



South West London
Clinical Commissioning Group

NHS South West London Covid-19 Update

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Healthier Communities and Older People Overview and Scrutiny Panel
Monday 26 April 2021

Bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth



Agenda Item 6

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An overview of NHS South West London Covid response & recovery

Mark Creelman

Locality Executive Director (Merton and Wandsworth)

NHS South West London CCG



Overview of South West London Response

- NHS South West London CCG plays an important role in leading and co-ordinating the NHS response to the Covid-19 pandemic with our local authorities, care homes and voluntary sector, as well as delivering a successful vaccination programme since December 2020.
- In February 2020, the CCG on behalf of the South West London ICS, established the Gold Command Incident Control Room (ICR) for the NHS in South West London following NHS England declaring a level 4 incident.
- Operational seven days a week, ICR Gold reported directly into NHS England and brought NHS organisations together every day to review our response to Covid-19 and resolve issues that arose so that patients received the very best care and that frontline staff were strongly supported.
- In order to co-ordinate the response across South West London, the Incident Control Room (ICR) was established supported by seven expert Incident Control Cells.



Responding to the first wave

- From the start of the outbreak of Covid-19, we saw how quickly and easily the virus spread from one person to the next.
- Following national guidance the NHS made a number of temporary changes to help hospitals respond to the demands and challenges created by the pandemic, to care for the growing number of people needing urgent Covid treatment and to keep our health and care staff safe.
- We focused on shifting away from face to face appointments towards digital and telephone approaches, as well as a risk based approach to providing diagnostics and testing during the height of the pandemic. We followed national and regional standards to ensure the safety of patients, their families our staff.
- Decisions on these changes were made through the ICS and overseen by our senior clinicians to ensure that the impact on patient care was comprehensively considered.
- We wrote to SWL OSCs, SWL and Surrey JHOSC, and other stakeholders to explain the detail and rationale behind these emergency service changes. The letter is published on our [CCG website](#). We also presented at the July 2020 meeting of the SWL and Surrey JHOSC.



Responding to the first wave: some examples of our SWL response

- **Primary care.** Practices adapted to deliver most care through remote consultations either by telephone or video consultations, continuing face-to-face consultations where needed and are doing more home visits than ever before, working hard to avoid all unnecessary hospital admissions or journeys to A&E.
- **Keeping high-risk patients out of hospital.** Worked to increase care and support for more patients with higher health needs in community setting for example, improved access to video conferencing in care homes in South West London and ensured they had the right equipment to care for their vulnerable residents. South West London Palliative Care Task and Finish Sub Group supported GPs, hospices and community health staff, worked with vulnerable members of our community and their families to provide them with the advice and clinical support, around hospital admission.
- **Mental Health Emergency Services.** South West London and St George's Mental Health NHS Trust opened a new emergency service for patients with primary mental health problems who would otherwise have had to go to A&E. The Orchid Mental Health Emergency Service (MHES) based at Springfield University Hospital was set up as an alternative to acute hospital Emergency Departments, enabling patients to attend a dedicated MHES set up specifically for this purpose.



Responding to the first wave: some examples of our SWL response

- **Children and Young People's Mental Health.** Maintained business usual approach adapting services with the use of technology, for example rolling out an outline counselling service called 'Kooth' for anyone between 11 and 22 years old, launching a website providing details of where children and young people can access additional support and delivering online workshops.
- **Protecting our staff.** Established robust testing procedures for staff and worked hard to make sure staff had the right protective equipment at the right time. 'SWL Supply Cell' worked hard across health and care organisations locally and with national suppliers to make sure we addressed any shortfalls with PPE as quickly as possible. Risk assessments were undertaken for all NHS staff with a particular focus and priority on those who may be most affected by the pandemic for example those from an ethnic minority background, older staff, pregnant staff or those with a long term or chronic condition.
- **Increasing our workforce.** we were able to expand our South West London workforce working with the London Workforce Hub and South West London NHS Providers, welcoming people who had retired or who had moved to other sectors back to the NHS, with medical students and volunteers further increasing our numbers.



Recovery and responding to the second wave.

- As the first wave ended, we moved into the recovery phase of the pandemic establishing a South West London Recovery Board which focused on bringing back non-covid patients to the NHS for treatment as quickly as possible, as well as ensuring that services were prepared for a second wave.
- The South West London Recovery Board was set up to be supported by eight programmes of work. Each of these programmes brought together health and care professionals and managers from across our integrated care system who are experts in their field.
- In addition to focussing on the need for hospitals and primary care to restart safely, we were particularly concerned with those groups of patients who had not been seeking health advice and support during the first wave, and understanding why Covid-19 had disproportionately affected people from Black, Asian and ethnic minority groups, and those from more deprived areas.



Recovery and responding to the second wave: Increasing planned care

- We developed 15 elective recovery clinical networks, each led jointly by acute and primary care clinicians. These clinical networks were originally set up to support restarting elective surgical operations and treatments, enabling our hospitals to work together to manage those patients whose operations had been put on hold and most urgently needed care.
- The networks helped develop a comprehensive system-wide plan for South West London and NHS hospitals to identify patient groups by specific health conditions and treatments who should be prioritised for treatment. All our hospitals were involved in this work to make sure that we used all our available resources and capacity in South West London fairly for everyone.
- Despite the added challenges the pandemic brought, by November 2020 our four acute hospitals were able to carry out 90% of the planned surgical procedures we would have done at the same time the previous year.
- St George's Hospital has been on stand-by to open additional intensive care unit beds for extremely sick patients with Covid-19. To help them do this, Croydon, Kingston, St Helier and Epsom hospitals stepped-up specialty planned surgery. St George's has continued to carry out a high proportion of complex planned surgery on site, and hundreds of patients under their care have successfully had their treatment at neighbouring Croydon and Kingston Hospitals.



Recovery and responding to the second wave

- Despite being better prepared and more experienced, the second wave was still a challenge, with this second surge in cases adding to existing winter pressures. Our health and care staff worked incredibly hard to support local communities with the pressures of winter, Covid-19 and recovering from delayed care during the first wave of the pandemic.
- Every coronavirus patient in South West London, and in England, needing hospital care, including ventilation has been able to receive it. This has been possible because of the remarkable commitment and flexibility of health and care staff, clinical expertise, strong leadership as well the public's commitment to 'social distancing'.
- The most extraordinary year the NHS has ever faced has made us more innovative as well as more collaborative. We have seen what the NHS, local authorities and our communities can do when we work together in the most testing period in our recent history. We are eager to ensure that this way of working is 'hard-wired' in our future working beyond the pandemic.
- From December 2020, we have also been delivering the Covid-19 vaccine programme and have now delivered 811, 066 vaccinations across South West London including nearly 609,478 first doses (NHS England data 22 April 2021)



Merton/NHS South West London CCG Covid Update

Mark Creelman

Locality Executive Director (Merton and Wandsworth)

NHS South West London CCG



Virtual Ward (The Enhanced Discharged to Assess)

- New model built off existing foundations: Discharge to Assess Team (D2A) established during wave 1 was used as a model for the proposed COVID virtual wards
- They offer multi-disciplinary support to the current Discharge to Assess team, screening/triage and care intervention for people identified as able to return home (i.e. medically stable) but requiring some additional medical monitoring in addition to support from health and/or social care.
- To meet the increased patient acuity being discharged and to provide integrated equitable care across the community, SGH and CLCH decided that this new Enhanced Discharge to Assess team (ED2A) would be incorporated with the current D2A teams.
- The ED2A team would also be made up of staff who are knowledgeable of the current clinical and non-clinical support services in the community the patient would be discharged into, so they could signpost and get support if needed.
- In general patients will remain on the pathway for approximately 2 weeks with a view to transitioning to the appropriate business-as-usual community service once medically fit.



Enhanced D2A – measurable outcomes

- 16 multidisciplinary rounds and 58 patients discussed between 13/01 and 25/02 including complex cases
- *18 bed days saved across 2 wards, potential for *312 bed days saved per quarter (*conservative estimate assuming only one bed day saved per patient across 13 of the 26 wards at SGH)
- 10 patients identified where further action would have had the potential avoid readmission
- Creating opportunity for learning and identification of good practice and issues that need to be addressed – e.g. unsafe discharges
- Signposting to relevant services and support



Temporary Discharge Destinations

- The aim of the TADD service was to respond to the DHSC guidance, and in doing so: to offer South West London (SWL) registered GP patients and those residing in the boroughs not registered with a GP an alternative discharge destination at the point of discharge from hospital to complete the period of isolation required when the patient has Covid -19 positive (+ve) status.
- In Merton, Link House and Sutton court were commissioned as the TADDs offering 13 and 11 beds respectively.
- The aim is to;
 - support safe and timely discharge and protect care home residents and staff from COVID-19 and minimise the risks of spread and transmission of COVID-19 in care homes
 - deliver personalised and individualised care in a safe, effective environment, in line with the person's care preferences wherever possible.
 - ensure compliance with the statutory and regulatory frameworks, applicable guidance and policies and procedures.
 - ensure a safe transition period to support the return to the individual's long-term place of residence and care.
 - ensure that patients have access to primary medical care, rehabilitation and support services during their stay in the TADD.
 - enable and optimise quality of life through engagement with the family and/or carers

To enable patients to maintain good outcomes and to add value to the patients recovery, Therapy services have been commissioned currently via CLCH to provide 5 days therapy cover.



Covid Vaccination Programme

- Programme started in December working with our local Merton Federation, Primary Care Networks (PCNs) and Practices to establish 2 local vaccinations sites
 - The Wilson
 - The Nelson
- Focus on the JCVI cohorts 1-9 from December to April, and then moving to Phase 2 which is the cohorts 10 -12 (over 18s)
- Also have 2 local larger mass vaccination sites
 - Centre Court
 - AFC Wimbledon
- Programme of Communication and Engagement across the borough
 - Engagement through local conversations, with local health care professionals and champions
 - Delivering sessions at existing meetings and setting up dedicated meetings where appropriate. Arranging for interpreters where necessary. We are delivering key facts about the vaccine, followed by a Q&A session;
 - With local community and voluntary organisations
 - With Community Response Hub advisers
 - With staff and volunteers of local community and voluntary organisation

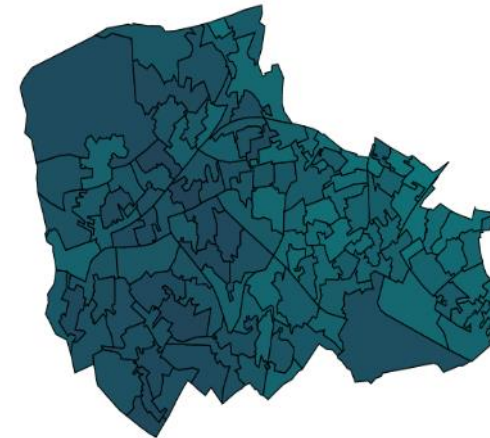


Merton Borough Data – published 13 April 2021

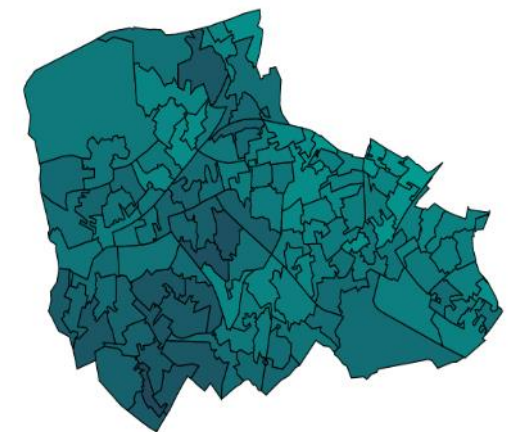
Vaccination Cohort	Distinct Patients	Vaccinations (First)	% Vaccinated (First)	Vaccinations (Second)	% Vaccinated (Second)
02. 80+	7,190	6,087	84.7%	3,822	53.2%
03. 75-79	4,729	4,018	85.0%	1,664	35.2%
04a. 70-74	6,617	5,583	84.4%	1,668	25.2%
04b. Clinically Extremely Vulnerable	6,967	5,501	79.0%	902	12.9%
05. 65-69	7,069	5,706	80.7%	748	10.6%
07. 60-64	9,316	7,215	77.4%	621	6.7%
08. 55-59	11,781	8,635	73.3%	748	6.3%
09. 50-54	13,774	8,617	62.6%	672	4.9%
Total	67,443	51,362	76.2%	10,845	16.1%

Electoral Ward	02. 80+	03. 75-79	04a. 70-74	04b. Clinically Extremely Vulnerable	05. 65-69	07. 60-64	08. 55-59	09. 50-54	Total
Abbey	80.8%	86.4%	85.7%	81.5%	82.2%	73.0%	74.6%	63.2%	75.4%
Cannon Hill	90.9%	87.8%	89.5%	81.9%	86.8%	84.6%	84.8%	71.1%	84.1%
Colliers Wood	76.2%	84.4%	82.5%	77.8%	72.2%	67.8%	65.5%	58.2%	70.2%
Cricket Green	83.5%	82.4%	83.1%	78.2%	76.1%	79.3%	70.3%	62.2%	75.1%
Dundonald	93.1%	88.7%	87.8%	87.0%	84.2%	81.8%	80.0%	64.9%	80.3%
Figge's Marsh	80.6%	80.7%	80.1%	76.1%	75.9%	71.3%	64.6%	58.9%	71.3%
Graveney	77.7%	79.9%	81.4%	75.4%	73.2%	69.4%	65.4%	58.0%	70.3%
Hillside	87.8%	88.4%	85.5%	78.5%	83.3%	74.9%	67.2%	50.5%	73.4%
Lavender Fields	78.3%	73.2%	77.6%	79.6%	75.1%	70.3%	68.2%	57.3%	70.1%
Longthornton	75.3%	79.0%	78.2%	74.0%	77.5%	72.6%	65.3%	56.7%	70.3%
Lower Morden	91.7%	88.8%	91.2%	84.9%	86.9%	88.2%	84.2%	76.9%	85.9%
Merton Park	88.7%	88.9%	88.0%	84.4%	84.9%	85.0%	83.4%	67.6%	82.4%
Pollards Hill	80.6%	82.4%	80.0%	72.6%	79.1%	71.3%	69.1%	54.9%	71.2%
Ravensbury	84.5%	84.8%	82.9%	80.9%	81.2%	76.4%	76.2%	60.8%	76.5%
Raynes Park	84.5%	87.2%	88.1%	79.5%	86.1%	78.2%	73.5%	65.2%	77.7%
St Helier	88.1%	90.7%	81.8%	83.1%	82.0%	84.1%	73.5%	66.8%	79.0%
Trinity	86.9%	82.9%	86.1%	76.9%	82.6%	81.7%	70.6%	57.9%	74.7%
Village	86.1%	89.7%	83.8%	85.5%	81.4%	79.7%	69.1%	61.0%	76.8%
West Barnes	86.2%	86.7%	87.1%	86.3%	83.9%	77.9%	78.2%	68.1%	79.7%
Wimbledon Park	87.5%	86.4%	88.3%	84.0%	83.7%	81.3%	79.9%	70.5%	80.3%
Total	84.7%	85.2%	84.7%	79.3%	80.9%	77.4%	73.4%	62.8%	76.3%

JCVI Cohort 1 to 4 Vaccinations / 10k Population



JCVI Cohort 5 to 9 Vaccinations / 10k Population

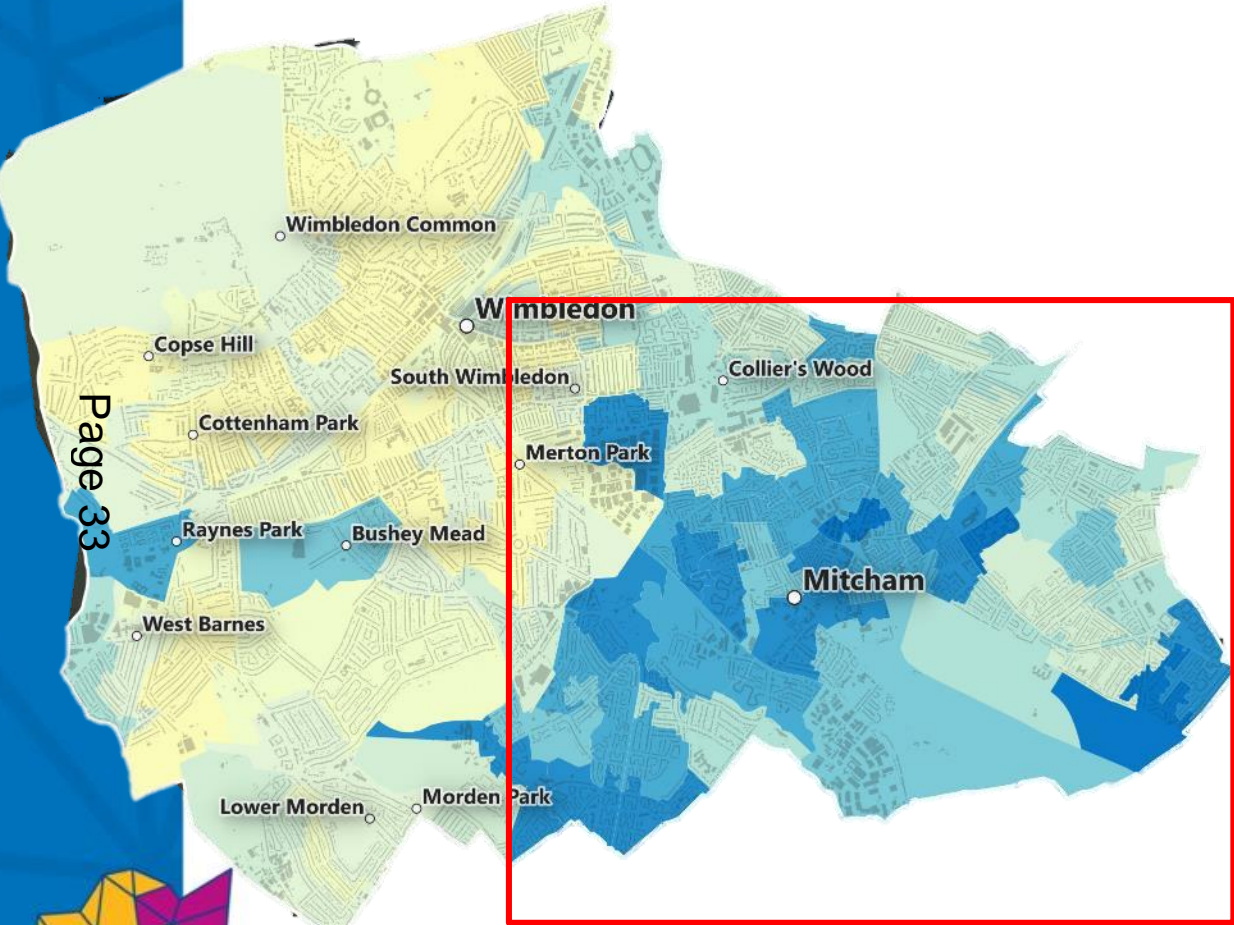


Map cohorts

Phase 1a – priority groups 1 to 4 - this includes people over 70 and those who are clinically extremely vulnerable. Care home residents are not included in these figures.

Phase 1b – priority groups 5 to 9 – this includes the age groups 50-69.

Areas and populations of interest



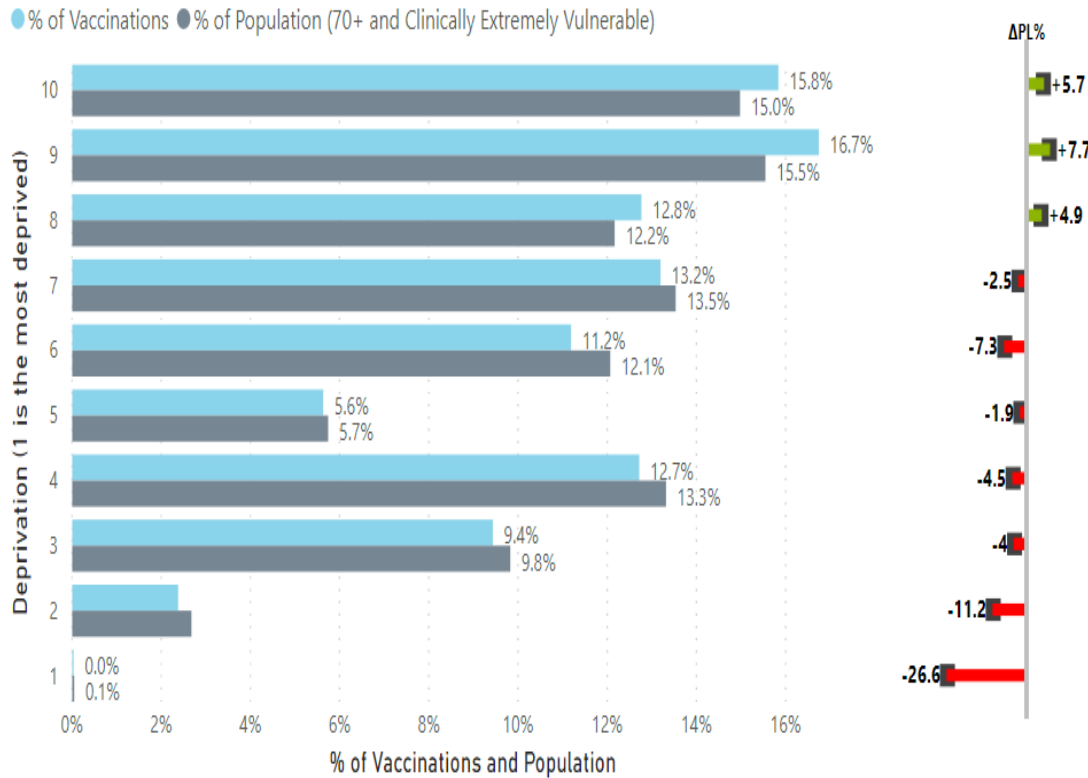
Merton has an estimated population of 211,787 residents. Significant social inequalities exist within Merton. The eastern half has a younger, poorer and more ethnically mixed population, with more areas of high deprivation. The western half is whiter, older, and richer.

<p>Populations of interest</p>	<ul style="list-style-type: none"> • Communities in areas of deprivation • Communities with Ghanaian, Polish, Somali, Tamil, Gypsy, Roma and Traveller backgrounds
<p>Focus wards</p>	<ul style="list-style-type: none"> • East Merton; esp. Figges Marsh, Pollards Hill, Lavender Fields, St Helier. • Gypsy, Roma and Traveller population in Wimbledon Park.

Source: English Indices of Deprivation
<https://imd2019.group.shef.ac.uk/> last accessed 10/09/2020

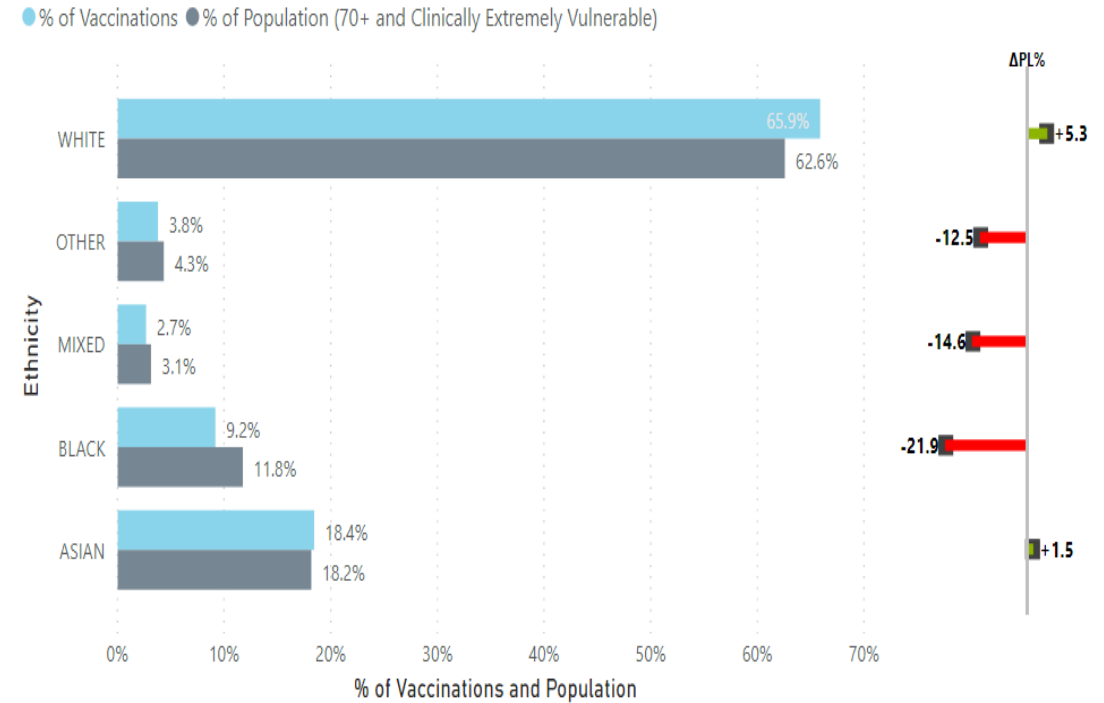


% of Vaccinations by Deprivation (1st Dose)



The graph above shows us that the higher the level of deprivation the lower the uptake at this stage in the programme. People in the top three deciles (most affluent) are more likely to have taken up the offer of the vaccine and those in the bottom four deciles are less likely to have taken up the offer of a vaccine.

% of Vaccinations by Ethnicity (1st Dose)



As can be seen from the graph above, the uptake in the vaccination programme from White and Asian communities is higher than expected levels when compared to the population. Black communities are under-represented in the numbers who have been vaccinated:

At this stage in the programme this represents a variance of:

- White residents are **5.3%** over-represented.
- Asian residents are **1.5%** over-represented.
- Black residents are **21.9%** under-represented.

What we know about vaccination uptake

Key barriers to vaccine uptake:

- Practical and other access factors
- Safety concerns
- Not wanting to be first
- Low perceived personal risk
- Fear and mistrust
- Misinformation

Key facilitators to vaccine uptake:

- ✓ Making appointments easy and convenient
- ✓ Making local access easier
- ✓ Increasing awareness and drivers of motivation
- ✓ Increasing confidence in vaccination
- ✓ Addressing low trust
- ✓ Outreach models targeting under-served groups

Population groups less likely to be vaccinated:

- Younger age groups
- Some BAME groups
- People living in more deprived areas
- Health and care staff
- Inclusion health groups

Vaccination uptake in Merton

- Now over 90% in over 70s group
- Most and least deprived areas in Borough have lower uptake
- White and Asian communities are over-represented while Black communities are under-represented
- Those less likely to be vaccinated include: Communities with Ghanaian, Polish, Somali, Tamil people; Gypsy, Roma and Traveller population

Building confidence: community engagement approach

- We continue to engage with our local communities to give people the chance to ask local experts about the vaccine so that they can make informed decisions and we can understand any concerns they may have.
- To date we have delivered 46 community conversations reaching approximately 1064 Merton residents.
- We have worked with community and voluntary groups, partners, and healthcare professionals to deliver these sessions and reach our local and diverse communities.
- In the past couple of weeks, we have held community conversations with Merton and Wandsworth Link Workers and Social Prescribers, the COVID-19 Community Champions, and the Merton Patient Engagement Group. Following the guidance change regarding the AZ Vaccine, we delivered specific sessions with the COVID-19 Community Champions addressing this topic.
- More information about our local engagement activities can be found on the South West London CCG website here: [Merton Communications and Engagement Plan](#).



Building confidence: examples of virtual engagement

Engagement sessions with community groups

Merton Ethnic Minority Centre



Sunshine Recovery Cafe



Wimbledon Guild



Q&A sessions with local clinicians

Covid-19 vaccination: your questions answered

Everything you want to know about the Covid-19 vaccination, but were too afraid to ask!

Sunday 31st January, 5:30pm

Hear from your local experts in the field, who are planning and delivering the vaccination programme in Merton.

Expert Panel:

Dr Vasa Gnanaprasam
GP Borough Lead in Merton

Dr Mohan Sekeram
East Merton locality lead

Dr Mohammed Saqib Ayub
GP, Colliers Wood Surgery

Sedina Agama
Associate director of medications optimisation in Merton

Dr Aditi Shah
West Merton locality lead

Dr Adil Siddiqui
GP, Riverhouse Surgery, Wimbledon

Facilitated by:

Aman Nathan
Patient and Public Engagement Manager, NHS Merton

Ben Tunstall
Communications Manager, NHS Merton

Register in advance for this meeting via the following eventbrite link or by emailing mertonccg.getinvolved@swlondon.nhs.uk: <https://www.eventbrite.co.uk/x/covid-19-vaccination-your-questions-answered-tickets-138287596925>

Community workshops

Tuesday 19 January, 10am to 12pm

Staying well with NHS Merton & the Covid 19 vaccine - your questions answered!

with Amanveer Nathan, Merton's Patient & Public Engagement Manager, South West London Clinical Commissioning Group, Dr Vasa Gnanaprasam, GP Borough Lead for Merton, Fiona White, Quality Assurance Manager and Nurse Consultant, Kate Forrest, Senior Occupational Therapist in Merton's Learning Disability Team & Vanessa Ashman, Head of the Community LD Nurses Team.

- What questions would YOU like to ask the people running the vaccination programme in Merton?
- What advice would YOU like to share on the best way to safely vaccinate YOUR relative with a learning disability or autism?

Dr Vasa Gnanaprasam & Fiona White will be available to answer questions you may have about the Covid 19 vaccine & specialists from the LD Team, Kate Forrest & Vanessa Ashman will be on hand to give their views too!

Plus, the CCG are keen to understand the impacts of the pandemic on local people & want to hear your views & experiences on healthcare access with the local NHS.

Don't miss this opportunity to hear more about the vaccination programme, to ask your questions & to explain to the professionals & clinicians your thoughts on any adjustments you think will be necessary to safely & successfully vaccinate people with a learning disability & autism in Merton.

Joint session with Adults First, Kids First & Talk Autism



Community Outreach Vaccination Programme

A significant programme of community outreach and pop up events has taken place to target those areas with lower uptake rates, and those areas identified where additional local events will support the local communities to access the vaccination

These events include locations such as:

- Morden Mosque
- The Baitul Futuh mosque
- Darul Amaan Mosque
- Wimbledon Mosque
- Hail Place
- Wimbledon Temple
- St Marks Church
- Salvation Army
- New Horizon Centre, Mitcham

Outreach events have taken place to target the following populations:

- Homeless Patients
- Sex workers
- Asylum Seekers
- Women currently residing in refuges
- Travelling communities



How are we ensuring equity across Merton?

There are four key priorities in our plan to increase equity in the delivery of the vaccine programme across Merton.

Priority 1: Reducing barriers to access - Make access to vaccination as easy and convenient as possible

- Individualised delivery plan for each under-served community, On-going community dialogue and investing in VCS providers to help engage under-served groups with short surveys to residents and staff to seek developing views on delivery.
- Delivery of The Wilson as a vaccination centre and pop-up vaccination, e.g. in faith settings, for those experiencing homelessness. Asylum seekers and Sex workers are signposted via leaflets, word of mouth, WhatsApp referrals in collaboration with Voluntary organisations. Planning for community pharmacy vaccination.
- Opportunity for COVID Confident Conversations / Making Every Contact Count - raising vaccination, signposting or offering and opportunistically giving, the vaccination.
- Community conversations with adult education providers providing courses are planned with training to VCS, Community Champions and other local leaders.

Priority 2: Communication and Engagement - working with communities; taking a strength-based approach; co-production

- Partnership of *'No one left behind'* communications and engagement across SWL and as a core value in approach.
 - Growing network of Covid-19 Community Champions
- Programme of work led by NHS SWL CCG with LBM, Healthwatch Merton and VCS to build confidence, address any concerns, manage expectations and increase uptake.



Priority 3: Partnerships, Governance and Resources - commitment to system working – recognising no one partner can achieve effective vaccine equity alone

- South West London: SWL ICS Vaccination Board and currently SWL LA COVID Vaccination Delivery Group and SWL Vaccination Under-served Groups
- Merton wide PCN / primary care led Vaccination Delivery Group with proposal for Merton Vaccination Planning/Steering Group to be established.
- Local system working led by Merton Health and Wellbeing Board (HWBB), Merton Health and Care Together (MHCT) and Merton HWBB Community Subgroup with focus on vaccine equity.
- Merton Borough Resilience Forum (BRF) agency partnership.
- COVID Community Champions network

Priority 4: Data, information and insight - evidence-based interventions; learning from data (qualitative and quantitative); transparency - sharing with the public

- Data is emerging and complex due to multiple local and national sources. The available data does not yet give everything we need to know but this does not prevent progress being made.
 - Ongoing data analysis by geography, deprivation and ethnicity, as well as by eligible cohort.



Epsom and St Helier NHS Trust Covid Update

**Dr James Marsh
Joint Medical Director
Epsom and St Helier University Hospitals NHS Trust**



Covid-19 and elective care update

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20th April 2021

Anne Brierley
Chief Operating Officer



HM Government

CORONAVIRUS

BENDING THE RULES COSTS LIVES

STICK TO THE RULES TO STOP THE SPREAD.

Find out more at gov.uk/coronavirus

STAY HOME ▶ PROTECT THE NHS ▶ SAVE LIVES

Pictured: St George's ITU nurse Velinda Beran features in national Covid-19 campaign

Covid-19 - update

Anne Brierley, Chief Operating Officer

Covid-19

- From 1 December to 23 April, St George's has had 1,614 general/acute (G&A) inpatient admissions, and 508 into ITU. Most patients admitted into ITU are also counted in G&A data - but we did admit approximately 40% of Covid-19 positive patients direct into ITU.
- St George's was a Covid-19 ITU surge hub, which meant we doubled our normal ITU capacity to support south west London, as well as other parts of the Capital. We re-deployed circa 300 staff to support this effort.
- Our emergency care performance remained strong throughout this period, with only six (6) instances where an ambulance handover took just over an hour (in each case, the patient was safe and receiving appropriate care).
- Emergency care performance is currently in the region of 95% (% of patients seen, admitted or discharged within four hours of presenting). This is despite the fact that demand for emergency care increases week on week, and inevitably more so as lockdown restrictions ease.

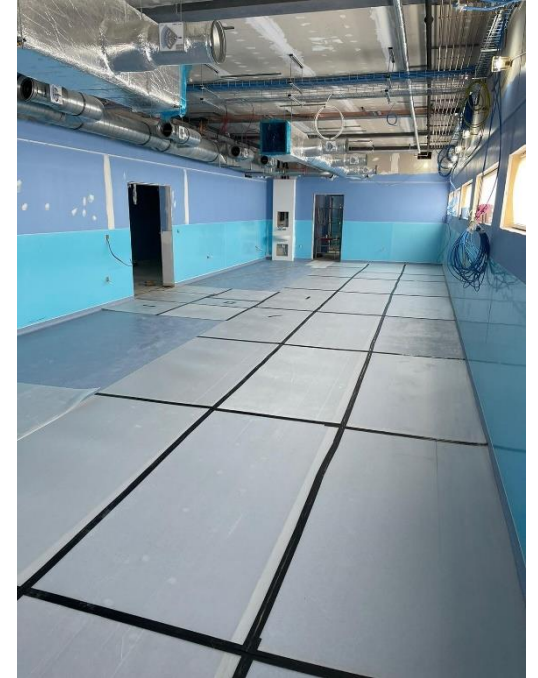
Positive outcomes

- Strong team-working across the Trust, with teams working collaboratively to meet the collective challenge presented by the pandemic.
- Positive, collaborative working with local health and social care partners to support safe and timely discharge of inpatients; so enabling us to build inpatient capacity to meet the needs of patients who were presenting to the Emergency Department with acute needs

Elective recovery

Anne Brierley, Chief Operating Officer

- We sustained timely treatment of all cancer and non-cancer patients on elective pathways who were clinically listed as priority 1 (treat within 72 hours) and priority 2 (treat within 28 days) throughout this period
- For context, St George's receives in the region of 3,800 elective referrals every week
- We have an ambitious plan in place to recover and boost our routine outpatient and elective activity – this involves aiming to reduce the number of people waiting 52+ weeks by a third (1/3) by the end of June (a reduction of 4,282 patients to 2,828 patients). Our aim is to fully recover our routine elective waiting times during 2021/22
- We have commissioned four modular day surgery theatres to be installed on the Queen Mary's Hospital site (pictured), which will be up and running during May, and will help all acute hospitals in south west London with their elective recovery programmes.
- We are working together with our partner acute hospitals in south west London to reduce waiting times for routine procedures for local communities



A photograph of two women in a pharmacy setting. One woman is using a blue pill tray to transfer pills into a clear blister pack. The other woman is looking on. The scene is brightly lit with overhead fluorescent lights. A large blue graphic element, resembling a stylized arrow or a large letter 'A', is overlaid on the right side of the image.

Trust update SWLSTG Mental Health NHS Trust

Vanessa Ford, Chief Executive
South West London and St George's Mental Health NHS Trust

Responding to Covid-19

- We continued to provide all services throughout the second wave via a blend of face-to-face, phone and virtual consultations
- Investment in digital: thousands of virtual assessments and appointments delivered through our digital platform *Attend Anywhere*
- Appointments in key services continued to be made available face-to-face in Covid-secure settings
- Launched Orchid Emergency Service in March 2020 as an alternative to A&E
- Facilitated visitors at all times, in a covid secure way
- Wellbeing support for staff including extended Trust 24/7 Mental Health Support Line and 24/7 advice line



Recovering our services

- Broadly, demand for services is back at pre pandemic levels, although significantly increased referrals for acute and urgent care and CAMHS
- Building on what we have learnt: continuing to offer choice in how patients are seen, including face-to-face, phone and virtual services
- Within community services we are aware of the impact of waiting times on patients - our community transformation programme looks to address this
- Our successful emergency service will be enhanced through our mobile Coral Mental Health Crisis Hub
- Those with a severe mental illness receive full physical health checks



IPC, testing and vaccination

- Dedicated lead for Infection Prevention and Control (IPC) overseeing implementation of guidance and regular communications to patients and staff
- Covid-19 symptom screening and temperature checks on or pre-admission and daily for patients
- Staff offer support and encouragement for patients to receive a Covid vaccination and PCR test for new variant
- Twice weekly Covid-19 self-swab test programme for all patient-facing staff and testing for staff/household via local NHS hospitals
- Vulnerable and shielding staff offered vaccination early. Vaccinations for all staff began on 11 January. Currently 82% of our staff have been vaccinated



Preventing mental ill-health



Partnering in a new mental ill-health prevention and recovery programme to tackle the psychological fall out of Covid-19



Collaboration between Local Authorities, local NHS, Commissioners and community groups across SWL



Working to develop and **action plan** to promote and protect mental health



Began with a Listening campaign South London Listens which gathered nearly 6,000 **testimonies** from November-April



Issue and coproduction workshops taking place April-May to **develop solutions** to issues identified through the Listening



Action plan to be developed by the programme's **taskforce**. Summit to be held in June following on from these workshops

The future: Our Integrated Programme

- The Trust has developed a new Integrated Programme that is supporting our cultural, clinical and physical evolution over the coming years. This programme is about:
 1. **Making community and inpatient services work together** to deliver joined up care closer to home
 2. **Investing in up to date healthcare facilities** so that our service users have the best environment in which to recover
 3. **Developing our people and culture** and ensuring South West London and St George's is a great place to work



The future: Transforming our services

- Continuing to increase partnership working and our role at place
- Significant financial investment in our transformation programme for community services, supporting us to prioritise community-based care, closer to home
- Increasing patient choice through digital transformation and investment



Questions

