inform itself of potential issues arising from the recent and ongoing Covid-19 pandemic. This is to be welcomed. However members were very concerned to hear that the information, which would be being shared with the CCGs, would not be available to the JHSC to help inform their considerations to this written response. This would appear to be a major hindrance to the JHSC's ability to carry out its statutory function. In particular it is stated in the IIA final report (published after the 4 June meeting) that if any changes to the programme are proposed in the light of COVID, the impact assessment "should be reviewed and reassessed". Until JHSC has seen the work on COVID-19, it will be unable to take a view on whether the IIA is sufficient in its present form.
- 4.6. Whilst some further information was shared with the committee after the meeting and there was also more information contained in the IIA final report which was also published after the 4 June meeting which is to be welcomed members were concerned to see that more work particularly in the areas of the impact of Covid-19 on deprived communities and BAME groups should be included and be available for the JHSC to consider. Members would expect the findings and mitigations of this work to be fully reflected in the final business case and would therefore be available for the JHSC to review.

APPENDIX ONE

| Council | Preferred option | Link |
|----------------|---|----------------------------------|
| Croydon | Not available | Not available |
| Kingston | Sutton (with essential actions and mitigations to ensure those “patients” and “non-patients” in the more deprived areas can access the new SECH site via bus or tram link). | Not available |
| Merton | St Helier | See item 6 here |
| Surrey | Supports the new model of care but has not received the assurances needed to give its support to a specific location. | See item 5 here |
| Sutton | St Helier | See item 45 here |
| Wandsworth | Sutton | See item 16 here |