

## ROYAL BOROUGH OF KINGSTON UPON THAMES

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**SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE****29 JULY 2020****7:00 pm – 9:39 pm****Members**

Councillor Jeremy Ambache (Wandsworth)  
Councillor Bill Chapman (Surrey)  
Councillor Nick Darby (Surrey)  
Councillor Sean Fitzsimons (Croydon)  
Councillor Adrian Flook (Wandsworth)  
Councillor Lesley Heap (Kingston)  
Councillor Edward Joyce (Sutton)  
Councillor Peter McCabe (Merton)  
Councillor Anita Schaper (Kingston)  
Councillor Colin Stears (Sutton)  
Councillor Andy Stranack (Croydon)

\*Councillor Roger Crouch (Richmond)  
\*Councillor Alan Juriansz (Richmond)  
\*Councillor Thomas Barlow (Merton)

**Officers:**

Dr Andrew Murray, Chair NHS SWL CCG  
Sarah Blow, Accountable Officer SWL CCG  
Andrew Demetriades, IHT Programme Director  
Charlotte Gawne, SWL CCG Executive Director of Communications and Engagement

\* Absent

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

Councillor Anita Schaper was voted Chair and Councillor Jeremy Ambache was voted Vice-Chair for the 2020/21 municipal year.

**Voting:** unanimous.

**2. Apologies for Absence**

Apologies for absence were received from Councillors Roger Crouch (Richmond Council), Councillor Alex Juriansz (Richmond Council) and Councillor Thomas Barlow (Merton Council). Councillor Andrew Howard was present as Councillor Barlow's substitute.

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**3. Declaration of Interests**

There were no declarations of interest.

**4. Minutes of the last meeting of the Committee - July 2019** **Appendix A**

The minutes of the last meeting of the Committee held on 30 July 2019 were signed and approved as a correct record.

**Voting:** Unanimous.

**5. Update on the SW London Clinical Commissioning Group, the Integrated Care System, and the Improving Healthcare Together Programme** **Appendix B**

The Committee agreed to consider item 5(C) first.

5(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).

Andrew Demetriades, IHT Programme Director, introduced this update item and explained that on 3 July 2020, Committees in Common (CiC) for NHS South West London and NHS Surrey Heartlands CCGs met and after reviewing all of the evidence presented, including the decision-making business case and 12-week consultation feedback, approved £500m investment for Epsom and St Helier hospitals as well as a brand new specialist emergency care hospital in Sutton. It was stressed that around 85% of current services would remain at Epsom and St Helier hospital and a summary of the actions taken in response to public concerns was provided. The aim is to develop an outline of the business case that would be submitted to regulators in December 2020, pending Commissioner support. The Strategic Oversight Group is scheduled to meet in September and will provide updates to JHOSC on the progress being made on the implementation of the work plan.

A Committee member had received concerns from residents for the maternity units at Epsom and St Helier hospitals and sought clarity on the closure and re-provisioning of those units. Mr Demetriades explained that inpatient births will move to the specialist emergency care hospital in Sutton and antenatal and postnatal care will continue at both district sites at Epsom and St Helier hospitals.

A Committee member sought clarification on the various options being looked at for the consultation, how they were evaluated and whether this evaluation changed with impact of Coronavirus, particularly on BAME communities. Mr Demetriades explained that the evaluation process set out in the decision making business case and the impact of Coronavirus was also considered by the CIC and programme board prior to the final decision on July 3. With regards to concerns on the impact on BAME and/or deprived communities, it was stated that there are recognised underlying health issues for those communities but important to ensure that there are also adequate primary and community services not just acute services.

The Committee raised concerns over the implications for other district general hospitals and patient flows, providing the example of St George's Hospital in Tooting where the A&E and Maternity wards in particular are nearly full/at capacity. Mr Demetriades explained that a detailed piece of work with all providers assessing the impact of patient flow under each proposal option had been produced and St George's and Croydon had been consulted with for the changes in patient flows. Support for the resulting changes had also been included within the £500m funding proposal.

5(a) an overview of South West London CCG and the governance structure at SWL and borough level.

Dr Andrew Murray, Chair NHS SWL CCG, provided an overview of the changes to the SWL CCG and its governance structure. Having been previously working together as 6 CCGs, a single CCG was formed on 1 April 2020 which represents around 180 GP practices across all boroughs and elects clinical members from various medical professionals to the Governing body which oversees the CCG's work, this body meets every 2 months with publicly accessible meetings. Dr Murray particularly highlighted the importance of the role of the 6 Borough Committees for the Governing Body.

Clarification was sought by the Committee on how work was delegated to the 6 borough committees and what was intended for the SWL Health and Care Partnership Programme Board. Dr Murray explained that the primary aim is that as much work as possible is delegated to the borough committees but due to the centralised response to Covid, finance and commissioning services has been primarily overseen by NHS England.

In response to a request for clarification on being "clinically led" and its benefits - Enhanced perspective from daily experience from their work with patients and helping to find ways to improve services.

Sarah Blow, SWL CCG Accountable Officer, provided a brief explanation of the Integrated Care System (ICS), also referred to as the 'SWL Health and Care Partnership.' The system is comprised of various organisations and groups, including: the SWL CCG, SWL local authorities, all NHS providers and non-NHS providers in SWL and various other bodies within similar areas of healthcare provision.

5(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)

Dr Andrew Murray highlighted the work being done by the Partnership on Young People's Mental Health, particularly in response to issues of high numbers of children who are self-harming. After various consultations and planning, a 'whole school' approach was chosen which focused on early intervention with mental health

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support teams in schools, engaging directly not only with young people themselves but also the parents and members of staff. Despite the Covid pandemic, ongoing support has been provided as a result of adapting to providing services online and making greater use of social media. Dr Murray also referred to the creation of the Orchid Mental Health Emergency Service for those that need urgent mental health care during the Covid pandemic. This is in addition to the SWL and St George's Trust hosting the 'Preventing a Mental Health Crisis Summit' in July 2020 in order to address how to tackle future challenges surrounding mental health in response to Covid. Focus was placed on four key areas: Equality, diversity and inclusion (impact of Covid on BAME), children and young people, community resilience and the economy. Five actions were agreed from the summit:

- Development of a mental health prevention taskforce,
- Development of a programme of mental health community capacity building across south London
- free Covid-19 digital mental wellbeing courses for all residents across SWL,
- Effective tracking of levels of psychological distress
- Hosting a follow up summit in autumn 2020.

The Committee did discuss the role of the SWL JHOSC in receiving such reports and not being proactive in creating new work programmes. Dr Murray did explain that the current work structure is to formulate work plans at a borough level and this has proven to be effective. It was noted that further discussions will be held among members and officers of the Committee outside of meetings to consider the overall structure of future work plans.

In response to queries by the Committee on how it was decided to specialise in certain key areas of concern within each borough, Dr Murray explained that these decisions were made as a result of discussions with local Child and Adolescent Mental Health (CAMH) partnership boards and local education teams/officials.

The Committee queried the availability of a real-time dashboard to track the monitoring of psychological distress and mental health issues across South West London for Councillors to access. Dr Murray stated that data analysis from various GP practices and Trusts is ongoing on a borough level and it is possible to see the prevalence of certain conditions in areas. Tracking these psychological distresses is regarded as an aspiration by the SWL CCG.

The Committee sought clarification on the consistency of offering Mental Health Services across all of SWL to children and young people in schools and expanding on the initial work done by the Partnership for young people's mental health within the initial 6 clusters. Dr Murray explained that the aspiration is for every child in SWL to have access and benefit from these services. External funding had been granted for the scheme due to it being part of a national pilot and it was stressed that it was important that if it is proven that the scheme is effective and the schools want to engage in the programme then when the funding becomes available it can then be expanded across SWL.

Sarah Blow provided an overview of the SWL response to Covid. High praise was given to all of those involved in the work in ensuring that every coronavirus patient in SWL, and in England, that needed hospital care was able to receive it. Sarah Blow explained that the Covid pandemic has been labelled as a Level 4 incident and a

number of workstream cells were established in order to focusing on various key areas of concern. One of the most important areas was stated to be the supplies cell, whereby PPE was supplied through the NHS for those local authorities in particular crisis. Urgent service changes were shared with SWL OSCs, SWL JHOSC and other stakeholders to ensure everyone was as up to date as possible with any structural developments. Sarah Blow reiterated the overall ambition to restart elective planned care and ensure that patients feel safe coming into hospitals. There is an ongoing commitment to respond well to Covid and recover effectively, particularly through providing continuing support to staff. It was stated that various recovery programmes were underway and delivered through the SWL Recovery Board, building up recovery from a borough by borough level. The Equality, Diversity and Inclusion policy was also referenced, which was the development of a programme around 3 key areas (staff, citizens and place) in order to reduce overall health inequalities.

An update on the ‘NHS is here for you’ campaign to promote people seeking medical support for non-Covid services was also provided by Charlotte Gawne, SWL CCG Executive Director of Communications and Engagement. Work was underway in each borough to gain insight from the public, patients and staff in order to make more informed decisions and plan the way services are delivered going forward.

Committee praised the work of the NHS in response to the pandemic and greatly appreciated the updates on the changes that took place in SWL, the possibility of a ‘lessons learned’ document from the response to the pandemic was requested. Sarah Blow explained that the incident is still ongoing although the Recovery Cells are constantly looking at lessons learned, particularly in following strict infection prevention control measures that have been developed since the start of the pandemic.

The Committee queried where the priorities sit in the phases of recovery and what the next steps look like. Sarah Blow stressed the importance of the flu jab campaign in ensuring that as many people are protected as possible. With regards to overall priorities, the focus is only effective delivery of services over the next 6-12 months and that the NHS is prepared for the possibility of a ‘second wave’ rather than the development of strategic longer term plans.

**6. Dates of Meetings**

The Committee approved the following proposed dates of meetings (7pm start):

- Wednesday 11 November 2020
- Wednesday 17 February 2021
- Wednesday 16 June 2021

**Voting:** unanimous.

Signed.....Date.....  
Co Chair

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