Surrey Downs Clinical Commissioning Group

Governing Body Part 1 Paper

Acute Sustainability at Epsom & St Helier University Hospitals NHS Trust

1. Strategic Context

1.1. It has long been recognised that there are sustainability challenges for acute services across Surrey and South West London, with numerous attempts made to address these over the years.

1.2. Epsom and St Helier University NHS Trust (ESTH) operates from two principle sites, St Helier hospital and also from the Epsom Hospital site. The principle commissioners of acute care services at ESTH are Surrey Downs, Sutton and Merton CCGs.

1.3. Surrey Downs CCG sits within the Surrey Heartlands Health and Care Partnership whilst Sutton and Merton CCGs sit within the South West London STP.

1.4. At the heart of the Surrey Heartlands Health and Care Partnership is a commitment to work together as a system to transform services and secure consistent, sustainable, high quality physical and mental health and care for the people of Surrey

1.5. As part of the Surrey Heartlands Partnership, Surrey Downs CCG is actively working with its partners to improve clinical pathways across a range of service which include the development of integrated models of out of hospital care. These models are being actively developed in collaboration with providers across secondary and primary care.

1.6. The Surrey Heartlands Health and Care Partnership set out a set of principles published in the *Surrey Heartlands Sustainability and Transformation Plan* (October 2016) that should underpin the development of any future specialist acute operating model and that this should be affordable, sustainable and deliver high quality services.

1.7. South West London STP has recently published a discussion document *South West London Health and Care Partnership: One Year On* (Nov 2017)[1] which highlights that the South West London Clinical Senate has agreed a set of clinical standards for six clinical services in hospitals: emergency department; acute medicine; paediatrics; emergency general surgery; obstetrics; and intensive care. Hospitals in South West London including Epsom and St Helier University Hospitals NHS Trust (ESTH) were asked to self-assess their services against the agreed clinical standards and to feed this work into their local transformation boards as they progress their local health and care plans.

1.8. With the exception of ESTH, South West London Acute Hospital trusts believe that taking this self-assessment into account, with their knowledge of their individual staffing, estates and operational issues and plans that they are clinically sustainable in these six clinical services with respect to consultant staffing.

1.9. ESTH has recently published a Strategic Outline Case (SOC) for investment in our hospitals 2020–2030 (Nov 2017) following an engagement exercise, held between July and September 2017.

[1] https://www.swlondon.nhs.uk/wp-content/uploads/2017/11/STP-discussion-document-final-1.pdf

1.10. The SOC sets out its views on potential scenarios for the future which may deliver a sustainable solution to meet its clinical, financial and estates challenge. The SOC also clearly sets out the Trusts case for change and a scale of challenge that states that they are unable to deliver all of these services without a fundamental change to its clinical model across both the Epsom and St Helier hospital sites.

2. Commissioning service changes

2.1. Ultimately it is the responsibility of commissioners to configure services that best meet the needs of the local health economy. Drawing on the recent work at the Trust and the challenges set out in the STP and subsequent discussion document, commissioners now need to assure themselves of the options for configuration of acute services and take forward a programme of work to determine the future of acute services in the local health economy.

2.2. This paper recommends:

- The establishment of a commissioner-led programme to oversee the development of a clinical case for change and evaluate the potential solutions available to meet the challenges identified in the STP refresh and the SOC. This work will be undertaken as part of the development of a Pre-Consultation Business Case (PCBC) which would need approval prior to any future public consultation on proposals for service change;
- The proposed governance arrangements to support the programme;
- The immediate priority next steps to mobilise the programme.

2.3. The recommendations set out in this paper are being presented to the Governing Bodies of Sutton, Merton and Surrey Downs CCGs – as the commissioners materially affected by any changes to services within ESTH.

3. The current position at Epsom & St Helier University Hospitals Trust

3.1. Over the last two years the Trust has undertaken a programme of work, through the Acute Sustainability Programme Board, to explore ways to address the Trust's challenges. They have:

- Set out and engaged upon a case for change
- Developed a clinical model for the future, led by local clinicians
- Analysed and evaluated scenarios to address the case for change and deliver the proposed clinical model.

3.2. This work has concluded that there are three core challenges at ESTH:

(i) Clinical: ESTH is the only Trust in SW London that isn't clinically sustainable in the six core clinical services as rated by the SWL Clinical Quality Standards for Acute Trusts

"In the longer term, it is unlikely that Epsom and St Helier will be able to deliver all of these acute inpatient services without a level of change to their clinical model"2

(ii) Financial: There is a significant deficit that the Trust cannot address within existing facilities; and the deficit is projected to worsen year on year (estimated to be £40m by 2025/2026)

[2] *Clinical quality standards for acute services provided in South West London or operated by a South West London Trust: current position and gap analysis* (Nov 2017).

(iii) Estates: St Helier is rated 16th worst in the country for extent of backlog maintenance and CQC has raised significant concerns in the standards of the estate.

3.3. The Trust has concluded that doing nothing is not an option – each year of delay further risks the inability to achieve the required clinical standards, increases the Trust's deficit (by £1m) and fails to address its critical estates issues.

4. Proposed next step for commissioners: Establishing the programme

4.1. It is proposed that Sutton, Merton and Surrey Downs CCGs – as the main commissioners of ESTH services – establish a joint programme to consider the future of the acute services they commission, with the overarching objective to improve outcomes and experiences of care for patients through increased clinical quality and financial sustainability.

4.2. The process for establishing the clinical model that will deliver sustainability will be based on two main principles:

(i) The SWL STP refresh has established that there is a demonstrable challenge within the health economy local to Epsom and St Helier that requires further evaluation to identify options that could present a potential solution to this challenge.

(ii) As a Trust, through the development of the SOC, ESTH has carried out an evaluation of the long list of options that it believes could lead to a sustainable clinical model. This work will form the basis of further evaluation, whilst recognising that further scenarios may arise through the testing and evaluating the proposed clinical model.

4.3. Integral to the programme will be the development of the PCBC. The purpose of developing the PCBC is to provide assurance to CCG Governing Bodies and NHS England that the broad range of requirements have been thoroughly considered prior to undertaking a public consultation on any proposed service change.

4.4. These requirements will include:

- A detailed case for change
- The proposed future clinical model for services
- Strategic alignment with existing NHS policy
- Governance and decision making arrangements
- Clinical assurance of the proposals
- A description of the public engagement that has occurred in developing the proposals
- An overview of the implementation plan

4.5. Specific pieces of further work will also be undertaken to address some of the potential impacts arising from possible changes to any future clinical model including:

- An analysis of provider activity flows
- A travel times analysis and;
- Assessing the impact of any change in clinical model on deprived communities

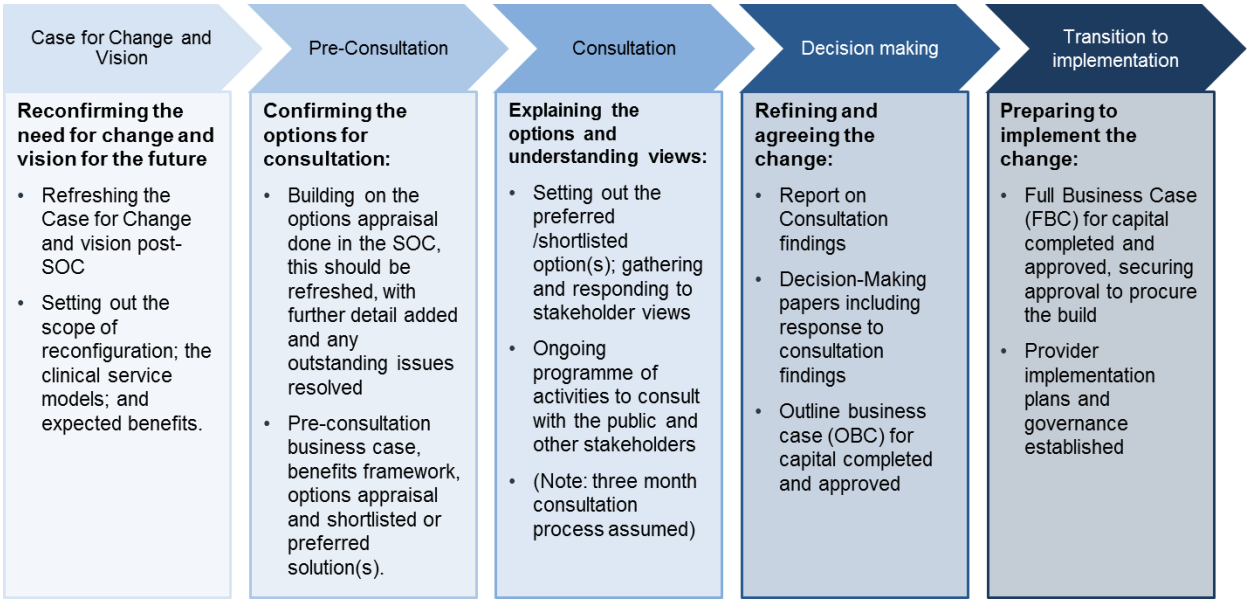
4.6. The PCBC will need to successfully pass through a rigorous regional and national assurance process and is likely to include:

- A review of the proposed clinical model by the London Clinical Senate
- Consideration of the PCBC by NHS England Regional Panel and NHS England's national Oversight Group for Service Change and Reconfiguration

- Consideration of funding proposals by NHS England Investment Committee, which is a sub-committee of their main Board.

4.7. It should be noted that in-line with expected planning guidance, national support in principle for making available the capital required to fund any eventual preferred solution would need to be secured prior to any agreement to proceed to public consultation.

4.8. This will require a new programme to be established and resourced, underpinned by a detailed plan and robust governance arrangements. An overview of the expected phases of the programme is outlined on page 4.



5. Proposed governance arrangements

5.1. Based on good practice for major service change, a set of principles have been developed to inform the design of the governance structure required to support the programme in its early stages. These are outlined below:

- Final decision making will reside with commissioners
- The decision to change the commissioning arrangements for services can only be taken by a legal entity. The decision makers in this case will be the CCGs that are significantly impacted by the proposed change-Surrey Downs CCG, Merton CCG and Sutton CCG who will make any decisions via 'committees in Common' of CCGs
- Providers will have no legal role in the decision-making process but will be engaged throughout the process
- An Independently Chaired Programme Board will be established, with commissioner, provider and regulator representation, to provide strategic oversight of the Programme and report to the proposed Committees in Common
- The programme will be clinically-led, with senior local clinicians from Primary and Secondary care, who will drive the development and testing of the clinical model, ensuring that they are clinically sound and based on external clinical evidence
- The programme will be subject to external assurance processes from the regulatory bodies NHS England and NHS Improvement
- Regular opportunities will be provided for external stakeholders (e.g. patients and the local population) to influence and inform the development of solutions.

- Local Authorities through Health and Wellbeing Boards and Health Overview and Scrutiny Committees will also be fully engaged and consulted at regular points in the development process in line with statutory requirements

5.2. The commissioners will need to seek input and guidance from a wide range of stakeholders through the programme and governance structure.

5.3. Figure 1 shows an example of key stakeholders and the means by which they will engage and interact with the programme.

Figure 1: Mechanisms for key stakeholder groups to engage with the programme

Stakeholder group	Mechanism(s)
Clinicians	Clinical Board Clinical working groups External clinical assurance process
Public and patients	Stakeholder Advisory Group Public engagement events
Local staff	Provider Trust Board Solution development working groups
Regulatory bodies (NHS England and NHS Improvement)	Programme Board External programme assurance process
Local Authority	Health and Wellbeing Boards Overview and Scrutiny Committees

6. Immediate next steps to mobilise the programme

6.1. Subject to confirmation of approval to proceed from the CCG Governing Bodies, immediate next steps would include:

- Formation of core programme governance and working groups – during January 2018
- Appointment of Chairs / leads for key governance groups
- Agreement of membership and terms of reference for the governance groups
- Development of a Programme Initiation Document (PID)
- Commencing dialogue with the three Overview and Scrutiny Committees around the potential programme and process steps to be taken
- Formation of the Committees in Common by spring 2018.

7. Recommendations

7.1. The Governing Bodies are asked to approve:

- The establishment of a Commissioner-led programme to review and develop the clinical case for change and potential solutions identified in the work undertaken to date by the Trust, as part of the wider development of a PCBC which will be subsequently produced for submission to NHSE
- The proposed governance arrangements to support the programme
- The immediate priority next steps to mobilise the programme.