

SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND  
SCRUTINY COMMITTEE

30 JANUARY 2019

(7.00 pm - 9.08 pm)

PRESENT Councillor Anita Schaper (in the Chair), Councillor Ian Lewer,  
Councillor Annamarie Critchard, Councillor Edward Joyce,  
Councillor Peter McCabe, Councillor Colin Stears, Councillor  
Andy Stranack, Councillor Matthew Hull, Councillor Richard  
Warren and Councillor Nick Darby

Sarah Blow Accountable Officer for South West London Alliance,  
Dr Andrew Murray, Chair, Merton CCG, Hazel Fisher,  
Programme Director Cardiac and Paediatrics Specialised  
Commissioning and Claire McDonald, Communications and  
Engagement Lead, Stella Akintan, Scrutiny Officer, LB Merton

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Cllr Zully Grant-Duff (Surrey CC), Cllr  
Andrew Howard, (LB Merton), Councillor Munir Ravalia, (RB Kingston),

2 DECLARATIONS OF PECUNIARY INTERESTS (Agenda Item 2)

Councillor Colin Stears reported that his wife works for St Helier Hospital

3 MINUTES OF THE PREVIOUS MEETING HELD ON 26 JUNE 2018 (Agenda  
Item 3)

This item was not considered. The minutes of the meeting held on 26 June will be  
reported to the next meeting for approval.

4 SOUTH WEST LONDON HEALTH AND CARE PARTNERSHIP (Agenda Item  
5)

NHS Colleagues tabled an update of the presentation which explained the progress  
and objectives of the South West London Health and Care Partnership, the  
development of borough based Local Health and Care Plans and how these  
approaches link with the NHS Long Term Plan. Dr Andrew Murray gave an update  
on the progress with the children's mental health trailblazer pilot involving south west  
London schools.

The Accountable Officer said following the publication of the NHS long term Plan  
there will be a new South West London Plan published in the Autumn 2019. The  
individual Local Health and Care Plan's will be updated to reflect this.

The Accountable Officer also highlighted that the team had attracted significant investment into South West London which had supported extended access in primary care from 8am to 8pm, record sharing, the red bag scheme, diabetes and workforce initiatives.

Committee members asked if officers had considered the links between self-harm and risky behaviour, as this was a significant issue in Richmond. The Chair of Merton Clinical Commissioning Group (CCG) said they had looked at all the work at borough level and incorporated this into the work streams.

The Accountable Officer said alcohol and drugs issues in Richmond and Kingston will be incorporated into the Start Well Programme and adapted to meet the requirements of each local authority. The Chair of Merton CCG added that Start Well in primary schools will mean that they benefit from early intervention and will help to prevent ill health in adolescence.

Committee members asked when the Fast Followers will join the mental health pilots. The Chair of Merton CCG reported possibly by summer 2020 when there will be a wave two of the pilots. The first wave will be evaluated in spring with a follow up next year. They will then develop a business case to roll out the pilot more widely.

## 5 DELIVERING THE CONGENITAL HEART DISEASE STANDARD IN LONDON - NHS ENGLAND (Agenda Item 4)

Hazel Fisher, Programme Director Cardiac and Paediatrics Specialised Commissioning and Claire McDonald, Communications and Engagement Lead tabled a summary of their presentation on delivering the Congenital Heart Disease standards in London which put forward proposals for ensuring standards were met prior to public consultation during summer 2019. The standards relate to co-location with paediatric services, minimum volumes and size of clinical team.

The committee heard that new build for heart and lung services is being considered for Chelsea and Westminster on the Westminster campus.

Committee members asked for a map showing locations of services in London and Surrey and a better understanding of the impact on South West London residents.

The committee asked about the timescales and what would happen if a suitable site is not found and sought clarification that would be no loss of services. It was reported that the Paediatric element should be completed by 2022 and the proposals only involved a change of location not loss of services.

Committee members asked why patient numbers are higher from the Midlands and East of England. It was reported that some of the region is quite close to London and patient choice is a factor.

### RESOLVED

Officers were thanked for their presentation and asked to provide:  
Details on the scrutiny arrangements as this programme progresses  
Further updates as the programme develops

## 6 IMPROVING HEALTHCARE TOGETHER 2020-2030 - PROGRAMME UPDATE (Agenda Item 6)

The Accountable Officer gave an update on the Programme, highlighting that if the provider impact demonstrated that other areas may be affected we may need to re-consider the membership of the sub-committee. She added that there would be more in-depth discussion at next week's meeting of the JHOSC sub considering this matter.

Councillor Colin Stears Chair of Improving Healthcare Together sub-committee said that although some initial work had been undertaken on the provider and travel analysis, the sub-committee were of the view that the workshops had taken place too early and as a result attendees were not working from meaningful information.

Councillor McCabe said Merton Council wants to see all services maintained at St Helier Hospital and expressed concern about the multiple attempts to close the accident and emergency services over the last fifteen years. The Accountable Officer stated that there is no intention to close hospitals but some services need to be co-located. However a lot of services for the elderly will be accessed in the same way as present.

Councillor Schaper asked if residents are of the view that the IHT programme constitutes a closure of services. The Accountable Officer said they need to convince people that change is necessary, it will enhance services but they still haven't gathered all the evidence to determine which outcome is the best one. It is recognised that this is a great concern for local people. The Accountable Officer added that no decisions would be made prior to consultation and consultation later this year would only take place if there is a good chance of securing capital.

Councillor Stears said it is important to provide the evidence from the equalities, provider impact and travel analysis to ensure residents are not of the view that the outcome has been pre-determined. The Accountable Officer said the only outcome from the workshops is that it is clear change is necessary.

Councillor Andy Stranack said Croydon University Hospital have been clear that they cannot absorb the impact of the closure of accident and emergency at St Helier and it would mean that they would require three extra wards.

The Accountable Officer said she will provide the Committee with the response she sent to Croydon Hospital about this issue. All providers have said all options are possible but the analysis and evidence gathering is still taking place. Further details on each specialist area is required before applying for the capital monies that will be required.

### RESOLVED

Accountable Officer to provide the letter sent to Croydon University Hospital about the potential impact of the Improving Healthcare Together Programme.

The Chair accepted a question from the public gallery

Sandra Ash from Keep our St Helier said she is keen to see services retained at both Epsom and St Helier hospitals. The programme has argued that 85% of services will remain but 'out patients are a thing of the past' How can the two be reconciled.

The Accountable Officer said the proposal is to change the way services are delivered and it will not make other services unsustainable but they will be provided in a different way. Dr Murray said it will result in enhanced support for the elderly who will be seen by a holistic team. There will be a wraparound range of rehabilitation services in a district hospital. The aim is to improve clinical standards and some are currently not being met. Services for stroke and trauma in London were changed and it resulted in much better outcomes.

A further question came from the public gallery on how many hospitals in the country meet the clinical standards. It was reported that this information is available on the website.

## 7 SOUTH WEST LONDON HEALTH SCRUTINY TRIGGER DOCUMENT (Agenda Item 7)

David Olney, Policy and Project Manager LB Sutton, gave an overview of the report. The Accountable Officer said she had used a similar document at previous organisations, her team were happy with it and will find it useful.

Councillor Peter McCabe expressed his support for the trigger document and thanked David Olney for his work on securing agreement across organisations.

Committee members sought clarification about which NHS organisations will use the document.

The Accountable Officer said she will circulate a list of those who will use the trigger document it will include South West London NHS and Merton CCG.

### RESOLVED

NHS South West London to provide a list of NHS organisations who will use the trigger document.