

Merton Council

Health and Wellbeing Board

27 November 2018

Supplementary agenda

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Committee: Health and Wellbeing Board

Date: 27 November 2018

Subject: Health Protection Oversight Function

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Tobin Byers, Cabinet member for Adult Social Care and Health

Contact officer: Mike Robinson, Consultant in Public Health

NOTE: This Report is published late in a supplementary Agenda. The Chair has been informed and has agreed to this. The Appendix to this report is published in the main agenda.

Recommendations:

- A. The Board is asked to note the report
- B. Board members to consider how this approach might be useful to their own organisations, and whether they would benefit from any further information on the oversight function or feedback on its operation

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The finalised *Public Health -Health Protection Oversight Protocol* for London Borough of Merton is presented to the Health and Wellbeing Board for information.
- 1.2. Health protection seeks to prevent or reduce the harm caused by communicable diseases as well as environmental hazards such as chemicals and radiation.
- 1.3. Oversight of the local health protection system has been a statutory duty of local authorities through the director of Public Health since the transfer of public health responsibilities in 2013. This involves ensuring that local arrangements are robust, effective and timely, as well as supporting the response to incidents. The purpose of the local Protocol is to strengthen local systems in Merton and provide assurance.

2 DETAILS

- 2.1. LBM Public Health have worked with internal and external partners to produce an agreed *Protocol* in order to set out local arrangements, strengthen co-ordination and provide assurance. It also serves as a knowledge resource for officers in the Public Health Team and across the Council.
- 2.2. The *Protocol* details the responsibilities of Public Health, LBM teams and key partners across the range of health protection work. Directors of Public

Health have specific statutory roles in leading this oversight and response and these are detailed in the *Protocol*.

Summary of *Protocol*

- 2.3. The *Protocol* provides a summary of the following information for health protection work locally:-
- a) Roles and responsibilities of partner organisations and relevant LBM officers
 - b) Local health protection arrangements and governance
 - c) Key contacts and incident response processes
- 2.4. The procedures for the following areas of health protection work are set out in detail to act as a resource for officers:-
- a) Immunisations
 - b) Antenatal and New-born screening
 - c) Cancer Screening
 - d) Infection Control and Health-care Acquired infections
 - e) Emergency Planning & Resilience
 - f) Infectious Disease Outbreaks
 - g) Cold and Hot Weather Planning
 - h) Chemical and Environmental Hazards

Governance

- 2.5. A governance structure to oversee health protection work has been agreed as part of the *Protocol*, including processes for escalating issues (please see the diagram on page 6 of the report for full details).
- 2.6. Key governance arrangements include:
- An internal Public Health Protection Oversight group has been established, chaired by the lead Consultant in Public Health. It will have oversight of any public health communication activity and help prioritise where limited resources are directed.
 - The Director of Public Health will escalate issues from this group as needed with relevant DMTs and Cabinet members if necessary. Regional health protection issues can be escalated to the 6 weekly South West London DPH meetings.
 - Public Health representation on the Borough Resilience Forum and key regional meetings (i.e. regional Immunisation and screening meetings and regional health protection networks)

3 ALTERNATIVE OPTIONS

- 3.1. None

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. Key officers from the following teams and organisations were engaged in in the development of the work:-
- LBM E&R - Public Spaces, Public Protection, Environmental Health, Civil Contingencies, Planning
 - LBM C&H – Adult Social Care, Public Health
 - LBM CSF – School Quality and Improvement
 - Merton CCG – Director of Quality
 - Public Health England – South London Health Protection Team

5 TIMETABLE

- 5.1. The *Protocol* will be reviewed annually to ensure procedures are effective and contacts are kept updated.

5.2.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. No additional financial commitments have been made through the *Protocol*, with the focus being on co-ordinating and joining up existing work more effectively. Specialist health protection services are commissioned regionally by Public Health England and NHS England

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. Local authorities have a statutory duty to ensure local health protection arrangements are robust and effective and that the response to incidents in timely. This *Protocol* ensures that London Borough of Merton is meeting it's health protection duties under the Health and Social Care Act (2012).

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. As part of the oversight of health protection services locally (i.e. immunisations and screening), equality of access for ethnicity and age groups will be considered.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. There are no relevant crime and disorder implications

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 10.1 Merton Health Protection Oversight Protocol

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Committee: Health and Wellbeing Board

Date: 27 November 2018

Wards: All

Subject: Merton Health and Care Together

Lead officer: James Blythe, Managing Director, Merton and Wandsworth CCGs

Contact officer: James Blythe, Managing Director, Merton & Wandsworth CCGs

NOTE: This item has been re-published in a supplementary agenda with a correct heading. The Chair has been informed and has approved

Recommendations:

The Health and Wellbeing Board is recommended to:

- A. Note the progress on Merton Health and Care Together (MHCT)

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The attached presentation summarises the MHCT programme and gives brief details on progress to date.

2 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 2.1 A presentation is enclosed

3 BACKGROUND PAPERS

- 3.1 There are no background papers for this report.

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Merton Health and Care Together Programme

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A Single Vision: “Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well, and age well”



- Engagement and Co-Production
- True collaboration between all partners, including voluntary sector and HealthWatch
- Focusing on delivering significant improvements to wellbeing services in Merton
- Changing the system to be sustainable
- Holding Shared Objectives
- Developing a ‘One Service’ integrated delivery model

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<p>Start well</p> <p>Children and Young Peoples’ Mental Health</p> <p>Children and Young People’s Community Services</p> <p>Pathways to Adulthood</p>	<p>Live Well</p> <p>Primary Care Development</p> <p>East Merton Model of Health and Wellbeing</p> <p>Primary Mental Healthcare</p> <p>Diabetes</p>	<p>Age Well</p> <p>Health and Social Care Integration</p> <p>Dementia Friendly Merton</p>



Our Vision:

Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well and age well:

- Supporting Independence, good health and wellbeing
- Local accessible services
- Integrated, person centred care
- A partnership approach

		Responding to the needs of Merton Residents...	...Merton Health and Care Together will Focus on...	...to improve the lives of Merton residents
Prevention Framework across the life course	Start Well	<p>Integrated support for children and families</p> <ul style="list-style-type: none"> - More children in need due to abuse, neglect or family dysfunction, than London and England - Greater increase in children with special education needs than London and England . - Higher rate of A&E attendances in children under 18 years of age, than England. <p>Emotional Wellbeing and Mental Health</p> <ul style="list-style-type: none"> - Increase in children’s use of substance misuse service, in contrast to a reduction across England - Rate of child admissions for mental health conditions higher than local authority nearest neighbours and England. - The fifth highest rate in London of emergency hospital admission for self-harm 	<p>Children’s and Adolescents Mental Health Services: Children and young people to enjoy good mental health and emotional wellbeing, and to be able to achieve their ambitions and goals through being resilient and confident</p> <p>Children and Young People’s Community Services: Create an integrated commissioning strategy inc joint outcomes for CYP and families and identifying opportunities for integration</p> <p>Pathways to Adulthood: ‘transition’ between childhood and adulthood</p>	<p>Improved experience of and access to mental health provision</p> <p>Service tailored to individual and family needs</p> <p>Reduced need for emergency intervention</p>
	Live Well	<p>Wellbeing and Long Term Conditions</p> <ul style="list-style-type: none"> - The main causes of ill health and premature deaths in Merton are cancer and circulatory disease - Steady increase in diabetes prevalence; an additional 1,500 people in Merton - Fewer than 1 in 5 adults are doing 30 minutes of moderate intensity physical activity a week - 1 in 4 adults are estimated to be drinking at harmful levels, with 3000 admissions to hospital for alcohol related conditions - Over half of adults in Merton are overweight or obese - Only 16.5% use outdoor space for exercise/health reasons, lower than London and England - 10% of the working age population have a physical disability <p>Mental Health and Wellbeing</p> <ul style="list-style-type: none"> - Higher reported levels of unhappiness and anxiety than in London and England - 16% of adults estimated to live with common mental health disorders like depression and anxiety - Higher rate of emergency hospital admission for self-harm than London and England 	<p>East Merton Model of Health and Wellbeing: Developing a wellbeing model that underpins a holistic approach to self-management of long term conditions</p> <p>Diabetes: life course, whole system approach. Focus on prevention and health inequalities. Deliver behaviour change at scale for LTCs</p> <p>Primary Mental Health Care: New model based on single assessment, primary care recovery, wellbeing and Psychological Therapies</p> <p>Primary Care at Scale: improve quality, reduce variation and achieve greater resilience and future sustainability</p>	<p>Improved wellbeing and independence</p> <p>Greater LTC control and outcomes</p> <p>Improved access to integrated primary and community services</p> <p>Improved access to mental health support</p>
	Age Well	<p>Complex health and care needs</p> <ul style="list-style-type: none"> - More people are living into older age with multiple long-term conditions - An estimated 1,686 older people have dementia in Merton - Merton currently supports around 4,000 adults with social care needs - Delayed Transfers of Care are lower than London and England, but fewer people remain at home 3 months after reablement than both London and England - 11% of people have a long term illness, disability or medical condition - 5,900 people aged over 75 live alone. - Emergency admissions due to falls are significantly higher than London and England 	<p>Integrated Health and Social Care: Proactive and preventative services, rapid response, improving discharges, enhanced support to care homes, falls prevention</p> <p>Dementia Friendly Merton: TBC</p>	<p>Improved experience, and control of care</p> <p>Reduction in falls and ambulance callouts</p> <p>Fewer emergency admissions and A&E attends</p>



MHCT Progress and Next Steps

Progress to date

- Joint Case for Change
- Chief Executive's Leadership Group established
- Integrated Board – from ALL partners in Merton agreed
- Memorandum of Understanding agreed and signed
- Structure of Programme developed
- Agile citizen first approach adopted
- First initiative – integrated single point of access for community and social care services post acute discharge – now being implemented

Next Steps

- Continue partnership working via the Programme
- Joint Engagement Event 21st November
- Joint Case for Change Completed 4th December
- Commissioning Intentions to be decided in partnership across Merton for 2021
- Work Programmes being scoped



Committee: Health and Wellbeing Board

Date: 27 November 2018

Wards: All

Subject: CCG Commissioning Intentions 2019/20

Lead officer: Josh Potter, Director of Commissioning, Merton & Wandsworth CCGs

Lead member:

Forward Plan reference number:

Contact officer: Josh Potter, Director of Commissioning, Merton & Wandsworth CCGs

NOTE: This Report is published late as part of a Supplementary Agenda. The Chair has been informed and has approved this publication.

Recommendations:

The Health and Wellbeing Board is recommended to:

- A. Note the commissioning intentions, in the context of Merton Health and Care Together, pending further developments and quantification of benefits, as set out in the attached report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The attached report outlines the CCG's commissioning intentions for 2019/20 for the Board's consideration within the context of Merton Health & Care Plan and in line with planning across South West London.

The report informs the Health and Wellbeing Board of:

- the emerging high level priorities of the Merton Health and Care Plan and Commissioning Intentions.
- the initiatives planned by programme and their likely impact.

2 BACKGROUND

- 2.1 This year the planning round is in the context of the Merton Health and Care Plan, delivered through the Merton Health and Care Together programme. This approach marks a move towards greater collaboration with providers and commissioners of health and care services.

3 DETAILS

- 3.1. This report summarises the commissioning priorities and plans and their impact on the health and wellbeing of Merton residents.

4 ALTERNATIVE OPTIONS

4.1. Not applicable.

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1 The CCG has undertaken significant engagement with community and patient groups to share overarching plans and understand patient feedback on local services. Engagement for specific projects is undertaken on an ongoing basis as required.

6 TIMETABLE

6.1 The timeline for commissioning, contracting and engagement is outlined in the attached paper.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. Financial implications are outlined at a high level in the attached paper. Further detail regarding financial impact on providers to be determined and negotiated through the forthcoming contracting round.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. Not applicable.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. Equality impact assessments are completed as required for specific projects.

10 CRIME AND DISORDER IMPLICATIONS

10.1. Not applicable.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. Not applicable.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

12.1 Commissioning Intentions paper attached.

13 BACKGROUND PAPERS

13.1 There are no background papers for this report.

Merton Health and Care Plan & Commissioning Intentions 2019/20

Josh Potter: Director of Commissioning



Context

- Clinical Commissioning Groups (CCGs) work to continuously improve the services they commission for their local populations
- Traditionally, once a year, CCGs write to the providers of services to inform them of the plans for the coming year(s) and the likely impact of these plans. This is known as commissioning intentions
- This year, the planning round is in the context of the Merton Health and Care Plan, delivered through the Merton Health and Care Together programme
- This approach marks a move towards greater collaboration with providers and commissioners of health and care services
- This presentation summarises those plans, and their impact on the health and wellbeing of Merton residents



Merton Health and Care Together

St George's University Hospitals 
NHS Foundation Trust


Merton
Clinical Commissioning Group

South West London
and St George's
Mental Health NHS Trust


Central London
Community Healthcare
NHS Trust



healthwatch
Merton

Epsom and St Helier
University Hospitals
NHS Trust

 **merton health**



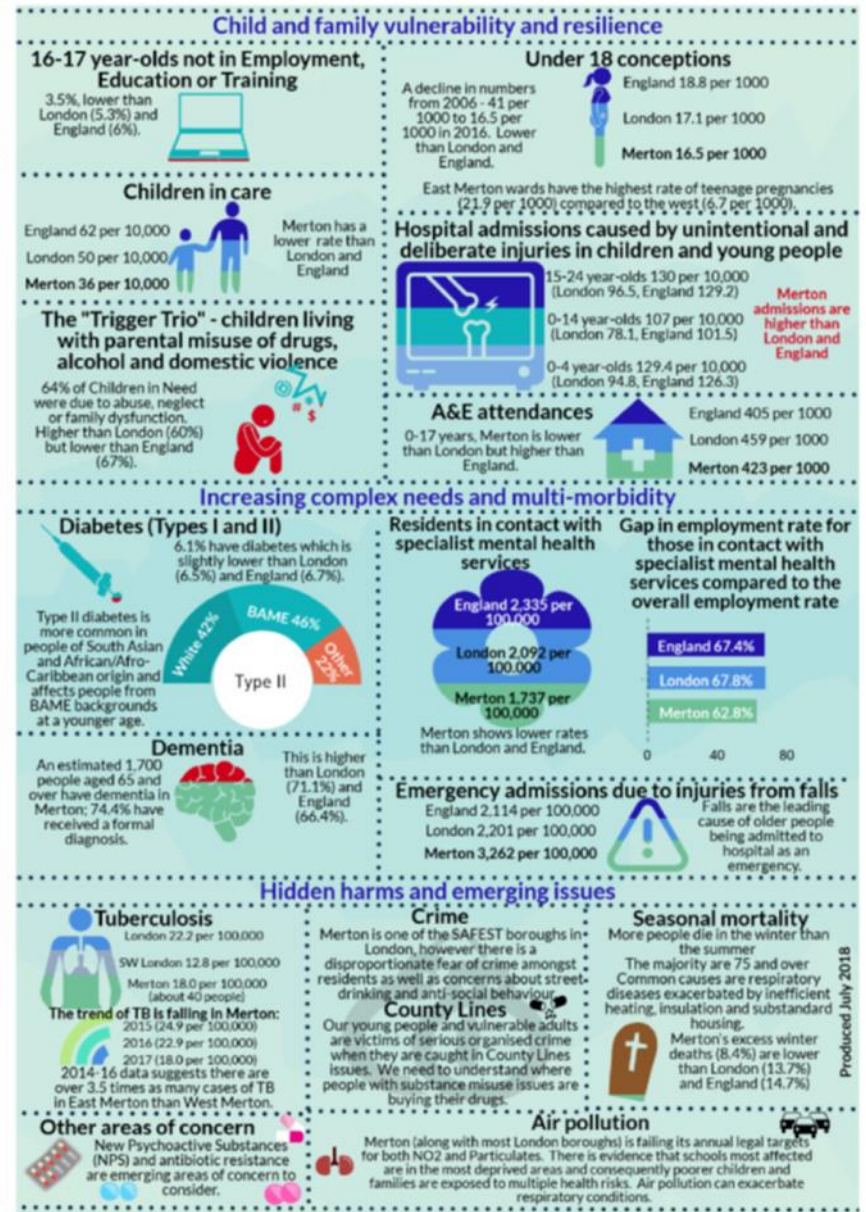
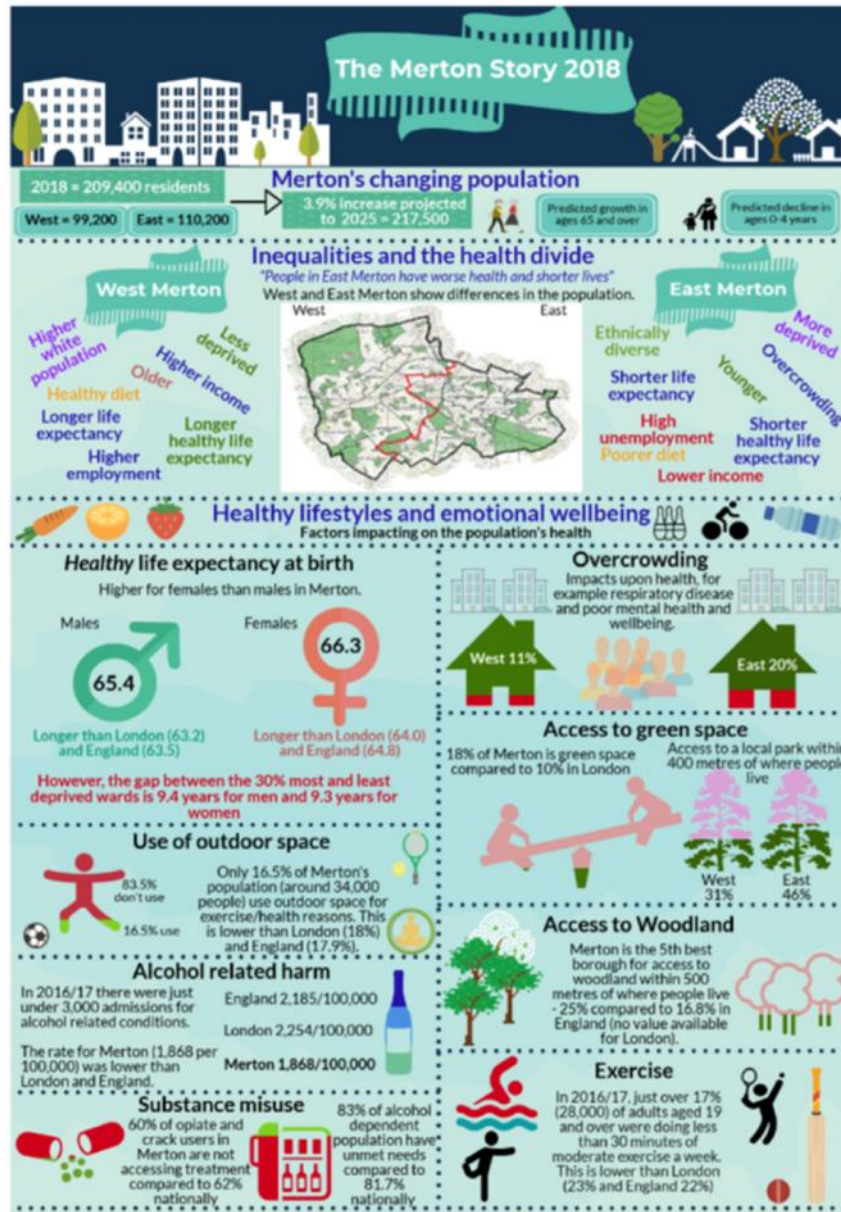
“Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well, and age well”

- True collaboration between all partners, including voluntary sector and HealthWatch from the start
- Development of a new relationship between providers of services for Merton residents
- Focusing on delivering significant improvements to services in Merton
- Looking at how the system can change to encourage further improvements, and achieve sustainable change
- This is articulated within a Merton Health and Care Plan



Joint Strategic Needs Assessment: The Merton Story 2018

- Key messages:
- Emotional Wellbeing and Mental Health
 - Supporting wellbeing and independence
 - Long term conditions
 - People with complex needs
 - Taking a holistic approach



What residents tell us



Continuity of care remains a priority for people in Merton, with a particular reference to ongoing support for managing long term conditions such as diabetes.

Accessibility of services is very important to people in Merton, particularly for services they have to use regularly

There is significant support for better **integration of health and social care services**. Services do not always feel **person centred** and did not always take into account the background and preferences of the individual.

People in Merton place a lot of value in **therapy support, and other specialist input**. However people did report concerns about the capacity of these teams and their ability to recruit and retain good staff

People are very positive about the move towards services **encouraging wellbeing and independence**. The social prescribing pilot in East Merton has held up as being a particularly good example of this.

Mental Health is a clear priority for people in Merton. Access to mental health services was raised as a concern, particularly for services for common mental health issues.



Quality, performance and financial context

St Georges Hospital:

- Waiting times
- A&E standards
- Financial and quality special measures: “requires improvement”
- Significant financial challenge
- Estates & Premises

South West London and St Georges Hospital

Rated overall “good” by the CQC. Quality issues relate mainly to community services:

- Consistency and variation in community services
- Pressure with acute care pathway

ThinkAction

Improving Access to Psychological Therapies (IAPT) access remains a challenge in Merton.

Demographic pressures and finances

Expected growth in population, and demand for new treatments and therapies, projected to significantly outstrip any growth in the budget:

- Estimated c£15m savings requirement for Merton, in order to meet its financial targets.
- London Borough of Merton need to deliver a £10.4m saving over the next 4 years in order to meet its financial obligations.
- Austerity context e.g. falling real-terms public spending on social care; 11% in real terms between 2009/10 and 2015/16.





Focus Area	Description	Likely Impact
<p>Children and Adolescent Mental Health Services</p>	<p>Application for trailblazer status: Early intervention services to build emotional resilience delivered using a whole school approach. We will work with schools and our providers to develop this whole school approach.</p> <p>Transformation Programme and iThrive</p> <ul style="list-style-type: none"> Identify opportunities to work within the Thrive Model Ensure everyone working with children and young people are able to recognise and identify emerging emotional and mental health difficulties and know how to intervene effectively Children and young people with acute and enduring mental health difficulties are helped to get the right interventions at the right time Ensures that children and young people influence the future of mental health services beyond 2021 Implement Autism Spectrum Disorder pathway that is comprehensive (multi- disciplinary) encompasses diagnoses and early help for parents/carers recognising that one size does not fit all, and that is NICE compliant. Provide a seamless transition process as children and young people move into adulthood <p>Counselling Services: These services were developed as a pilot project and are now being formally procured. Contract award is expected in January 2019 for implementation from April 2019.</p> <p>Youth Offending: The CCG currently commissions a Tier 2 CAMHS practitioner for the statutory core service 0.5 WTE. We will offer Tier 3 level interventions in the youth offender team setting, rather than in mental health services</p>	<p>Improved access to services</p> <p>Think family approach, tailored to needs</p> <p>Reduction in A&E attendances</p> <p>Reduction in emergency admissions</p>
<p>Children and Young Peoples community Health Services</p>	<p>Continance: Joint commissioning proposal is being developed between the CCG and the Local Authority/Public Health to address service gap</p> <p>Respite Provision: We will put process in place to spot purchase respite support for complex cases</p> <p>Community Paediatrics: Building investment cases based on Sutton CCG led review of service</p> <p>Complex Care: Epsom and St Helier Children’s Community Nursing Team requires additional capacity to deliver improvement and a Children’s Complex Case Manager Role for Merton and Wandsworth is being developed.</p> <p>Community Commissioning Strategy: A single commissioning strategy for Childrens community services between the CCG and London Borough of Merton</p>	

Focus Area	Description	Likely Impact
Primary Care Development	<p>Workforce: A balanced and more resilient general practice through the following enablers:</p> <ul style="list-style-type: none"> • Enhancing skill mix and using community services staff appropriately. Explore novel roles • Training practice staff to work in different ways such as receptionists being taught how to sign post • Improved job satisfaction ensuring staff want to work in Merton and are retained. <p>Access</p> <ul style="list-style-type: none"> • Challenges to be met by continued development of the locality access hubs model • Embrace opportunities from technology and innovation where it makes sense to • Improved patient education in relation to self-care and easy access to advice that is trusted. • Rollout of the social prescribing initiative across areas of need. <p>Strategic Transformation</p> <ul style="list-style-type: none"> • GP alliance delivering additional services to member general practices and • Groups of practices collaborating to deliver primary care services • Integration of contracts to deliver primary care services 	<p>Improved wellbeing and independence</p> <p>Improved user experience</p> <p>Improved access to services</p> <p>Improved LTC control and outcomes</p> <p>Reduction in A&E and short stay admissions to hospital</p>
East Merton Model of Health and Wellbeing	<p>Working with London Borough of Merton and Voluntary Sector to address health inequalities and rationalise and improve estates, through the development of the Wilson Hospital site in Mitcham, and other key strategic primary care estates projects in the east of the borough.</p> <p>At the core of the Wilson Health & Wellbeing Campus will be an enhanced East Merton Primary Care Hub for East Merton. Social Prescribing will underpin the approach to self-management of long term conditions by supporting people to self care, build social networks and enhance community cohesion.</p>	
Primary Mental Healthcare	<p>Establishing a primary mental health care service in Merton incorporating:</p> <ul style="list-style-type: none"> • Mental wellbeing service with a focus on enabling the social inclusion of people with mental illness • An expanded Improving Access to Psychological Therapies (IAPT) service with a focus in long term conditions (respiratory and cardiac disease, and diabetes) • A primary care service aimed at supporting the physical and mental health wellbeing people with severe and complex mental illness, working alongside primary care professionals 	
Diabetes Strategic Framework	<p>Taking a life course approach, focusing on prevention and tackling health inequalities including those linked with poverty and ethnicity. It will aim to deliver behaviour change at scale, as well as improve early diagnosis and holistic integrated health and care in the community.</p>	

Focus Area	Description	Likely Impact
Integrated Health and Social Care	<p>Building on successes to date we will:</p> <ul style="list-style-type: none"> • Continue the development of integrated locality teams and enhanced care • Deliver a “Home First” approach: intermediate care services in Merton will be refocused on delivering more rehabilitation in people’s homes • Support frailty and/or those at the end of their life through information sharing, particular in relation to sharing/ making use of Coordinate my Care records and other care plans to understand patients’ care needs and wishes • Improve pathways from A&E, short stay wards, and long stays wards at St George’s • Deliver multi-disciplinary holistic geriatric assessments for those with multiple long term conditions and complex needs as per NICE guidance • Deliver an enhanced community Neurology services • Improve uptake of cardiac and pulmonary rehabilitation programmes 	<p>Improved experience and control of care</p> <p>Reduced reliance on community beds</p> <p>Reduced demand for specialist neuro beds</p> <p>Reduced Ambulance callouts. A&E attends and emergency admissions:</p> <ul style="list-style-type: none"> - Falls - Long Term Conditions
Dementia Friendly Merton	Work to be scoped by Merton Health and Care Together following successful work to date led by London Borough of Merton Public Health Team	

Other Transformation Areas

- Urgent and Emergency Care
- Planned Care
- Mental Health



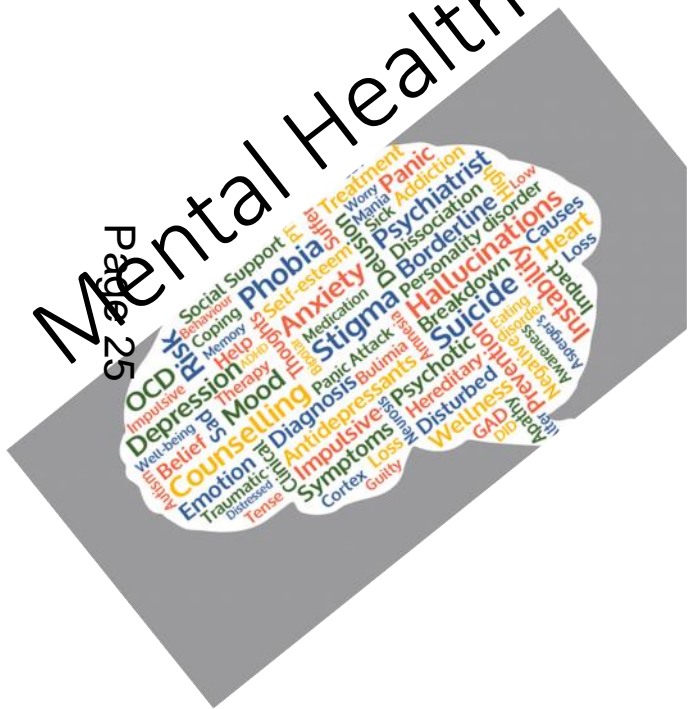


Description	Likely Impact
<p>Urgent Treatment Centres</p> <ul style="list-style-type: none"> The CCG will look to review the GP streaming provision at St George’s Hospital supporting SGH compliance in delivering national/local standards, as well as optimising and improving primary care redirection <p>GP Out of Hours: Review and reconfigure to align with local primary care access strategy. This work will aim to future proof the GP Out of Hours service, ensuring there is a seamless 24/7 primary care offer for our patients</p> <p>Older People’s Liaison Service (OPALs) from St George’s Hospital emergency department: facilitate and support the early identification of frail and complex patients, initiating a geriatric assessment. This will result in patients being discharge home sooner, hasten their recovery, and prevent any worsening of their condition</p> <p>Epsom and St Helier (in conjunction with Sutton CCG):</p> <ul style="list-style-type: none"> Rapid assessment streaming model at the front door Introduce Ambulatory Emergency Care service, and ensuring it is compliant to national/local standards <p>111/Integrated Urgent Care: review the commissioning arrangements for the single point of contact service to ensure there is a streamlined pathway for patients and healthcare professionals wishing to access local community services</p> <p>London Ambulance Service: update and standardise local Appropriate Care Pathways (ACPs) to improve utilisation of these pathways by ambulance staff.</p>	<p>Simple and easy to understand system Easy access to support when needed</p> <p>Reductions in:</p> <ul style="list-style-type: none"> 999 calls Ambulance conveyances A&E attendances Short stay emergency admissions



Description	Likely Impact
<p>Large-scale outpatient transformation</p> <ul style="list-style-type: none"> • Large-scale roll out of virtual consultations/video clinics/open access follow ups at St George' Hospital • Pathway redesign to ensure diagnostics are available ahead of the first appointment • Participation in transformational work programmes being led by other CCGs at neighbouring trusts including Epsom and St Helier and Kingston Hospital, to fully realise benefits for Wandsworth and Merton patients. <p>Pathway redesign</p> <ul style="list-style-type: none"> • Dermatology: Extension of the scope of the tele-dermatology service and commission an intermediate dermatology service with SGH • Ear Nose and Throat: Commission locality based intermediate ENT services to diagnose and treat a range of conditions • Musculo-Skeletal Services: review the Merton MSK single point of access with a view to confirming the model and undertaking a procurement exercise in time for a service to be mobilised by April 2020. • Diabetes: Alignment and potential expansion of Tier 2 and 3 services. Remodel the existing community service to offer additional Diabetes Nurse Specialists (DNS) capacity working within GP Practices at a locality/network level. • Cardiology/Haematology: improved case-finding, prevention and risk management in the community, proactive support in primary care, and improved secondary prevention • Gastroenterology: Full roll out of gastro CAS project, and expansion to wider digestive health services from April 2019. Develop an integrated service between the existing gastroenterology (medicine and surgery) and Hepatology specialities. • Urology/Gynaecology: Extend the existing one-stop-shop service located at Cricket Green Medical Practice across Merton and Wandsworth • Ophthalmology: Procure a community ophthalmology service for minor eye conditions, cataract and glaucoma, to commence from April 2019. Establish a single point of access for all outpatient referrals. • IVF: reviewing options for Merton IVF provision and will undertake a procurement/AQP exercise to secure ongoing provision from April 2019. 	<p>People receive timely and accessible treatment</p> <p>Reduce GP referrals to hospital</p> <p>Shorter pathways to treatment</p> <p>Reduction in follow up appointments</p> <p>Reduction in admissions for certain conditons</p>

Mental Health



Description	Likely Impact
<p>Mental Health Network – joint work across SWL</p> <ul style="list-style-type: none"> - Health checks to identify physical health support needs of people with severe mental illness - Implement SWL perinatal service following successful transformation bid. - Implement and monitor effectiveness of enhanced employment advice service 	<p>Improved health outcomes</p> <p>Reduction in A&E and emergency admissions</p>
<p>Development of South West London and St Georges Services</p> <ul style="list-style-type: none"> - Review efficacy of crisis cafés with a view to confirming continued funding - Implement agreed recommendations from a review of the broader urgent care pathway (psychiatric liaison service, psychiatric decision unit, crisis cafes, street triage services to ensure it is appropriate to local need) - Implement agreed recommendations from a review of the Merton Step Down service 	<p>Improved access to community mental health services</p>
<p>Implement agreed recommendations from reviews of community mental health services, with particular focus on:</p> <ul style="list-style-type: none"> - The Merton Home Treatment Team, and meeting the Five Year Forward View for Mental Health (FYFVMH) mandate for the service - The Merton Early Intervention in Psychosis service, and meeting the FYFVMH mandate for this service - Continue drive to improve the efficiency of mental health placement commissioning in Merton. - Work with the South London Partnership, and NHSE Specialised Commissioning to manage the step down and repatriation of patients in secure settings (including those from the Transforming Care Programme cohort). 	

Process and Next Steps

Commissioning and Contracting

- Letter to providers: end of September
- Changes to contractual form to encourage change
- Business case development: complete by December
- Negotiations with providers: December – March

Engagement

- Thorough engagement programme with community groups: August onwards
- Merton Health and Care Plan launch event: October

