Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 10 March 2020

Time: 7.15 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Thomas Barlow (Vice-Chair)
Rebecca Lanning
Dave Ward
Carl Quilliam
Nigel Benbow
Pauline Cowper
Mary Curtin

Substitute Members:
Andrew Howard
Joan Henry
Hina Bokhari
David Chung
Oonagh Moulton

Co-opted Representatives
Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

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 mater 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 Managing Director, South London Legal Partnership.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
⇒ **Policy Reviews**: The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
⇒ **Scrutiny of Council Documents**: Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
11 FEBRUARY 2020

(7.15 pm - 8.34 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair), Councillor Thomas Barlow, Councillor Rebecca Lanning, Councillor Dave Ward, Councillor Carl Quilliam, Councillor Nigel Benbow, Councillor Pauline Cowper, Councillor Mary Curtin and Di Griffin

ALSO PRESENT: Councillor Mark Allison (Cabinet Member for Finance and Deputy Leader of the Council) and Councillor Tobin Byers Cabinet Member for Adult Social Care, Health and the Environment).

Caroline Holland (Director of Corporate Services), John Morgan (Assistant Director, Adult Social Care), Dr Dagmar Zeuner (Director, Public Health) and Hannah Doody (Director of Community and Housing) Stella Akintan (Scrutiny Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Mr Saleem Sheikh.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests·

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

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

4 SUBSTANCE MISUSE SERVICE - SHORT FILM ON SERVICE USERS EXPERIENCES - EXEMPT ITEM (Agenda Item 4)

The Panel watched a film which provided an insight into the service user experience.

5 TACKLING AND PREVENTING SUBSTANCE MISUSE (Agenda Item 5)

The Director of Public Health gave an overview of the report. There a wide range of services to tackle service misuse and a partnership is in place which includes the police, mental health and homelessness services.

The WDP service Manager gave an overview of the services highlighting that there is a fully integrated service based in Mitcham. A CQC inspection has just been completed and it has rated the service Good overall with Outstanding features.

The chair congratulated the Service Manager WDP Merton on the outcome from the CQC inspection.

A Panel member asked how many people are fully functioning amongst the 38,000 alcohol misusers in Merton. The Director of Public Health said these are numbers of those at risk which is worryingly high. There are different categories and about 6,000 people fall into the category for higher harm. There is a digital app available (Drinkchecker) which provides a self-assessment and advice tool, for those who do not access services. The Service are looking at new ways to get more people into treatment.

A panel member asked how Merton WDP work with prisons. The Service Manager reported that there is a dedicated officer who liaises with the prisons and is notified when those who need services are released. The aim is to continue treatment and integrate them into their local WDP service.

A panel member asked if there is a risk the service miss-diagnoses between those who have drinking and drug problem and what support is provided for the homeless. It was reported that it is difficult to disentangle between drug use and mental health but there is a dual diagnosis service. They also work closely with night shelters and Faith in Action who refer people to WDP services.

RESOLVED
The Chair thanked officers for their report.

6 BUSINESS PLAN UPDATE 2020-24 (Agenda Item 6)

The Director of Corporate Services gave an overview of the report and stated that it contains an indication of the Local Government Settlement and it is not anticipated there will be significant change to the final figures. The report provides an update on the Freedom Pass, and Pension Fund. There are some grants within the settlement but it is only for a year at this stage. The Spending Review and Fair Funding review has been deferred for another year.

A Panel member asked about the expected 1.4% increase in the public health budget. The Director of Corporate Services said councils are waiting for further details but it is likely to be linked to re-commissioning of services.
A Panel member asked for further detail on saving proposal CH98 review of the transport requesting for more detail on how the £200,000 saving will be made.

The Director of Community and Housing said transport is a high spend area across the council and the fleet needs to be reviewed to ensure we are providing the most efficient environmentally friendly transport. We are working with consultants to review the service, this includes analysing the routes used and the best way we can provide the service more efficiently. It is recognized that some individuals will need support to

travel, this is based on individual assessed need. However, some people may prefer to be supported to travel independently or with some support. The department will work with local communities to increase the independent travel-training offer to promote independence.

A Panel member asked if additional investment will be needed in the transport service. The Director of Community and Housing said the transport review is currently underway, once it completed then the options can be considered.

A panel member said while supporting independence is important, that there will be an increase in people needing help. The Director of Community and Housing said detailed work is taking place to understand costs within the services. Discussions are also taking place with health partners to share some of the costs. A combination of factors will support people and enable them to remain in their homes.

In response to questions the Assistant Director of Adult Social Care reported that the care monitoring system will provide more information about a visit. This will enable the council to pay for the care that is provided. This also benefits those who pay for their own care.

RESOLVED
The Chair thanked officers for their report.

7 BUSINESS PLAN 2020-24 - SAVINGS INFORMATION PACK (Agenda Item 7)

The Director of Corporate Services gave an overview of the report and stated that it contains an indication of the final settlement and it is not anticipated there will be significant change to the final figures. The report provides an update on the Freedom Pass, and Pension Fund. There are some grants within the settlement but it is only for a year at this stage. The Spending Review and Fair Funding review has been deferred for another year. There is currently is no budget gap in 2020-2021.

A Panel member asked about the expected 1.4% increase in public health budget. The Director of Corporate Services said councils are waiting for further details but it is likely to be linked to re-commissioning of services.
A Panel member asked for further detail on saving proposal CH98 review of the transport service asking for would like more detail on how the £200,000 saving will be made

The Director of Community and Housing said transport is a high spend area and the fleet needs to be reviewed. They are working with consultants to review the service and consider how it can be re-modelled. It is recognised that some individuals will need support to travel. However some people can manage a more independent model. The department will work with local communities to increase the independent travel offer to promote independence and reduce the number of buses on the road.

A Panel member asked if additional investment will be needed in Transport. The Director of Community and Housing said the transport review is underway to understand the detail then the options can be considered.
A panel member said while supporting independence is important, that there will be an increase in people needing support.

The Director of Community and Housing said detailed work is taking place to understand costs within the services. Discussions are also taking place with health partners to share some of the costs. A combination of factors will support people and enable them remain in their homes.

In response to questions the Assistant Director of Adult Social Care reported that the care monitoring system will provide more information on a visit, so the council can pay for the care that is provided. This also benefits those who pay for their own care.

RESOLVED
The Chair thanked officers for their support.

8 LEARNING FROM SAFEGUARDING ADULT REVIEWS (Agenda Item 8)

The Assistant Director of Adult Social Care gave an overview of the report.
A Panel member asked for clarification about how the learning is obtained. The Assistant Director for Adult Social Care said the Safeguarding Adults Evaluation Group will consider the evidence and learning from the review.

A Panel member asked if the professionals feel blamed and therefore reluctant to participate in the process. The Director of Community and Housing said the Safeguarding Adult Review is commissioned independently. The Interim Safeguarding & DOLS Team Manager said there is a good relationship with partner agencies and the focus is on learning from the review.

RESOLVED
Officers were thanked for their report

9 WORK PROGRAMME (Agenda Item 9)

The work programme was noted by the Panel.

NHS
Merton
Clinical Commissioning Group

MERTON HEALTH SCRUTINY COMMITTEE

Merton Improving Access to Psychological Therapies (IAPT) and Primary Mental Health Care Service Developments 2019/2020

February 2020

right care
right place
right time
right outcome

INTRODUCTION

Introduction

This paper has been prepared to provide the Merton Health Scrutiny Committee with a report on developments in primary mental health care services in Merton. It updates an earlier report presented to the Committee in February 2019, which identified two key challenges:-

1] Capacity and Investment – linked issues that affected the Merton Improving Access to Psychological Therapies (IAPT) service's ability to meet the service standards required in the Five Year Forward View for Mental Health. The remedial plan included increased health investment in services.

2] Performance – Addaction provided the Merton IAPT service from October 2015 to March 2019. There were qualitative and quantitative concerns arising from the service during that time, including the provider's inability to consistently meet key service standards, related in part to point 1 above.

The last primary mental healthcare service report to the Committee also highlighted the Clinical Commissioning Group's concern that some local population cohorts did not appear to have equal access to the service.

Commissioners described a two part remedial action plan:

1] To improve Merton IAPT performance

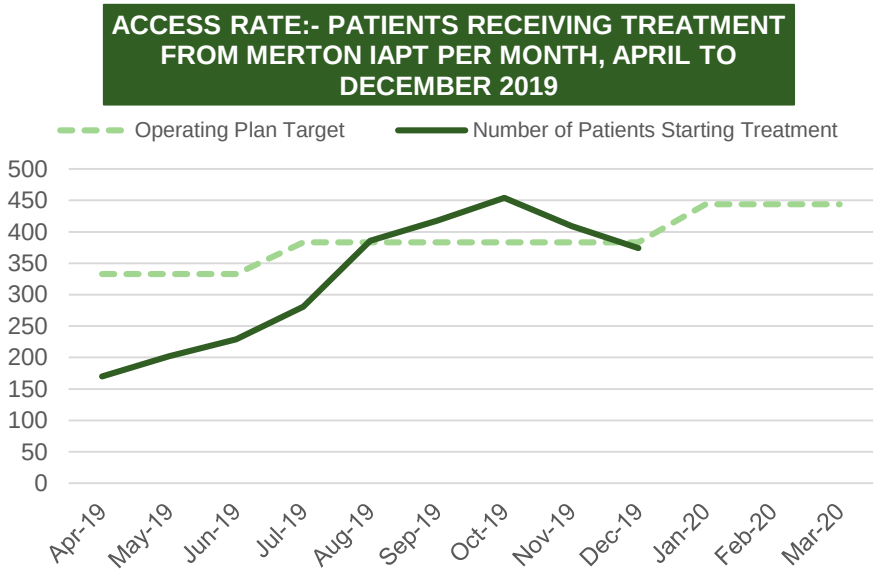
2] To improve primary care adult mental health services offered to the residents of Merton with effect from April 2019

The Committee was previously appraised of the primary mental health care service model Merton Clinical Commissioning Group (CCG) had designed for the borough, and the procurement process to secure the service. South West London and St George's Mental Health NHS Trust (SWLStG) was awarded the contract, and opened Merton's primary mental health care service, Merton Uplift, in April 2019.

Merton Uplift incorporates the three service elements:- the Primary Care Recovery Service, Merton IAPT and the Wellbeing service. SWLStG provide the service through a number of formal and informal arrangements with partners that include local service user group, Focus 4 1, IESO and ICS Digital (online talking therapies services), Carers Support Merton and Wimbledon Guild.

This report will outline some of the achievements of Merton Uplift to date, as well as some of the ongoing service developments.

PERFORMANCE UPDATE



IAPT Service Access Rate Improvements

During 2018/2019, commissioners worked with three separate organisations, to increase capacity, and referrals, and thereby increase the number of patients receiving treatment.

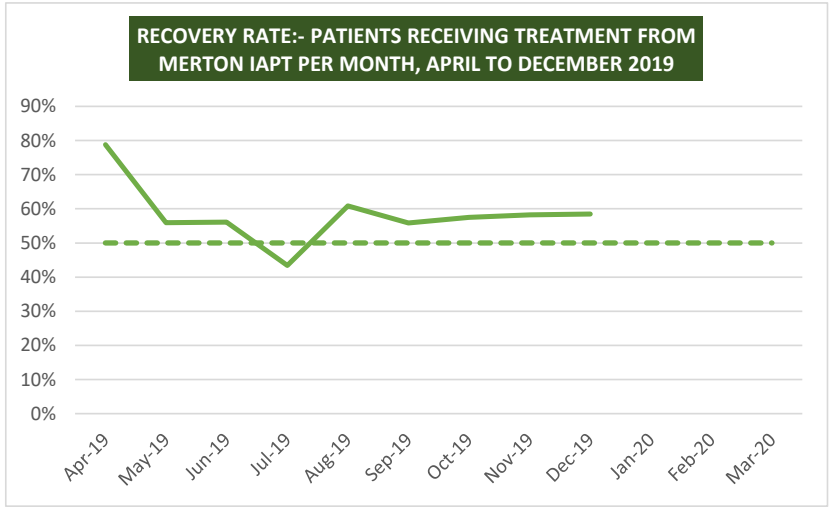
There was some disappointment with the number of patients treated in the Merton IAPT service at the start of 2019/2020. Underperformance was attributed to a lack of referrals, and a lack of therapists, which meant fewer patients started treatment than had been expected.

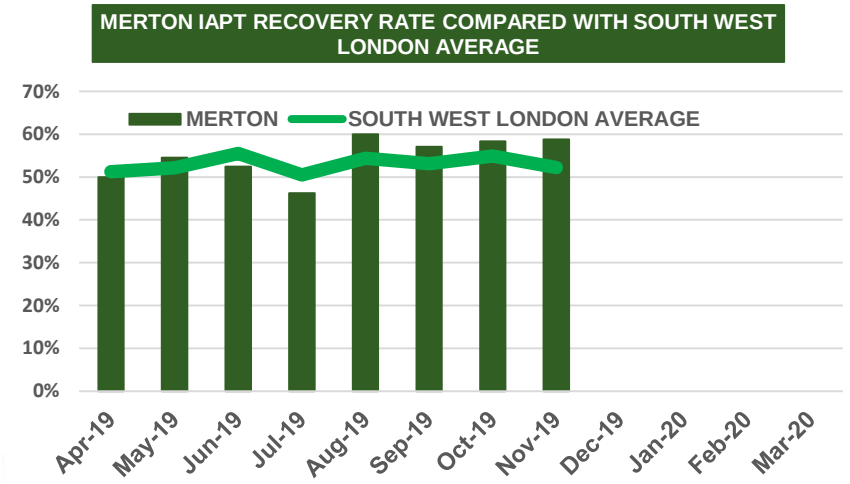
After taking remedial action, the new provider has improved the position markedly: by the second quarter of 2019/2020, the number of patients receiving treatment was equal to Merton Clinical Commissioning Group's (the CCG's) Operating Plan target.

There was an expected seasonal down turn in performance in December 2019, but commissioners are optimistic the Operating Plan performance requirement will be met in the fourth quarter of 2019/2020.

There is a higher contractual access rate target which if met, will entitle the provider to additional payments through the contract's Local Incentive Scheme (LIS).

PERFORMANCE UPDATE



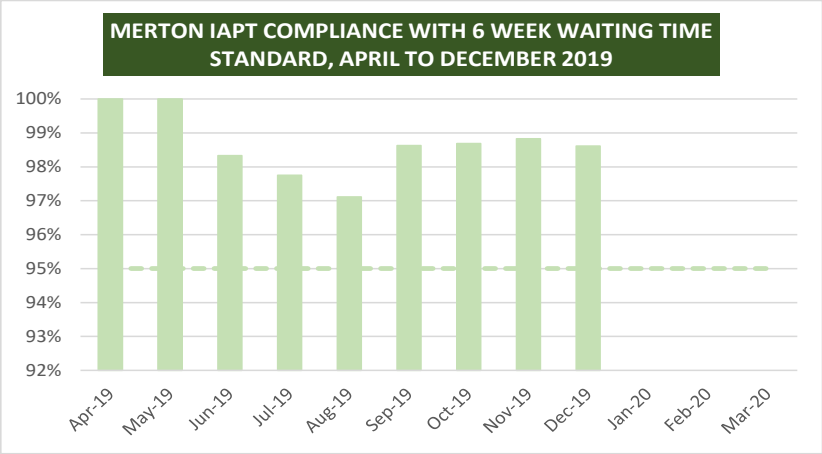


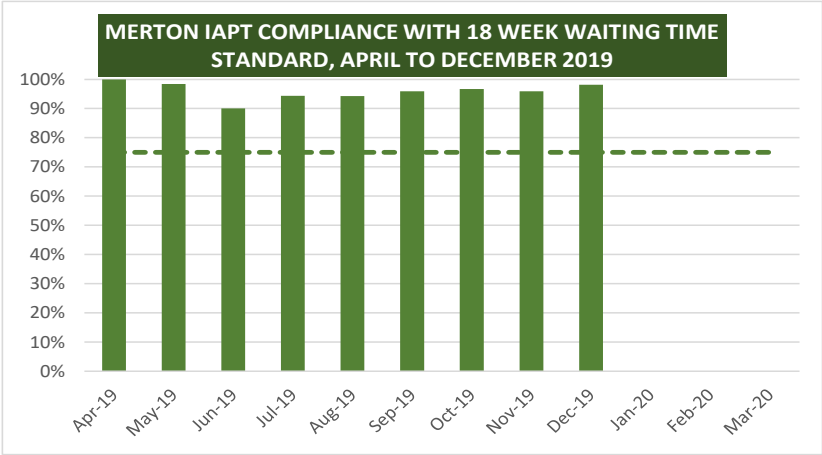
IAPT Service Recovery Rate Improvements

Since the new service opened in April 2019, the recovery rate (a measure of the service's success in treating patients) has been high. There is a national expectation that IAPT services maintain a recovery rate of at least 50%; the Merton service has, to date, maintained an average recovery rate of 58%.

Since August 2019, the Merton recovery rate has exceeded the south west London average.

PERFORMANCE UPDATE





IAPT Service Compliance With Waiting Time Standards

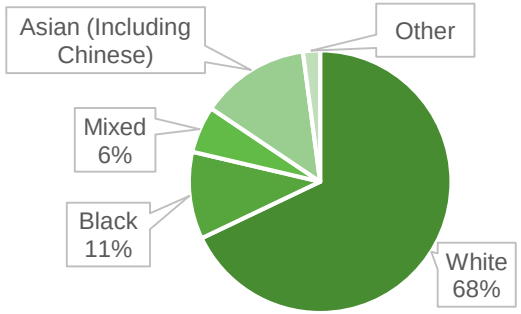
There are two national waiting time standards applicable to IAPT services:-

- 75% of patients must commence treatment within six weeks of referral.
- 95% of patients must commence treatment within eighteen weeks of referral.

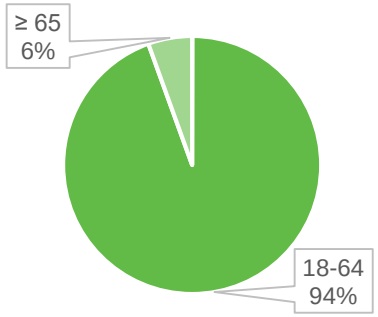
Reported data indicate the service consistently exceeds these standards – patients typically commence treatment within six weeks of referral.

PERFORMANCE UPDATE

MERTON IAPT REFERRALS PER BROAD ETHNIC GROUP, APRIL TO DECEMBER 2019



PROPORTION OF OLDER ADULTS ACCESSING MERTON IAPT, APRIL TO DECEMBER 2019



IAPT Service Under-represented Groups' Access to Treatment

In February 2019, commissioners reported they hoped to improve access to treatment for certain groups under-represented in Merton IAPT, particularly people from Black and Asian Minority Ethnic (BAME) backgrounds, older adults, patients living with long term physical health conditions (LTCs) and patients registered with east Merton General Practitioners (GPs).

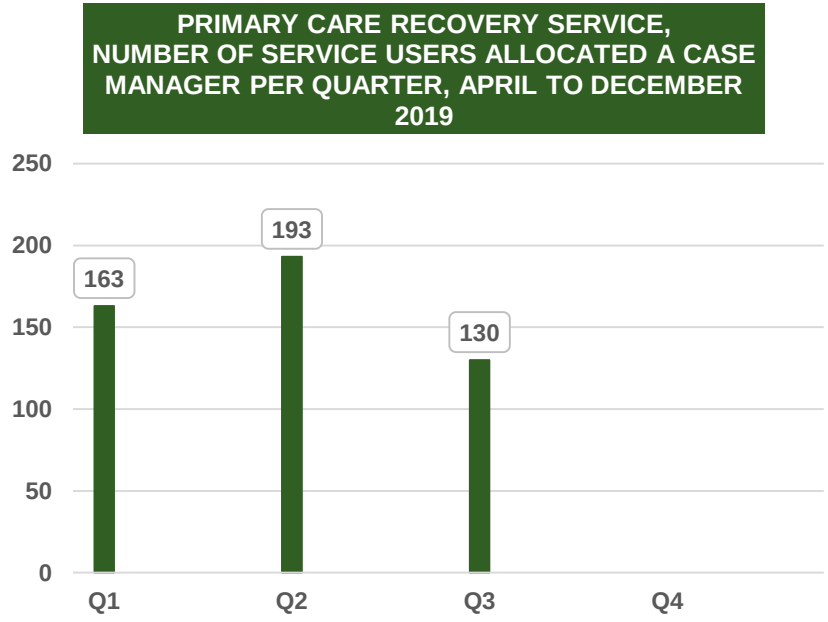
Of those patients referred to Merton IAPT whose ethnicity is known, the majority (68%) are from white ethnic backgrounds. The 'visible' ethnic minorities from BAME backgrounds appear to account for a greater proportion of the IAPT patient population, than they account for in the general population. However, the available data (April to December 2019) show that ethnicity is only recorded in 75% of cases. More work is required to assure equality of access.

Commissioners remain concerned to see that older adults (aged 65 years and older) are given fair access to IAPT. It is estimated older adults represent c. 10% of the Merton general population, yet they have accounted for 6% of patients in the new IAPT service. Commissioners anticipate that as the new expanded workforce is established in the borough, this will improve.

The provider has reported clients with LTCs have accounted for 25% of patients treated by the service in the period April to December 2019. The provider is incentivised through the contract to focus on patients with specific LTCs (diabetes, chronic heart disease and chronic respirator disease).

Commissioners are awaiting data from SWLStG concerning demographic and geographic under-representation in service use, including patients registered with east Merton GPs. A short list of inequalities to be addressed in later contract years will be agreed with the provider before the end of March 2020.

PRIMARY CARE RECOVERY SERVICE



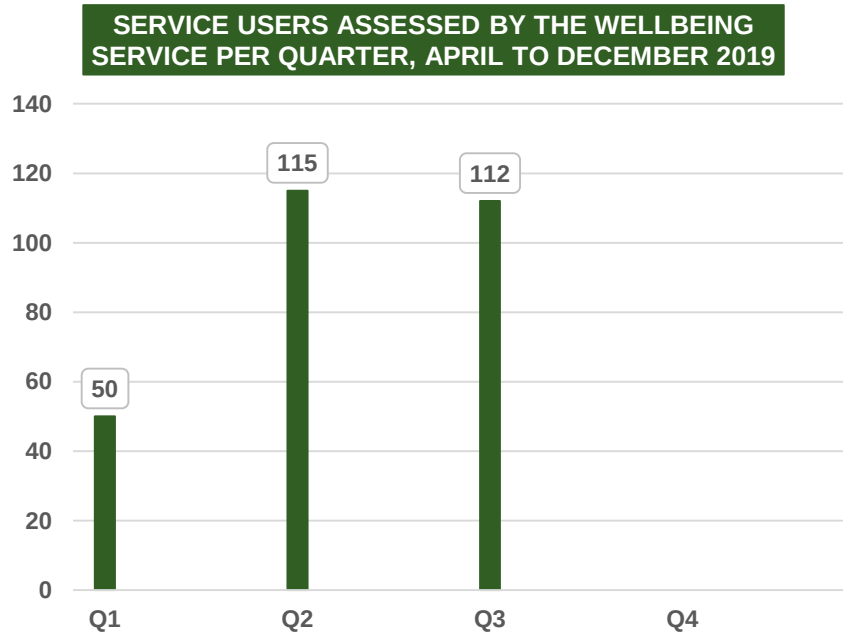
Primary Care Recovery Service Update

Its purpose is to collaborate with patients diagnosed with severe mental illness, and their GPs, in order to support their mental health without recourse to secondary mental health services.

The first year of operation of this service is a developmental year, during which working relationships will be established, and performance benchmarks will be set. In particular, commissioners are keen to see that the service is embedded with Merton's GPs by organising its staff so they operate through, and integrate themselves with, primary care networks (PCNs).

Other metrics to be monitored this year include the number of discharges from secondary mental health services facilitated by the service; patients in receipt of an annual review; and patient satisfaction.

WELLBEING SERVICE



Wellbeing Service Update

The purpose of the service is to support local residents who self identify as requiring support because of poor mental wellbeing/mental health.

Clients of the wellbeing service may be drawn from other Merton Uplift services, or may be referred, or self referred, from outside Merton Uplift. An element of the service is commissioned specifically to support local carers. Caring can affect a person's ability to work, socialise, look after themselves and live fully day-to-day. 87% carers feel that caring undermines their own mental health (Age UK, 2012).

Activity was lower at the outset as the service was set up, and partners drawn into the service to address specific needs. Care pathways can lead to support from the Recovery College and Wimbledon Guild, as well as tailored online interventions from Silvercloud.

The first year of operation of this service is a developmental year, during which performance benchmarks will be set against which future performance will be measured.

Merton Overview & Scrutiny Committee

Cancer Screening

Dr. Josephine Ruwende - Cancer Screening Lead
(London Region)
March 2020

NHS England and NHS Improvement

Summary

- This paper summarises cancer screening provider performance, uptake and coverage in Merton
- While generally above the London average, Merton does not meet any of the coverage and uptake targets
- The Joint London Cancer Screening Improvement Board has developed a three-year workplan to improve uptake. The key contributions required of Cancer Alliances, STPs and CCGs/boroughs include:
    - Improve cancer screening uptake in BAME, people with learning disabilities, first-time invitees and non-responders
    - Improve access to cervical cancer screening and deliver an additional 2200 cervical screens/year
    - Support practices and Primary Care Networks improve the early diagnosis and cancer screening uptake
- Provider performance is generally good and above national standards
- The introduction of Faecal Immunochemical Testing in the bowel screening programme in June 2019 has resulted in an 7% increase in uptake across London
- Human Papilloma Virus testing replaced cytology testing in the cervical screening programme in London in November 2019.
- The eight cervical screening labs in London were consolidated into a single provider-Cervical Screening London- in December 2019

Challenges in cancer screening

Staffing & access

- Access to cervical screening appointments in general practice –shortage of trained sample takers (practice nurses)
- Breast screening- National shortages of radiologists and radiographers
- Bowel Screening- inadequate number of specialist screening practitioners and endoscopists
- Limited breast screening appointments out of hours

Social & demographic

- Population churn & GP list inflation;
- Ethnic diversity,
- Deprivation,
- No call /recall for childhood immunisations, and
- Antiquated & fragmented IT systems in breast & cervical screening

Patient Concerns

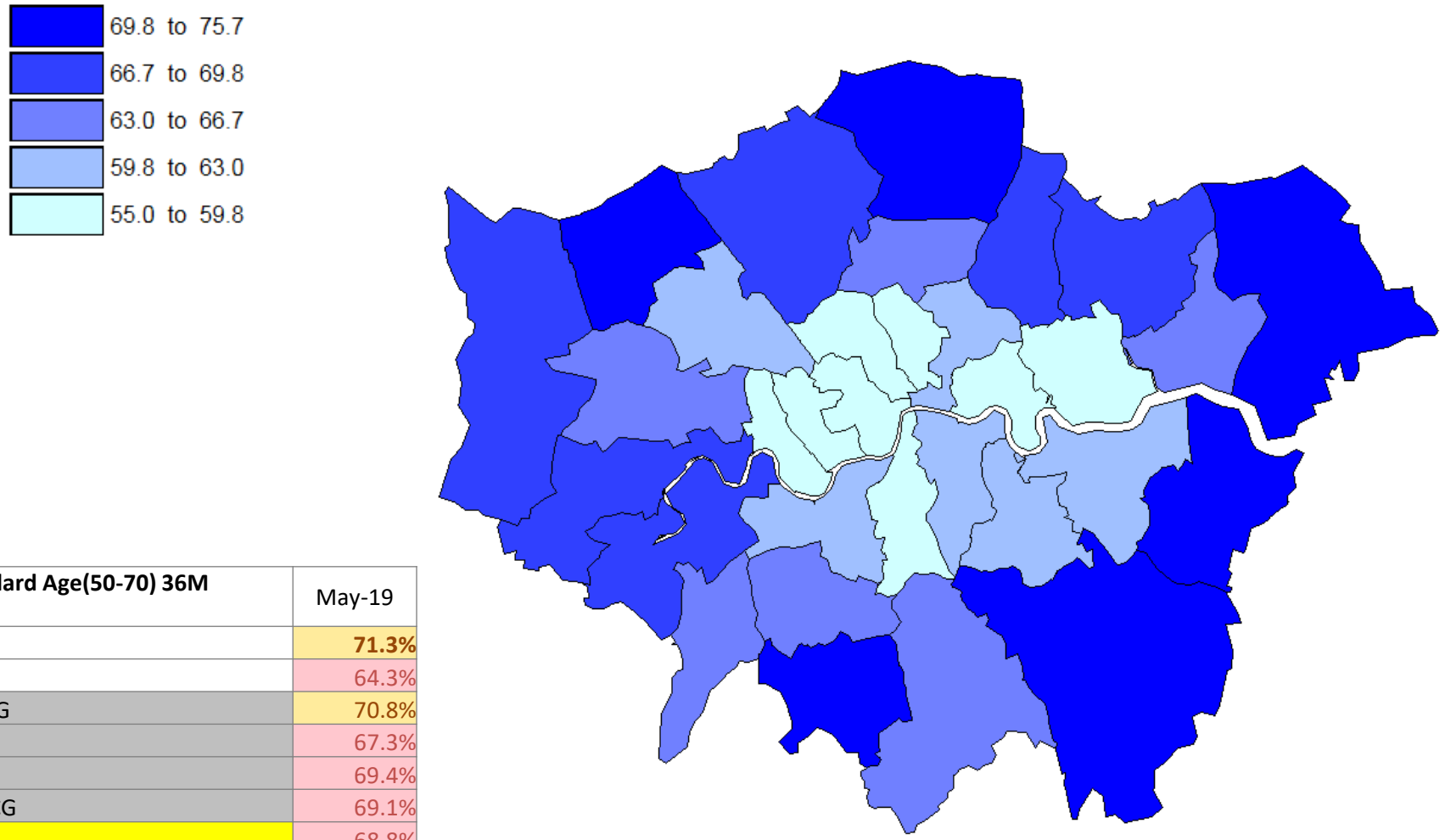
- Embarrassment at attending for cervical screening, and
- Discomfit with bowel screening test
- Lack of awareness of benefits of screening
- Limited perception of cancer risk
- Fear

Inequalities

- People with learning disabilities
- First – time invitees and previous non-responders
- Men (bowel screening)
- Cervical screening- transgender men, lesbians
- People with severe mental illness
- Cervical screening-LGBTQ, victims of sexual violence, transgender men

Breast Screening Coverage

(Age cohort 50 to 70, 2016/17 by London CCG)

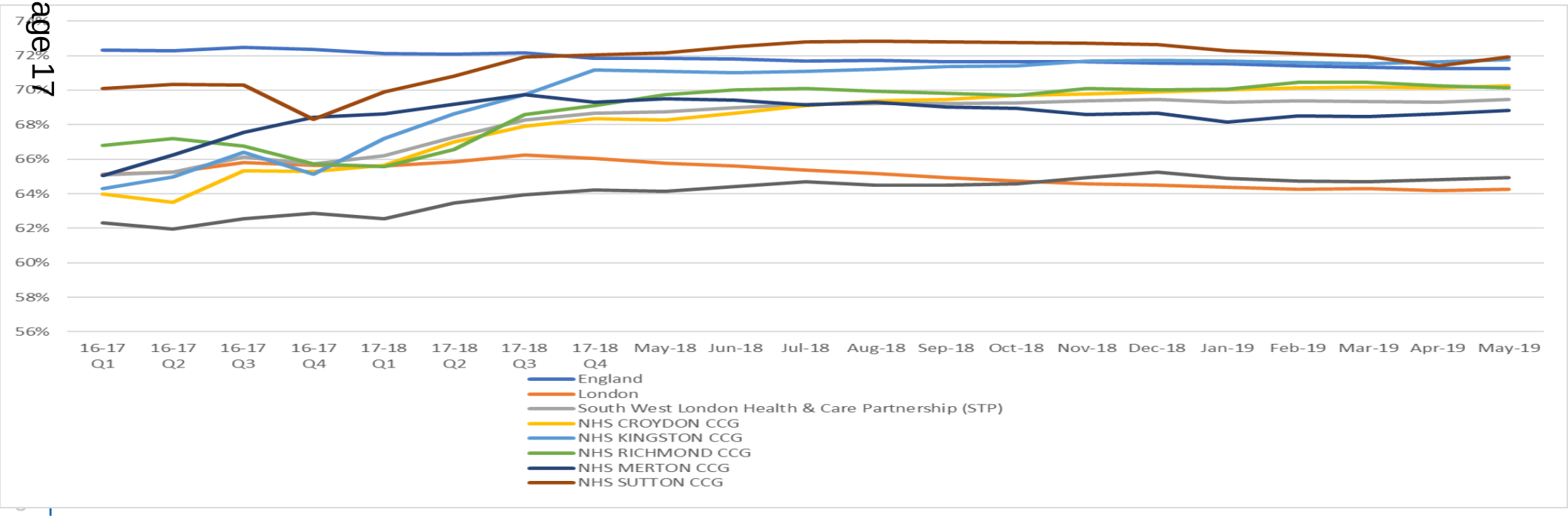


Breast Cancer Standard Age(50-70) 36M Coverage	May-19
England	**71.3%**
London	64.3%
NHS REDBRIDGE CCG	70.8%
NHS EALING CCG	67.3%
NHS HARROW CCG	69.4%
NHS HOUNSLOW CCG	69.1%
NHS MERTON CCG	68.8%
NHS SUTTON CCG	71.9%

SWL Breast Screening Coverage, 50-70 Years SWL CCG Trends

Source: Open Exeter, via Cube

Breast Cancer Standard Age(50-70) 36M Coverage	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
England	**71.9%**	**71.8%**	**71.7%**	**71.7%**	**71.6%**	**71.6%**	**71.6%**	**71.6%**	**71.5%**	**71.4%**	**71.3%**	**71.2%**	**71.3%**
London	65.8%	65.6%	65.4%	65.2%	64.9%	64.7%	64.6%	64.5%	64.4%	64.3%	64.3%	64.2%	64.3%
South West London Health & Care Partnership (STP)	**68.7%**	**69.0%**	**69.2%**	**69.2%**	**69.2%**	**69.3%**	**69.4%**	**69.5%**	**69.3%**	**69.4%**	**69.4%**	**69.3%**	**69.4%**
NHS CROYDON CCG	68.3%	68.7%	69.1%	69.4%	69.5%	69.7%	69.8%	69.9%	70.0%	70.1%	70.2%	70.1%	70.3%
NHS KINGSTON CCG	71.1%	71.0%	71.1%	71.2%	71.4%	71.4%	71.7%	71.7%	71.7%	71.6%	71.5%	71.6%	71.8%
NHS RICHMOND CCG	69.7%	70.0%	70.1%	69.9%	69.8%	69.7%	70.1%	70.0%	70.1%	70.4%	70.5%	70.2%	70.2%
NHS MERTON CCG	69.5%	69.4%	69.1%	69.3%	69.0%	68.9%	68.6%	68.7%	68.1%	68.5%	68.5%	68.6%	68.8%
NHS SUTTON CCG	72.2%	72.5%	72.8%	72.8%	72.8%	72.8%	72.7%	72.6%	72.3%	72.1%	71.9%	71.4%	71.9%
NHS WANDSWORTH CCG	64.1%	64.4%	64.7%	64.5%	64.5%	64.6%	64.9%	65.2%	64.9%	64.7%	64.7%	64.8%	64.9%
Cancer Alliance													
North Central and North East London	63.2%	62.6%	61.9%	61.4%	60.7%	60.0%	59.6%	59.4%	59.2%	59.1%	59.1%	59.1%	59.3%
North West and South West London	66.4%	66.6%	66.7%	66.6%	66.6%	66.7%	66.8%	66.8%	66.7%	66.6%	66.7%	66.5%	66.6%
South East London	68.8%	68.9%	68.8%	68.9%	68.9%	68.9%	68.9%	68.8%	68.7%	68.5%	68.4%	68.3%	68.3%



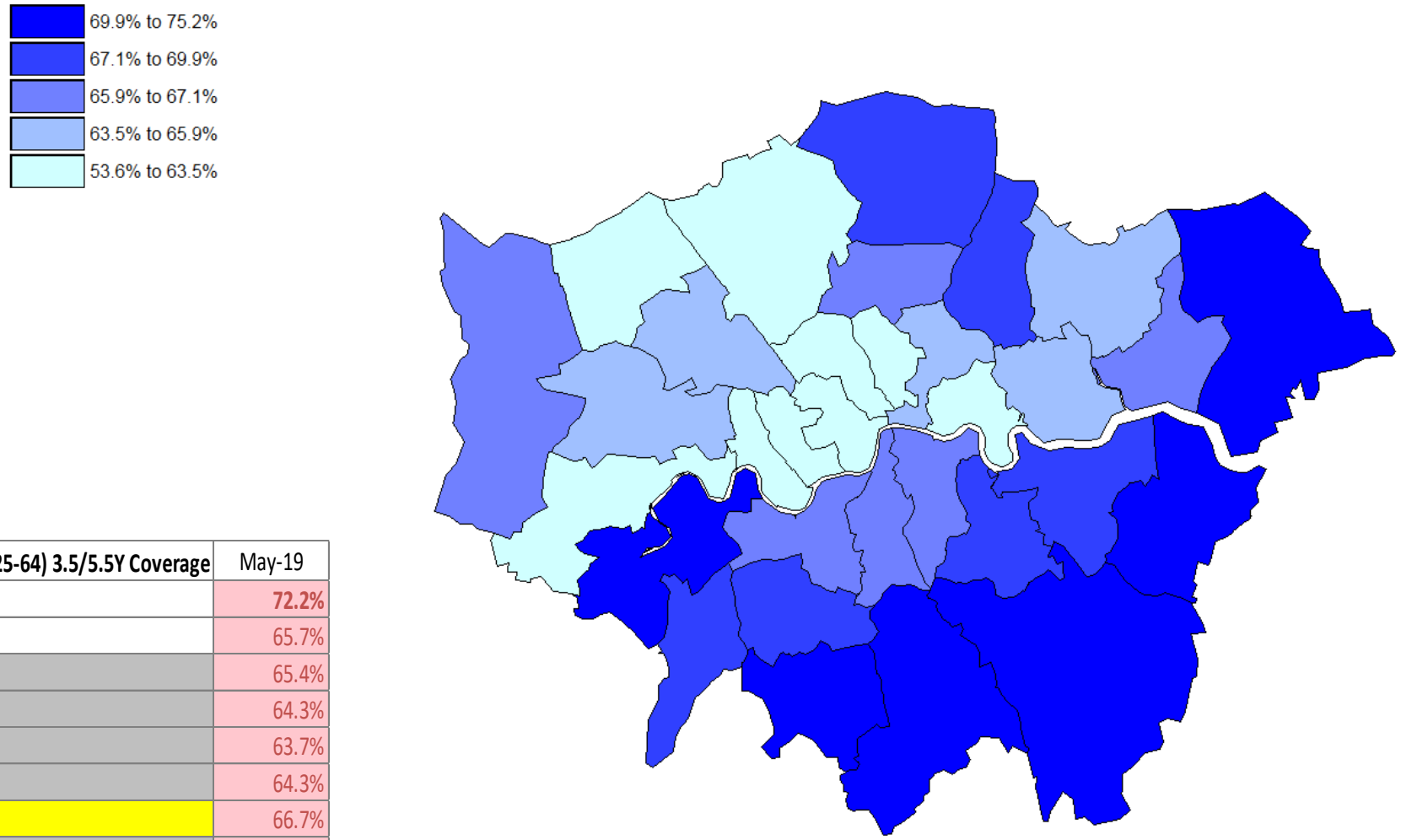
- Coverage in Merton is below the STP average and declining
- Merton needs to screen an additional 2550 women/year to meet the 70% target

Acceptable: 70.0%

Achievable: 80.0%

Cervical Screening Coverage

(Age cohort 25 to 64, 2016/17 by London CCG)

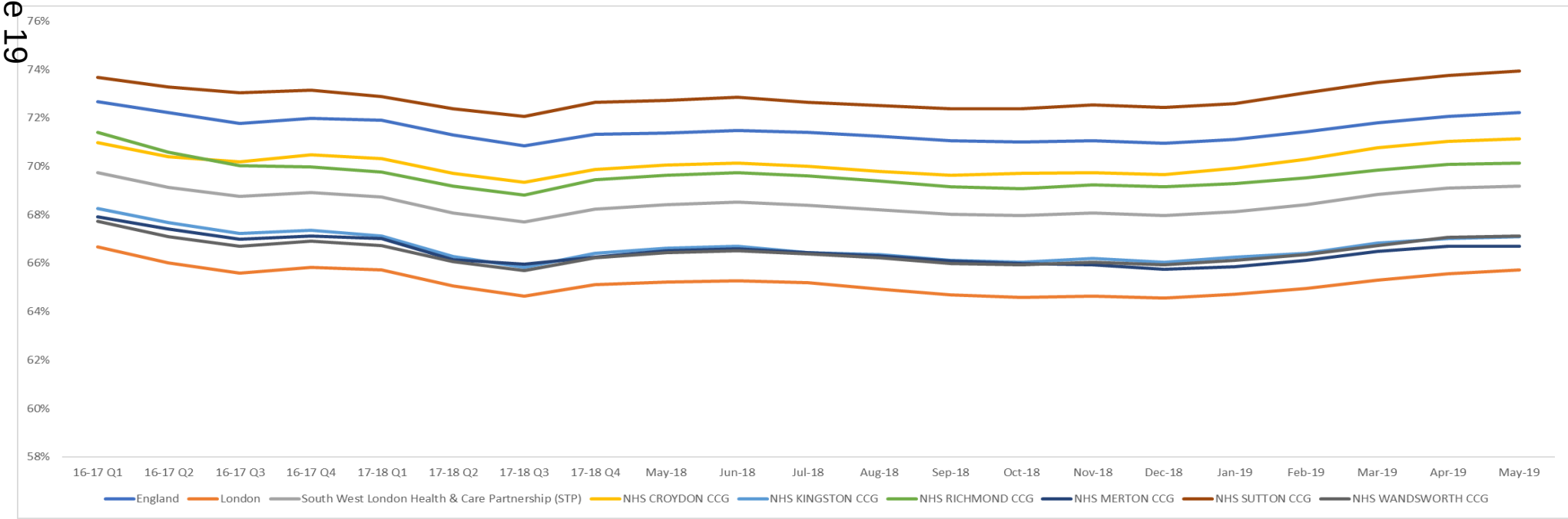


Cervical Cancer Target Age(25-64) 3.5/5.5Y Coverage	May-19
England	**72.2%**
London	65.7%
NHS REDBRIDGE CCG	65.4%
NHS EALING CCG	64.3%
NHS HARROW CCG	63.7%
NHS HOUNSLOW CCG	64.3%
NHS MERTON CCG	66.7%
NHS SUTTON CCG	73.9%

SWL Cervical Screening Coverage, 25-64 Years SWL CCG Trends

Source: Open Exeter, via Cube

Cervical Cancer Target Age(25-64) 3.5/5.5Y Coverage	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
England	**71.4%**	**71.5%**	**71.4%**	**71.2%**	**71.1%**	**71.0%**	**71.0%**	**71.0%**	**71.1%**	**71.4%**	**71.8%**	**72.1%**	**72.2%**
London	65.2%	65.3%	65.2%	64.9%	64.7%	64.6%	64.6%	64.6%	64.7%	65.0%	65.3%	65.6%	65.7%
South West London Health & Care Partnership (STP)	**68.4%**	**68.5%**	**68.4%**	**68.2%**	**68.0%**	**68.0%**	**68.1%**	**68.0%**	**68.1%**	**68.4%**	**68.8%**	**69.1%**	**69.2%**
NHS CROYDON CCG	70.0%	70.1%	70.0%	69.8%	69.6%	69.7%	69.7%	69.7%	69.9%	70.3%	70.8%	71.0%	71.1%
NHS KINGSTON CCG	66.6%	66.7%	66.4%	66.3%	66.1%	66.0%	66.2%	66.0%	66.2%	66.4%	66.8%	67.0%	67.1%
NHS RICHMOND CCG	69.6%	69.7%	69.6%	69.4%	69.2%	69.1%	69.2%	69.2%	69.3%	69.5%	69.8%	70.1%	70.1%
NHS MERTON CCG	66.5%	66.6%	66.4%	66.3%	66.1%	66.0%	65.9%	65.7%	65.8%	66.1%	66.5%	66.7%	66.7%
NHS SUTTON CCG	72.7%	72.9%	72.7%	72.5%	72.4%	72.4%	72.5%	72.4%	72.6%	73.0%	73.5%	73.7%	73.9%
NHS WANDSWORTH CCG	66.4%	66.5%	66.4%	66.2%	66.0%	65.9%	66.0%	65.9%	66.1%	66.4%	66.7%	67.1%	67.1%
Cancer Alliance													
North Central and North East London	64.6%	64.7%	64.6%	64.4%	64.1%	63.9%	63.9%	63.9%	64.0%	64.2%	64.5%	64.8%	65.1%
North West and South West London	63.9%	64.0%	64.0%	63.6%	63.3%	63.3%	63.4%	63.3%	63.4%	63.7%	64.1%	64.3%	64.3%
South East London	68.9%	69.0%	68.9%	68.7%	68.6%	68.5%	68.5%	68.5%	68.6%	69.0%	69.4%	69.7%	69.8%

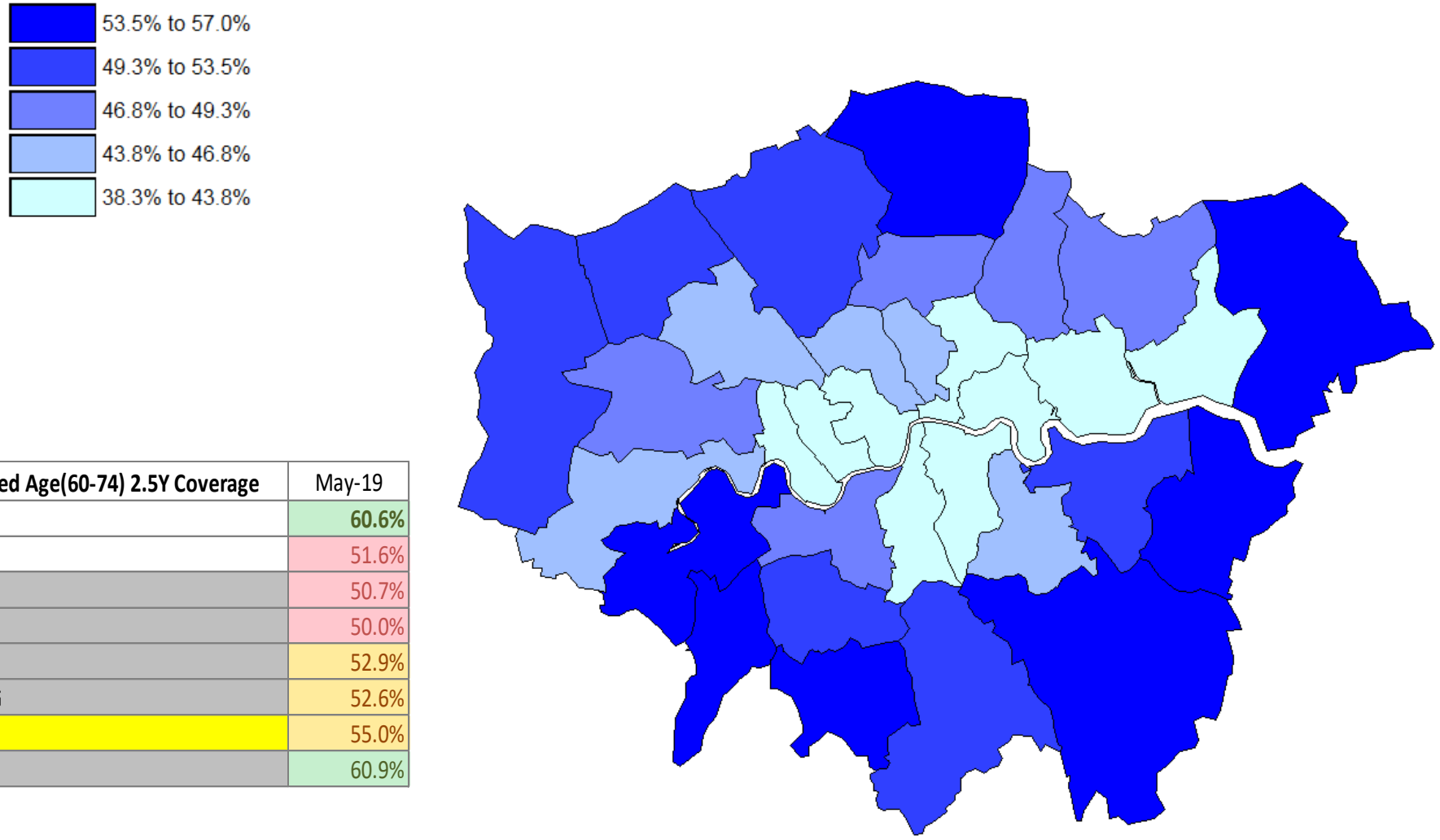


- Coverage in Merton is below the STP average
- Slight increase between Nov-18 and May-19
- Merton needs to screen an additional 2,300 women/year to meet the 80% target

Achievable: 80.0%

Bowel Screening Coverage

(Age cohort 60 to 74, 2016/17 by London CCG)

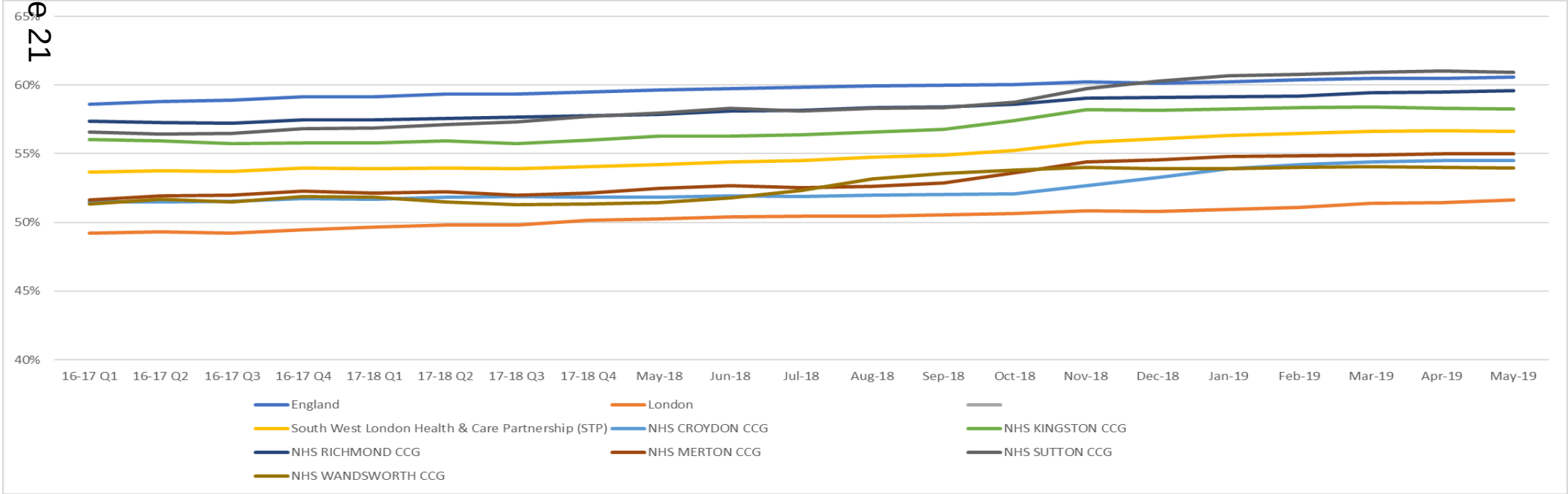


Bowel Cancer Extended Age(60-74) 2.5Y Coverage	May-19
England	**60.6%**
London	51.6%
NHS REDBRIDGE CCG	50.7%
NHS EALING CCG	50.0%
NHS HARROW CCG	52.9%
NHS HOUNSLOW CCG	52.6%
NHS MERTON CCG	55.0%
NHS SUTTON CCG	60.9%

SWL Bowel Screening Coverage, 60-74 Years SWL CCG Trends

Source: Open Exeter, via Cube

Bowel Cancer Extended Age(60-74) 2.5Y Coverage	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
England	**59.6%**	**59.8%**	**59.8%**	**59.9%**	**60.0%**	**60.0%**	**60.2%**	**60.2%**	**60.2%**	**60.4%**	**60.5%**	**60.5%**	**60.6%**
London	50.3%	50.4%	50.5%	50.5%	50.6%	50.6%	50.8%	50.8%	50.9%	51.1%	51.4%	51.5%	51.6%
South West London Health & Care Partnership (STP)	**54.2%**	**54.4%**	**54.5%**	**54.8%**	**54.9%**	**55.2%**	**55.8%**	**56.1%**	**56.4%**	**56.5%**	**56.6%**	**56.7%**	**56.6%**
NHS CROYDON CCG	51.8%	51.9%	51.9%	52.0%	52.0%	52.1%	52.7%	53.3%	53.9%	54.2%	54.4%	54.5%	54.5%
NHS KINGSTON CCG	56.3%	56.3%	56.4%	56.6%	56.8%	57.4%	58.2%	58.2%	58.3%	58.3%	58.4%	58.3%	58.3%
NHS RICHMOND CCG	57.9%	58.1%	58.2%	58.3%	58.4%	58.6%	59.0%	59.1%	59.2%	59.2%	59.5%	59.5%	59.6%
NHS MERTON CCG	52.5%	52.7%	52.5%	52.6%	52.9%	53.6%	54.4%	54.6%	54.8%	54.9%	54.9%	55.0%	55.0%
NHS SUTTON CCG	58.0%	58.3%	58.1%	58.3%	58.4%	58.8%	59.7%	60.3%	60.7%	60.8%	60.9%	61.0%	60.9%
NHS WANDSWORTH CCG	51.4%	51.8%	52.3%	53.2%	53.6%	53.8%	54.0%	53.9%	53.9%	54.0%	54.0%	54.0%	54.0%
Cancer Alliance													
North Central and North East London	49.4%	49.5%	49.4%	49.5%	49.5%	49.6%	49.7%	49.6%	49.7%	49.8%	50.0%	50.1%	50.3%
North West and South West London	50.3%	50.5%	50.6%	50.6%	50.7%	50.8%	51.1%	51.1%	51.3%	51.5%	51.8%	51.9%	52.1%
South East London	51.7%	51.9%	51.9%	52.0%	52.1%	52.1%	52.3%	52.3%	52.5%	52.6%	52.8%	52.9%	53.1%



- Coverage in Merton is below the STP average
- Coverage increased by 2.5%
- Due the introduction of FIT in June 2019, *uptake* in November 2019 had increased by 7% (unvalidated data) to 59%

Acceptable: 60%

Gap Analysis

Screening Programmes Summary to May-19	Gap analysis (rate per year)*					
	Bowel	Bowel	Breast	Breast	Cervical	Cervical
	Uptake (60-74)	Coverage (60-74)	Uptake (50-70)	Coverage (50-70)	Coverage (25-49)	Coverage (50-64)
Acceptable						
London	**49,269**	**85,450**	**48488**	**153,323**	**106,077**	**7,860**
South West London STP	**3,838**	**6,257**	**7,388**	**18,333**	**13,016**	**1,264**
NHS CROYDON CCG	1,410	2,707	1,979	4,518	2,607	182
NHS KINGSTON CCG	355	426	423	1,807	1,851	184
NHS RICHMOND CCG	252	123	774	2,504	1,413	203
NHS MERTON CCG	703	1,210	791	2,550	2,078	217
NHS SUTTON CCG			543	1,921	755	130
NHS WANDSWORTH CCG	1,165	2,029	2,878	5,034	4,312	348

* The gap analysis calculates the additional number of screens/year required to meet the standard.

Evidence base

1. Reminders in addition to the usual invitation e.g. text, telephone post ((3-10% increase)
2. Primary care endorsement (2-3% increase)
3. Personalised reminders-Interventions targeted specifically at non-participants e.g. postal reminders (standard practice), second-timed appointments in breast screening (standard practice), enhanced bowel screening reminders (standard practice
4. Varying invitation materials of strategy
    - fixed breast screening appointment times vs. open (20% absolute increase)
    - Advance notification of invitation to screening
    - Mass media campaigns
5. Direct contact interventions
    - Home visits, direct telephone contact, opportunistic promotion of breast screening at clinic attendance
6. Varying the screening
    - FIT vs. FOBT, HPV self-sampling

Duffy SW[1], Myles JP[1], Maroni R[1], Mohammad A[1].**Rapid review of evaluation of interventions to improve participation in cancer screening services**J Med Screen. 2017 Sep;24(3):127-145. doi: 10.1177/0969141316664757. Epub 2016 Oct 17

Prof. Sir Mike Richards Review on Adult Screening Programmes

- Recommendation 13: Uptake and coverage
- High priority should be given to spreading the implementation of evidence-based initiatives to increase uptake. This will require an integrated system approach and should include:
  - Implementing text reminders for all screening programmes
  - Further pilots of social media campaigns with formal evaluation and rollout if successful
  - Spreading good practice on physical and learning disabilities
  - Encouraging links with faith leaders and community groups and relevant voluntary, community and social enterprise organisations that work with the NHS at national, regional and local levels to reduce health inequalities and advance equality of opportunity
  - Increasing awareness of trans and gender diverse issues amongst screening health professionals
  - Consideration of financial incentives for providers to promote out of hours and weekend appointments.
  - Improving convenience, acceptability and accessibility
- https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf

Joint London Cancer Screening Improvement Board

The Joint London Cancer Screening Improvement Board is a partnership forum comprising NHSE/I, councils, CCGs, cancer alliances, charities and academia.

The Board aims to improve cancer screening uptake and reduce inequalities across London

Objectives

- To share learning and improve consistent evaluation across the region
- To reduce current variation and inequalities in delivery and outcomes
- To increase delivery of evidence based interventions and generate new evidence

LCISB Workplan- *High-level framework for joint working*

	Rationale
NHSE/I-Led	Regional, 'do-once' approach Commissioning through providers Contractual levers required
Alliance-led	Innovation Local partnership working Addressing local need (boroughs/CCGs) Identifying sustainable models of funding and delivery of best practice
Joint working	Regional roll-out Pooling of resources Joint planning, delivery, monitoring, oversight
TCST	Facilitate and support improvement, convene partners

Joint London Priorities

The Board has agreed the following priorities which are being delivered through single regional, multi-partner workplan

1. Monitor trends and variation in uptake and coverage
2. Build the evidence of what works to improve participation and reduce inequalities
3. Improve access to screening
4. Targeted work to reduce inequalities
5. Address behavioural barriers to non-participation of screening *(forgetfulness, cancer risk awareness, awareness/understanding of screening)*
6. Work with and through general practice

Summary of NHSE/I priorities 2020/21

1. **Improving access**
   - NHSE/I: -Breast screening appointments out of hours
     -Cervical screening- in extended access hubs and sexual health clinics
   - Merton/STP/Alliance: Develop plans to deliver additional 2200 cervical screens/year in Merton
2. **Reducing inequalities**
   - NHSE/I: -Bowel screening in prisons
     -Cervical screening for victims of sexual violence
     -Bowel screening in PWLD (SEL)-pilot
     -Resources, guidance for PWLD carers and professionals
   - Merton/STP/Alliance: Increase uptake in people with learning disabilities, BAME, first-time invitees,
3. **Personalised reminders**
   - NHSE/I: -GP-endorsed text reminders- bowel, breast, cervical to all invitees
     -GP-endorsed bowel screening pre-invitation letters to all invitees
   - Merton/STP/Alliance: Send text/phone reminders to non-responders
4. **Regional social marketing campaign**
5. **Supporting primary care**
   - NHSE/I: -PCN pilots (10)
     -Postal Address verification –women 25-49 years
   - Merton/STP/Alliance: -Disseminate lessons, embed good practice from cancer screening PCN pilots (once available)
     -Support PCNs develop plans to implement the Early Cancer Diagnosis Service Specification
     -Support practices implement the QOF Quality Improvement Domain on Early Diagnosis of Cancer (including cancer screening uptake)
6. **Research**
   - Fund 3 -4 research studies
7. **Monitor variation and trends**
   - NHSE/I: -Equity audits
     -Mapping uptake interventions (TCST)
   - Merton/STP/Alliance: Local cancer screening needs assessment/equity audits

Proposed Merton uptake improvement priorities

1. **Improving access**
   - Merton/STP/Alliance: Develop plans to deliver additional 2200 cervical screens/year in Merton
2. **Reducing inequalities**
   - Merton/STP/Alliance: Increase uptake in people with learning disabilities, BAME, first-time invitees,
3. **Personalised reminders**
   - Merton/STP/Alliance: Send text/phone reminders to non-responders
4. **Regional social marketing campaign**
5. **Supporting primary care**
   - Merton/STP/Alliance: -Disseminate lessons, embed good practice from cancer screening PCN pilots (once available)
     -Support PCNs develop plans to implement the Early Cancer Diagnosis Service Specification
     -Support practices implement the QOF Quality Improvement Domain on Early Diagnosis of Cancer (including cancer screening uptake)
6. **Monitor variation and trends**
   - Merton/STP/Alliance: Local cancer screening needs assessment/equity audits

Improving access to cervical screening

- 14, 000 additional cervical screens required in SWL/year to achieve 80% target

Screening Programmes Summary to Jun-19	Performance up to Jun-19		Gap analysis (rate per year)*	
	Cervical Coverage (25-49)	Cervical Coverage (50-64)	Cervical Coverage (25-49)	Cervical Coverage (50-64)
Acceptable	101%	101%		
	Cervical Cancer Lower Age(25-49) 3.5Y Coverage	Cervical Cancer Higher Age(50-64) 5.5Y Coverage		
London	**63.0%**	**74.2%**	**105,426**	**7,773**
South West London STP	**67.3%**	**74.7%**	**12,905**	**1,255**
NHS CROYDON CCG	68.6%	77.2%	2,598	178
NHS KINGSTON CCG	64.6%	73.8%	1,847	184
NHS RICHMOND CCG	68.4%	74.1%	1,401	203
NHS MERTON CCG	64.6%	73.1%	2,053	213
NHS SUTTON CCG	73.2%	76.0%	735	127
NHS WANDSWORTH CCG	66.0%	72.5%	4,271	349

- NHSE/I interventions potentially deliver an additional 3,000 screens in SWL in 20/21
- What contribution will STP make to deliver additional 11,000 screens required in 20/21

Intervention	London impact	SWL Impact
Screening in sexual health clinics	20/21=10, 000 21/22= 20, 000 23/24 = 35, 000	20/21=2, 000 21/22= 4, 000 23/24 = 7, 000
Extended access hubs	20/21=6,000	1,000
Cervical screening hubs	21/22=5000 22/23= 7,500	20/21=1,000 22/23= 1,500

Service developments

Cervical screening programme- HPV primary screening

- Human Papilloma Virus (HPV) testing replaced cytology as the screening test within the cervical screening programme across London in 2019
- Cervical Screening London (CSL), the new single lab covering the entire London
- New laboratory for London (CSL) went live as planned on Dec 2nd.
- Backlogs were cleared in all former cytology labs by the end of December apart from St Heliers, due to staffing shortages.
- At the beginning of Jan, the remaining samples at St Heliers (300) were sent to CSL to read and report. All were cleared within 2 weeks.
- The key challenge for CSL is the IT interface with both primary and secondary care (for sample test ordering and receipt of results).
- tQuest is the system to be used in primary care but so far close to 90% of Merton practices have set this up (Table 1)
- Paper based/email systems in use in the interim.
- NHS Digital is working with Trusts to find an IT solution for secondary care. A system has been trialled with Epsom and St Heliers which appears promising.

Table 1: Cervical Screening –GP t-Quest/electronic results roll-out

London CCGs	Total Practices	electronic results	e-results pending	Not receiving e-results	% electronic results	using tQuest	Not using tQuest	% using tQuest
Croydon	52	40	4	8	76.92	45	7	86.54
Kingston	21	19	0	2	90.48	17	4	80.95
Merton	22	20	2	0	90.91	19	3	86.36
Richmond	28	19	6	3	67.86	8	20	28.57
Sutton	23	18	3	2	78.26	19	4	82.61
Wandsworth	42	32	6	4	76.19	35	7	83.33
SWL	**188**	**148**	**21**	**19**	**78.72**	**143**	**45**	**76.06**

FIT for screening

- FIT roll out started in June 2019 and is progressing well across London including all CCGs in SW London.
- SW London screening centre is remains the top performer in London for Bowel Cancer screening uptake figures. Current FIT uptake figure for SWL q2, 2019 is 67.1%. This is the highest in London and is above the national achievable target of 60% (source -NHSE &I Data, Dec 2019).
- FIT positivity for the same period for SWL is 1.7%.
- FOBT uptake figures for SW London figures for the last four quarters have remained above the 52% acceptable level.
- SW London screening site has and continues to successfully manage the meet post FIT roll out rises in Colonoscopy, pathology and radiology without breaching any Key performance indicators.
- The old FOBT screening system was switched off (Nationally) on 14th January 2020. Any old FOBt screening kit sent to the London Hub will still be processed for a period of two years from June 2019. Any request to replace a lost or damaged FOBt kit will be with the new FIT kit.
- A few London GPs are still sending Symptomatic FIT kits to the London Screening hub. Reminders to GPs about the differences between Screening and Symptomatic FIT processes are sent via Hub GP newsletter and the TCST bulletin for GPs, CCGs etc.
- For the year 2020/21, NHSE & I have included FIT age extension to 50-59 years olds in its commissioning intentions agreed with Screening providers. Subject to national policy guidance, agreement with screening providers via contract variation will be expected later in the year.

Bowel Scope Screening roll report Q2 2019/20 – SWL & NEL

SWL	Name of CCG	Total number GPs within CCG	Total no of GPs that are Live for Bowel scope (October 2019)	Total numbers -not live	% of GP that are live	Planned date to achieve 100% coverage	Comments e.g. roll out site
	Croydon	51	0	51	0%	unknown	NHSE & I is now in receipt of an agreed implementation plan with milestones and clear deadlines. This has been agreed between St George's screening site, Croydon Hospital senior managers and Clinicians. NHSE & I is assured about engagement and will monitor progress via quarterly meeting and Bowel scope implementation meetings.
	Kingston	21	0	21	0%	30/03/2021	Roll out site is Kingston Hospital. Kingston General Hospital is undergoing an Endoscopy Unit build which will create sufficient capacity for the demands of Bowel Scope Screening. Build on target to be completed by August 2020. • SWLBCSC will submit bid application for roll out once KGH endoscopy build is completed. • Plan to commence with 2 BoSS lists and increase to 2.5 at full roll out by March 2021 • 4 endoscopists accredited for BoSS at KGH
	Merton	22	11	11	50%	31/01/2021	Roll out site is St George's Hospital until refurbishing work is completed at St Helier's hospital. • Plans to commence BoSS lists at St Helier are on hold due to delays with completion of the final phase of the Endoscopy Unit build until further finance is approved by ESTH Trust – business case to be re submitted to Trust by Nov 2019 for review. • 3 endoscopists accredited for BoSS at St Helier with a further 2 currently going through the accreditation process. • Plans to roll out 100% to Merton, with 2.5 lists/wk. delivered from St Helier Hospital by January 2021
	Richmond	31	31	0	100%	fully rolled out	
	Sutton	23	23	0	100%	fully rolled out	
	Wandsworth	43	43	0	100%	fully rolled out	
NEL							
	City and Hackney	44	30	14	68%	30/04/2020	endoscopy have agreed that 3rd list will be available in April 2020. nurse endoscopist is working towards BSS accreditation.
	Newham	52	0	52	0%	after May 2020	roll out cannot progress unless spare endoscopy capacity (3 BSS lists) becomes available from completion of re-furbishing of Mile End Hospital endoscopy unit. One accredited colonoscopist is going on 6 months sabbatical leave and a replacement is available and has been put forward for accreditation.
	Tower Hamlets	36	20	16	56%	after May 2020	Roll out cannot progress unless spare endoscopy capacity (1 more BSS list) becomes available from completion of re-furbishing of Mile End Hospital endoscopy unit. One accredited colonoscopist is going on 6 months sabbatical leave and a replacement is available and has been put forward for accreditation.
	Waltham Forest	52	0	52	0%	unknown	Delays due to rebuilding works at Whip's Cross and limited room space. There has been no time frame given for the endoscopy refurbishment

Cervical screening text reminders

- Cervical screening uptake -Defined as screening attendance 18 weeks/136 days after invitation is sent.
- Baseline July 2017 to January 2018 =31.2%

- Between 1 September 2018 and 14 March 2019:
  - 97% of practices in London signed up to the project, with 80% signing up within the first 6 weeks
  - 384,112 women were invited for screening from consenting practices
  - mobile phone numbers were extracted for 88% of these women
  - messages were successfully sent to 75% of these women (the most common reason for non-delivery of the text message was incorrect phone number)

- For women who received a text reminder, uptake at 18 weeks was higher by:
  - 4.8% in all age groups
  - 4.8% in women aged 25 to 49
  - 5.9% in women aged 50 to 64

- The average time between invitation and screening was 54 days for women who received an invitation letter and a text reminder and 71 days for women who only received an invitation letter.

SWL RESULTS

	No SMS			SMS			
	All women	Women attending screening within 18 weeks	Uptake	All women	Women attending screening within 18 weeks	Uptake	% difference
NHS Wandsworth CCG	3406	942	28%	3592	1326	37%	9%
NHS Sutton CCG	1324	490	37%	1632	744	46%	9%
NHS Croydon CCG	2925	929	32%	2917	1169	40%	8%
NHS Richmond CCG	1573	543	35%	1732	707	41%	6%
NHS Kingston CCG	804	257	32%	1873	715	38%	6%
NHS Merton CCG	2581	795	31%	1155	415	36%	5%

APPENDIX 1:

Joint London Cancer Screening Improvement Workplan 2020/21

London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
1. Improve access to screening				
Increase breast screening appointments out of hours/weekends **Lead: NHSE/I**	January 2020-March 2021	Use routine contracting and incentivisation to ensure consistent OOH provision	All providers offer out-of-hours and weekend appointments	Promote Good Practice Guide for Cancer Screening in Primary Care e.g. follow-up non-attenders
Increase cervical screening in primary screening care hubs/GP extended hours **Lead: NHSE/I**	April 2019-March 2021	Use available, un-utilised extended access appointments for cervical screening	At least 6,000 cervical screens take place in extended access hubs	Ensure all extended access hubs in SEL offer cervical screening
Increase cervical screening in sexual health clinics. **Lead: NHSE/I**	April 2019-March 2022	Increase number SH of providers contracted to offer cervical screening	Increase proportion of regional cervical screens taking place in SH clinics from 1% (2019/20) to 5%	Work with providers and councils to increase in provision
Improve access to cervical screening **Lead: Alliances**	March 2020-April 2022	Increase access to cervical screening in general practice and the community	At least 40k additional cervical screens available in general practice	Improve access to cervical screening in general practice - Using NHSE/I gap analysis-demand and capacity planning of additional clinics, appointments and sample takers to achieve 80%

NHSE/I

Joint

Alliance

London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
2. Undertake targeted work to reduce inequalities				
Provide bowel screening in prisons **Lead: NHSE/I**	April 2018- March 2021	Work with prison, bowel screening centres and hub to offer bowel screening in all prisons in London	Uptake of 60% achieved in all London prisons	
Improve breast and bowel screening uptake in people with a learning disability (PWLD) **Lead: Joint NHSE/I/Alliances**	April 2018- March 2021	Work with practices, community learning disability teams and breast/bowel screening hubs to improve uptake in PWLD	Uptake of 60% achieved in PLWD	Implement good practice in promoting cancer screening uptake in PWLD across all CCGs
Improve cervical screening uptake in victims of sexual violence and FGM **Lead: NHSE/I**	April 2019-March 2021	Commission cervical screening service for victims of sexual violence and FGM (My Body Back Clinic Barts)	Service available and accessible	Sign-post service
Improve cervical screening in transgender men **Lead: Joint NHSE/I/Alliances**	April 2019-March 2021	Commission screening provision in a gender identity clinic (ChelWest)	Service available and accessible	Sign-post service-Dean Street Clinic
Improve cancer screening uptake in vulnerable groups **Lead: Alliances**	2020/21	Work with local partners (e.g. councils, charities) to identify hard-to-reach groups and promote screening participation	Increase in uptake and reduction in inequalities	Design and implement locally relevant interventions to improve uptake in hard-to-reach groups e.g. specific ethnic groups, homeless etc

NHSE/I

Joint

Alliance

London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
3. Address behavioural barriers to non-participation in screening *(forgetfulness, cancer risk awareness, awareness/understanding of screening)*				
Implement GP endorsed text reminders in cervical, breast and bowel screening **Lead: NHSE/I**	October 2018-March 2021	Service developed and commissioned	Uptake increase 4-7%	Encourage -practice sign-up -mobile phone recording
Phone call reminders in breast and bowel screening across London **Lead: Alliances**	April 2018-March 2021	Expand current phone reminder service to all London CCGs /areas with lowest uptake	Uptake increase 5%	Working with local partners, design and deliver sustainable, tiered models of personalised reminders (text, phone call)
Enhanced bowel screening reminders **Lead: NHSE/I**	April 2016-recurrent	Continuation of existing service	Uptake increase 1%	
GPE Bowel screening pre-invitation letters **Lead: NHSE/I**	April 2016-recurrent		Uptake increase 1%	
Develop and deliver a social marketing campaign **Lead: Joint**	2020/21	Options appraisal Procure company to design and deliver marketing campaign	Increase in awareness and increase in uptake of breast, bowel, cervical screening	Contribute to design, delivery and oversight of social marketing campaign Lead local engagement and delivery of campaign

NHSE/I

Joint

Alliance

London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
4. Work with and through general practice to improve uptake/coverage				
Work with PCNs to improve cancer screening uptake **Lead: Joint NHSE/I/Alliances**	December 2019-December 2020	Develop and fund 10 PCN pilots focused on improving breast and bowel screening uptake	Learning from the pilots will be shared across London	Disseminate lessons and embed good practice from pilots Support Local PCNs deliver Early Diagnosis Service Specification
Improve the accuracy of postal addresses on GP systems for women aged 25-49 **Lead: NHSE/I**	2020/21	Develop a local incentive scheme for practices to validate the postal addresses and mobile phone numbers on GP clinical systems	Addresses validated for 90% of women aged 25-49, Improve cervical screening by 4-8%	Support practice sign-up to LIS
5.Monitor variation and trends in uptake				
Complete and regularly update breast, bowel and cervical equity audits **Lead: NHSE/I**	January 2020-March 2022	Using routine and non-routine data, audit and evaluation, regularly analyse and monitor uptake across the	Inform targeted approaches and evaluate initiatives	
Mapping of interventions and investments **Lead: TCST**	April 2019-March 2022	Regional mapping of all cancer screening projects Assessment of investment vs. need	Targeting of investments to areas of greatest need. Establishment and sharing of good practice Reduction in duplication	
Monitoring of implementation and effectiveness **Lead:TCST**	April 2019-March 2022			

NHSE/I

Joint

Alliance

London Joint Cancer Screening Uptake Improvement Workplan 2020/21

Projects	Timeframe	Activity	Impact	Alliances
6. Build the evidence of what works to improve uptake and reduce inequalities				
Agree joint London research priorities **Lead: Joint NHSE/I/Alliances**	October 2019-January 2020	**Priorities**: 1. What is the optimal timing and content of text message reminders for breast, bowel and cervical screening?' 1. Why does only third of women who take part in one or more screening programmes take part in all three? 1. 'What is the effectiveness and cost-effectiveness of using text message reminders to facilitate self-referral and uptake of faecal immunochemical test screening, compared with telephone patient navigation' Funding: NHSE/I and Cancer Alliances	Publication and translation of research into practice	Participate and fund research and innovation
Work with community pharmacy to promote bowel screening	March 2020-April 2021	NIHR-funded study led by UCL		

APPENDIX 2:

Provider Performance

SWL Breast Screening Service provided by St Georges
Performance (Nov-19) is good and generally above the national average

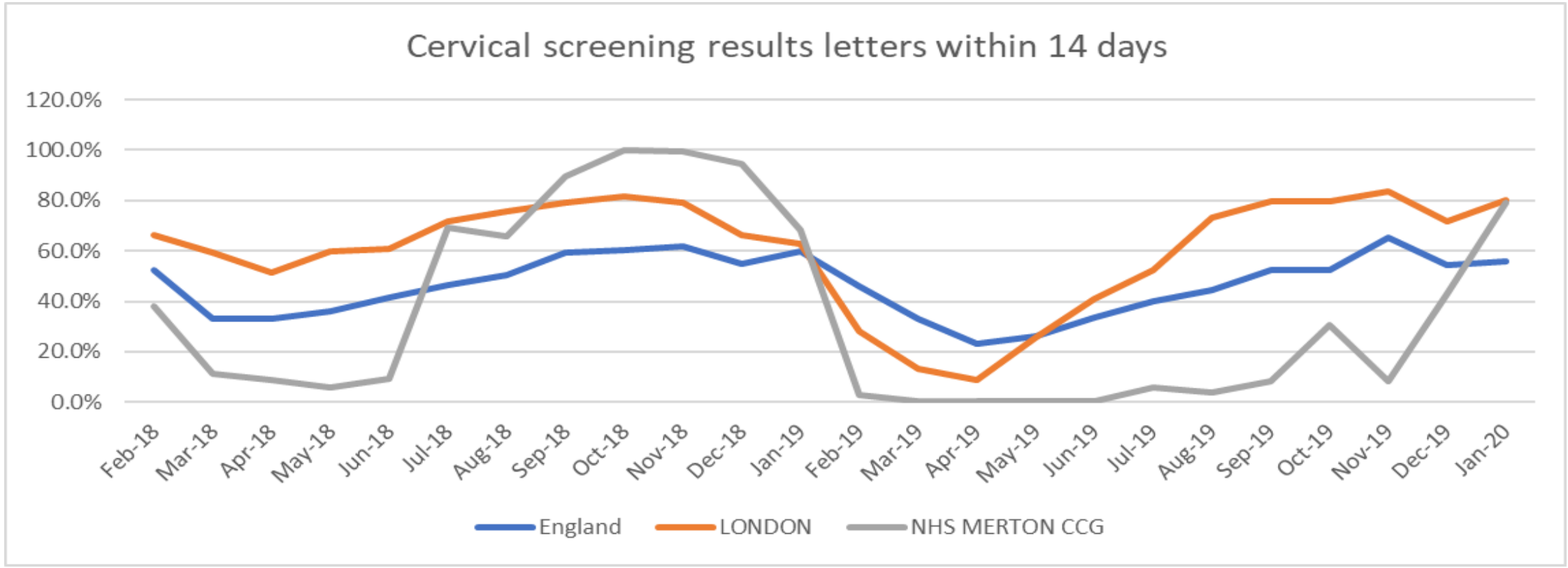
KPI:	BS1	BS2	BS2a	BS2b	BS2c	BS4	BS8	BS11a
Measure:	Uptake	Round length	Referral to assessment (Prevalent)	Referral to assessment (Incident)	Short term recall	Waiting time for result of screening	Technical recall / repeat	Waiting time to assessment appointment
Acceptable:	70.0%	90.0%	10.0%	7.0%	0.25%	95.0%	3.0%	98.0%
Achievable:	80.0%	100.0%	7.0%	5.0%	0.12%	100.0%	2.0%	100.0%
Breast screening centre:	%	%	%	%	%	%	%	%
England	67.1%	84.0%	6.4%	2.8%	0.0%	95.1%	2.2%	88.0%
London	54.0%	83.6%	8.5%	3.3%	0.0%	85.2%	2.6%	80.5%
Central & East London	46.8%	28.6%	8.4%	4.3%	0.0%	9.4%	4.2%	2.5%
North London	56.1%	88.0%	9.8%	3.4%	0.0%	99.9%	2.5%	99.9%
Outer North East London	67.1%	96.2%	10.2%	4.8%	0.0%	99.8%	1.5%	99.7%
South East London	57.2%	98.2%	6.4%	2.4%	0.1%	99.5%	2.6%	99.8%
South West London	58.5%	95.7%	7.3%	3.0%	0.0%	99.9%	2.1%	99.5%
West of London	48.7%	99.1%	9.3%	2.6%	0.0%	99.8%	2.0%	100.0%

SWL Bowel Screening Service provided by St Georges

Performance (Jan-20) is good and generally above the national average

	Monthly	Monthly	Monthly	Monthly (3 month arrears)	Monthly (3 month arrears)	Monthly	Monthly	Monthly	Monthly
	Invitations Sent	Kits Sent	Kits Returned	Uptake (%)	Positivity (%)	Reaching SSP waiting time target (%)	Outside SSP waiting time target	Reaching diagnostic test waiting time target (%)	Outside diagnostic test waiting time target
Barking, Havering And Redbridge	4,531	5,007	3,822	57%	2.2%	100%	0	100%	0
Kings	3,196	3,681	2,289	51%	2.3%	100%	0	51%	17
North East London	5,760	6,414	3,668	52%	2.5%	100%	0	100%	0
South East London	7,090	7,854	5,877	62%	1.7%	100%	0	87%	8
St Georges	9,008	9,948	7,601	62%	1.9%	100%	0	99%	1
St Marks	5,885	6,500	4,563	57%	1.8%	100%	0	100%	0
University College London	8,152	9,108	5,978	57%	2.1%	100%	0	97%	2
West London	6,764	7,581	4,797	51%	2.1%	100%	0	100%	0

There has been a significant improvement in the % of results letters received within 14 days since Nov-19. London and Merton performance is well above the national average with 80% of letters received within 14 days and 90% within 21 days



Report to Merton Healthier Communities and Older People Overview and Scrutiny Panel on Section 7a Immunisation Programmes in Merton 2019

Report on Section 7a Immunisation Programmes in the London Borough of Merton.

Prepared by: Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services, Ms Bernadette Johnson, Immunisation Commissioning Manager for South West London and Ms Emma Collins Immunisation Commissioning Officer for South West London.

Presented to: Merton Healthier Communities and Older People Overview and Scrutiny Panel.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1st October 2012 as an executive non-departmental public body. Since 1st April 2019, the NHS Commissioning Board has used the name NHS England and Improvement for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a adult immunisation programmes in the London Borough of Merton for 2019/20. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.

- Section 7a immunisation programmes are population based, publicly funded immunisation programmes that cover the life-course and include:
    - Antenatal and targeted new-born vaccinations.
    - Routine Childhood Immunisation Programme for 0-5 years.
    - School age vaccinations.
    - Adult vaccinations such as the annual seasonal influenza vaccination.

- This paper focuses on those immunisation programmes provided for adults namely, influenza, shingles and pneumococcal polysaccharide vaccine (PPV).

- Members of the Healthier Communities and Older People Overview and Scrutiny Panel are asked to note and support the work NHSE&I (London) and its partners such as Public Health England (PHE), the Local Authority and the CCG are doing to increase vaccination coverage and immunisation uptake in Merton.

2 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on primary care services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership Board, NHS England and Improvement London Region (NHSE&I London) and Public Health England London Region (PHE London) seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

3 Merton and the challenges

- Merton is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:

    - London's high population mobility which affects tracking and recording of adult patients.

- Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
- Inconsistent patient invite/reminder (call-recall) systems across London
- Declining vaccinating workforce.
- Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
- Difficulties accessing appointments.
- Large numbers of underserved populations whom are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
- Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency).
- In relation to adult vaccinations, there are extra complications regarding vaccine shortages (e.g. PPV23), delays in 'flu vaccine supply, different vaccines for different cohorts and different providers (pharmacy, maternity, acute trusts and general practice) meaning that the surveillance rates do not reflect all vaccinations given (mainly those given in general practice).

4 Seasonal 'flu Vaccination

4.1 Vaccination Uptake rates

- There isn't a herd immunity target for 'flu vaccination. However, nationally there is a target of 75% 'flu vaccine uptake for patients aged 65 years and older and 55% for the clinical 'at risk' groups (those aged 6 months to 64 years with long term conditions).
- The latest available information is for 2018/19 – the current 'flu season is still underway with the data collection being completed by end of March 2020.
- However, it's suffice to say that London's performance so far has been better than 2018/19 for the over 65s, the primary school cohorts and in health care workers.
- Rates to date have been lower in the clinical at risk, pregnant women and in the age 2 and 3 year olds. However, it is anticipated that due to the late start this season due to delayed vaccine supplies that we will maintain the same uptake as last year.
- Table 1 illustrates the uptake in London compared to England for the years 2016/17 to 2018/19.
- All CCGs in London performed below national standards of 70-75% for over 65s and 50-55% for clinically at-risk groups for 2018/19.
- 'Flu uptake for 2018/19 was affected by:
    - The mild winter and low circulation of influenza.
    - Late national planning to introduce the new vaccine (aTIV) for the over 65s, difficulties with manufacturing large volumes at short notice resulting in late and staggered deliveries of the vaccine.

- These figures may not include all flu vaccinations offered in maternity units nor the vaccinations provided in pharmacy. For London, 211,320 vaccinations were offered in pharmacy. Of these, 200,353 vaccinations were to the at-risk groups and over half were to people aged 65 and older. The majority of 'flu vaccinations are provided in Hillingdon, Ealing, Wandsworth, Croydon, Bromley, Greenwich, Newham, Redbridge and Barnet (all in excess of 8,000).
- In relation to 'at risk' groups, 20,000 vaccinations were given in pharmacy but not all clinically uploaded onto GP systems (if all were included it would raise the rates by 1.8%).

Table 1
Seasonal Influenza vaccination rates for England and London 2016 - 2019

	England			London		
	2016-17	2017-18	2018-19	2016-17	2017-2018	2018-19
65+ years	70.4%	72.6%	71.3%	65.1%	66.9%	63.9%
<65 years	48.7%	48.9%	46.9%	47.1%	45.4%	42.5%
Pregnant	44.8%	47.2%	45.0%	39.6%	41.1%	38.9%
Healthcare workers	63.0%	68.7%	70.3%	55.4%	64.1%	63.7%
2 years of age	35.4%	42.8%	43.1%	30.3%	33.2%	31.1%
3 years of age	37.7%	44.2%	45.2%	32.6%	33.3%	32.5%
4 years of age/Reception	30.0%	62.6%	63.9%	24.9%	51.6%	53.7%
Year 1	57.6%	60.9%	63.4%	45.8%	49.6%	52.7%
Year 2	55.3%	60.3%	61.4%	43.6%	48.2%	50.2%
Year 3	53.3%	57.5%	60.2%	42.0%	45.6%	48.9%
Year 4	n/a	55.7%	58.0%	n/a	43.8%	46.5%
Year 5	n/a	n/a	56.2%	n/a	n/a	44.6%

Source: PHE (2019)

- Figure 1 compares Merton with London and England averages and the rest of its geographical neighbours in the 65 years and over, under 65 'at risk' and pregnant women with the same time-period in 2018/19.
- Merton did not meet the national standards in all cohorts.

Figure 1

Uptake of seasonal flu vaccination for Merton CCG compared to SWL, London and England for Winter 2018/19 compared to 2017/18

CCG	Seasonal flu uptake					
	2018/19			2017/18		
	65 and over	under 65 at risk	All pregnant women	65 and over	Under 65 (at-risk only)	All pregnant women
	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake	% Vaccine Uptake
England	72.0	48.0	45.2	72.9	49.7	47.0
NHS ENGLAND LONDON	65.4	44.4	39.1	67.5	46.6	41.0
NHS CROYDON CCG	65.0	45.5	41.1	66.6	45.3	43.6
NHS KINGSTON CCG	65.6	46.4	44.8	68.0	48.8	44.7
NHS RICHMOND CCG	65.9	38.3	41.9	68.5	42.2	43.4
NHS MERTON CCG	63.4	42.8	41.1	66.2	47.1	43.6
NHS WANDSWORTH CCG	66.4	42.1	46.6	67.6	45.1	50.1

PHE (2019)

4.2 What are we doing to increase uptake of seasonal influenza vaccine this year?

- There is evidence to suggest that practices who are well prepared and have uptake in their first couple of weeks continue to have good uptake throughout the season.
- This means that the weekly checks by commissioners have little or no impact on improving flu uptake once the season started. The focus therefore from 2019 is on practices being prepared and have advanced planning particularly around identifying eligible cohorts and estimating demand and supply, including considering extra staff capacity for opportunistic vaccinations.
- A workshop with CCG 'flu leads took place in July 2019. This cumulated in the formulation of CCG flu plans which were monitored throughout the 'flu season.
- There is evidence to suggest that 'flu vaccinations are considered optional or preventative and are not seen as integral to an individual's care pathway or health maintenance. In light of this, we are changing the narrative around 'flu vaccinations for 'at risk' groups, including working with specialised commissioning colleagues and acute and primary providers to embed primary care appointments (for checking co-morbidities and vaccination) into pathways. For example, we commissioned 11 acute trusts across London to provide 'flu vaccination in clinics with clinical 'at risk' patients, vaccination advice recorded in letters to GPs from specialists. This is in keeping with NICE's recommendation of multicomponent interventions.
- We developed and distributed an 'under 65 years' resource pack for each London CCG providing specific localised information and data for each London CCG & LA . For Merton, out of 22,799 eligible patients, 13,340 were

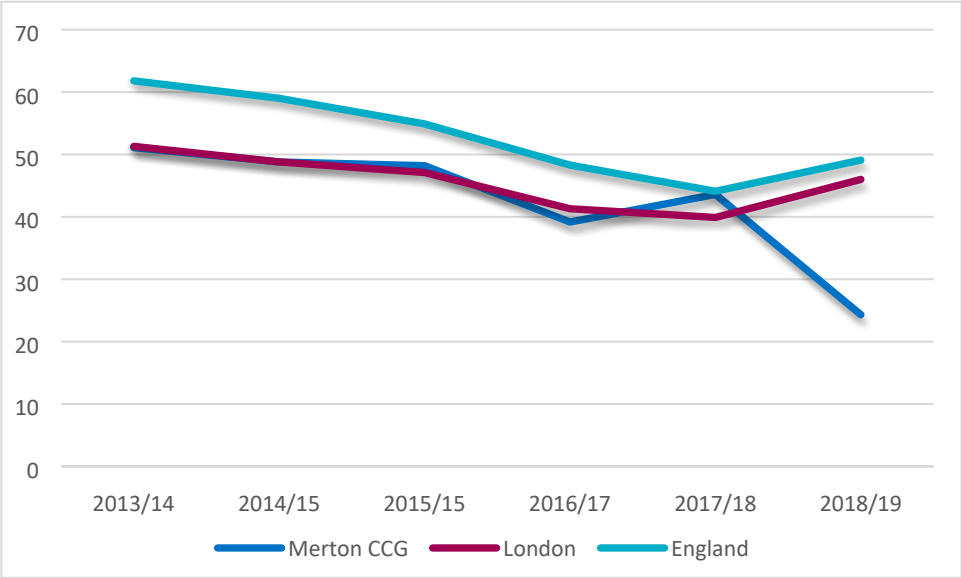
unvaccinated and vulnerable to flu, resulting in an estimated loss of income of £134,200 across all Merton practices.

- NHSE&I has also highlighted to each London CCG the number of Practices whose undertake is under 30% and worked together to improve performance with these practices.
- NHSE&I Communication team worked with local and national charities to spread the message as well as sending tweets and Instagram messages throughout the flu season.
- NHSE&I reviewed and improved the vaccination offer to London's statutory homeless and rough sleepers utilising pharmacy, general practices that care for the homeless population and commissioning voluntary organisations that provide outreach medical services to deliver vaccinations.
- We undertook a Delphi methods study to determine the interventions that work in improving 'flu vaccination uptake amongst health care workers in London trusts. This was developed into the '7 Steps to Success' and shared with trusts to implement this 'flu season. The evaluation to date shows that uptake amongst health care workers is higher again this year as a result. There are now plans to implement this in primary care.
- Training of staff is crucial to maintaining good vaccination uptake. PHE London and NHSE/I London continue to work together to ensure that vaccinators are updated on 'flu vaccination and that health care professionals are informed to address any vaccine hesitancy thereby reducing complacency and improving confidence and convenience.
- Every year, we evaluate the impact of our annual London 'Flu Vaccination Plan. These evaluations are underway and include a 'flu wash up event. This event will be held on the 29 April 2020 and will focus on how to improve uptake in the clinical at risk group (<65s). Colleagues from CCGs, LA, Trust, pharmacies, Charities and GP Practices are invited to the event.

5 Shingles

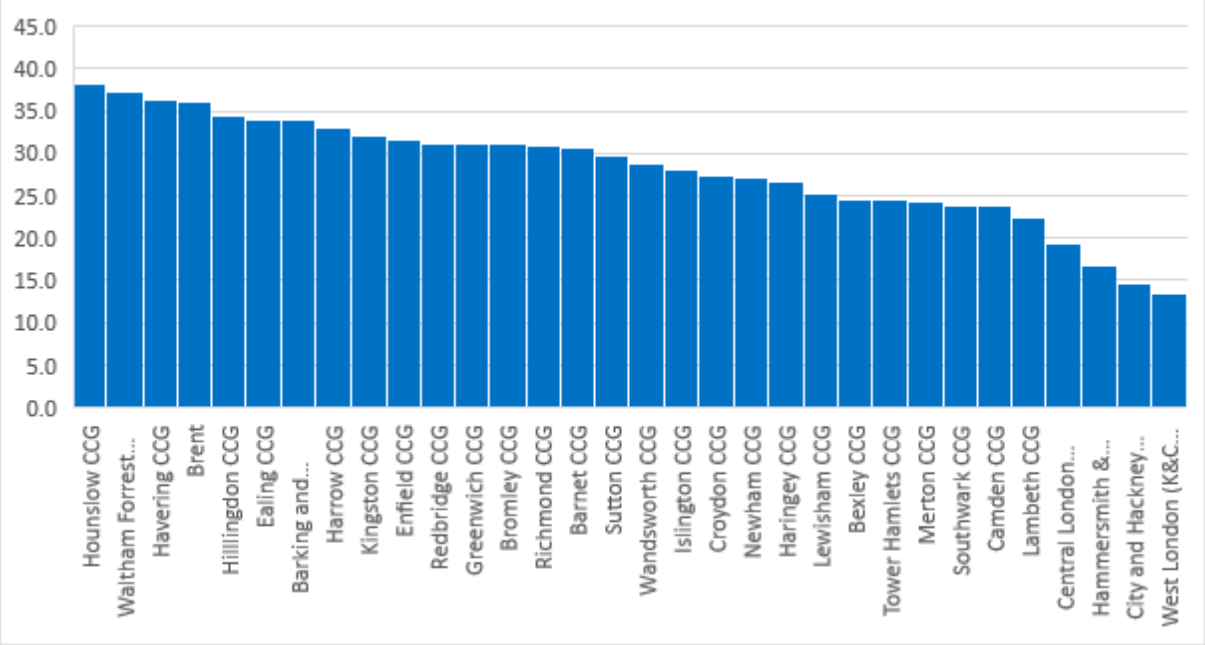
- The Shingles vaccination programme commenced in September 2013. Shingles vaccine is offered to people who turn 70 years with a 'catch up' for 78 years. However, anyone who turned 70 since 2013 remains eligible and from September 2020, everyone aged 70 to 79 will be eligible.
- Figure 2 illustrates the percentage uptake by CCG in London for years of the programme for the routine age 70 cohort.
- Whilst London has seen an increase in uptake – partly due to changes in the calculation of the denominator and partly due to the implementation of the London Shingles Vaccine Improvement Plan – there has been a considerable drop in the uptake amongst 70 year olds in Merton. This places Merton 8th from the bottom of uptake when the London CCGs are ranked in descending order (see Figure 3).

Figure 2
Shingles Uptake for Merton CCG compared to London and England averages for 2013/14 to 2018/19



Source: PHE (2019)

Figure 3
Shingles Uptake for London CCGs 2018/19 with CCGs ranked from highest uptake to lowest



Source: PHE (2019)

6 PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one-off vaccine which protects for life. This vaccination tends to be given alongside the flu vaccination during the flu season as the patient is usually present at the flu appointment.
- For the past few years, there has been a global shortage of this vaccine and so the cumulative uptake has remained relatively unchanged nationally and regionally.
- For 2018/19, 64.5% of the London over 65s population and 65% of Merton's population had received PPV. This compares to 69% nationally.
- It is worth noting that the over 65s population are largely protected against pneumococcal invasive disease and pneumonia from the PCV-13 programme given as part of the 0 to 5s routine childhood immunisation schedule, because young children are the main source of spread of these infections. PPV23 is an additional vaccine to help protect this population from the remaining 13 strains not covered in the PCV-13 vaccine.

7 What are we doing to improve uptake in Merton?

- NHSE/I (London) works in partnership with other bodies, such as London Councils, Greater London Authority as part of the London Immunisation Partnership Board and its delivery groups.
- This includes delivering on the pan London Immunisation Improvement Plan, the annual London 'flu vaccination and the Shingles Vaccine Uptake Improvement Plan.
- Quarterly assurance is provided on Merton through the SWL Immunisation Performance and Quality Board where challenges and solutions can be discussed with all stakeholders around the performance and the surveillance data.
- As well as these pan London approaches, NHSE/I immunisation commissioning team (London) have been working locally with the SWL Alliance Flu Strategy Group, the local Public Health team and local providers to focus and identify local barriers, improving access for vulnerable or underserved groups and improving public acceptability. One example of this is our local flu working group which meets monthly throughout the flu season. Key agenda items are local communications, data analysis, current vaccination uptake, national updates and school engagement.
- SW London seasonal flu group intends to extend its scope to cover immunisations more broadly and to monitor improvement actions / performance data.

Report to The Healthier Communities and Older People Overview and Scrutiny Panel

Update on Merton CCG's Primary Care Strategy

10th March 2020

Executive Summary

This report provides The Healthier Communities and Older People Overview & Scrutiny Panel with an update on the delivery of Merton CCG's Primary Care Strategy.

It builds upon the Primary Care Strategy update that was discussed by the Committee in March 2019, as well as the update on Primary Care Network Development which came to the Committee in June 2019.

Information is provided about developments in relation to the following areas/ priorities:

1. Primary Care Networks
2. Access
3. Delegated Commissioning
4. Quality Assurance and Improvement
5. Merton Health (Merton's GP Federation)
6. Education, Training and Workforce
7. Primary Care Estates

Section 8 of the report includes some concluding comments and next steps and Appendix A includes a glossary which can be viewed alongside the paper.

1. Primary Care Networks

1.1 Context

1.1.1 National Context

In January 2019 The NHS Long Term Plan[1] was published which sets out priorities for the NHS over the next ten years. Primary Care Networks are at the heart of the NHS Long Term plan and will be the foundation of Integrated Care Systems. They will be fundamental to significant developments in terms of how health and care services are delivered.

Following the publication of the Long Term Plan, NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract

[1] See: https://www.longtermplan.nhs.uk/

Reform[2] to support implementation. This document translated the commitments outlined in The NHS Long Term Plan into a five-year framework for the GP Services Contract. The agreement confirmed the direction of travel for primary care for the next ten years and set out the changes in the 19/20 GMS Contract and proposals for the four subsequent years.

One key development was the introduction of a new Primary Care Network Contract. This Directed Enhanced Service (DES) Contract supports Primary Care Networks of local GP Practices working together with local community teams around natural communities based on GP registered lists, serving populations of approximately 30,000 to 50,000 people.

The vision is for PCNs to enable the provision of proactive, accessible, coordinated and more integrated primary and community care in order to improve outcomes for patients. Networks are small enough to provide personal care and large enough to support resilience and to have an impact through deeper collaboration between practices and other health and social care partners.

Nationally the introduction of Primary Care Networks (PCNs) has led to significant changes to the shape of the NHS primary care landscape.

1.1.2 Local Context

There are six Primary Care Networks in Merton and all 22 practices are a member of a network. Details of the PCNs, including their constituent practices and collective list sizes, are included in Appendix B.

Prior to the publication of the new contract guidance, practices in Merton had been working in groups/ networks for over a year, with four established across the borough.

With the publication of the new Network Contract and guidance around the development and resourcing of PCNs, practices worked together to align themselves into networks that make the best use of resources, are geographically coherent and meet the requirements as set out in the DES.

There was a move from four to six PCNs to maximise the level of resource that would be received by the networks (which is particularly relevant in 19/20) but the practices that are now part of smaller networks still intend to work collaboratively to achieve benefits from working at a greater scale.

1.2 Developments in 2019/20

1.2.1 New Roles

[2] See: https://www.england.nhs.uk/publication/gp-contract-five-year-framework/

During 2019/20 a key area for development has been the introduction of the new roles in primary care networks, in particular: Clinical Directors, Social Prescribing Link Workers and Clinical Pharmacists.

In Year 1 (19/20), Networks can receive 100% reimbursement for a Social Prescribing Link Worker (SPLW) and 70% reimbursement for a Clinical Pharmacist.

All Merton PCNs have one or two Clinical Directors who are local GPs (for some networks two GPs share the role). All PCNs have a SPLW (see section 1.2.3 below) and some PCNs have appointed Clinical Pharmacists, with others still pursuing recruitment.

For all new roles, local consideration is needed in terms of strategies for recruitment and retention, including training, development and support for professionals joining primary care teams.

1.2.2 Primary Care Network Development

Supporting PCNs to evolve and thrive is a key priority. Nationally, new dedicated PCN support funding is being provided to help networks mature and be in a position to operate and deliver care differently. Funding is expected to be recurrent for five years dependant on need and effective use and it should support individual Clinical Director development and overall development of the PCN. The funding available for Merton for 2019/20 is £150,000.

The following national documents help to guide how this funding can be utilised:

- PCN Maturity Matrix – which outlines components that will underpin the successful development of networks and sets out a progression model that evolves from the initial steps and actions that enable networks to begin to establish through to growing the scope and scale of the role of networks in delivering greater integrated care and population health for their neighbourhoods.
- PCN Development Support Prospectus – which describes good development support and sets out an agreed consistent view for regional and local teams to use and build upon to ensure any support put in place meets local needs.

PCNs have developed plans for the use of their development funding allocation. Potential outcomes expected to be delivered from the development funding (dependant on specific activities undertaken) include:

- PCNs have an agreed vision and direction of travel and have established development plans for the short, medium and longer term that produce tangible benefits to practices and their patients
- Effective decision-making processes and communication approaches are in place for PCNs

- PCN governance is strengthened and linkages are established with wider ‘system governance’. Joint work is undertaken with other providers, to identify and implement PCN related developments, including how to achieve greater alignment with PCNs and how to improve collaborative working to provide enhanced care and support for complex patients
- Appropriate data sharing arrangements are in place to enable read/write access to records within networks
- PCNs undertake workforce planning and are in a position to support new roles effectively and in a position to embed within practice and PCN teams
- Staff from across PCNs work more closely as a single team and have established shared processes and ways of working where appropriate
- PCNs have mechanisms to engage with patients, communities and other partners
- Inclusion of all levels of practice staff so everyone feels part of a PCN.
- Business intelligence and population health analytics are deployed in a strategic and systematic way. There is dedicated input and support to provide relevant information/ dashboards that is meaningful for PCNs.

1.2.3 Social Prescribing

Before the launch of the DES, in Merton there was a well-developed social prescribing service delivered by Merton Voluntary Service Council (MVSC), with three Social Prescribing Link Workers (SPLWs). Building upon the existing service, the CCG offered to hold a contract for service delivery across PCNs and to ‘top up’ the NHS England funding to continue to fund the three existing SPLWs and enable delivery of elements which cannot be covered within the salary funding. This includes areas such as management costs, training, supervision, the role development of the Link Workers and some funding to support capacity building in the voluntary sector.

All of the six Merton PCNs signed up to this model and collaborative work has taken place with MVSC to implement a borough wide model involving at least one SPLW supporting patients in each of the six PCNs. MVSC successfully appointed six additional SPLWs to join the existing team, bringing the total number of SPLWs in Merton to nine and work is underway to embed the service in all practices, ensuring that it is localised to meet patients’ needs. MVSC have also commissioned Elemental which is a digital solution to facilitate effective monitoring of referrals and outcomes.

In Merton social prescribing has connected people with a range of voluntary and community sector-led interventions and the approach has led to positive outcomes for individuals and more cost-effective use of NHS and social care resources.

1.3 Developments in 2020/21

On 6th February 2020 NHS England and NHS Improvement and the BMA jointly published an update to the GP contract agreement[3]. The document updates and enhances the existing five-year framework, which stands unless otherwise amended in the update document.

This update brings a few significant developments from a Primary Care Network perspective.

From April 2020, each PCN will be allocated a single combined maximum additional roles reimbursement sum which will be based on the PCN's weighted population share (in relation to England's total weighted population). Previously it was known that from April 2020, in addition to Social Prescribing Link Workers and Clinical Pharmacists, PCNs could also recruit Physician Associates and First Contact Physiotherapists. The new guidance expands the number of roles included and states that PCNs can also employ the following roles to make up the workforce they need: Pharmacy Technicians, Care Co-ordinators, Health Coaches, Dietitians, Podiatrists and Occupational Therapists.

Previously the guidance stated that the reimbursement level for all new roles would be 70% apart from for the SPLWs which would have remained at 100%. However, the update document confirms that all roles will now be reimbursed at 100% (up to the maximum reimbursable amounts set out in the contract).

Three new network specifications will be introduced in 2020/21:

- Structured Medication Review and Medicines Optimisation
- Enhanced Health in Care Homes
- Supporting Early Cancer Diagnosis

These national specifications have been revised significantly following a consultation process in which Merton participated.

Work is underway regarding determining some of the implications, next steps and processes that need to be put in place and the joint work and support that is required.

2. Access

Improving access to primary care services is a key priority in Merton. There has been significant progress in this area and further developments are planned.

2.1 Access Hubs

Merton Health (Merton's GP Federation) provides Access Hubs, offering GP and nursing services, which extend current provision to 8 am – 8 pm Monday to Sunday.

[3] See: https://www.england.nhs.uk/gp/investment/gp-contract/

The Hubs were launched in April 2017 and over time utilisation has grown, showing a significant demand for the service. They provide additional access for patients to both routine and same day GP appointments and increase patient choice in terms of access to primary care.

Originally there were two GP Hubs co-located with Wide Way Medical Centre in Mitcham and The Nelson Medical Centre in Wimbledon. During 2019/20 the number of Hub sites expanded and there is now an Access Hub at a member practice of each of the six PCNs:

- Original Hub Sites:
    - East Merton - Wide Way Medical Centre
    - South West - Nelson Medical Practice
- Additional Hub Sites:
    - North Merton - Merton Medical Practice
    - Morden - Morden Hall Medical Centre
    - North West Merton - Wimbledon Medical Practice
    - West Merton - Lambton Road Medical Practice

From April 19 to January 20 (inclusive) 18,554 Hub appointments have been provided at the original hub sites (compared to 17,551 for the same period during 2018/19). There were also 3,218 Hub appointments provided by the additional hubs sites from October 19 to January 20 (inclusive). Patient satisfaction remains high.

All practices can book into the GP Hubs for evening and weekend appointments. NHS 111 and emergency departments at both St. George's and St. Helier hospitals are able to book appointments at the Access Hubs. This will help to ensure that patients receive the support required in the most appropriate setting.

The Access Hubs can support with addressing various priority areas. For example, Merton has a low MMR vaccination uptake and to improve performance, childhood immunisation clinics have been launched every Thursday from 5pm-8pm at one of the Hub sites.

Access Hub utilisation is reviewed locally in Merton and across South West London. This is the proportion of appointments attended (excluding patients who do not attend) compared to the total number of appointments available. Across South West London, for 2019/20 the aggregated utilisation rates during quarters 1 to 3 ranged from 43% to 84% and Merton's utilisation rate was 69.2%. The target utilisation rate is 75% and work is being undertaken to develop a detailed understanding regarding current utilisation patterns (across the Hub sites and across patients registered at different practices) and to implement developments which should improve utilisation. For example, the Federation has undertaken further promotion of the Access Hubs, work has been undertaken to support direct booking and progress is being made in relation to introducing text message reminders.

2.2 Improving Access to Primary Care Local Incentive Scheme

All 22 practices deliver the Improving Access to Primary Care Local Incentive Scheme (LIS). This scheme continues to deliver more appointments in both core and extended hours, providing dedicated slots for children needing same day access and allowing for appropriate redirection of patients back to primary care from any urgent care provider.

2.3 Digital Access

Increasing the number of patients who are using online GP services is a priority area. The direction of travel is for growing numbers of patients to book appointments, request repeat prescriptions, view test results and access their records online.

Across South West London DoctorLink has been selected to provide an online triage platform for patients. It includes a digital symptom checker and medical advice based specifically upon responses. It is thought that this system could transform how patients access their GP practice, especially for same-day and urgent appointments, helping to direct patients to the most appropriate service for their health needs. At the end of January 2020, twenty Merton practices had deployed DoctorLink and over the past year a range of communications strategies have been used to promote and raise awareness.

Merton and Wandsworth were selected as a 'Digital Accelerator' site for South West London. As part of the Digital Accelerator programme, work is taking place with six selected PCNs from Merton and Wandsworth (three from each CCG) to pilot workstreams/ projects in scope of the programme. These include:

- Improving the Online Consultation Offer;
- Optimising Demand and Capacity;
- Offering Video Consultations and trying other alternative providers;
- Carrying out Patient Insight Work; and
- Improving Telephony Access.

Work is taking place in relation to:

- Rolling out video consultations in Merton and Wandsworth – video conferencing kit has been purchased for all Merton practices and the team is engaging with DoctorLink to complete the creation of user accounts for clinicians.
- The integration of the DoctorLink system with the Directory of Services (so that patients can be signposted to relevant local services) and the NHS App (which provides patients with a route to access a range of NHS services through a smartphone or tablet).
- The implementation of the GP connect interface to provide a more efficient and streamlined connection to GP systems – improving the direct booking process between NHS 111/ A&E into primary care.
- A plan for wider engagement of SWL stakeholders in eliciting requirements for video consultations ahead of going to the market to engage suppliers of video consultation solutions.

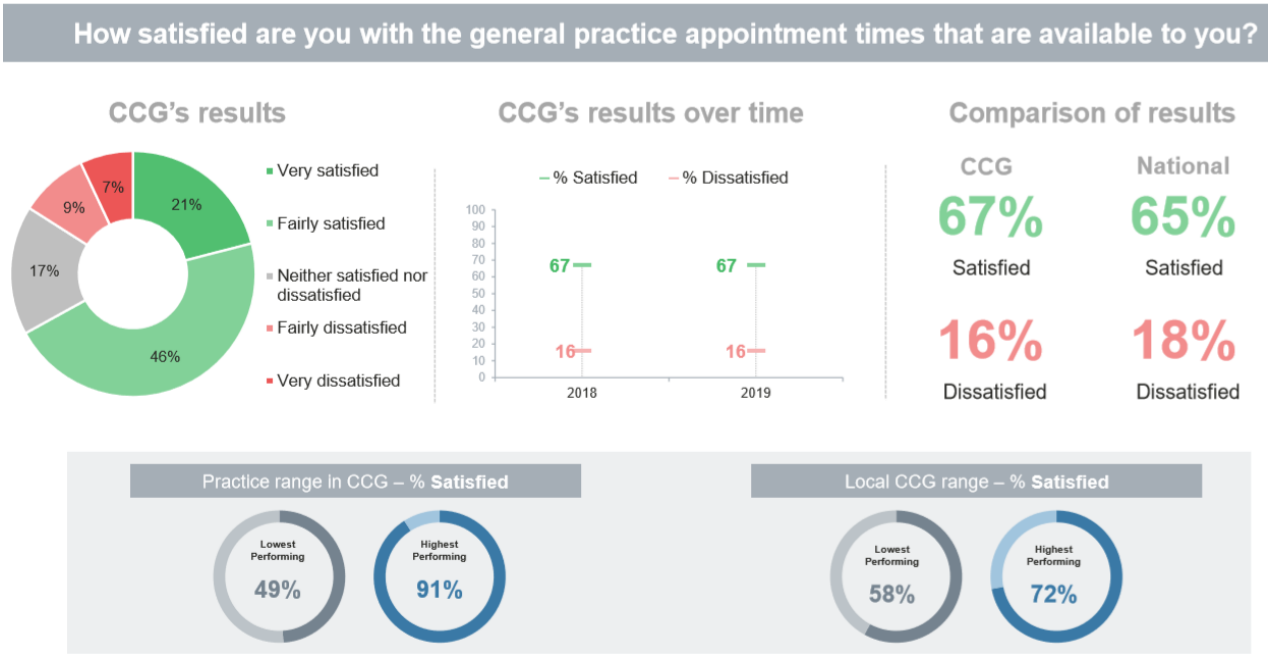
2.4 Merton Data

There is various data and information available regarding access to primary care services. One good way of understanding patient experience is reviewing results from the GP Patient Survey (GPPS), an England-wide survey which provides practice-level data about patients' experiences of their GP practices. The last GPPS publication was in July 2019; for Merton CCG 8,973 questionnaires were sent out, and 2,477 were returned completed which represents a response rate of 28%[4].

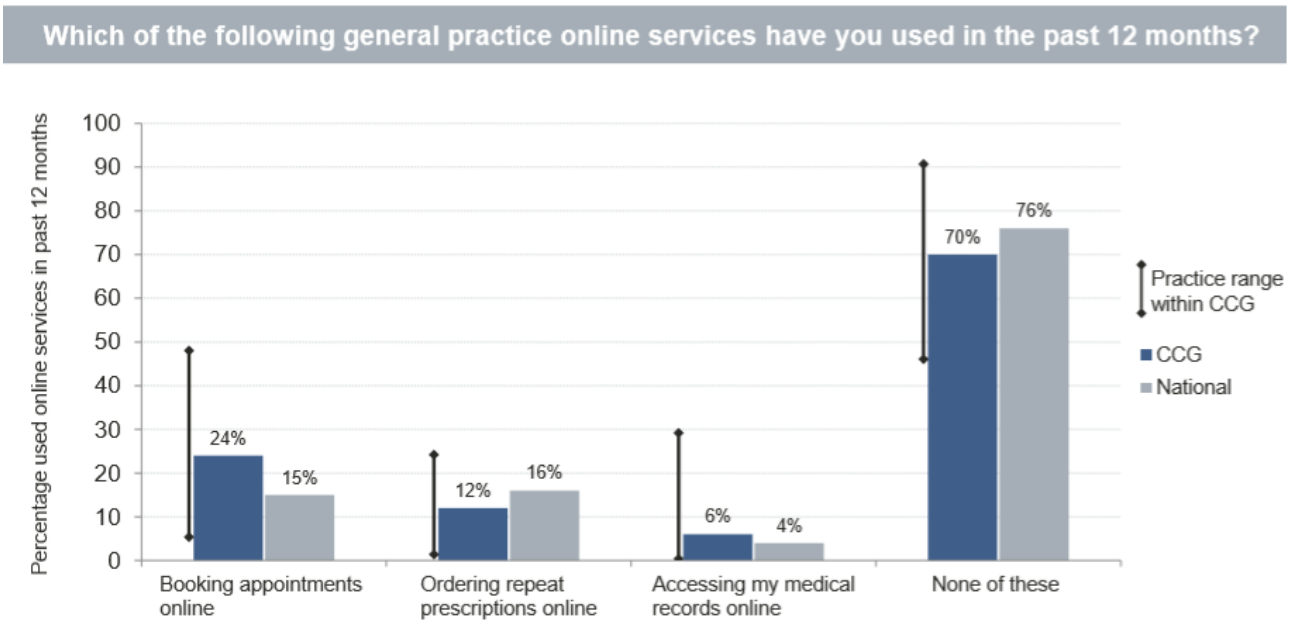
It is possible to compare Merton with other South West London boroughs and national averages, look at variation across practices and review trends over time. In terms of satisfaction with available general practice appointment times, all South West London CCGs perform better than the national average. Similar percentages of patients reported that they were satisfied across the CCGs, although the percentages for Sutton and Wandsworth CCGs are slightly higher than for the other boroughs. However, within each CCG there is significant variation across practices.

	How satisfied are you with the general practice appointment times that are available to you?	
	Satisfied	Dissatisfied
Croydon CCG	67%	17%
Kingston CCG	68%	14%
Merton CCG	67%	16%
Richmond CCG	68%	16%
Sutton CCG	71%	15%
Wandsworth CCG	72%	13%
National	65%	18%

[4] For further information, see: https://www.gp-patient.co.uk/Slidepacks2019



The results from the survey also help to identify areas for development. As noted above, improving digital access is a key priority but as can be seen from the graphs below, most patients are not currently accessing the online services listed.



2.5 Next Steps

The update to the GP contract states that an improved appointments dataset will be introduced in 2020, alongside a new, as close to real-time as possible, measure of patient experience. This may mean that it is possible to look at a more consistent access data across practices going forward (as practices often have different naming/ coding conventions for appointments).

Another development will be that from April 2021 the current 8 to 8 funding (for the access hubs) will flow to PCNs and operational guidance to support the transfer is being developed nationally. Work will need to take place to review the current access 'landscape' (as there are several elements to this) and to work collaboratively with PCNs to develop an access model from April 2021.

3. Delegated Commissioning

In 2016, Merton CCG took on delegated responsibility from NHS England for the management of Primary Care contracts. In terms of governance, the Merton Primary Care Operations Group has provided assurance to the Merton Primary Care Committee and a joint Merton & Wandsworth Primary Care Quality Review Group was established to manage the early intervention and quality assurance of contractual arrangements, including earlier identification of vulnerable or struggling practices (see section 4.1 for more details). For example, workforce and succession planning support can be provided, which can be particularly valuable for practices which are envisaging that they will be affected by GP retirement.

3.1 Personal Medical Services (PMS) Contract

A PMS Review (undertaken during 2017/18) allowed the CCG to offer a refreshed set of specifications to practices that will deliver improvements in care for patients. This piece of work was clinically led and took a positive approach to successfully deliver a new set of KPIs in collaboration with Merton and London wide LMC.

The specifications focussed on the following services/ priorities:

- Improving Access to Services for Carers
- Opening Hours, Appointment Numbers and Facilitation of Access for Patients to Local GP Access Hubs
- Medicines Management
- Demand Management
- Proactive Care for People Living with Mild and Moderate Frailty
- Diabetes
- Implementation of Active Signposting and Dementia Friends Training
- Prevention – improving uptake of Screening and Immunisation
- Wound care
- Administering Non-Contraceptive Hormonal Implants or Injections

During 2019/20 work has taken place to review the PMS specifications and key performance indicators (KPIs).

It was identified that the Diabetes specification could be retired as it has been superseded by a new Local Incentive Scheme introduced in 19/20 (described in section 5 as this is overseen by Merton Health, Merton's GP Federation).

A review group has worked on revising the frailty specification and developing a new specification in relation to the prescribing of Antipsychotic Drugs following guidance issued to CCGs. The specifications were revised/ developed with input from the LMC, Practice Managers, Clinical Leads and CCG colleagues.

The frailty specification has now been signed off by the LMC and it is envisaged that the Antipsychotic Drugs specification will also be signed off in the next couple of weeks with the view to implement from 1st April 2020.

3.2 Locally Commissioned Services

Merton CCG has a number of primary care Local Incentive Schemes which focus on the following services/ priorities:

- Anticoagulation
- Post-Operative Wound Care
- Near Patient Testing
- Menorrhagia management
- Phlebotomy
- End of life care and complex patients
- Minor surgery
- Patient transport
- Improving access
- Ambulatory blood pressure monitoring
- SMI health checks
- Diabetes care/insulin initiation (managed by the Merton GP Federation – see section 5)
- Care homes (managed by the Merton GP Federation – see section 5)

The LIS contracts and specifications that are managed by Merton CCG are currently under clinical review. The activity reporting and invoicing process is also being streamlined to make it easier for practices.

4. Quality Assurance and Improvement

4.1 Joint Primary Care Quality Review Group and Practice Support Team

The Joint Merton and Wandsworth Primary Care Quality Review Group (PCQRG) is a clinically led group with responsibility for overseeing the quality of services provided by GP practices. The group includes clinical and quality representation and locality teams. It reviews a range of data and information in order to seek assurance on the quality of

services and to identify any areas or individual practices that may require support. For example, recently the 2018/19 Quality and Outcomes (QOF) data was reviewed, the group looked at overall achievements for some key areas, discussed possible reasons behind variations and agreed next steps.

The PCQRG identifies what support is available, what further work may be required and monitors progress. As part of the contract with Merton Health (see Section 5), a Primary Care Support Team (PST) has been created which reflects the commitment to build primary care quality and resilience at practice level and the PST aims to reduce variation in quality within PCNs and across Merton.

The PST is able to facilitate discussion within practices and identify areas of good practice as well as areas where improvements could be made. The PST then supports the practice to identify and implement actions for improvement. This may include linking in with other teams and/or services that will be able to provide expert advice and support.

The aims of the Practice Support Team are to:

- Improve care quality and compliance
- Reduce workload and/or find efficiencies
- Improved practice infrastructure
- Support with workforce Issues
- Identify opportunities for care redesign

Practice requirements are varied ranging from help with Care Quality Commission (CQC) compliance pre and post inspection to specific needs such as managing submissions, premises risk management, organisational development and practice quality assurance and improvement systems.

4.2 Practice Variation Visits

In 2019/20 the Primary Care Team has continued with the Practice Variation Visit Programme across all practices in Merton. This programme was initially developed in 2016/17 when Primary Care colleagues visited all 22 practices in the borough twice; the first meeting focussed on referral management behaviours and the second meeting on pathology testing.

The meetings were clinically led and were carried out by the Locality Manager and Clinical Lead; the CCG provided practice specific data, a NICE guidance pack and a directory of community services to facilitate a discussion with the practice. The CCG targeted 8 specialties and 4 tests. Following the meeting the Locality Manager summarised the meeting and circulated the actions. The GPs were then responsible for disseminating the learning from the discussion as part of an informal peer review and add the community service directory to their local locum toolkit. Each GP at the practice was also required to

complete an audit on the 8 target specialties for 3 months, to identify the reasons behind their referrals, to see if there were any knowledge gaps.

Due to the challenges facing the local health system and ever-increasing pressures on secondary care, the CCG has continued the clinically led visits to practices with one visit per practice each year. The purpose of these visits is to identify best practice, as well as explore areas where we know there is variation in activity, which practices may need support to address. The feedback from these visits has been very positive and practices have found it useful to see a breakdown of their referral rates, which enables them to investigate specific areas further.

4.3 Integrated Working

Integrated Locality Teams (ILTs) have been developed in Merton, including the following sectors/ services: primary care, community services, social care, mental health, hospice services and the voluntary sector. ILTs aim to provide proactive, patient centred, coordinated care, to keep people well in the community and prevent avoidable emergency hospital admissions.

In 2018/19 a Local Incentive Scheme (LIS) for primary care was introduced to provide enhanced support for end of life care and other complex patients and this scheme has achieved positive outcomes. In 2019/20 a scheme for Care Homes was introduced which has a comparable structure and approach.

During 2018/19, over 230 practice-based multidisciplinary team (MDT) meetings were held involving a range of partners. At these meetings there were over 4300 patient conversations, including over 2700 regarding end of life patients and over 1600 regarding other complex patients.

There was a 41% reduction in A&E attendances and a 51% reduction in non-elective admissions amongst a cohort of patients receiving enhanced support. There is a monthly ILT Steering Group meeting (which is multi-agency and multi-professional) which oversees the ILT work and helps to lead and drive developments.

An ILT MDT Toolkit has been developed and a ‘100 day challenge’ initiative has been undertaken which involved MDTs reviewing how the team operates, considering what is going well and identifying areas for improvement.

5. Merton Health Limited (Merton’s GP Federation)

Merton Health is a rapidly evolving Federation which has significantly expanded its portfolio of services. Merton Health has refreshed its governance structure to ensure that the Federation is Primary Care Network led.

Merton CCG commissions Merton Health to provide several locally owned, primary care services for patients registered with a Merton CCG GP practice. Included below are descriptions of these services. It is also relevant to note that the Federation is commissioned to deliver additional services by other partners, for example Public Health commissions the Federation to provide Health Checks and the Diabetes Prevention Programme.

Service	**Description**
Access Hubs	As described above – see section 2.1
Integrated Locality Team Coordination	Merton Health has been commissioned to provide Integrated Locality Team Coordinators to work across practices and all ILT partners to support the coordination of care of complex patients, including end of life care patients and patients living with severe frailty. They are considered to act as the 'glue' between different partners to enhance joint working to support the delivery of high quality and patient-centred care for some of Merton's most vulnerable patients. (see section 4.3)
Practice Support Team	As described above – see section 4.1.
Primary Care at Scale	It has been recognised that practices working together or 'at scale' could provide opportunities to address many of the challenges facing primary care and could bring benefits for patients and practices themselves as well as the wider health system. The Federation is leading the delivery of the Primary Care at Scale (PCaS) work programmes. 2019/20 PCaS workstreams include the following: • Leadership development Support the development of Clinical Directors in their role as leaders of PCNs, and also as Merton Health Board Members • Communication and engagement Strengthen collaboration within and between PCNs and with wider stakeholders including patients and the public. Develop processes for shared learning. • System partnerships Ensure PCNs are supported in working in partnership with Merton Health and Care Together. Develop new models of care through integrated working and focusing in population health needs. • Quality improvement Develop a quality improvement team. Work with PCNs to identify and focus on quality improvement areas • Efficiency and shared back office function

	Deliver economies of scale, develop support functions across areas such as HR, workforce development, contract management
Care Homes	The Care Homes service was introduced in 2019/20 and includes the following: • The delivery of a Care Home Local Incentive Scheme (LIS) by GP Practices in Merton • The leadership, management and oversight of the Local Incentive Scheme by Merton Health • The delivery of care home developments and initiatives by Merton Health The overarching aims of the LIS service include to provide enhanced proactive support for care home residents, to improve the identification of patients requiring enhanced/ multidisciplinary input, to enhance communication amongst professionals and to support the delivery of high quality person-centred care. This will help to achieve improved outcomes for patients, including reducing avoidable admissions and, for those at end of life, helping them to be cared for, and to die, in their preferred place.
Diabetes	The Diabetes service was introduced in 2019/20. The aim is to coordinate partnership working between primary, community and acute providers in the delivery of local diabetes services and it is anticipated that this will lead to more integrated and sustainable diabetes services which focus on prevention and holistic care, (including physical and mental health services, and appropriately signposting patients to education, self-care and social prescribing services). The service has two key elements: 1) Individual general practice Local Incentive Scheme (LIS) This involves individual GP practices managing their registered patients with or at risk of diabetes through early detection, prevention, education and improved care management to deliver better outcomes. 2) GP Federation Local Incentive Scheme (LIS) This involves the GP Federation helping individual GP practices through on-going support and education to enable them to deliver tailored services to their registered population. The approach will be through Primary Care Networks, supporting a joint approach to design innovative ways of supporting individual practices.

6. Education, Training and Workforce

6.1 Education and Training

Upskilling the primary care workforce is essential for transformation and ensuring sustainability of general practice. The Merton Training Hub (formerly Community Education and Provider Network (CEPN)) plays a vital role, working in partnership with the CCG, Merton Health and the SWL Health and Care Partnership.

A range of training, education and support has been provided. Protected Learning Time (PLT) events have continued to successfully support workforce and system resilience. Sessions for clinical and non-clinical staff have been delivered which have been well received.

During 2019/20, three PLTs have taken place and the fourth is being held in March. The clinical events have focussed on the following subject areas:

May 2019	• Gastroenterology Clinical Assessment Service • Diabetes (including Local Incentive Scheme) • Care Homes (including Local Incentive Scheme)
September 2019	• ENT (Ear, Nose and Throat) • Prostate Follow Up • Nutrition • Gastroenterology Clinical Assessment Service
December 2019	• Gynaecology • Diabetes (including Local Incentive Scheme) • Physical Activity
March 2020	• Asthma Update • COPD (Chronic obstructive pulmonary disease) • Spirometry & case studies • Medicine Management Team – South West London Guidelines • Update on Social Prescribing • GP wellbeing and healthy workplace development

6.2 Workforce Initiatives

The General Practice Forward View (GPFV) (which set out NHS England's approach for strengthening general practice) and the NHS Interim People Plan (which sets a vision for how people working in the NHS will be supported to deliver care) have set out clear requirements and intentions with regards to growth and development of the primary care workforce.

Locally many workforce initiatives are being taken forward at a South West London level. The Health and Care Partnership Primary Care Transformation team is working with Training Hub leads from each of the six CCG areas to deliver positive outcomes for the primary care workforce against the GPFV. Collaborative work is also taking place with

Health Education England (HEE) to develop Training Hubs to support PCNs and the wider delivery of the NHS Interim People Plan.

Joint work is being undertaken to improve recruitment and retention of staff and overall staff satisfaction, and there is a focus on the following areas:

- Recruitment and Retention
- General Practice Resilience
- GP and GPN fellowships
- Admin and Clerical training

As an example, in relation to GP retention, each Training Hub is taking a lead on particular projects and is delivering them across South West London on behalf of all. Initiatives are advertised through the Training Hub and shared via various communication channels (including local meetings such as practice manager forums and locality meetings).

To give a sense of the scale and nature of the work that is underway, there are 11 retention schemes currently running across South West London:

- Peer support programmes for all roles
- Careers fairs
- Maternity coaching
- A locum bank
- Inductions for new staff
- GP coaching
- Portfolio roles
- Nurse and HCA preceptorship and GP mentor and preceptorship
- GP coaching and GP events
- GP and Nursing qualitative survey

It is also relevant to note that the update to the GP contract introduces a number of developments which will support retention and succession planning in general practice:

- Fellowships in General Practice
- Mentors Scheme
- New to Partnership Payments
- Induction and Refresher Scheme
- Locum Support Scheme
- Enhanced shared parental leave

Challenges in relation to the primary care workforce is a national issue and it is hoped that the funding for the additional roles through the network contract (see section 1) and various initiatives should support with the workload of general practitioners and the overall sustainability and resilience of general practice.

7. Primary Care Estates

7.1 Progress and Governance

Merton CCG, Merton's Health & Care Together Board, South West London STP and other key stakeholders recognise the importance of estates as a key enabler for the delivery of the NHS Long Term Plan, Merton's Local Health and Care Plans, and to support the maturity of Primary Care Networks and improvements to primary care premises overall.

Strong governance is in place through SWL Estates & Investment Board up to the London Estates Primary Care and Capital Panel (LEPCCP) which provides scrutiny and assurance on behalf of NHS England.

A monthly Merton Borough Estates Group (MBEG) meeting has been established successfully bringing together borough estates leads including primary care, healthcare providers, NHS Property Services and London Borough of Merton, to manage and oversee key projects and identify priorities and opportunities. The group has been asked to produce a borough level estates strategy for completion end March 2020 which will consider how future growth and changes in population impact on health infrastructure, as well as identify priorities, opportunities and long term plans for primary care estate in Merton. The strategy seeks to create closer links between clinical plans and estates and to enable Merton to be in the best position to bid for available funding.

Two Estates Strategy development workshops were held with stakeholders, including representatives from Merton Health, the LMC and the CCG's Primary Care Transformation directorate.

7.2 Merton Primary Care Estates Schemes

<u>Rowan Park (Rowans Surgery) – new Medical Centre</u>

Between 2012 and 2014 the former Rowan High School site, Rowan Road Mitcham, was redeveloped as part of a joint project with the Homes and Communities Agency (HCA), Crest Nicholson Homes and Merton Council.

This high-profile scheme has support from ward councillors and local MP and remains high priority for Merton CCG. Once complete, the new building will provide fully compliant, modern premises for Rowans Surgery and their patients, as well as community space for local people.

<u>Colliers Wood Surgery – new Medical Centre</u>

An ETTF Scheme to the value of £1.01m to consolidate two separate Colliers Wood Surgery premises (Lavender Fields branch and Colliers Wood High Street main) into one

new, purpose-built facility at the Guardian Centre, Merton Vision (established local charity) site at 67 Clarendon Road, Colliers Wood, SW19 2DX.

The new facility will provide Merton Vision with new improved accommodation on the ground floor, along with treatment and consultation rooms, dedicated staff, meeting and office space for the GP surgery on the first floor.

An update on progress and estimated date for practical completion for both schemes will be shared via the primary care newsletter and usual networks at the appropriate time.

The Wilson Health & Wellbeing Campus

Following an economic appraisal in 2015 it was decided that a new building on the Wilson Hospital site in Mitcham was the preferred option for providing the estate to support the delivery of new models of care. Plans remain for The Wilson to become a Health & Wellbeing Community Hub, addressing needs of residents in the east of the borough, but with services available for all residents of Merton.

8. Conclusion and Next Steps

This paper identifies that significant progress has been made in relation to the delivery of the Merton Primary Care Strategy. Some areas are still in development and will continue to be progressed throughout 2020/21.

Positive and strong engagement with our GP membership is incredibly valuable and supports with primary care development and transformation work and in terms of promoting good practice and quality improvement.

The NHS Long Term Plan and the five-year framework for GP contract reform bring significant change for primary care and as new national new guidance is released local work takes place to review the implications and establish associated plans and next steps.

The intention is to adopt a collaborative and supportive approach, working closely with member practices, Merton Health and other partners, to ensure the successful delivery of new models of care and greater integration between health and care services for the benefit of Merton patients.

Appendix A: Glossary

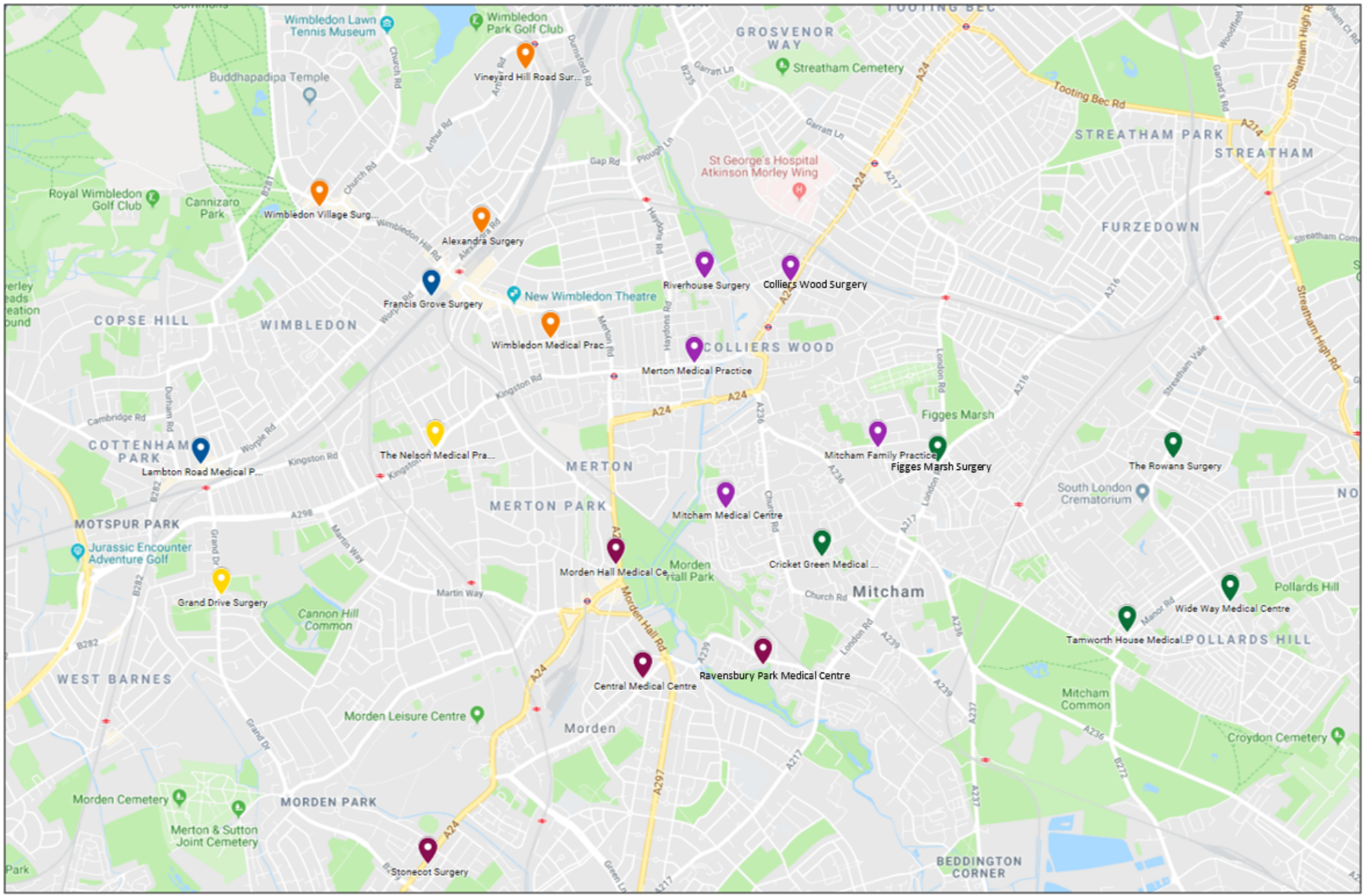
Term/ Acronym		Description
British Medical Association	BMA	The BMA is the professional association and registered trade union for doctors and medical students in the United Kingdom.
Care Quality Commission	CQC	The independent regulator of all health and social care services in England. The CQC monitors, inspects and regulates providers, ensuring that standards of quality and safety are met.
Directed Enhanced Service	DES	Directed Enhanced Services are nationally developed and negotiated services for general practice which are provided over and above those delivered under core contracts.
General Medical Services Contract	GMS Contract	The GMS contract is a nationally agreed contract for the delivery of essential primary care services to local communities. This is a type of 'core' contract that GP practices hold. Note: There are also Personal Medical Services (PMS) contracts and Alternative Provider Medical Services (APMS) contracts (other types of core contract).
Health Education England	HEE	Health Education England is the national leadership organisation for education, training and workforce development in the health sector. HEE is an executive non-departmental public body, sponsored by the Department of Health and Social Care.
Integrated Care System	ICS	In an Integrated Care System, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
Merton Health and Care Together	MHCT	Commissioners together with key providers and partners within health and social care in Merton work together as part of the 'Merton Health and Care Together' Programme under the auspices of the Health and Wellbeing Board to tackle challenges and strategically plan transformation collaboratively. The MHCT Board is Merton's place-based board.
Primary Care Network	PCN	A Primary Care Network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

		Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.
Quality and Outcomes Framework	QOF	The Quality and Outcomes Framework is part of the GMS contract for general practice and seeks to improve quality of care for patients. It is an incentive scheme for GP practices and rewards practices for meeting various indicators relating to a range of clinical areas.
Social Prescribing		Social Prescribing is a means of enabling clinicians to refer people to a range of local, non-clinical services to improve their health and wellbeing. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way and facilitate access to the right support, in the right place, at the right time.
Sustainability and Transformation Partnership	STP	STPs are NHS organisations and local councils working together to improve the health and care of the populations that they serve. They were created to bring local health and care leaders together to plan around the long-term needs of local communities. Nationally it is expected that by April 2021 every STP will grow into an Integrated Care System.
Training Hub Formerly Community Education Provider Network	CEPN	The CEPN represents a borough-wide learning network of providers that facilitate the delivery of training and education within the community. The core function of a CEPN is to design, develop and deliver a workforce that will lead to sustainable improvements in the health and well-being of the population it serves.

Appendix B: Merton Practices and Primary Care Networks

Primary Care Network (PCN)	Practice	List Size At 01-Jan-20	Collective List Size
North Merton	Mitcham Family Practice	3717	37803
	Riverhouse Medical Practice	5828	
	Merton Medical Practice	8303	
	Mitcham Medical Centre	8824	
	Colliers Wood Surgery	11131	
East Merton	Rowans Surgery	7149	46205
	Figges Marsh Surgery	8505	
	Tamworth House Medical Centre	9067	
	Wide Way Medical Centre	9949	
	Cricket Green Medical Practice	11535	
South West	Grand Drive Surgery	8792	38588
	Nelson Medical Practice	29796	
Morden	Ravensbury Park Medical Centre	5384	38192
	Stonecot Surgery	8824	
	Central Medical Centre	9019	
	Morden Hall Medical Centre	14965	
North West Merton	Vineyard Hill Road Surgery	4678	32924
	Alexandra Surgery	5756	
	Wimbledon Medical Practice	9584	
	Wimbledon Village Practice	12906	
West Merton	Francis Grove Surgery	14321	32605
	Lambton Road Medical Practice	18284	

Total CCG Registered Population	226317


Wimbledon Lawn Tennis Museum
Wimbledon Park Golf Club
Buddhapadipa Temple
Vineyard Hill Road Sur...
GROSVENOR WAY
Streatham Cemetery
Tooting Bec Rd
STREATHAM PARK
STREATHAM
Royal Wimbledon Golf Club
Cannizaro Park
Wimbledon Village Surg...
Alexandra Surgery
St George's Hospital Atkinson Morley Wing
FURZEDOWN
Francis Grove Surgery
New Wimbledon Theatre
Riverhouse Surgery
Colliers Wood Surgery
COPSE HILL
WIMBLEDON
Wimbledon Medical Prac...
COLLIERS WOOD
Merton Medical Practice
Figges Marsh
COTTENHAM PARK
Lambton Road Medical P...
The Nelson Medical Pra...
MERTON
Mitcham Family Practice
Figges Marsh Surgery
The Rowans Surgery
South London Crematorium
MERTON PARK
Mitcham Medical Centre
MOTSPUR PARK
Jurassic Encounter Adventure Golf
Morden Hall Medical Ce...
Cricket Green Medical ...
Morden Hall Park
Mitcham
Pollards Hill
Grand Drive Surgery
Cannon Hill Common
Wide Way Medical Centre
Tamworth House Medical...
POLLARDS HILL
WEST BARNES
Central Medical Centre
Ravensbury Park Medical Centre
Mitcham Common
Morden Leisure Centre
Morden
Croydon Cemetery
Morden Cemetery
MORDEN PARK
Merton & Sutton Joint Cemetery
Stonecot Surgery
BEDDINGTON CORNER
North Merton
East Merton
South West
Morden
North West Merton
West Merton

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel.

Date: 10 March 2020

Wards:	All
Subject:	Planning the Healthier Communities and Older People Overview and Scrutiny Panel's 2020/21 work programme
Lead officer:	Stella Akintan, Scrutiny Officer
Lead member:	Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel
Contact officer:	Stella Akintan; stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel reviews its 2020/21 work programme (set out in the appendix), identifying what worked well, what worked less well and what the Panel would like to do differently next year;

B. That the Panel suggests items for inclusion in the 2020/21 work programme – both agenda items and potential task group review topics;

C. That the Panel advises on agenda items for its meeting on 22 June 2020.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To enable the Panel to plan its work programme for the forthcoming municipal year and, in particular, to agree agenda items for the first meeting of the municipal year.

2. DETAILS

Identifying issues for the 2020/21 work programme

2.1 The scrutiny officers are currently gathering suggestions for issues to scrutinise, either as Panel agenda items or task group reviews. Suggestions are being sought from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Other issues of public concern will be identified through the Annual Residents Survey. The council's departmental management teams have been consulted in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.

2.2 The Panel is therefore invited to suggest items for inclusion in the 2020/21 work programme – both agenda items and potential task group review topics.

2.3 All the suggestions received will be discussed at the Panel's topic workshop on 8 June 2020. As in previous years, participants will be asked to prioritise the suggestions using criteria so that the issues chosen relate to:

- the Council's strategic priorities;
- services that are underperforming;

- issues of public interest or concern;
- issues where scrutiny could make a difference

3. ALTERNATIVE OPTIONS

3.1 The Healthier Communities and Older People Overview and Scrutiny Committee can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

4. CONSULTATION UNDERTAKEN OR PROPOSED

Scrutiny topic suggestions are being sought from members of the public, councillors, council officers and partner organisations including the police, NHS and Merton Voluntary Service Council.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1 None for the purposes of this report.

6. LEGAL AND STATUTORY IMPLICATIONS

6.1 There are none specific to this report.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8. CRIME AND DISORDER IMPLICATIONS

8.1 The Police and Justice Act 2006 requires every Council to have a scrutiny committee with the power to review or scrutinise decisions made, or other action taken by the Council and the other responsible authorities in the exercise of their crime and disorder functions. The other responsible authorities are the police, the police authority (Metropolitan Police Authority), the fire and rescue authority and the Primary Care Trust.

8.2 In Merton the responsible committee is the Overview and Scrutiny Commission.

8.3 Under the 2006 Act, the responsible committee is required to “meet to review or scrutinise decisions made, or action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions, no less than once every twelve months”. In doing so, it may require the attendance of officers from the Council, the police and co-operating authorities.

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1 None relating to this report.

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

10.1 2019/20 work programme

11. BACKGROUND PAPERS

11.1 None

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Healthier Communities and Older People Work Programme 2019/20

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2019/20. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting Date 17 June 2019 – Report Deadlines

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Primary Care Networks	Report to the Panel	Katie Denton Director for Transforming Primary Care – Merton and Wandsworth CCGs	To gain an overview of the new system and scrutinise progress with development in Merton.
Scrutiny of adult social care	Provider Market Failure	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To consider the department's approach to this issue.
Scrutiny review	Loneliness Task Group update.	Report to the Panel	Daniel Butler, Senior Public Health Principal	To consider the progress with implementing the recommendations from the review
Scrutiny Task Group Review	Transitions Task Group – Final report	Report to the Panel	Cllr Rebecca Lanning, Task Group Chair	To review the final report and recommendations and agree to send the report to cabinet.

Meeting date – 04 September 2019 **Report Deadlines 23 August at noon**

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Public Health Annual Report	Report to the Panel	Mike Robinson, Public Health Consultant	To review progress over the last twelve months and make suggestions for the future
Scrutiny Review	Homeshare Task Group Update	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	Review progress with implementing recommendations
Scrutiny of Health Partners	St George's NHS Trust – performance update	Report to the Panel	Senior NHS Staff	Review progress with improvements since last CQC inspection

Meeting Date – 05 November 2019 **Report Deadlines 24 October at noon.**

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget scrutiny	Draft Business Plan	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on the current budget.
Scrutiny of Health Partners	Sexual health services for Merton residents	Report to the Panel and visit to services	Kate Milsted/ Julia Groom -Public Health Team	Review the service and ensure it meets the needs of Merton residents
Scrutiny Review	Transitions action plan	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	Department plan for implementing the recommendations

Scrutiny of health partners	South West London Clinical Commissioning Group Five year strategy	Report to the Panel	James Blythe, Managing Director, Merton and Wandsworth CCGs.	Update on the progress with developing the Strategy
Scrutiny of health partners	South West London Clinical Commissioning Group - CCG Merger	Report to the Panel	James Blythe, Managing Director, Merton and Wandsworth CCGs.	Update on the progress with the Merger.

Meeting date – 09 January 2020 Report Deadline 30 December 12 Noon.

Scrutiny category	**Item/Issue**	**How**	**Lead Member/Lead Officer**	**Intended Outcomes**
Scrutiny of Health Partners	Improving Healthcare Together (IHT)	Report to the Panel	Andrew Demetriades, Joint Programme Director for IHT	To receive an update and review the Merton consultation plan for the IHT Programme
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To review progress over the last twelve months and make suggestions for the future
Scrutiny of Adult Social Care	Scrutiny of Older People's Day Opportunities	Report to the Panel	Phil Howell, Interim Interim Head of Older Adults and Disabilities	To receive an update on future plans for older people's day opportunities. This item will be discussed in a private session as it contains commercially sensitive information.

Meeting date – 11 February 2020 Budget Report Deadline 31st January at 12 noon.

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny	Draft Business Plan	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on the current budget.
Scrutiny of Health Partners	Substance Misuse Services	Report to panel	Barry Causer – Public Health Commissioning Manager	Review the service and ensure it meets the needs of Merton residents
Scrutiny of Adult Social Care	Learning from safeguarding adult reviews.	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To consider how the council utilises the learning from safeguarding adult reviews

Meeting Date – 10 March 2020 **Report Deadline 28th February at 12 noon**

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Primary Care Strategy	Report to the Panel	Merton CCG	Update on progress with implementing strategy with a focus on access to GP appointments and succession planning for retiring GPs.
Scrutiny of Health Partners	Improving Access to psychological therapies – update on services for Merton residents	Report to the Panel	Merton CCG	To review service provision for Merton residents.
Scrutiny of Health Partners	Cancer screening update	Report to the Panel	Merton CCG	To review the uptake of cancer screening for Merton residents.
Scrutiny of Health Partners	Adults immunisations schedule	Report to the Panel	NHS England	To review the uptake of adult immunisations for Merton residents.

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