

Merton Council

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda

Membership

Councillors:

Councillor Anita Schaper (Chair)
Councillor Ian Lewer (Vice-Chair)
Councillor Andrew Howard
Councillor Annamarie Critchard
Councillor Zully Grant-Duff
Councillor Sherwan Chowdhury
Councillor Edward Joyce
Councillor Peter McCabe
Councillor Munir Ravalia
Councillor Colin Stears
Councillor Andy Stranack
Councillor Matthew Hull
Councillor Richard Warren
Councillor Nick Darby

Co-opted members:

Substitute Members:

Date: Wednesday 30 January 2019

Time: 7.00 pm

Venue: Room 3.1&3.2 - 120 Broadway Wimbledon SW19 1RH

This is a public meeting and attendance by the public is encouraged and welcomed.
For more information about the agenda please contact or telephone .

All Press contacts: communications@merton.gov.uk, 020 8545 3181

South West London and Surrey Joint Health Overview and Scrutiny Committee Agenda 30 January 2019

1a Presentations tabled at the meeting

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Note on declarations of interest

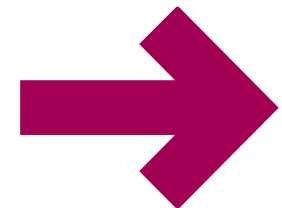
Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

NHS England

Delivering the Congenital Heart Disease standards in London

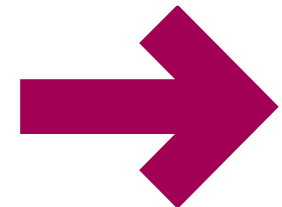
Presentation to the
South West London Joint Health Oversight and
Scrutiny Committee

30th January 2019



Royal Brompton provides from its Chelsea site services for patients with...

- **Children Heart Surgery** - including CHD and intensive care
- **Children's respiratory services** including intensive care providing for children with Cystic Fibrosis and Primary Ciliary Dyskinesia and others
- **Adult heart surgery and care** including intensive care; for conditions such as CHD, non CHD, Pulmonary Hypertension and Inherited heart conditions
- **Adult respiratory services** including intensive care; for conditions such as Cystic Fibrosis, Primary Ciliary Dyskinesia, Interstitial Lung Disease, severe & difficult to manage asthma and others
- **Thoracic conditions** (including lung cancer)
- Adults and children who require **Long term ventilation** in hospital and at home
- **Adults who require respiratory ECMO** – Extra Corporeal Membrane Oxygenation



Why do we need to change services

Congenital Heart Disease (CHD) refers to a heart condition or defect that develops before a baby is born. Advances in early diagnosis mean that most babies born with CHD now grow up to be adults.

There are now nationally agreed service standards for CHD. These define how services should be delivered for best care such as:

- **paediatric colocation** – where children's CHD care should be delivered alongside other children's services
- **minimum volumes to maintain competence**
- **minimum size of team for 24/7 working**

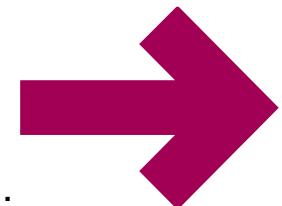
The Royal Brompton Hospital cannot meet the first of these service standards on its own.

We need to change services so that patients receiving these services do so in line with the **nationally agreed service standards**, and to ensure services are **resilient in the future**.

NHS England is the commissioner for the majority of these services

This also affects the **location of the other services** the hospital provides.

www.england.nhs.uk

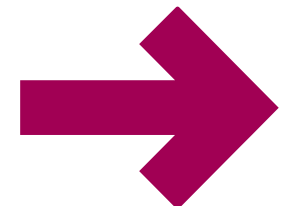


The options currently being reviewed

There are two proposals before us

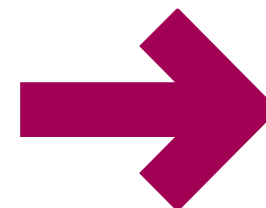
- **Royal Brompton Hospital and Kings Health Partners** – who propose the movement of all services from the Chelsea site to new buildings on the Guys & St Thomas' Westminster site
- **Chelsea & Westminster and Imperial College Healthcare** – who propose the movement of some of the cardiac and respiratory services from the Royal Brompton Chelsea site; the Cystic Fibrosis services to Chelsea & Westminster Hospital and the cardiac (not children's CHD) and other respiratory to Hammersmith Hospital.

This option supports the movement of congenital heart disease to Guys & St Thomas'.



Engagement and consultation

- We have started to engage a number of stakeholders including local government, patient and public groups and other NHS bodies
- we have come to speak to you today because about **15 – 20%** of the patients using services at the Brompton come from **South West London**. The largest numbers are from Richmond and Wandsworth. These patients will be affected by any changes that are agreed
- we will work with the **Overview and Scrutiny Committees** in affected areas to establish which OSCs should form a JHOSC
- we are working with the **CCG representatives** on our programme board to establish the committee structure for CCG decision making over CCG commissioned RBH services
- we should have a **clearer view by end February early March** on what our **consultation parameters** will be and particularly whether we will be supporting 'a preferred option' in the consultation.



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South West London

Health & Care
Partnership

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Overview of South West London Health & Care Partnership

South West London Joint Health Overview Scrutiny
Committee meeting

Wednesday 30 January 2019



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Sarah Blow

Accountable Officer South West London Alliance
Senior Responsible Officer South West London Health and Care
Partnership

we believe in an inclusive and innovative approach to care.

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We want to use our time with you today to:

- Explain what an STP is
- Share how and why we refreshed the STP vision for South West London
- Share our emerging priorities for South West London including:
 - Emerging clinical vision & priorities
 - Discuss developing Local Health and Care Plans for each borough
 - Outline NHS Long Term Plan & what it means for South West London
 - Update you on our work programmes and their achievements
- Answer any questions you may have

What is an STP?

It's a partnership: care is better when it is centred around a person, not an organisation.

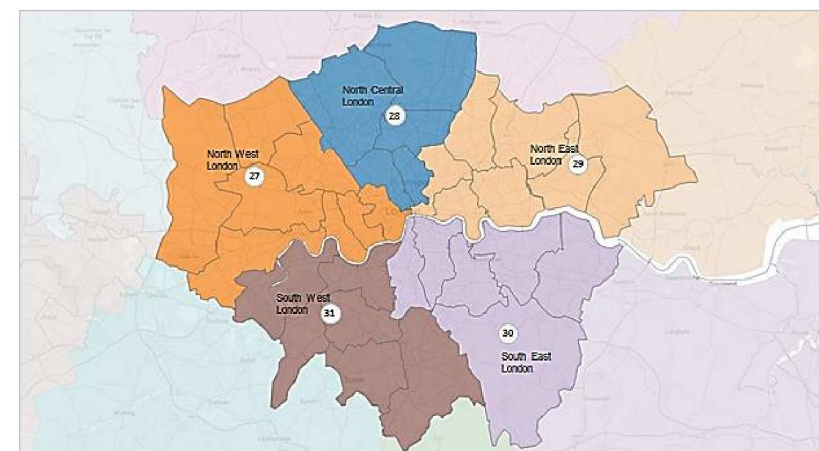
Bring together all NHS organisations with local authorities and other partners, to work together to provide joined-up care for local people

Delivering the NHS Five Year Forward View- 44 STPs in England areas were originally identified as the geographical “footprints” on which the plans were based. They were plans not partnerships.

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STPs were created in London

South West London
South East London
North Central London
North East London
North West London



Last we agreed to we agreed that we would be a South West London Health and care Partnership.

we believe in an inclusive and innovative approach to care.

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Who makes up our Health and Care Partnership

Local NHS clinical commissioning groups, provider trusts, local authorities and patient representatives across south west London came together to form the South West London Health and Care Partnership.

South West London's Health and Care Partners are:

- Our six Clinical Commissioning Groups (CCG) of: 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, 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
- Healthwatch
- Voluntary sector

We want local people to **start well, live well and age well.**

We **believe** in an inclusive and innovative approach to care.

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In November 2017 we refreshed the South West London STP because:

The perception of the South West London STP has been:

- Closure of hospitals
- Hospital bed reduction
- Stakeholders were not signed up to the financial analysis
- Some local authorities did not feel fully involved and felt social care was not integral enough in the plan

Our refreshed approach is emphasising:

- Prevention and early intervention - tackling the social determinants of health
- Local partnerships strengthening focus on locality teams made up of community, primary and social care
- The actions that we will take to deliver improvements for local people
- The progress we have made at local level for patients in our first year

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engaged around creating the STP refresh

listened to feedback and developed a two-stage approach to the refresh to allow time for discussions with organisations with relevant key stakeholders, and more time to develop fully worked up *Local Health and Care Plans*.

Stage one : November 2017

South West London STP one year on: a discussion document which outlines Health and Care commitments and priorities for the next two years, context including financial and clinical issues, and our delivery so far

Stage Two: Spring 2019

Publish “Local Health and Care Plans” for each borough The borough’s vision; model for health and care; local context and challenges; actions to address financial and clinical sustainability issues and meet the health and care needs of the local population. We will co-produce these plans with local authorities and wider partners.

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Feedback from local communities informed the November 2017 Refresh

Keeping in touch with local communities

Local events for people to discuss the Partnership with clinicians, managers and local authorities in our six boroughs.

Grassroots engagement

Working with local Healthwatch organisations, we have run an extensive grassroots engagement programme, reaching 5,000 seldom heard people - shortlisted for a national award.

Patient and Public Engagement Steering Group

Our Patient and Public Engagement Steering Group (PPESG) advises us on all communications and engagement with representatives from across each borough



approach to patient engagement

Direct involvement



Julia – Cancer Clinical Design Group

- Decision making level
- Independent challenge
- Reps (PPVs and HW) on clinical/strategic groups, patient stories
- PPESG

Wider participation



- Ongoing conversations, builds relationships
- Insight informs strategy development + work streams
- Grassroots outreach

Targeted engagement



- Influence and shape service/pathways in each work stream
- Focus groups, surveys, face to face e.g. perinatal mental health; CYP people self harm

You Said: We Did



- 5,000 contacts last year
- Feedback to each work stream/and SRO
- This report details impact

As our result our refreshed partnership approach is ...



A local approach works best for planning health and care.

Strengthen the focus on prevention and keeping people well – the greatest influences on our health and wellbeing are factors such as education, employment, housing, healthy habits in our communities and social connections.

The best bed is your own bed – lets keep people well and out of hospital.

Care is better when it is centred around a person, not an organisation. Clinicians and care workers tell us this.

The South West London Health and Care Partnership is coming together to champion children and young people's mental health as a shared health promotion and prevention priority.

Involving people at local level will remain critical.

We believe in an inclusive and innovative approach to care.

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Developing South West London Clinical Vision and Priorities

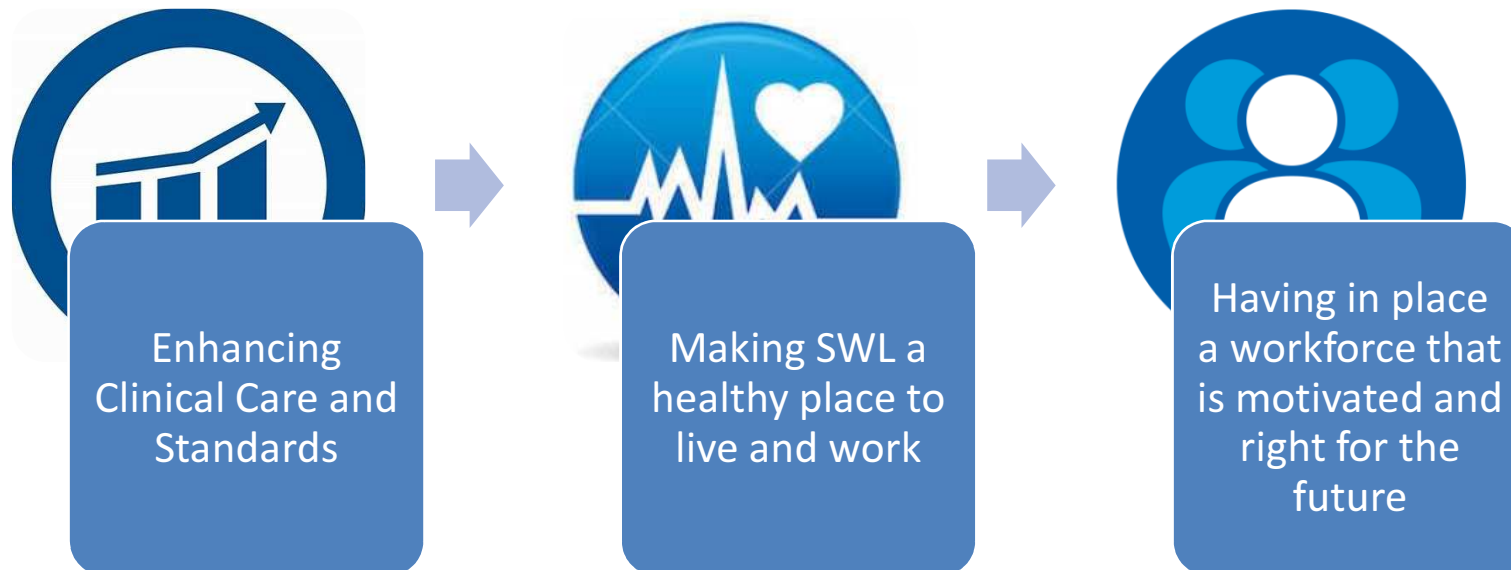
Dr Andrew Murray, GP Chair of Merton CCG

clinical vision

Members of the Clinical Senate have been developing their thinking on creating a clinical vision and strategy for SWL:

- We will join-up and continuously improve health and care so that people experience seamless high quality services when they need it.
- We are committed to improving the health and wellbeing of our population and workforce, and will work together to champion healthy lifestyle choices.
- We will do this by encouraging innovation, embracing technology, guided by good information and what our residents and frontline staff tell us.

We are focussed on three overarching system priorities



Developing clinical priorities- clinical conference

We will agree and develop our overarching system priorities and clinical priorities at our Clinically-led South West London Conference in April 2019

- c.300 people
- Mixture of clinicians and professionals
- Our aim is to bring together clinicians and professionals in South West London to shape the South West London Clinical Strategy so that their experiences, expertise and ambitions drive it and they feel ownership of it.

Without pre-empting our conference outcomes emerging clinical priorities which we will work on at the conference are



System-wide focus: Children and Young People's Mental Health

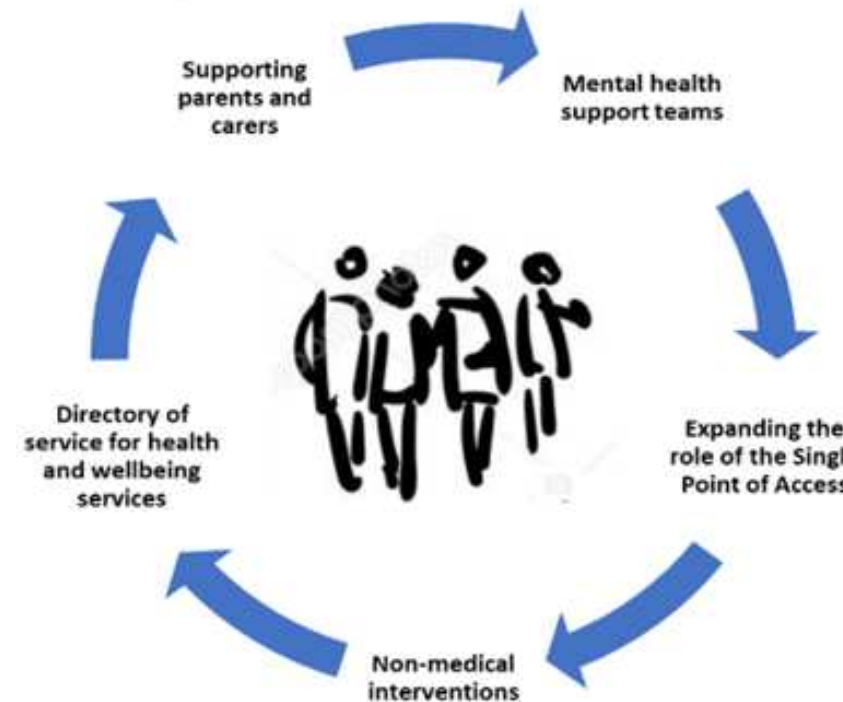
Health and Care Partnership agreed to this one health promotion and prevention priority as a system.

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 frontline who work with children every day.

We also engaged with over 1,200 children, young people, parents and carers in our boroughs to prioritise these actions for us.

Our picture of CYPMH transformation in SWL



We believe in an inclusive and innovative approach to care.

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The partnership has secured £1.85m funding for children and young people



Secured £1.85m of national trailblazer funding to create mental health support teams in three of our SWL Boroughs, building on the work we are already doing.

This will include new services such as online peer support for young people, mental health first aid for teachers and courses for parents to help them talk to their children about mental well-being, a single point of access to services, and a directory of services.

While the trailblazer pilot covers the boroughs of Merton, Sutton and Wandsworth; Croydon, Kingston and Richmond will be “fast followers” to adopt the learnings from these initial pilots

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Developing Local Health and Care Plans

Dr Andrew Murray, GP Chair Merton CCG
Dr Jeff Croucher, GP Chair Sutton CCG

Local Health and Care plans- Background

In November 2017, we agreed that, to produce borough based local health and care plans.

Since that time local systems have been working on defining their cases for improvement and using this information have held engagement events to define actions that will have the greatest impact on the issues identified.

In November 2018 we held health and care plan events in each borough

Aim was to help define actions for next two years that will have biggest impact on the population

Design groups held in each borough with representatives from Health, Social Care and the voluntary sector partners

On average 150 people attended each event – just under 1000 people in total

Local plans to address local issues

These plans will:

- Identify what it means to *start, live and age well* in the borough and the actions that will be taken to ensure the vision for each is met
- Be co-designed and owned by both health and local authority partners
- Address the developing health and care needs of the local population
- Outline the vision for health and care locally and the health and care model in the borough
- Identify and address financial issues in the borough so that we can take a system-wide approach to our collective financial challenges
- Identify and address workforce, clinical and other sustainability issues in the borough
- Outline what the local system will do to support the SWL health prevention/promotion priority (Children and Young People's Mental Health)
- Be designed to meet national performance targets or other requirements

Electronic app to Self-Identify Needs

South West London Health & Partners
Start well live well age well

Electronic app to Self-Identify needs

South West London
**Health &
Partners**
Start well live well and

Dr. Andrew Murray

What makes merton special?

for therapies
& other services
in schools.

MINIMISE
FAST FOOD
SERVICES

Support for mums,
pre & post natal
Service Improvement

ONE BIG IDE

How we work together

Mental health & housing is a big concern in Everton.

lots of green spaces!

Dr. Dagmar
Zeuner

7.00

We are swimming in data... the trick is making sense of it

We have a problem with unhealthy lifestyles!

& hidden harms
like loneliness &
winter deaths.

Needs to be more done to prevent people sliding into crime, illness & poverty

More clubs & activities for young people & support groups for older people.

More holistic solutions like classes, groups.

Understanding
social media
& modern
pressures on
young people

Teach people to
use technology

Looking after ourselves

- Medication
- Background info
- change name to 'my bag'

more variety
of peer support



physical health checks for over 50's

SUPPORTING CARERS



Children's development services

Link young people with marginalised communities

100 DAY
School
activity &
engagement
day

Get the
issue on
primetimeTV

Well advertised
MHS for
young people

increased healthy eating

"Well
sure

More
Variation
of Peer
Support
groups

only Sp

Highlight
choice in
end of life
care

ht
in
life

PREVENTION

MORE FUNDING!

DISCOUNTED
GYM
MEMBERSHIPS

Invite local councillors to represent their views

Existing services

BETTER SIGNPOSTING

www.creativeconnection.co.uk

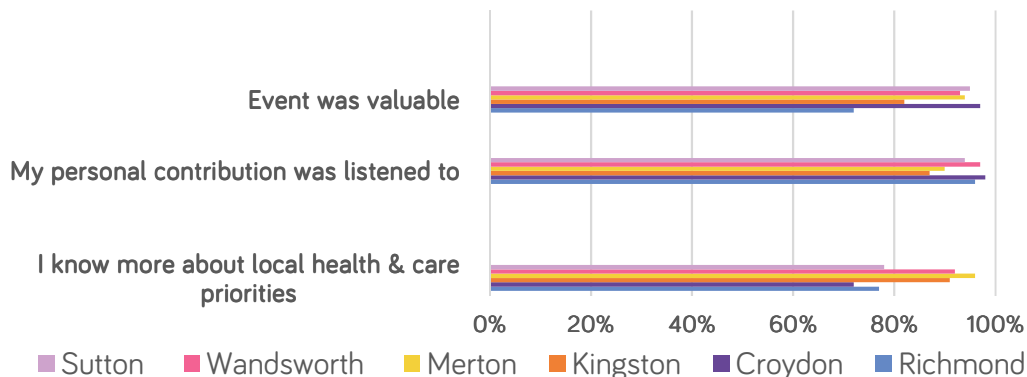
29th
Nov
2018



Video of events will play here

High level feedback from participants at the events ...

% of people who felt the event was worthwhile



'We are all saying and wanting the same thing for the borough; customer, colleagues, family and friends'



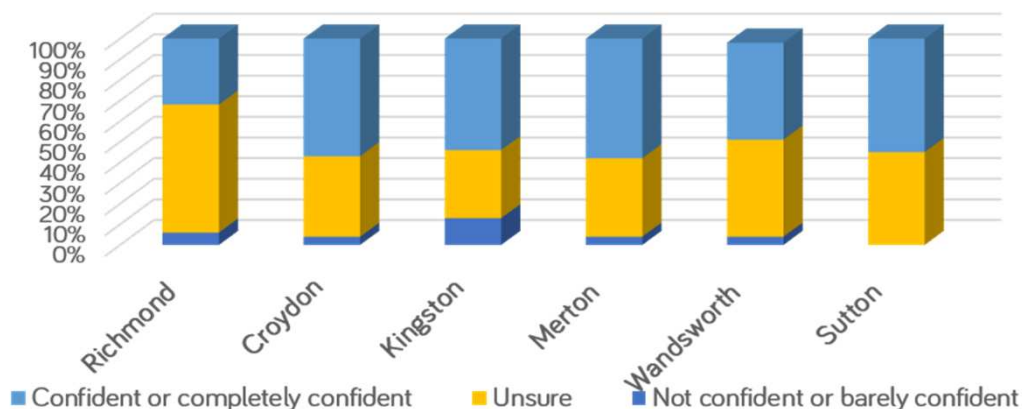
'Eye-opening and reassuring'

'I got to mix and mingle with brilliant people from all walks of life'

'Everyone listened with no interrupting and equal opportunities'



Priorities outlined will make a positive difference to health and care services in this borough



'The time spent and the efforts put in the event made me confident about the future results'



NHS Long Term Plan

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Sarah Blow

NHS Long Term Plan

In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years, with an average increase of 3.4% a year.

In return, the NHS was asked to come together to develop a long term plan for the future of the service, detailing our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.

The Long Term Plan sets out specific ideas and ambitions for how the NHS can improve over the next decade covering all people's life stages:

1. Making sure everyone gets the best opportunity to *start well*;

through better maternity services, joining up services from birth through to age 25, improving care for children with long term conditions like asthma, epilepsy and diabetes; revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.

2. Delivering world-class care for major health problems to help people *live well*;

with faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world. Supporting individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds.

3. Supporting people to *age well*;

with fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people by increasing the numbers of people who can take control of their healthcare through personal budgets.

4. We believe in an inclusive and innovative approach to care.

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NHS Long Term Plan- what does it mean for SWL?

Now the plan has been published, local SWL health and care organisations, working together as part of systems, are being asked to develop their own strategies for the next five years.

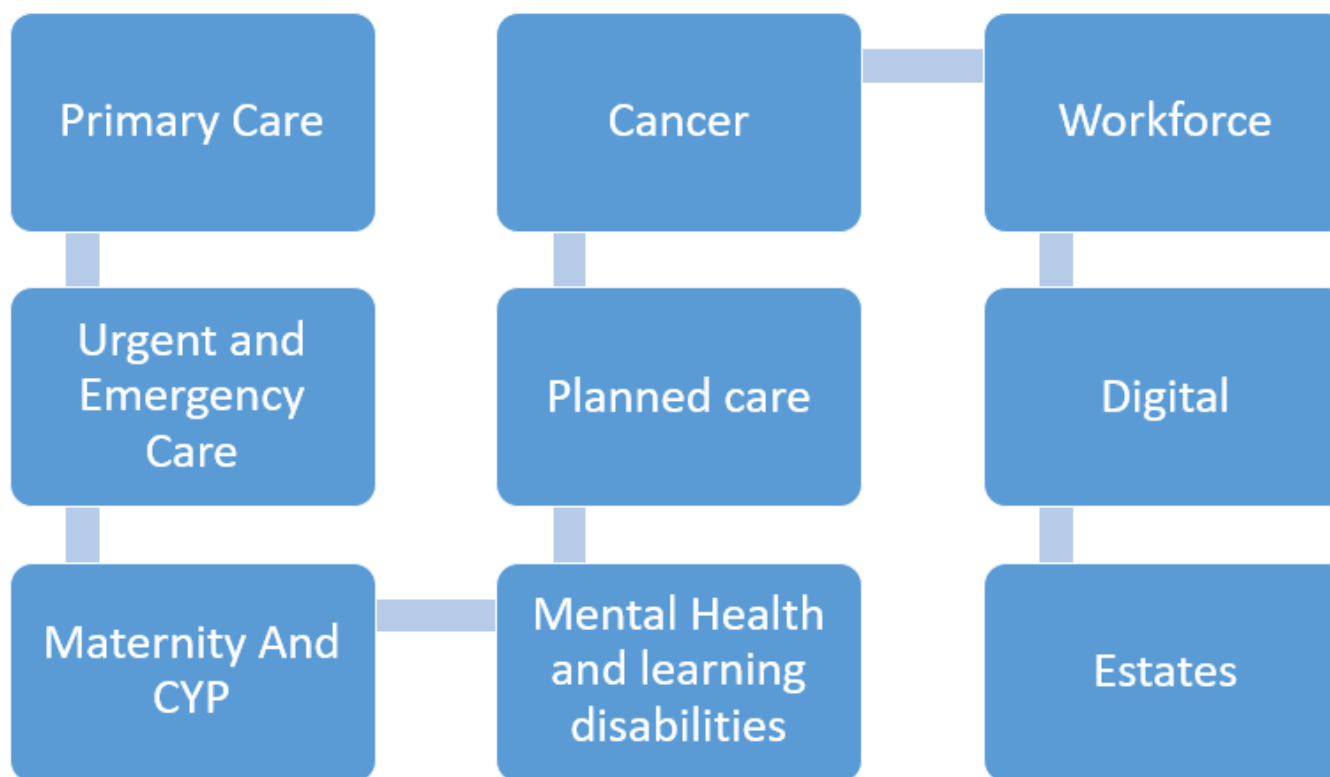
These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

Patients, the public and stakeholders will have the opportunity to help determine what the plan means for their area, and how services need to adapt and improve.

Local Healthwatch groups will receive national funding to support local health organisations in ensuring that the views of patients and the public are heard. Age UK will be leading work across a range of other charities to provide specific opportunities to hear from people with specific health needs.



Health and Care Partnership programmes fall into a number of categories



Working Together across SW London we have achieved a great deal so far....



Secured £1.85m of national trailblazer funding to create children and young people's mental health support teams in three of the six SWL Boroughs, building on the work we are already doing.

£4.58 million NHS England funding for the transformation of primary care for 2018/19 providing 18,000 extra GP appointments each month

"Red Bag" communications system between Care Homes, London Ambulance and Hospitals, originally piloted in Sutton has reduced hospital stays by three to four days saving £167,000 a year. The initiative has now been introduced all six boroughs.

£15.7m has been secured to support system-wide clinical record-sharing and our digital transformation priorities.

£600,000 investment has been secured from Health Education England to support our workforce priorities.

£500,000 funding secured as part of the NHS Test Bed programme to pilot a number of digital tools to support people living with type 2 diabetes to better manage their condition.

We believe in an inclusive and innovative approach to care.

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Any Questions ?

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