

# Agenda

For enquiries on this agenda, please contact:

**Martin Newton**

020 8547 6086 [martin.newton@kingston.gov.uk](mailto:martin.newton@kingston.gov.uk)

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THE ROYAL BOROUGH OF  
**KINGSTON**  
UPON THAMES

## South West London Joint Health Overview and Scrutiny Committee

Date: Wednesday 29 July 2020

Time: 7:00 pm

Place: This meeting will take place online at  
<https://www.youtube.com/MertonCouncil>

### Members of the Committee

Councillor Jeremy Ambache, LB Wandsworth  
 Councillor Thomas Barlow, LB Merton  
 Councillor Bill Chapman, Surrey CC  
 Councillor Roger Crouch LB, Richmond  
 Councillor Nick Darby, Surrey CC  
 Councillor Sean Fitzsimons, LB Croydon  
 Councillor Adrian Flook, LB Wandsworth  
 Councillor Lesley Heap, RB Kingston  
 Councillor Edward Joyce, LB Sutton  
 Councillor Alan Juriansz, LB Richmond  
 Councillor Peter McCabe, LB Merton  
 Councillor Anita Schaper, RB Kingston  
 Councillor Colin Stears, LB Sutton  
 Councillor Andy Stranack, Croydon

### Everyone is welcome to attend the meeting

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## AGENDA

**1. Election of a Chair and Vice Chair for 2020-21**

The Committee are required to annually elect a Chair and Vice Chair, the last elections to these positions were held at the previous meeting in July 2019.

**2. Apologies for Absence**

**3. Declaration of Interests**

<b>4. Minutes of the last meeting of the Committee - July 2019</b>	<b>Appendix A</b>
<b>5. Update on the SW London Clinical Commissioning Group, the Integrated Care System, and the Improving Healthcare Together Programme</b>	<b>Appendix B</b>

Report of the South West London Health and Care Partnership on:-

- (a) an overview of South West London CCG and the governance structure at SWL and borough level;
- (b) what Integrated Care System (ICS) status means for the South West London Health and Care Partnership
  - Examples of how working as the South West London system has benefits for local people:
    - (i) Children and Young People's Mental Health Programme
    - (ii) Highlights of the measures put in place in response to Covid-19 & outline of the next phase of managing Covid-19
    - (iii) Equality, Diversity & Inclusion (EDI); and
- (c) an update on the Improving Healthcare Together (IHT) Programme and next steps (including approval of a new IHT Sub-Committee looking at the future IHT work programme and scrutiny).

**6. Dates of Meetings**

The Committee are asked to approve the following proposed dates of meetings (7pm start):-

Wednesday 11 November  
 Wednesday 17 February  
 Wednesday 16 June

SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE  
30 JULY 2019

(7.30 pm - 9.10 pm)

**PRESENT** Councillor Schaper (in the Chair), Councillor Lewer,  
Councillor Critchard, Councillor Peter McCabe, Councillor Joyce,  
Councillor Nigel Benbow, Councillor Juriansz, Councillor Stears,  
Councillor Stranack, Councillor Crouch and  
Councillor Fitzsimons.

Andrew Demetriades, Joint Programme Director for Acute Sustainability. Sarah Blow, Accountable Officer. Daniel Elekeles, Chief Executive Epsom and St Helier NHS Trust. Charlotte Keeble, Senior Programme Manager, Improving Healthcare Together Programme. Matthew Kershaw, Chief Executive Officer, NHS Croydon Health Services NHS Trust. Stella Akintan Scrutiny Officer.

**1 ELECTION OF CHAIR AND VICE-CHAIR (Agenda Item 1)**

Councillor Anita Schaper was elected Chair of the Committee and Councillor Ian Lewer was elected as Vice-Chair.

**2 APOLOGIES FOR ABSENCE (Agenda Item 2)**

Apologies for absence were received from Councillor Bill Chapman (Surrey CC) , Councillor Nick Darby(Surrey CC) and Councillor Lesley Heap (RB Kingston). Councillor Sushila Abraham (RB Kingston) attended as a substitute.

**3 DECLARATION OF PECUNIARY INTERESTS (Agenda Item 3)**

Councillor Stears declared that his wife works at Epsom and St Helier NHS Trust.

**4 MINUTES OF THE MEETINGS HELD ON 26TH JUNE 2018 AND 30TH JANUARY 2019 (Agenda Item 4)**

The minutes of the last meeting were agreed as a true and accurate record.

**5 IMPROVING HEALTHCARE TOGETHER PROGRAMME - VERBAL UPDATE (Agenda Item 5)**

The Joint Programme Director for the Acute Sustainability Programme reported that a draft pre-consultation business case has been submitted to NHS regulators and a stakeholder briefing has been published. This briefing ranks the options to give the

public an insight into the direction of travel. They will not confirm a preferred option at this stage as new evidence could influence the final decision. The Improving Healthcare Together (IHT) Programme are not able to publish a Pre-consultation business case nor financial modelling at this stage.

Cllr Stears, Chairman of the IHT sub-committee gave an update. He reported that five meetings of the sub-committee have been held. There have been some concerns around governance arrangements and updates on latest activities. The Sub-committee are keen to see the pre-consultation business case.

Cllr McCabe as a member of the sub-committee reported there was concern amongst his constituents that there is an inevitability within the process.

The committee sought clarification on the consultation process, The Accountable Officer reported that the National regulator will give consent for them to proceed with the consultation. The Programme must also have confirmation from the Treasury that the finances are available to resource each option. The Programme will then be in a position to set out the timetable for the consultation.

The Committee highlighted that they want to be kept up to date with IHT Programme. The Joint Programme Director said they have run a comprehensive engagement and published information and responded to the concerns of the sub-committee.

## 6 IMPROVING HEALTHCARE TOGETHER - IMPACT ON OTHER PROVIDERS REPORT (Agenda Item 6)

Matthew Kershaw, IHT Provider, Chief Executive Officer Lead, gave an overview of the report which sets out the impact of the outcomes from the IHT Programme will have on the six other providers especially in regards to the flow of patients. It was reported that a well-developed methodology has been used.

A committee member expressed concern that this report stated all options are deliverable and other report showed an Epsom choice not feasible for Croydon. It was reported that Epsom has the biggest impact on Croydon but will be deliverable with a capital cost.

A committee member sought clarification on the methodology for agreeing the capital costs. The Chief Executive reported that it is not an exact science but gives an indication on how many beds would be required. The Accountable Officer added that the figures will be going through an assurance process.

A committee member said accident and emergency departments are already struggling, therefore we need to increase services not reduce them. There is a concern that future NHS staff may not honour commitments to improve services set out in the current plans. The Chief Executive of Epsom and St Helier Hospital said the Trust do not have sufficient staff to support the current number of services therefore a single acute site is required. The new model includes additional beds.

The chair gave a summary of the discussion and highlighted the importance of clear communication with NHS colleagues to ensure the committee receive new NHS reports when they are published.

There was a brief discussion about the proposals to merge the South West London CCG's. The Chief Accountable Officer reported that it has been agreed that these discussions will take place with scrutiny Chairs and local scrutiny committees.

The committee had a discussion about the future membership of the sub-committee and agreed to extend the membership to Croydon, Kingston, Richmond and Wandsworth. Each member can review their position when the IHT sub-committee moves into the statutory phase and more information becomes available about the impact on their local Provider.

#### RESOLVED

All members of this Committee are invited to join the Improving Healthcare Together sub-committee. The membership will be reviewed by the sub-committee before the statutory consultation phase to ensure the sub-committee comprises of local authorities most affected by the proposals.

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# Overview of South West London Clinical Commissioning Group & South West London Health & Care Partnership

**South West London Joint Health Overview Scrutiny  
Committee meeting**

**Wednesday 29 July 2020**





South West London

## Dr Andrew Murray

Chair, NHS South West London CCG

Co-Chair SW London Clinical Senate, Chair COVID-19 Clinical Cell

Clinical Lead Children & Young People's Mental Health

South West London Health and Care Partnership.

## Sarah Blow

Accountable Officer, NHS South West London CCG

Senior Responsible Officer, South West London Health & Care Partnership



## Responding to your requests for briefing:



- Give an overview of South West London CCG and explain the governance structure at SWL and borough level
- Explain what Integrated Care System (ICS) status means for the South West London Health and Care Partnership
  - Examples of how working as South West London system has benefits for local people:
    - Children and Young People's Mental Health Programme
    - Highlights of the measures put in place in response to Covid-19 & outline of the next phase of managing Covid-19
    - Equality, Diversity & Inclusion (EDI)
- Update on the Improving Healthcare Together Programme and next steps
- Questions and discussion



**South West London**  
Clinical Commissioning Group

# Overview of NHS South West London Clinical Commissioning Group

**Dr Andrew Murray, Chair SWL CCG**

Bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth



## Becoming NHS South West London CCG

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- NHS South West London CCG was formed on 1 April 2020, in a merger of the six previous borough CCGs: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.
- The six CCGs had already been working together for some time on developments such as Primary Care Networks, strengthening of local health and care partnerships, and the development of six local health and care plans.
- The NHS Long Term Plan, published in January 2019, was clear that CCGs should come together to align with their local Integrated Care System footprint.
- In early 2019 the governing bodies of the six south west London CCGs all agreed to proceed with discussions to potentially merge into a single CCG for south west London.



## Becoming NHS South West London CCG

- Our ambition for south west London continues to be to bring together health and care leaders in each borough, ensure that they remained clinically led and retain the ability to engage with and consider the needs of their local communities.
- Together we co-designed our own model for the way that we worked with our GPs, our local health and care partners
- We discussed the proposed merger at CCG governing body meetings with our GP members, engaged with staff, local authorities, provider trusts, Healthwatch, and other stakeholders to design proposals that the six CCG Governing Bodies could consider and agree.
- All six South West London CCG Governing Bodies agreed the ambition to become a single CCG, and the six GP memberships voted in favour. NHS England then approved our application to become NHS South West London CCG in October 2019. On 1 April 2020 we became NHS South West London CCG
- NHS South West London CCG is a member of the South West London Health and Care Partnership along with other SW London health and care organisations and partners.



# NHS South West London CCG Governance: SW London Governing Body

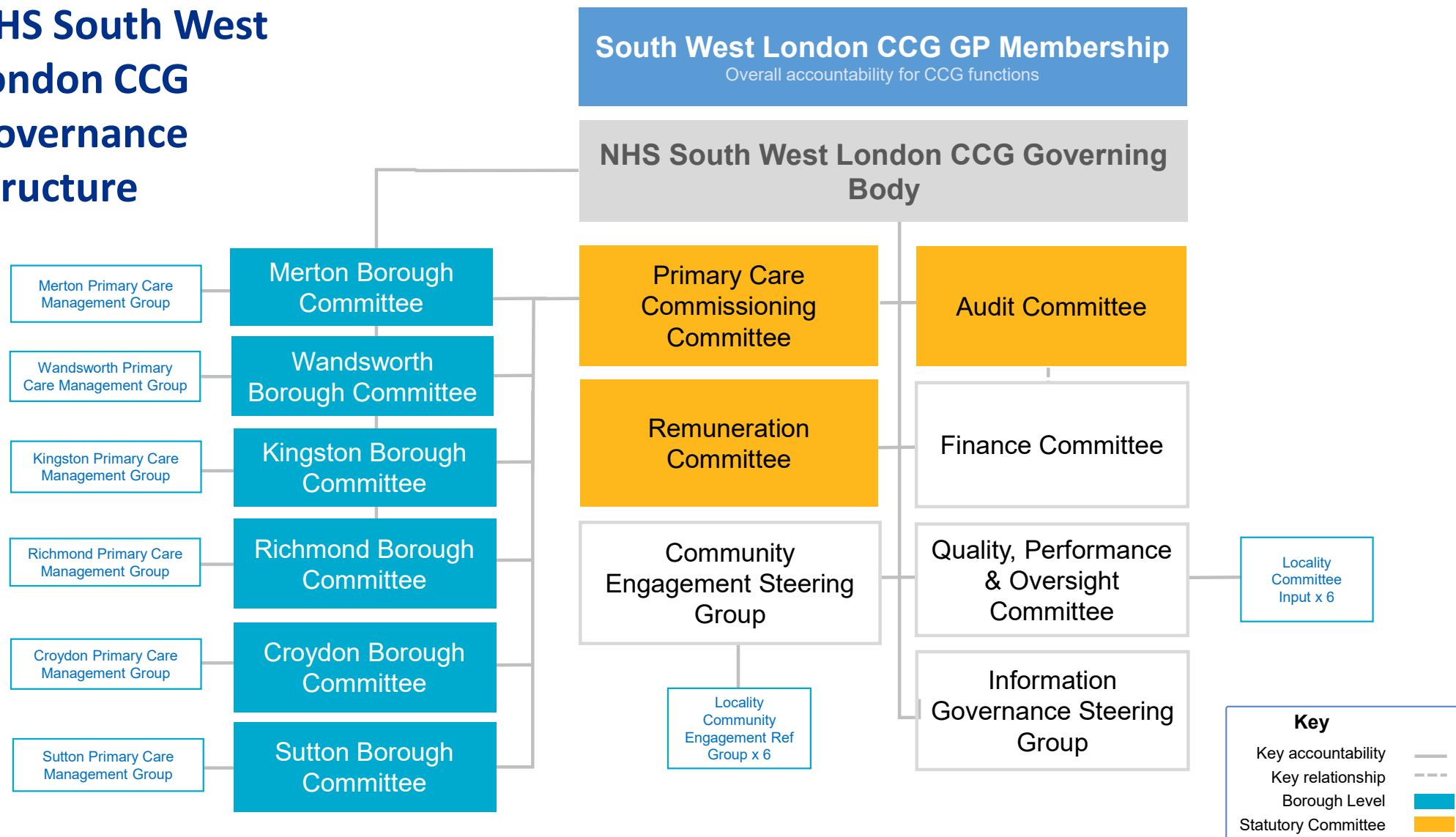
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- The work of NHS South West London CCG is overseen by our Governing Body. It sets the strategic direction of the CCG, decides on expenditure, and ensures the organisation functions effectively and efficiently.
- The CCG is a membership organisation, representing around 180 GP practices across all our boroughs, who elect clinical members to the Governing Body.
- As required by our constitution, the Governing Body also includes lay members, a registered nurse, a secondary care doctor, as well as the CCG's executive directors
- The Governing Body meets every two months and these meetings are accessible to the public, so any plans to change local health services are discussed and decided openly.
- Our Governing Body is made up of individual Governing Body Members including a clinical chair, two clinical vice chairs and GP borough leads, four further GP borough leads, three lay members (people not employed by the NHS), a registered nurse, a hospital or secondary care doctor and senior officers.
- The Governing Body also includes representatives from our key partners: local authorities, Healthwatch and voluntary sector.



# NHS South West London CCG Governance Structure

Page 16



# Integrated Care System (ICS) for South West London

Sarah Blow, Senior Responsible Officer South West London Health and Care Partnership



# Members of our Health and Care Partnership

South West London Clinical Commissioning Group, NHS provider trusts, local authorities, and patient representatives across south west London form the South West London Health and Care Partnership.

## South West London's Health and Care Partners are:

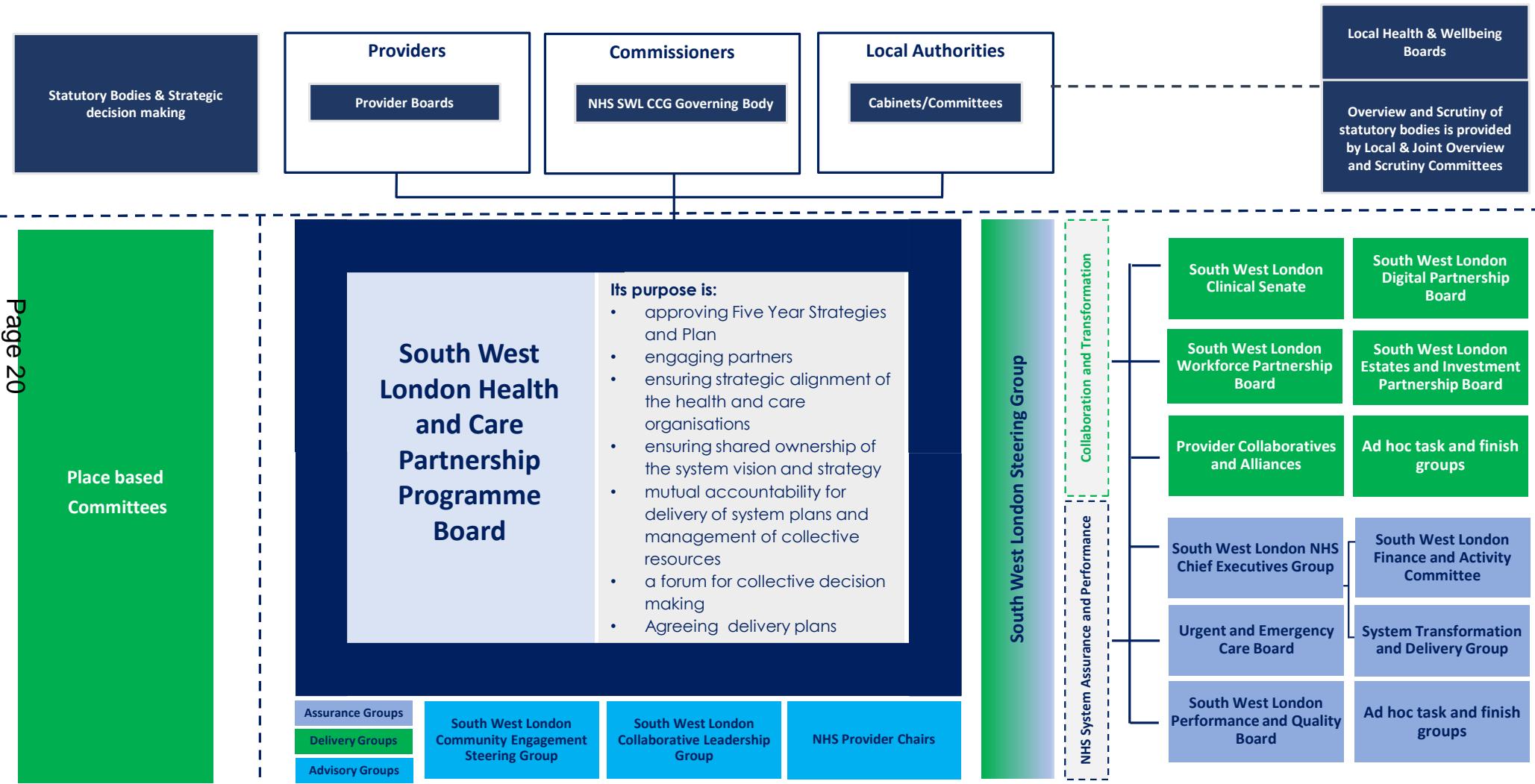
- NHS South West London Clinical Commissioning Group – bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Our six local authorities: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Our acute and community providers: Central London Community Healthcare, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, The Royal Marsden Foundation Trust, St George's NHS Foundation Trust, and Your Healthcare
- Our two mental health providers: South West London and St George's Mental Health NHS Trust, South London and the Maudsley NHS Foundation Trust
- GP Federations in each of the six boroughs
- London Ambulance Service
- Six Healthwatches
- Key borough voluntary sector organisations

# Integrated Care System (ICS) status for our Partnership



- In April 2020 South West London Health and Care Partnership was formally awarded 'Integrated Care System' (ICS) status by NHS England.
- NHS England recognised the strength of our partnership, the shared ambitions for our six boroughs, and the significant progress we have made together over the last three years to deliver better outcomes for local people to Start Well, Live Well and Age Well.
- An ICS allows us to build on the strong collaborative foundations we have by bringing together the NHS, local councils, and the voluntary sector.
- Over the last few weeks, we have seen very real benefits of our partnership working well as we have responded together as a health and care system to the challenges of the coronavirus pandemic.
- Becoming an ICS will allow us to build on our existing collaborative work and will mean we have access to more development support and possibly more funding to help us work together better.
- Being awarded ICS status recognises the strength and maturity of our South West London Health and Care Partnership.

# South West London Health and Care Partnership Governance



# South West London Health and Care Partnership Sub Groups and their purpose

## South West London Steering Group ...

... drives consistent partnership working to ensure delivery of our agreed priorities, and that system risks and challenges are managed

## NHS Provider Chairs ...

... ensures that there is effective NHS Chair and Non Executive engagement in the Partnership.

## South West London Chief Executives Group ...

... brings together CEOs to discuss South West London wide NHS business; strategy and planning; stakeholder management. The group oversees delivery of the NHS system control total and NHS performance.

## South West London Clinical Senate ...

... leads South West London-wide clinical transformation.

## South West London Community Engagement Steering Group ...

... ensures that there is effective public, patient and lay members involvement and engagement in the Partnership.

## South West London Finance and Activity Committee ...

... brings together Directors of Finance to discuss SWL system performance against financial trajectory, efficiency delivery and capital investment. The group ensures that a collaborative system approach is taken to financial planning and risk management.

## Provider Collaboratives and Alliances ...

... lead transformation across Acute, Mental Health and Community provider settings.

## South West London Collaborative Leadership Group ...

.... provides joint political and clinical leadership and oversight of health and care collaboration to shape and secure delivery of sustainable, integrated systems that support the best possible health and wellbeing outcomes for residents.

## South West London Performance and Quality Partnership Board ...

... provides NHS quality and performance improvement oversight.

## System Transformations and Delivery Group

..... oversees the development and delivery of system operating plans.

## South West London Digital Partnership Board

## South West London Workforce Partnership Board

## South West London Estates and Investment Partnership Board

... oversee delivery of system enabler priorities from the Five-Year Plan.

## Urgent and Emergency Care Board

..... oversees delivery of Urgent & Emergency Care across SWL, including the NHS Long Term Plan requirements, supporting the four local A&E Delivery Boards.

## Examples of how working together as system has benefited for local people

Page 22 •

- Children and Young People's Mental Health Programme
- South West London response to Covid-19
- Equality, Diversity & Inclusion (EDI)





## Example 1

### Page 23 **Children and Young People's Mental Health Programme**

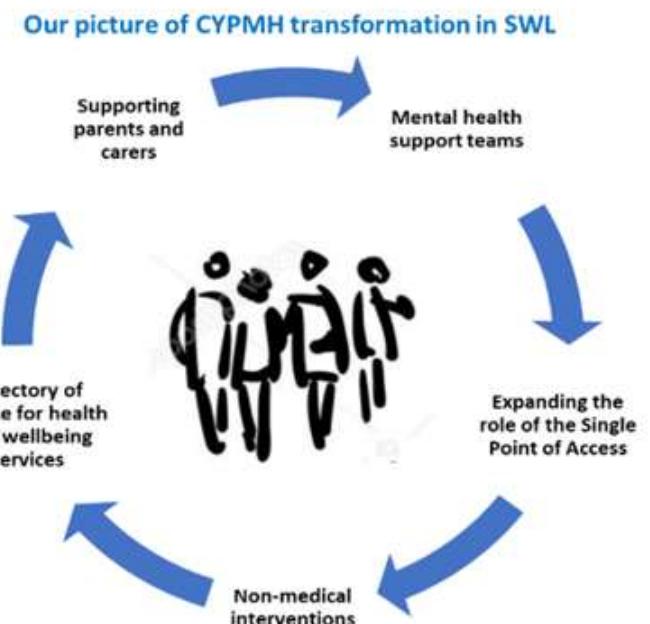
Dr Andrew Murray, Clinical Lead for Children & Young People's Mental Health, South West London Health and Care Partnership.



# Children and Young People's Mental Health



- Health and Care Partnership agreed to this health promotion and prevention priority as a system.
- Across south west London we have a high number of children who are self-harming.
- Since January 2018, we have come together as a children and young people's partnership group, made up of Head Teachers, GPs, mental health professionals, health and social care professionals and the voluntary sector from across south west London - people on the front-line who work with children every day.
- We also engaged with over 1,200 children, young people, parents and carers in our boroughs to help prioritise our action plan.



# Children and Young People's Mental Health



- We have listened to young people, their families, teachers and front line professionals to develop a 'whole school' approach – bringing school leadership teams together with health and social care professionals to deliver training and support for children and young people, their families and teachers.
- Across south west London we are focused on reducing inequalities in health and building emotional resilience.
- We have secured national funding to support the rollout of mental health support teams in selected schools:
- £1.85m in December 2018 for three teams in Merton, Sutton and Wandsworth focusing on building emotional resilience through early intervention - supporting 24,000 young people.
- £4.3m in July 2019 for seven teams supporting 56,000 young people with the following areas of focus:
  - Three teams in Croydon, Kingston and Richmond focusing on building emotional resilience through early intervention
  - A team working across all further education colleges in south west London
  - A team in Croydon focusing on reducing serious youth violence
  - A team working in Sutton and Merton focusing on early intervention for young people with special educational needs and disabilities (SEND)
  - A team in Wandsworth focusing on supporting young people from a BAME background who have suffered trauma

# COVID-19 and Children and Young People's Mental Health



- We recognize that Covid-19 has impacted mental health for children and young people. Lockdown and school shutdowns have created additional challenges including fears of Covid-19 contagion, parental issues such as unemployment, and potential trauma such as in cases where domestic violence is prevalent
- Despite the challenges of the pandemic, we have continued to provide mental health support to children and young people across south west London.
- Where possible, we maintained business as usual whilst adapting as necessary with the use of technology. This has enabled us to support not only children and young people but also to empower teachers with the tools they need to support their students.
  - We have ten mental health support teams in place and were able to continue mobilising these during the pandemic.
  - We rolled out an online counselling service with Kooth which was commissioned as part of the Covid response.
  - We set up a CYP website providing details of where children and young people can access additional support.
  - We delivered online workshops using digital technologies
  - One-to-one sessions were conducted using telephone and digital technology
  - Telephone hotline services were established e.g. Croydon MHST (Mental Health Support Team)
  - Facebook and YouTube channels were launched for EPEC (Empowering Parents, Empowering Communities) resulting in wider reach of bite size peer parenting
  - We consulted with teachers using digital technologies
  - Welfare checks were conducted by teaching staff to identify vulnerable children, resulting in children who would otherwise not have been flagged up being identified
  - We have encouraged collaboration between providers across south west London to share best practice
- As we move out toward recovery phase we are examining best practices and lessons learned to see how we can continue to rollout mental health support



## Example 2

Page 27

# South West London NHS response to Covid-19

Sarah Blow, Senior Responsible Officer South West London Health and Care Partnership



# Overview of South West London Response



- In response to NHS England declaring a level 4 incident, the NHS across South West London created a system wide collaborative response to managing Covid-19. This has not only focused on our NHS partners but involved our Local Authorities, Care Homes and the voluntary sector.
- By initiating a level 4 incident, NHS England placed us in a Command & Control governance structure. In response to this, a Gold Command structure was established.
- In order to co-ordinate the response across South West London, an Incident Control Room (ICR) was established supported by expert Incident Control Cells.

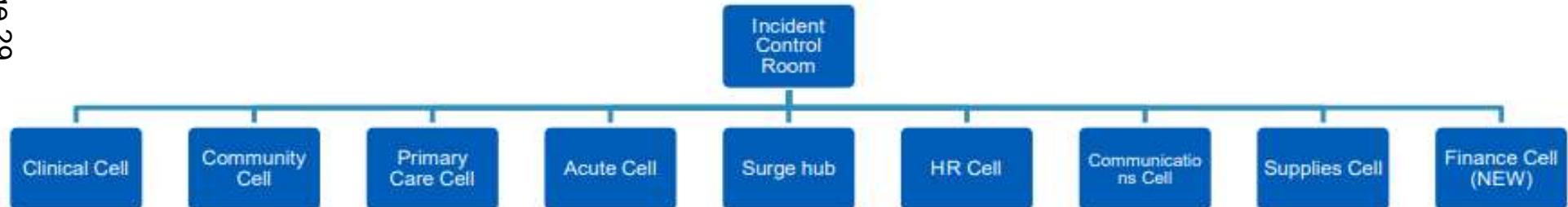
Page 28  
• The purpose of the ICR is to provide command, coordination, and decision-making across South West London in relation to Covid-19.

- The Incident Control Room brought NHS organisations together every day to review our response to Covid-19 and resolve issues that arose so that patients received the very best care and that frontline staff were strongly supported
- The ICR linked directly with NHS England and all providers and cells each day to coordinate action and resolve or escalate issues across the system.

## Overview of South West London Response

- To support the Incident Control Room to manage the incident, and to ensure the right people were engaged in supporting the response, we established eight Incident Control Cells.
- Each cell is either led by or has contributions to it from a SWL CCG Clinical leader or a member of the Executive team.

Page 29



# Overview of South West London Response

## Incident Control Cell overview:

- **The Clinical Cell** - provides senior clinical input/advice on strategic system decisions such as pathway changes; identifies system clinical issues and escalates to the control room or cell as appropriate; shares learning between providers and to prevent duplication; agrees local guidance where national guidance is not available or appropriate.
  - **The Community Cell** – works with each system and Community providers to ensure cohesive plans across the sector in line with national guidance; advises on application of guidance at a Place level; works with Primary Care cell to co-ordinate ‘out of hospital’ response; works with acute providers to manage flow between acute and home care; liaises with care and voluntary sector to manage Place responses to pandemic.
- The Acute Cell** – works with acute Trusts and pulls together plans to manage the pandemic. Harmonisation of actions & steps, agreement of use of capacity across providers, development of decision making points.
- The Finance Cell** – will co-ordinate finances across SWL including cash payments, assessment and reclaiming of Covid costs and business cases, application of governance and Standing Financial Instructions, financial reporting under suspension of normal operations. In addition, it will provide support to the other cells on any financial implications to solutions being proposed or governance to follow.
- **The HR Cell** – works with HR Directors across NHS providers to: ensure a consistent approach to workforce issues relating to Covid-19; coordinates NHS returners, students and volunteers into NHS organisations; manages staff (and household members) testing.
  - **The Primary Care Cell** - specifies, oversees and works with primary care to ensure a robust and consistent response in SWL. To agree key actions and consider, service models, specifications and any service changes that may be required and escalate as needed. To ensure SWL plans are in-line with national guidance. To ensure primary care has the key enabling support in place to respond to the pandemic.

# Overview of South West London Response

## Incident Control Cell overview:

- **Supplies Cell** - The group deals with challenges/shortages of supply of critical goods to NHS providers, primary care, and non-NHS partners e.g. care homes and social care (Local Authorities), hospices and voluntary sector. The supply cell deals with escalation when stock or products vital for covid-19 response are low / stocked out with no supply being provided via BAU.
- **The Surge Cell** –co-ordinates the NHS and Local Authorities system response aligned to national NHS advice; work with system partners to agree the actions they need to take, following the NHSE national messages; flag surge risks to the incident room and GOLD command – around any potential operational impact on staff, public, media, stakeholders or NHS reputation.
- **The Communications Cell** – supports NHS communications in the SW London system; support SW London system-leadership (through the SWL cells) to communicate to their organisations' staff/ members; support CCG/HCP staff communications; amplify NHS national messaging, rebuttal of misinformation, pro-active media to inspire confidence; liaises with communications leads in SW London Local Authorities and other borough partners.

# Urgent service changes in SW London – to manage Covid-19



- Over the last few months, there have been a number of temporary changes to health and care services in South West London that have been put in place to respond to the demands and challenges created by the pandemic, to save lives and keep our health and care staff safe.
- Every coronavirus patient in south west London, and in England, needing hospital care, including ventilation has been able to receive it. This has been possible because of the remarkable commitment and flexibility of health and care staff, clinical expertise, strong leadership as well the public's commitment to 'social distancing'.
- The NHS continues to be in a Level 4 National Incident and across the country health and care systems have been asked by NHS England to fully retain our Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the continuing uncertainty and ongoing need.
- From the start of the outbreak of COVID-19, we have seen how quickly and easily the virus passes from one person to the next. Therefore the NHS put elective operations on hold to help hospitals care for the growing number of people needing urgent Covid treatment, and to prevent the highly infectious virus from spreading.
- We have followed national and regional standards and guidelines and the safety of our patients, their families and our staff has been our top priority. Most service change in South West London was made following the receipt of national guidance during March 2020, however in addition there were changes agreed at the London Clinical Advisory Group and at a local level.
- The safety of our patients, their families and our staff has been our top priority. Therefore service changes have focused on shifting away from face to face appointments towards digital and telephone approaches, as well as a risk based approach to providing diagnostics and testing during the height of the pandemic. For further details of changes please see supporting information at the end of the slide deck.
- We have written to SWL OSCs, SWL JHOSC, and other stakeholders with this information and to explain the detail and rationale behind these emergency service changes.
- Decisions on these changes were made through our South West London Incident Control Room and Gold Command and overseen by our senior clinicians to ensure that the impact on patient care was comprehensively considered.
- London wide changes have also been made through a clinical risk- based review by the London Clinical Advisory Group before being endorsed and implemented.

# Urgent service changes in SW London – to manage Covid-19



- Whilst the numbers of Covid patients have reduced, we know we will be managing Covid-related illness for some time to come and we need to be prepared and to maintain a flexible approach to rapid decision-making.
- The NHS is now focussing on the need for hospitals and primary care to safely deliver planned or elective care to local people. We are bringing our non-Covid patients back to the NHS for treatment as quickly as possible and encouraging people to come forward to seek advice for any health concerns. It is important that our patients feel able to safely access our services, particularly when they are concerned about attending hospital settings.
- As we develop our plan to manage the next phase of our response – recovery, we may propose that some of the changes should be made permanent, in which case we would come at the earliest stage to discuss this with you and take your advice on a case by case basis.
- The Clinical Cell has been working with clinicians across SWL to ensure that changes to services made in response to coronavirus are reviewed and considered in our recovery plan discussions. The cell agreed a set of principles and considerations to ensure that services are restarted only where that can be done safely. The Recovery Board will oversee the restart of services, informed by the Clinical Leadership Group and the core recovery work programmes.

## Next phase of COVID-19: SW London response

- We are now in a position to be able to restart some urgent elective procedures, prioritised by clinical need for, initially, only the most urgent patients. This is happening over the next few weeks for the most urgent cases across all medical and surgical specialities.
- We have worked closely with the clinicians and hospital colleagues across South West London, to identify the groups of patients who need to be prioritised for treatment. But we also need to continue to be able to respond to the ongoing incident. We are working closely with clinical and operational colleagues from across our NHS hospitals to plan how to support this approach across different locations and with the right staff and training.
- The ICS has been engaging with system partners, to test our short-term plans, and iterate together our plans for the medium to longer term management of health and care services in the context of COVID-19. This is being led by our clinicians and managers across the system and will include engagement with our local authorities, communities, and the patient voice.
- Central to our South West London Health and Care Partnership has always been our commitment to work together to address the health inequalities that exist across our boroughs. We will look closely to learn from the findings of the Public Health England rapid review on the disproportionate impact of coronavirus to make sure we can support our citizens in the best way possible.

# Next phase of COVID-19: SW London response



- Our recovery planning takes a collaborative approach grounded in national guidance, the experiences and reflections of our health and care staff, our patients and public, and our local leaders.
- We are mapping and learning from the views of citizens and staff across our partnership – working closely with our health and care partners across the NHS, local authorities, Healthwatchs, and the voluntary sector.
- We want to maintain and build on the South West London Health and Care Partnership vision for local people – that they Start well, Live well, Age well, and work with partners at local level to adapt this so we can continue to provide safe services and manage Covid-19 in our communities and organisations.
- As we progress our recovery programme we will continue to communicate and engage with our communities to understand the impact of these necessary and urgent changes. We know this will be a challenge as we are still responding to the incident and we need to work at speed, however, we have confidence in our joint ability to rise to the challenge and to make sure the innovations and great work that has saved lives across South West London are supported and continue. We will of course share any updates with you in due course.

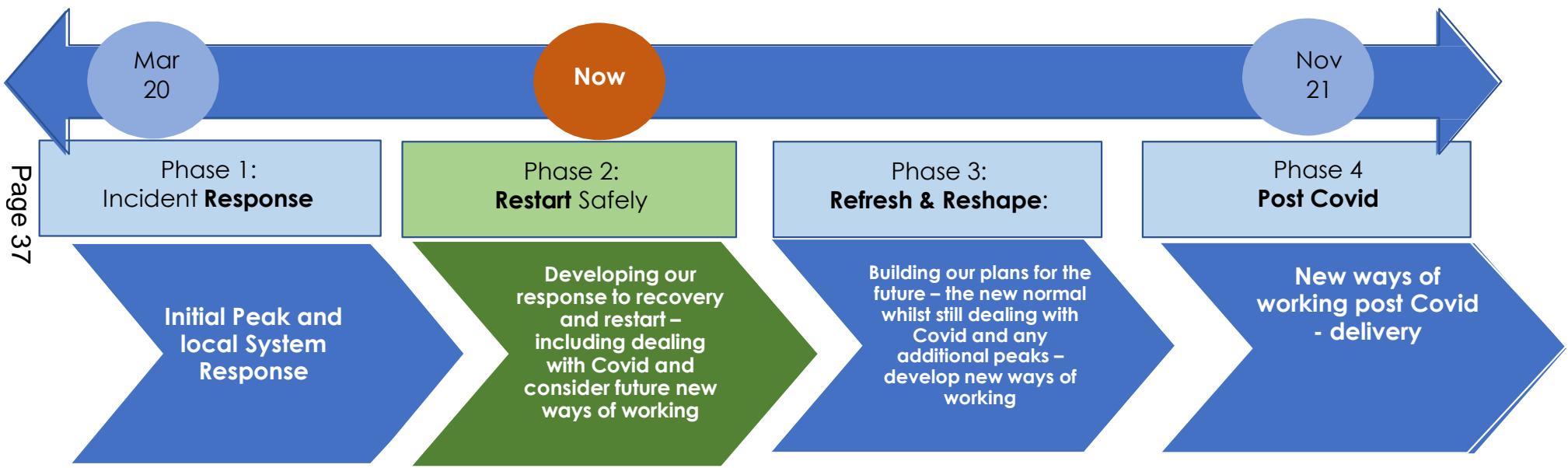
# Next phase of COVID-19: SW London response



**Our recovery objective- We want to respond well to Covid and to recovery from Covid in the context of:**

- Maintaining our shared vision for local people –that they *Start well, Live well, Age well*, and work together to adapt this.
- We will continue to innovate and ensure services are safe and reflect best practice whilst we manage Covid-19 in our communities and organisations.
- Renewing our commitment to working with partners, particularly at borough level with our Local Authorities.
- The SW London Five Year Plan and the need to set our delivery plan for the next two years which recognises the strategic ambitions set in the Five Year Plan as well as phase two of Covid-19. Support our staff through and beyond recovery –making SW London a great place to work.
- Building on over two years of public and clinical engagement, as well as strong partnership work in developing the six Local Health and Care Plans and the SW London Five Year Plan.
- Making sure that Health inequalities and prevention actions are clear at borough and SWL levels and that they are effectively supported with a population health management approach.
- Equality, inclusion and diversity is a critical system priority for our partnership over the coming years.

# Phases of Recovery



# Recovery Programmes



Common priorities delivered through matrix working

Planned and Critical Care	Specialised Care	Urgent and Emergency Care	Mental Health and LD	Primary	Strengthening Communities	Enablers
<ul style="list-style-type: none"><li>• Elective</li><li>• Critical Care</li></ul>	<ul style="list-style-type: none"><li>• Specialised</li><li>• Cancer</li></ul>	<ul style="list-style-type: none"><li>• UTCs, same day care and hot clinics</li><li>• 111:Help us to Help you, redirecting patients</li><li>• Fast Track Rapid response</li><li>• Reduced Ambulance conveyances</li></ul>	<ul style="list-style-type: none"><li>• Crisis</li><li>• CYP</li><li>• LD &amp; Autism</li><li>• Community</li></ul>	<ul style="list-style-type: none"><li>• PCN development</li><li>• Managing IFC in PC</li></ul>	<ul style="list-style-type: none"><li>• Care Home Support</li><li>• Integration across Community Social Care and Primary</li><li>• Rapid response</li><li>• SOPs</li></ul>	<ul style="list-style-type: none"><li>• Finance and at Scale</li><li>• Estate</li><li>• Communications</li><li>• Performance and Quality</li><li>• Digital</li><li>• Workforce</li><li>• Health and Care Landscape</li></ul>

We will work together through the programmes with our boroughs on all workstreams including proactive population health management and reducing inequalities:

One Croydon Alliance

Kingston Co-ordinated Care

Merton Health and Care Together

Richmond Health and Care

Sutton Health and Care

Wandsworth Health and Care

# Governance of Recovery



## SW London Recovery Board

Page 39

SWL Clinical Advisory Group

SWL Chief Executives

Delivery through agreed programmes

- Acute Care
- Planned Care
- Mental Health and LD
- Primary Care
- Urgent and Emergency Care
- Strengthening communities
- Enablers

Working In partnership with

Elected Officials

Chairs

Patients and Public

Wider Health & Care  
Partners at Borough Level

# SWL Recovery Board

## Purpose:

- Define the SWL recovery priorities
- Scrutinise and agree quality/clinical impact of changes
- Recommend financial investment or disinvestment to relevant bodies
- Identify public conversations/consultation required and work with statutory organisations on this
- Determine actions to meet national performance targets
- Assess recovery risks to and agree mitigations
- Drive agreed innovation forward at pace
- Provide regular updates/assurance on recovery to the SWLHCP Programme Board
- To work in partnership with statutory bodies on recovery

Page 40

## Membership

- SWLHCP Independent Chair – Millie Banerjee (Chair)
- SWLHCP SRO, Health and Care Landscape – Sarah Blow
- Clinical Co-Chairs of the Senate – Andrew Murray (*and lead for Specialised Care Programme*) and Nnenna Osuji
- NHS Provider Representative and UEC Joint SRO – Matthew Kershaw
- NHS Provider Representative – Vanessa Ford
- Local Authority CEO Representative & Care Closer to Home – Ian Thomas
- ICS Executive Director of Finance, Estates and Finance – James Murray
- ICS Deputy SRO and joint Digital & Workforce SRO – Karen Broughton
- Director of Public Health – Shannon Katiyo
- Planned and Critical Care Programme – Jacqueline Totterdell
- UEC – Jonathan Bates (joint SRO Matthew Kershaw)
- Primary Care – Dr Nicola Jones
- Mental Health and LD – Vanessa Ford
- Digital – Patricia Wright (joint SRO Karen Broughton)
- Communications and Engagement – Charlotte Gawne
- Workforce – Jo Farrar (joint SRO Karen Broughton)
- Quality and Performance - Daniel Elkeles

## Frequency

- Fortnightly (NB: because of the speed of some deliverables (e.g. submissions to regulators) we may need to make some decisions out of the Board)

## 'NHS is here for you' campaign – your support

- The coronavirus pandemic has resulted in a decrease in people accessing NHS services for a range of conditions that are not related to coronavirus.
- This is impacting: adults and children attending at A&E departments for urgent and emergency medical issues, including serious conditions such as stroke and heart attacks; cancer patients attending their ongoing treatments; and expectant mothers attending for regular scans.
- We recognise that many people were worried that by using health services they would be putting extra strain on the NHS. We want to reassure people in South West London that they can access the services they need, in as safe a way as possible, and that we have the capacity to treat those needing urgent, emergency and other essential care. As well, GPs are working in different ways to support patients while reducing their need to travel – we can help with lots of issues over the phone or using video consultations.
- We localised the national campaign for each borough to give this more resonance for our local people – our campaign 'NHS is still here for you' has been created to encourage people to access NHS services and reassure them that they won't be a burden on the NHS. We would appreciate any support you can give to this campaign locally.

# NHS is here for you campaign materials



- Throughout the campaign we have provided both general 'NHS is still here for you' messaging as well as targeted messaging through social media and through community and patient networks with LA support to reach the digitally excluded for specific groups in each borough.



A poster featuring a woman holding a child while talking on the phone. The text reads: 'Does your child have a health concern or an immunisation appointment coming up?' in English and 'Niepokoi Cię stan zdrowia i potrzebujesz porad lekarza pierwszego kontaktu?' in Polish. The NHS logo is present.



A large poster titled 'Getting help or advice from your doctor (GP)'. It includes sections on COVID-19 symptoms, the importance of staying home, and information about the NHS. It features icons of a doctor on the phone, a globe, and a person in a mask. The text is in English and Polish. The NHS logo is present.

We believe in an inclusive and innovative approach to care.

# Collecting public, patient & staff insight to support decisions going forward



**We are gathering insight from citizens and health and care staff to:**

- understand the impact of the service changes that had to be made in SW London during the Covid-19 pandemic
- understand the experiences of citizens, and health and care staff
- for the NHS in particular, to understand the behaviours and perceptions of patients we would like to return to using NHS services - “The NHS is still here for you” campaign.

Page 43

**So SW London leadership can make informed decisions to:**

- consider adapting the way services are delivered going forward if service changes are continuing
- use insight to support how we ‘re-start’ NHS elective services
- inform planning for any future outbreaks





## Example 3

Page 44

# Equality, Diversity & Inclusion (EDI)-South West London system priority

Sarah Blow, Senior Responsible Officer South West London  
Health and Care Partnership



# Equality, Diversity & Inclusion (EDI)



- At its last meeting, the Health and Care Partnership Programme Board agreed to make Equality, Diversity and Inclusion our joint partnership priority this year.
- We will put together a joint EDI programme that will build on the work of individual organisations to create a coherent, consistent response to South West London's EDI priorities.
- As we bring the programme together, we will review initiatives currently being undertaken in each organisation as well as studies being undertaken to create a three part programme covering:
  - 1. Staff
  - 2. Citizens
  - 3. Place -Borough priorities to reduce health inequalities identified in joint health and care plans and other key borough plans.
- We will set some bold ambitions for the programme so that we can make significant impact for our staff and citizens.
- We will create a Equality, Diversity and Inclusion Steering Group made up with representatives from partners to drive delivery of the programme.

## Improving Healthcare Together 2020–2030

Update and next steps

**Andrew Demetriades, Programme Director**



## **£500m investment for Epsom & St Helier hospitals and brand new specialist emergency care hospital in Sutton.**

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- On 3 July 2020, the Committees in Common (CiC) for NHS South West London and NHS Surrey Heartlands CCGs met to decide on the way forward for the Improving Healthcare Together programme and the investment to our improve hospitals.
- After reviewing the evidence presented, including the decision-making business case and the feedback from a 12-week public consultation which ran earlier this year, the Committee approved the £500m investment for Epsom and St Helier hospitals and a brand-new specialist hospital in Sutton

The decision will see a brand new, emergency care hospital built in Sutton to treat the sickest patients and modernise Epsom and St Helier hospitals. This means people can get the care they need in refurbished buildings locally, with a brand-new specialist hospital nearby if they need it. This will give our residents the quality of care they need in the buildings and facilities our NHS staff deserve.

- Under the proposals, around 85% of current services will stay put at Epsom and St Helier, with six major services being brought together in the new specialist emergency care hospital, including A&E, critical care, and emergency surgery.
- The CiC agreed and adopt the 24 recommendations for implementation set out in Appendix 1 to the DMBC; and
- To establish a Strategic Executive Group and Strategic Oversight Group to monitor the delivery of the recommendations throughout implementation

## We have listened and are already taking action on issues the public raised during the consultation.

A range of measures to address issues around transport and travel, bed numbers and services for older residents and more deprived communities, announced, including:

- extending the H1 Epsom and St Helier hospital bus route into Merton and further south into Surrey beyond Epsom and increasing the frequency between the three hospital sites
- reviewing car parking on all three sites to make sure there is enough for patients, visitors, and staff
- increased bed capacity to care for an extra 1,300 inpatients a year, plus advances in technology, treatment and closer working with community services so fewer patients will need an overnight stay and will get home sooner
- exploring opportunities for primary care services at Epsom and St Helier hospitals, and expanding child and adolescent mental health services on the St Helier site.



## Epsom and St Helier Trust will now need to deliver the recommendations as a condition of commissioner support for further business cases; these recommendations are categorised as:

- ✓ Travel and access
- ✓ Workforce
- ✓ Multi-site working
- ✓ Clinical model
- ✓ Population and future bed requirements
- ✓ Deprivation and health inequalities
- ✓ Digital
- ✓ Environmental
- ✓ Funding
- ✓ COVID 19
- ✓ Renal
- ✓ Primary and community services
- ✓ Social care

Page 49



# The CCGs will have oversight of the implementation of the recommendations through the following governance arrangements ...

## The Strategic Oversight Group (SOG):

- Will meet in September, comprising the following membership:
  - Accountable Officers, Clinical Chairs, Chief Finance Officers, Locality Executive Directors/Managing Directors for NHS SW London and Surrey Heartlands CCGs
  - Chief Executive and Programme Director for Epsom and St Helier University Hospitals
  - NHSE/I representation
- Commissioners will have responsibility for overseeing the development and implementation of the recommendations. This work will be delivered in collaboration with partners. The Trust will establish 10 key workstreams which include:

<ul style="list-style-type: none"><li>✓ Clinical</li><li>✓ Travel and transport</li><li>✓ Other providers</li><li>✓ Commercial</li><li>✓ Technology</li><li>✓ Strategic</li></ul>	<ul style="list-style-type: none"><li>✓ People</li><li>✓ Estates/Travel and transport</li><li>✓ Finance/economic</li><li>✓ Stakeholder engagement</li></ul>
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- Each of the ten workstreams will deliver multiple packages of work to develop the trust-led business cases.

## As part of next phase of the process ESTH:

- Will develop an Outline Business Case (OBC) and Full Business Case
- Will share a detailed timeline of their implementation workplan at the SOG in September and regular updates will be provided to JHOSC members as required
- Intends to submit its OBC to regulators in December 2020 pending Commissioner support.