

ROYAL BOROUGH OF KINGSTON UPON THAMES

Enquiries to Martin Newton, 020 8547 6086 martin.newton@kingston.gov.uk
Democratic Support, Guildhall, KT1 1EU

**SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE****11 NOVEMBER 2020****7:00 pm – 9:03 pm****Members**

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

Officers:

Jonathan Bates, SW London lead for urgent and emergency care
Matthew Kershaw, Chief Executive, Croydon Health Services NHS Trust
Charlotte Gawne, SWL CCG Executive Director of Communications and
Engagement

* Absent

7. Apologies for Absence

Apologies for absence were received from or on behalf of Councillors Chapman, Darby (both Surrey CC) and Stranack (Croydon).

8. Declarations of Interest

Councillor Stears declared an interest as a shareholder in Seldoc Healthcare who provide services in the SWL & Surrey JHOSC area.

9. Minutes of Previous Meeting - 29 July 2020

Resolved, that the minutes of the previous meeting of the Committee on 29 July 2020 be confirmed and signed as correct.

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10. Update on Transforming Urgent and Emergency Care in London and Programme and NHS 111 First

The Committee considered the update on transforming urgent and emergency care and NHS 111 First.

Jonathan Bates, SW London lead for urgent and emergency care, informed members that the 'Think 111 First' initiative encouraged online or telephone contact of the NHS through 111 as the best route to health services as non-urgent case patients could be directed into the most appropriate care settings, thereby reducing unnecessary pressure on Accident and Emergency Departments, which many members of the public often visited as a default option although their needs could be best met elsewhere.

111 calls were overseen 24 hours a day by clinicians, who were able to take over the call if a patient had more complex needs and who also had access to individual care plans, mental health crises plans and lists of patients who were shielding. The 111 approach had been developed by hospital consultants, GPs, nurses, paramedics, pharmacists, social workers, mental health specialists, and NHS 111 teams in a borough using local knowledge and expertise. A 999 call would remain the applicable option in a medical emergency where someone's life was at risk.

Using 111 meant that, where needed, urgent face-to-face treatment appointments could be arranged and booked without further delay for Accident and Emergency, Urgent Treatment Centres, Mental Health Services, dental care and local pharmacies for urgent repeat prescriptions and advice. Depending on circumstances, a 111 user could also be referred to their GP, or a GP hub, for an online consultation or face-to-face GP appointment. NHS 111 was being significantly expanded in London and it was noted that Croydon, St. George's, Kingston and St. Helier Hospitals had all now 'gone live'.

The Committee then heard from Matthew Kershaw, Chief Executive of Croydon Health Services NHS Trust on Croydon's experience to date. The Committee noted that the initiative would be closely evaluated in terms of the experience of service users and the impact of the marketing campaign:

This would include:

- Measuring numbers of calls from residents to NHS 111
- Tracking NHS 111 call response times
- Number of direct bookings and total attendances, particularly for minor ailments
- Feedback from patients booked into Emergency and Urgent Treatment Centres appointments
- Feedback from staff and stakeholders
- Social media and digital evaluation, including impressions, reach, engagement rates and mobile phone geo tracking

The Committee asked questions, during which Mr Bates and Mr Kershaw confirmed details of NHS 111 First referring to points outlined in their presentation. It was noted that, over the last year, 54,000 persons (150 a day) had been seen at Croydon's Emergency Department / Urgent Treatment Centre for minor issues that could have been dealt with in a non-urgent setting elsewhere and that the 111 First initiative aimed to redistribute cases like these more equitably around the health care offer.

At the conclusion of discussion on this item, Mr Bates confirmed that it was planned to share the 'learning experience' and that 3 to 6 months of 'full running' of the service was needed for proper evaluation of outcomes. Information would come to the local health scrutiny committees as appropriate.

11. Covid Update

Members had before them the update on Covid.

Mr Kershaw and Mr Bates informed the Committee that with the health service having returned to its highest level of emergency preparedness, incident level 4 from 5 November, the NHS had moved from a regionally managed but nationally supported incident under level 3 to one that is co-ordinated nationally. In SW London this meant the Incident Command Centre (ICR) would now be staffed 7-days a week and operate 12 hours a day to support the response to Covid-19 wave 2. The ICR brought NHS organisations together to coordinate the response across South West London, and resolve or escalate any issues across the system. Locally, there had been a sharper increase in the numbers of patients being admitted with coronavirus to hospitals. The situation would be monitored closely, as admissions were likely to rise over the coming weeks.

It was noted that despite the increase in numbers it was important to emphasise to local communities that the NHS continued to be open for local people when they needed it, particularly through NHS 111 First, and that with the risk of both flu and Covid-19 circulating in the winter, it was more important than ever for those most at risk to get vaccinated. The biggest flu programme health and care partners had ever run was being rolled out. It was noted that the collective focus and close working across South West London meant a high number of patients being able to have their planned treatments and elective surgical operations, with the hospitals in the area now able to treat 90% of planned surgical procedures that would have been done a year ago, and some steps in place to help hospitals keep pace despite Covid. The overwhelming objective was to reduce the time a patient had to wait for treatment.

St George's Hospital was ready to open additional Intensive Care Unit beds for extremely sick patients with Covid-19 to support other hospitals, whilst Croydon, Kingston, St Helier and Epsom hospitals were helping support St George's with some specialty planned surgery. It was noted that the SW London Health and Care Partnership were establishing plans covering the current pandemic phase and post Covid in relation to refreshing and reshaping service delivery and initiating new and better ways of working. These were being overseen by a SW London Recovery Board.

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Discussion took place and Mr Bates undertook to look into local test and trace outcomes and also in relation to data on inequalities and deprived communities across the boroughs. In relation to primary care capacity and other challenged areas, it was noted that there was a commitment to ensuring resources were allocated where most needed.

At the conclusion of the consideration of this update, and on behalf of the Committee, the Chair thanked Mr Bates and Mr Kershaw for attending and for presenting the information to members.

12. Date of Next Meeting

Members noted that a provisional date of 17 February 2021 had previously been set for the next meeting.