

Improving Healthcare Together 2020 to 2030
Surrey Heartlands and South West London CCGs' Committees in Common
Summary cover sheet to Draft Decision-Making Business Case
Appendix 1

As part of implementation of the preferred option, considering all the feedback received from consultation and the evidence developed, commissioners have developed the following recommendations for the Trust to deliver as part of its implementation planning. This includes the actions arising from the IIA.

These recommendations will need to be met for commissioners to provide formal support to any future business cases related to IHT.

Table 1: Recommendations

#	Area	Recommendation	Relevant IIA enhancement
1	Preferred option	The Trust should implement the preferred option as decided by commissioners.	
2	Assurance and implementation	The Trust will report on the delivery of the recommendations and implementation of the OBC and FBC to commissioners. This includes reporting through the establishment of a Strategic Executive Group and Strategic Oversight Group.	
3	Travel and access	A full travel and access strategy should be carried out, including additional access roads and public transport routes, and review of any subsidised travel and parking The Trust should establish a Travel and Transport Working Group and Travel and Transport Reference Group to ensure local communities inform these plans The Trust and the CCGs will publish the travel action plan.	Effective communication of transport options and travel plan to staff, patients and visitors (IIA Action 5) Build site specific transport offerings (IIA Action 8) Explore the possibility of ensuring more personalised support to patients in promoting clarity around transport options (IIA Action 9)
4	Travel and access	The Trust will develop plans/proposals for car parking at the SECH and district sites, and ensure appropriate parking capacity and site accessibility is available for our local population,	Ensure appropriate parking capacity on the site chosen to host acute services (IIA Action 6)

		including staff, patients and visitors.	
5	Travel and access	<p>Access to services for protected characteristics and vulnerable groups should be specifically addressed within the travel and access strategy to meet the needs of these groups including older people.</p> <p>The Travel and Transport Working Group should:</p> <ul style="list-style-type: none"> • Explore and make recommendations to improve existing transport opportunities to/from the hospital sites. • Explore new transport links in particular new bus routes connecting Surrey (i.e. Leatherhead, Banstead, Epsom) to the SECH. • The Travel and Transport Reference Group should review and recommend potential alternative travel solutions for vulnerable groups for example (and not limited to): the good neighbour car scheme (operating in Surrey), Dial-a-ride, and services provided by the Merton and Sutton Community Transport. 	<p>Support development and capacity building of community transport options and make the community aware of the options available to them (IIA Action 7)</p> <p>Work with local councils and transport providers (IIA Action 10)</p> <p>Ensuring accessibility to hospital sites (IIA Action 22)</p>
6	Travel and access	<p>The design work within the OBC and the implementation of the clinical model should ensure appropriate access to district services and out of hospital services in conjunction with CCG and other stakeholder plans</p> <p>There should be representation from system partners in the further design of pathways, including primary care, community care and patients.</p>	<p>Continuous review of service model (IIA Action 11)</p> <p>Ensure district services are joined up with local strategies (IIA Action 21)</p>
7	Workforce	In addition to the work already undertaken, the Trust will develop a detailed workforce implementation plan, including	Ensure workforce requirements are met (IIA Action 1)

		recruitment and retention plans, continuing to work in partnership with HEE, Royal Colleges, local clinicians and stakeholders.	<p>Develop a clear workforce plan (IIA Action 15)</p> <p>Understand clinical training and supervision needs at district sites (IIA Action 17)</p> <p>Detailed workforce analysis on staff groups affected by change, understanding their demographics and the impact on travel (IIA Action 18)</p>
8	Workforce	The Trust carries out further staff (including clinical) engagement to develop the design and implementation of the SECH and district hospital clinical models.	Ensure staff are involved in the design of consolidated services (IIA Action 19)
9	Multi-site working	Transfer protocols are developed for implementation, working with ambulance providers and the voluntary sector.	Introduce appropriate transfer protocols and action to reduce transfers (IIA Action 3)
10	Clinical model	The clinical model should continue to be developed based on the latest evidence. The Trust should report regularly on implementation of the benefits realisation and evaluation plan.	<p>Continuous review of service model (IIA Action 11)</p> <p>Develop an evaluation plan (IIA Action 4)</p>
11	Clinical model	A communications and engagement plan will be developed to ensure clarity for the public on when to attend a SECH or District Hospital.	<p>Provide clear communication about patient pathways and undertake an awareness raising campaign (IIA Action 2)</p> <p>Support patient clarity on accessing district services (IIA Action 16)</p>
12	Clinical model	The Trust should implement the continuity of care model for maternity through a team approach, to ensure each woman has a named midwife and continuity of carer from the first prenatal appointment to the last antenatal appointment.	
13	Clinical model	The Trust should establish joint arrangements with local providers as part of the OBC to ensure patient flow assumptions are	Continued work with neighbouring providers (IIA Action 24)

		tested and reviewed as implementation plans are developed, including supporting them in their capital requirements.	
14	Clinical model	The Trust should ensure district services are fully implemented and in place to support patient flow and the operation of the SECH.	<p>Ensure district service enhancements and sufficient lead in time (IIA Action 14)</p> <p>Ensure district services are joined up with local strategies (IIA Action 21)</p>
15	Population and future bed requirements	<p>The Trust should provide the 1,066 beds to reflect the bed requirements to 29/30.</p> <p>This should continue to be reviewed and refined as further population growth forecasts, housing growth forecasts, and demand management initiatives are developed and delivered.</p>	
16	Deprivation and health inequalities	<p>It is a key requirement that the Trust, working with other partners ensures the implementation of district services, enhanced local services and the targeted local strategies developed by CCGs to reduce health inequalities through increased access to local primary or community care are realised, with a focus on prevention, as well as targeted initiatives to manage patients with risk factors around diabetes or high blood pressure and supporting behaviour change.</p> <p>See also recommendation 23.</p>	<p>Review district service provision against local health inequalities (IIA Action 12)</p> <p>Re-assess accessibility issues for deprivation groups for preferred option (IIA Action 13)</p> <p>Continuously review needs of equality groups (IIA Action 23)</p>
17	Deprivation and health inequalities	NHS South West London CCG will work with local partners to undertake a further focused deprivation review specific to East Merton and North Sutton residents to determine whether any additional services should be made available locally.	
18	Digital	The Trust should continue to develop plans to implement EPR	

		<p>in advance of SECH implementation.</p> <p>Digital technology should be fully incorporated into the design of the hospitals and enable connectivity with wider healthcare providers.</p>	
19	Environmental	<p>The Trust should work towards implementation of a carbon net zero building.</p> <p>The Trust should address sustainable green travel alternatives as part of the travel and access plan.</p>	<p>Introduce and encourage more sustainable/green travel (IIA Action 25)</p> <p>Seek to implement carbon offsetting strategies across the Trust (IIA Action 26)</p> <p>Further air quality and carbon assessment following selection of preferred option (IIA Action 27)</p>
20	Funding	<p>The Trust should develop an Outline Business Case keeping within the funding envelope as confirmed by Department of Health / NHSE/I</p>	
21	Covid-19	<p>The Trust should ensure there is future capacity within the hospital design to incorporate flexibility to respond to future surges in demand across inpatient beds and ITU.</p> <p>The local health and care partners should monitor the latest guidance on implementing the response to COVID-19, including any further requirements for protected characteristics (e.g. BAME), deprived communities and vulnerable groups.</p>	<p>Ensure flexibility and adaptability in the design for the new major acute hospital (IIA Action 20)</p>
22	Renal	<p>The Trust should undertake a further appraisal of the options for renal services. Should significant service change be proposed, this will require further consideration by commissioners.</p>	
23	Primary and community services	<p>Commissioners should undertake further work in partnership with local authorities and the Trust to appraise the additional services</p>	

		(including community beds, primary care, CAMHS, mental health, and a children's hub) that could be located on district site(s) or other local settings to best serve local community health needs.
24	Social care	Working in partnership with local authorities, any potential financial or non-financial impact on social care and community services should be taken into account in implementation planning, both system wide and for the district hospital site(s).
