

## E.2.6 Sutton Council - Submission

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## Councillor Ruth Dombey

London Borough of Sutton

Leader of the Council

Liberal Democrat Councillor for Sutton North Ward



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Matthew Tait

Chief Officer

Surrey Heartlands Health and Care Partnership

**Letter sent by email to: [hello@improvinghealthcaretogether.org.uk](mailto:hello@improvinghealthcaretogether.org.uk)**

1 April 2020

Dear Matthew,

Please find enclosed the [Council's response](#) to the Improving Healthcare Together (IHT) consultation.

The Council's preference for St. Helier derives from our concern that services should be available in the heart of our community and that priority should be given to issues of access and availability to our most deprived communities.

The attached report shows our consideration of the issues which impact on residents' ability to access and use high quality healthcare, including access, transport and considers the consequences for employment, the local economy and wider public services.

The report was approved by the Council's Strategy and Resources Committee on 30th March 2020. The committee agreed;

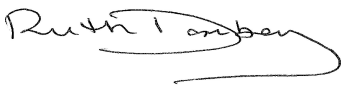
- To endorse the proposed model for service delivery as set out in the IHT consultation, i.e. a single specialist emergency hospital and two district hospitals.
- To note the benefits and issues with both the Sutton and St Helier sites and to agree to the Council's preferred option to site the specialist emergency treatment hospital at St Helier.

The committee further requested me to write to you to request the deadline for the consultation be extended by three months.

As a result of the current situation, the opportunity for all stakeholders to contribute has been significantly reduced. Given the importance of this decision to our Borough and the wider region, we need to ensure that everyone has the opportunity to contribute to the consultation, so as to ensure the best possible outcome for our residents and stakeholders.

This is a decision that will shape the delivery of healthcare of our residents for years to come and it is vitally important that the right decision is made on where services are located in the borough moving forward.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Ruth Dombey', with a long horizontal flourish extending to the right.

Cllr Ruth Dombey  
Leader of the Council

Enc. Strategy and Resources 'Improving Healthcare Together' Report

<b>Report to:</b>	Strategy and Resources	<b>Date:</b>	30 March 2020
<b>Report title:</b>	Improving Healthcare Together		
<b>Report from:</b>	Helen Bailey, Chief Executive		
<b>Ward/Areas affected:</b>	Borough Wide		
<b>Chair of Committee/Lead Member:</b>	Cllr Ruth Dombey		
<b>Author(s)/Contact Number(s):</b>	Sam Barker, Interim Assistant Director Customers and Commissioning		
<b>Corporate Plan Priorities:</b>	<ul style="list-style-type: none"> <li>● Making Informed Choices</li> <li>● Living Well Independently</li> <li>● Keeping People Safe</li> </ul>		
<b>Open/Exempt:</b>	Open		
<b>Signed:</b>		<b>Date:</b>	19 March 2020

## 1. Summary

- 1.1 Good quality, locally accessible healthcare is a key to ensuring that Sutton is a great place to live, work and raise a family. The council works closely with local health partners to ensure the best possible services for the community. Sutton Health and Care is a ground breaking partnership which is working to integrate community services.
- 1.2 Acute services in Sutton are provided by the Epsom and St. Helier Hospital Trust. It has sites in Epsom and in the Borough. There is a clear clinical need to upgrade the services provided by the Trust and the Government has recently made available £500m for redevelopment. The CCGs (Surrey Downs, Sutton and Merton) are consulting on whether the money should be spent to reprovide on the existing site(s) or in a new acute hospital on a site at Belmont.
- 1.3 The consultation paper is called “Improving Healthcare Together”. It sets out the proposals and the rationale against which the NHS plans to make a decision.
- 1.4 The role of the Council is to scrutinise the proposals of the NHS and take a policy view which takes into account the representative nature of the council 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. Recommendations

- 2.1 To endorse the proposed model for service delivery as set out the IHT consultation, i.e. a single specialist emergency hospital and two district hospitals.
- 2.2 To note the benefits and issues with both the Sutton and St Helier sites and to agree to the Council's preferred option to site the specialist emergency treatment hospital at St Helier.

## 3. Background

- 3.1 Community health care services, through Sutton Health and Care where the Council, CCG and community and voluntary sector are collaborating to provide responsive, seamless, personalised care services for all of those that need them - reducing the need for hospital care. It is acknowledged that the model for acute hospital provision within the borough is currently unsustainable and needs to change.
- 3.2 [Improving Healthcare Together](#) (IHT) 2020 to 2030 set out proposed changes to hospital services across the Epsom and St Helier University Hospitals NHS Trust. The consultation closes on 1st April. The full consultation document can be found at appendix A. 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.
- 3.3 The health and clinical benefits of the new model are outlined in the IHT consultation document and summarised below;
  - Reducing differences in care by providing acute services seven days a week would improve clinical outcomes
  - Patients would have access to more specialist doctors and nurses
  - The needs of very sick patients will be serviced by a team of consultants working on one site.
  - Mental-health services would improve, as psychiatry services would be introduced
  - Workforce challenges would improve as staff would be working in better buildings and meeting minimum standards
- 3.4 The model does have a number of issues as proposals would mean that hospital births would no longer be available at either Epsom or St Helier hospitals. Also, five other services would

only be available on the new specialist emergency care hospital site. As a result some patients would have to travel further to the new specialist emergency hospital, particularly in case of emergency and to visit hospitalised friends and relatives.

#### 4. Issues

- 4.1 The IHT model for acute hospital services is advocated as the best clinical model going forward and the need for new specialist facilities is widely acknowledged.
- 4.2 The role of the Council is both to approach the proposals as a partner to the NHS and to take a policy position on behalf of the community taking into consideration the transport and wider economic impacts of the proposals on the borough, its residents and patients. 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).
- 4.3 The Council's policy position for a number of years has been outlined in the [Health Prospectus](#). The purpose of the Health Prospectus is to set out the role of the Council in health matters and our priorities for Sutton residents. The prospectus requires good quality health services delivered locally that will help the Council to ensure that needs are met. To achieve this it is vital that acute hospital services are provided within the borough
- 4.4 Sutton Council's priority is to continue to do everything possible to ensure that maternity services and acute services such as Accident and Emergency are of the highest quality and delivered locally to meet the whole spectrum of local need, regardless of where people live in the borough. The council has always acknowledged that St Helier Hospital is located in and so largely serves a recognised area of deprivation.
- 4.5 The prospectus states that *"if any changes are proposed for St Helier Hospital...guarantees about the future use of the St. Helier Hospital site must be given prior to the Council agreeing to any Sutton Hospital option."*
- 4.6 In line with the Health prospectus, the Council notes that the redevelopment of the Epsom site is not the preferred outcome from the consultation. There are assurances in the consultation document about the number and quality of services to be retained on the St Helier site. It is for the Council to determine whether these go far enough.
- 4.7 In consideration of the remaining two options, some consideration has been given to
- the clinical model and the way that it serves our community
  - the transport impacts of any decision
  - the local economic impacts of the proposals

- 4.8 In terms of the Clinical model - there is no difference when it comes to; areas such as Patient outcomes, Accessibility of district health services, Health inequalities, Patient experience, Service delivery and Workforce. See [Draft interim Integrated Impact Assessment](#).
- 4.9 Accessibility - St Helier Hospital has the greatest number of transport routes serving it with the greatest frequency of services. Whilst parking provision is sometimes tested under current circumstance, it is available and familiar. St Helier is the most accessible site for the majority of Sutton residents.
- 4.10 Public transport options to the Sutton site are predominantly via bus. While some bus services do run directly to the Sutton hospital site, others stop within a 10 to 15 minute walk of the site. The nearest rail stations are located approximately 10 to 20 minute walk from the site. Consequently, those who may struggle with walking long distances may experience particular difficulties with accessing this site, such as those with a disability or illness, pregnant women and older people. Parking on the site is a challenge and local residents are concerned about overspill onto residential roads.
- 4.11 In addition adding emergency vehicle movements to the site and the local roads could compromise existing plans to open up the site to local residents as a destination. The impact on pupils attending the school would need to be considered.
- 4.12 Whilst there are plans to improve access in the longer term by increasing bus and train services it is unlikely to be addressed within the proposed timeline for the building of the new hospital on the site.
- 4.13 There are plans to extend the tram route to Sutton which has the potential to benefit both St Helier and the Sutton hospital site. There has been extensive consultation and feasibility work with TfL on the route and options for phase one of the extension, with a commitment from TfL. St Helier would directly benefit from Phase one of the expansion. The Sutton Hospital site only benefits from Phase Two which is far less progressed and would only have the option of being delivered after Phase One has been implemented.
- 4.14 Economic Benefit - The proposed Sutton site is part of The London Cancer Hub. The London Cancer Hub is a partnership between The Institute of Cancer Research, The Royal Marsden NHS Foundation Trust and the London Borough of Sutton. Whilst a new hospital on the site appears to add to that proposition, the nature of the development on that site is such that it is certainly not a necessary addition to the proposition and there are considerable benefits to having two health sites in the borough of Sutton. The development of the Cancer Hub will deliver considerable economic benefits to the area irrespective of the potential for locating the acute facility there. However the impact of locating the acute facility here would have a negative economic impact on the St Helier area due to reduced services and therefore employment opportunities.
- 4.15 The current St Helier hospital buildings are not fit for purpose and although there is already £100m of investment currently ongoing further funding is required. The proposal to place the specialist emergency hospital on the St Helier site would bring further investment in the area

estimated to be in the region of £430m. This level of investment in the area would create additional jobs both through construction and increase in services provided from the site once operational. St Helier is an area of multiple deprivation and this additional development would increase the employment opportunities for local people. This additional investment would complement the Council’s wider area renewal plans, investing in both physical and social infrastructure for the St Helier area which is a policy commitment in the Council’s corporate plan. When considering the IHT options the Council must ensure that as much investment as possible is focused on the more deprived and most accessible area of the borough.

4.16 Under IHT any investment in the Sutton site is at the expense of St Helier. Locating the acute hospital at Sutton simply increases the benefits already accruing there, in a less deprived area of the borough but has the associated negative impact of depleting health services and economic opportunities at St Helier, as well as presenting additional transport barriers to those needing to travel further for health treatment from St Helier to Sutton, which impacts people least able to afford it.

4.17 When taking into account the transport and wider economic impact of the two options the St Helier option is more clearly in line with existing Council policy.

## 5. Options Considered

5.1 The options set out in this report have been put forward by the NHS through the IHT programme. This report seeks to determine the Council’s position in relation to the three options set out above.

## 6. Impacts and Implications

### Financial

6.1 There are no direct financial implications arising from these recommendations. The Council is not committing any funding towards a preferred option at this stage and the recommendation will be implemented within existing resources

### Legal

6.2 The legal implications are as set out in the report.

## 7. Appendices and Background Documents

Appendix letter	Title
A	<a href="#">Improving Healthcare Together Full Consultation</a> (Circulated to committee members electronically)



<b>Background documents</b>
<a href="#">Sutton Health Prospectus 2018/2019</a>
<a href="#">Improving Healthcare Together Consultation</a>

<b>Audit Trail</b>		
Version	Final	Date: 19 March 2020
<b>Consultation with other officers</b>		
Finance	Yes	Kevin Kilburn
Legal	Yes	Stephen Gerrard
Equality Impact Assessment required?	No	N/A