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DATE: 4 July 2018

HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Wednesday 11 July 2018

Please see the attached reports marked "to follow" on the agenda.

8 EVALUATION OF WINTER SERVICES (CCG)
(Pages 3 - 10)

9 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (JHOSC MEMBERS)
(Pages 11 - 16)

Copies of the documents referred to above can be obtained from http://cds.bromley.gov.uk/

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London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**Wednesday 11th July 2018**
Title:	**EVALUATION OF WINTER SERVICES**
Contact Officer:	Angela Bhan, Managing Director, Bromley CCG Tel:0203 930 0102 E-mail: angela.bhan@nhs.net
Ward:	Borough-wide

1. Reason for Report

1.1 Bromley CCG fund £628k in additional capacity over the winter period to support managing increased seasonal demand. The report provides an evaluation of the impact of this resource and concludes with areas for consideration to influence future planning.

1.2 The CCG will continue to lead on the health winter preparedness, aligning to local authority and provider plans which is overseen by the A&E Delivery Board

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2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is requested to note the evaluation of Winter Services.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Winter Services support vulnerable adults to retain their health and independence.

Corporate Policy

1. Policy Status: Not Applicable
2. BBB Priority: Supporting Independence Healthy Bromley

Financial

1. Cost of proposal: Not Applicable: Funds have already been utilised.
2. Ongoing costs: Not Applicable
3. Budget head/performance centre: Bromley Clinical Commissioning Group
4. Total current budget for this head: £628k
5. Source of funding: Bromley Clinical Commissioning Group

Personnel

1. Number of staff (current and additional): Not Applicable
2. If from existing staff resources, number of staff hours: Not Applicable

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Legal

1. Legal Requirement: Not Applicable
2. Call-in: Not Applicable: No Executive decision.

Procurement

1. Summary of Procurement Implications: Not Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All vulnerable Bromley residents.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

3.1 The attached report in Appendix A provides detail of the capacity that was commissioned by the CCG throughout winter to meet seasonal demand. The report also provides an evaluation of impact and suggested recommendations going forward.

3.2 The key learning and recommendations for future planning, as described in the report are:

3.2.1 Learning for Future Planning

- Increasing capacity within existing services worked better than previous winters when new provision has been introduced but not utilised;

- Although a significant increase in attendance was seen, performance remained better than previous years including improved A&E performance and considerable reduction in Delayed Transfers of Care (DToC);

- Significant numbers of attendances continued throughout the winter – further work to better understand the reason and prevent attendances is required; and,

- Although all services offered were utilised and showed positive impact, significant numbers of people still required hospital based care, especially those with complex health and social care situations. Due to the complexity and demographic of patients further work is required to provide a more integrated community response to admission and attendance avoidance that is able to be accessed by a range of community providers including domiciliary care services and placements as well as the Emergency Department.

3.2.2 Recommendations

- Earlier planning and mobilisation of schemes to allow for staff recruitment; and,

- Utilising existing service provision to develop an integrated urgent and emergency care system in the community providing a single point of access to a range of community services able to provide brief acute level interventions to support more people at home, preventing the need for hospital based care and support.

3.3 In addition to the attached report which focuses on health services specifically, the A&E Delivery Board undertook a system review of winter to identify how the whole of the partnership can utilise resources better together to support seasonal demand. The following recommendaitons were identified:

- LBB to consider Commissioning dedicated domicilary care to ‘bridge’ where the existing framework or reablement is unable to commence at the point of a patient being mesdically safe for discharge. With a particular focus on January – March where thei swas a significant issue;

- Increase availability of Discharge to Assess beds/interim beds in the community to reduce the number of people remaining in hospital unnecessarily for the assessment of long term care and support needs;

- Improve reactive resources to reduce the amount of social admissions due to carer breakdown;

- Consider a more robust, aligned response to support care homes including residential and Extra Care Housing bringing together the range of resources in existence across the provision;

- Further develop the access to community crisis provision for people with mental illhealth including launching the crisis line, developing the role of the Home Treatment Team as well as considering the capacity of psych liaison; and,

- Historically winter preparedness has been undertaken separately by each organisation, it is recommended that this is brought together into a single winter preparedeness strategy aligning resources from across the system which will also better support the systems ability to implement the recommendations provided.

4. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

4.1 Ensuring access to timely health and social care services is essential to support all residents particularly those most vulnerable.

5. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

5.1 The CCGs plans for winter 2017/18 made a positive impact and as a result even through demand has increased considerably, the resilience of the system overall meant that the recovery from significant pressure points was much faster then has previously been achieved. This is essential for a system to cope throughout the winter and ensure all Bromley residents are able to access safe and timely services.

Non-Applicable Sections:	Financial, Legal, Policy, Procurement and Personnel Implications
Background Documents: (Access via Contact Officer)	Not Applicable

NHS Bromley Clinical Commissioning Group

BROMLEY WINTER PRESSURE REVIEW

1. Background

Bromley CCG funded enhanced and additional capacity across the system to ensure health services continued to meet demand over the winter period. The CCG funded £628,517k worth of winter activity across a range of services during the period which saw the highest activity levels in the history of the Bromley system. However performance throughout winter 2017/18, although not meeting national standards, was better than that of previous years with responsiveness and recovery rates considerably improving showing increased resilience across the system as a whole.

The report provides an overview of what was commissioned by the CCG, the impact, lessons learnt and recommendations going forward.

2. Outline Of Bromley CCG Winter Pressure Schemes and Spend

For winter 2017 Bromley CCG enhanced capacity across a range of health services including increased primary care capacity through additional GP appointments and home visiting service as well as end of life community care. A multidisciplinary front end team was put into the PRUH with access to urgent community support to prevent avoidable admissions and additional discharge co-ordinators to increasing timeliness, safety and quality of discharge for people on the supported discharge pathway.

The following table shows the detail of the what was commissioned and delivered

Provider		Grade	Unit cost (Oct-Mar)	WTE	Hours	17/18 Budget	17/18 Final Cos	18/19 Fin year
	Admission Avoidance							
Transfer of Care	DisCo	Band 6	£38,200	1		£38,200	£38,200	
Transfer of Care	Community Matron (backfill)	Band 8a	£50,250	1		£50,250	£50,250	
Transfer of Care	POC		£18	10	183	£98,550	£98,550	
Transfer of Care	Beds (1 block)		£610	1	183	£55,815	£55,815	
GP Allliance	GP support in TOC		£100	20		£48,000		
Greenbrooks	HCA's in Beckenham and the PRUH		£16,464	2		£32,928	£32,928	£10,976
Greenbrooks	GP Enhanced rates					£16,000	£16,000	
Greenbrooks	Patient Champion 7 days a week (both sites)					£18,702	£18,702	£6,234
	Patient Flow							
Transfer of Care	DisCo	Band 6	£38,200	2		£76,400	£76,400	
St Christopher	St Christopher's		£38,600			£38,600	£38,600	
St Christopher	St Christopher's Recruitment					£43,072	£43,072	
St Christopher	St Christophers (potential overspill)					£20,000		
	Primary Care							
GP Alliance	Additional appointments						£50,000	
BHC	Home visit service					£200,000	£100,000	£30,791
BCCG	Comms					£10,000	£10,000	
							£628,517	

3. Overview of Provision

Admission Avoidance

The total cost of schemes including those extended to the end of April is **£676,518**

4. Highlights

4.1 The following highlights were identified from each winter pressure funded scheme:

4.1.1 The Community Matron resource as part of the front end admission avoidance team was able to

- Enabled access to the Local Care Record and EMIs providing essential collateral histories (364 patients) on cases early which often changed the course of diagnostics or avoided admissions (260 patient) all together
- Identifying patients who presented as frail with no recent community involvement, frequent attenders or patients where there has been a significant change in their diagnosis and functioning to Community Matron colleagues as people who may benefit from an ICN review to prevent future admissions (8 patients)
- Having overview of all community health care services to advise in the most appropriate discharge plan, often having to use elements from several different services to initially facilitate the discharge, as a result over 40 early discharges were achieved
- Working alongside other organisations including St Christopher's to deliver safe and timely discharge for complex patients preventing readmissions with over 60 discharges supported by the in-reach community Matron
- Being able to flag patients who require urgent community follow up with community health colleagues to prevent possible readmission and support timely discharge.

4.1.2 Additional packages of care and emergency placement supported:

- Over 40 admissions were avoided due to availability of urgent support in the community
- Once up and running this formed part of the Discharge to Assess provision allowing earlier roll out for the front end

4.1.3 Additional Discharge Co-ordinator (DisCo) capacity provided:

- 45 Discharge to Assess (D2A) passports to facilitate D2A care packages/D2A beds which equates to 225 saved bed days
- Instrumental capacity in rolling out the D2A pathways and education of staff with regards to D2A

- Additional resource when the proportion of patients on supported discharge pathway rose to over 60% at times throughout the winter (ToCB commissioned for 20%)
- Additional resource to enable full time support to the front end of the hospital throughout the period

4.1.4 St Christopher's in-reach and additional community capacity:

- Having a skilled specialist onsite working alongside discharge co-ordinators to identify end of life patients supporting acute staff and managing the interface between the community and acute setting as a result 174 patients were identified of whom 120 (69%) were not previously known to any service at St Christopher's.
- Increased capacity (from 35 packages in October to 61 in January) in St Christopher's Personal Care Service (SCPCS) to allow for the increased number of referrals identified from the hospital throughout the period. A total of 121 patients spent 2306 days at home (99%) and 30 days in hospital (1%)
- The resource supported significant reduction in length of stay for EOL patients who are medically safe for transfer from 5 days to 1

4.1.5 Urgent Care Centre investment provided:

- Extended patient champion hours supported redirection and increased use of hub appointments including advise and sign-posting to reduce avoidance attendances
- Enhanced GP rates resulted in 100% rota fill across both sites including bank holidays and weekends enabling the UCCs to support ED and see as many patients as possible
- Valuable resource, across both sites including communication with patients and other professionals
- Increased Health Care Assistants allowed clinical staff to focus on treating and discharges more patients with HCAs completing ECGs, observations, plastering and some dressings
- Although urgent care centres saw a significant increase in attendances throughout winter, on the whole patients were seen in a timely manner

4.1.6 Increased GP access Hubs and home visits resulted in:

- Between 93-97% utilisation of appointments throughout the winter
- As of end of January 274 patients were visited in their own homes

4.2 Learning for Future Planning

- Increasing capacity within existing services worked better than previous winters when new provision has been introduced but not utilised
- Although a significant increase in attendance was seen, performance remained better than previous years including improved A&E performance and considerable reduction in Delayed Transfers of Care (DToC)

- Significant numbers of attendances continued throughout the winter – further work to better understand the reason and prevent attendances is required.
- Although all services offered were utilised and showed positive impact, significant numbers of people still required hospital based care, especially those with complex health and social care situations. Due to the complexity and demographic of patients further work is required to provide a more integrated community response to admission and attendance avoidance that is able to be accessed by a range of community providers including domiciliary care services and placements as well as the Emergency Department.

4.3 Recommendations

1. Earlier planning and mobilisation of schemes to allow for staff recruitment; and

2. Utilising existing service provision to develop an integrated urgent and emergency care system in the community providing a single point of access to a range of community services able to provide brief acute level interventions to support more people at home, preventing the need for hospital based care and support.

Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the OPEN section of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Monday 12 March 2018 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor James Hunt (Chair)
Councillor Judith Ellis
Councillor Ian Dunn
Councillor Bill Williams

OTHER MEMBERS PRESENT:

OFFICER & PARTNER SUPPORT: Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust
Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

1. APOLOGIES

There were apologies from Councillors Ross Downing, Cherry Parker, Clare Morris, John Muldoon and Jacqui Dyer, who sent a representative, Councillor Ed Davie.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Judi Ellis declared that she was a Governor and her daughter was an employee of Oxleas NHS Foundation Trust.

Councillor Robert Hill declared that his wife was the Assistant General Secretary of UNISON.

Councillor James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

Councillor Bill Williams declared that he was a Governor of Guy's and St Thomas' NHS Foundation Trust.

4. MINUTES

The Minutes of the meeting held on 13th December 2017 were agreed as a correct record.

5. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

There were none.

6. KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST - FINANCE BRIEFING

The chair asked NHS colleagues to introduce themselves:

- Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust
- Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
- Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

The chair invited NHS colleagues to run through the presentation circulated with the agenda papers. The committee was then invited to ask questions.

A member asked what figure the Trust is being fined for not meeting targets. The chief financial officer said it was about 4 million. A member said that they thought this was

perverse, particularly when there are matters outside of the control of King's: e.g. winter pressures and delayed discharge. He asked if there was more that local authorities could do to alleviate the pressures though social care and public health, while noting that councils obviously have their own pressures. He said that in particular he understands that in the region of 20% older people are not being discharged promptly, therefore perhaps collaborative work to improve this would be helpful.

CCG officer said that the fines are usually imposed in the context of a commissioner reinvestment; the CCGs do try and mitigate the impact, but they cannot speak for national NHS commissioner plans and policy. They did agree that variations and failures frequently reflect system failures. In terms of improvement discharge is important; however delayed transfers are in the region of 10 per day - not 20 %. The CCGs have a number of admission avoidance schemes to keep people well in the community, and CCGs also have work streams focused on complex patients. The member clarified that he was referring to 20% of older people facing delayed discharge. The CCG officer agreed that older people do have a range of complex needs that often need to be met and this can increase delays.

A member asked how the non – executive voice is engaged. The Trust has an Audit Committee. Is there any consultancy? The NHS do have PWC involved supporting the Trust with financial planning.

A member asked if there was enough due diligence with Princess Royal University Hospital (PRUH), given King's is a big business. She asked if the Trust have people of the right calibre. Kings said that they are presently conducting a wide consultation on the plan to improve the Trust's financial position, in order to encourage clinical and managerial engagement and accountability. The Chief Financial Officer said that it is important to be transparent, and discuss issues openly. They intend to continue to secure the present high level of clinical and management engagement. He said there is short term financial input and the Trust is working to strengthen the financial function going forward, this will focus on developing the Trusts own capability by training people and also through a new appointment.

A member asked about capital capacity in the PRUH. She said that she understands that there are shortfalls in resuscitation, which means that ambulance crews are not able to turn around faster enough. This is an issue of safety, treatment and ensuring that ambulance crews are back out in the field quickly. Is this caused because of a shortfall in capital investment? The Chief Financial Officer that that there is a lack of capital available - however the plan does include capital investment. The CCG commented that the Emergency Department outcomes for patients are in the top quarter for both PRUH and King's. The member commented that in local government we do spend to save. She said that she would feel more reassured if she heard this; while understanding the scale of the Trust's financial pressures.

A member commented on the recent departure of Bob Kerslake as Chair of the Trust and a conversation he had with him where he reiterated his public remarks that the NHS needs a drastic rethink and to increase resources to meet growing urban demand. The member said that he does not think it is possible to remove the deficit. Kerslake has a huge reputation. The member commented that he would encourage King's to do what ever is possible; however it is not possible then scrutiny would expect to hear from you . He added that he thought that PWC were very expensive. The Chief Financial Officer said that they are members of NHS groups and networks; these indicate that there are

opportunities to improve the Trust's value for money. He said our aim is to be the most efficient and best value business.

The CCH leads said that performance is not just about the hospital but also the wider system. We need to collectively think about our 90 years olds and how we can promote wellbeing and independence. There are also public health issues like smoking and obesity. A CCG officer said that he had also had a conversation with Bob Kerslake and there are questions about whether a realistic length of time was given to reduce the deficit, however there are efficiency benchmarks and we can not say that King's are as efficient as they could be. They may need to be a longer time for return on investment: it is probably more realistic to think about more 5 years rather than the current two years to eliminate the deficit.

A member asked about the STP and orthopaedic plans and if NHS colleagues anticipated any adverse financial impact from the recently announced expanded Guys & Thomas with Johnson& Johnson orthopaedic care service. NHS officers said that there would not be. The CCG advised that the STP plan has moved to a partnership model. The orthopaedic network does fit within the partnership; sovereign bodies still have the ability to make decisions.

Members commented that that some boroughs have lost 56 % of public health grant, while seeing a significant rise in poverty. All the pre-determinants of health are going the wrong way. Councils are able to do return on investment; however there is very little that can be realised in the present set up. The CCG lead agreed but remarked that initiatives to reduce isolation can have an immediate affect. She added that if the health system does not undertake programmes to reduce acute demand then even more people will arrive at A & E.

7. KENT AND MEDWAY STROKE SERVICE CONSULTATION

The following NHS colleagues presented this item:

- Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust
- Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
- Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

Background was provided to the consultation. Stroke services in London had been reorganised nearly 10 years ago in order to create a network of 8 Hyper Acute Stroke Units (HASUs) where patients suspected of having a stroke are now taken. The units have the ability to provide patients with specialist care 24 hours a day. This model has proved successful.

Kent are now looking to reorganise into HASUs also in order to improve outcomes. The

models compiled by Kent and Medway would leave 3 HASUs across the county with various different combinations. Depending on the options chosen there may be potential impacts on stroke services in SE London.

- It was noted that should Darent Valley Hospital (DVH) not be designated a HASU then more patients may access services in SE London, with the potential for additional pressures at the PRUH. However, Angela Bhan stated that it would be a manageable number.

- It was likewise reported that if DVH is designated a HASU then there may be a slight reduction in the number of patients at the PRUH. It was acknowledged however, that South East London STP would support the improvement of stroke services in Kent. It was noted that Bexley CCG is a consultor and the other 5 boroughs of the SEL STP are consultees.

- A member commented that her principle concern is the volume and numbers of patients and if there has been sufficient modelling to accurately assess the impact on services. The CCG ED lead responded that they are doing the modelling and consultation in tandem. King's commented that they are looking at the impact; including follow on therapies.

- The committee asked if there will be consultants 24/7 at all three units.
  The CCG leads confirmed there will be; in order to do this there will need to be a concentration of resources at those sites.

- A member commented while it may make sense to spend 20 minutes longer travelling if there are better clinical services at the end, as has proved the case in recent changes to London HASU provision, however this present proposal covers a larger geographical spread in Kent and is looking like a much longer time traveling time; perhaps as long as 120 minutes. This needs to be accurately quantified in the modelling.

(From previous item)

- Kings reported that they will be making a response to the Kent and Medway Stroke Services consultation as some options may have implications for the PRUH including additional patients. It was reported that the data provided is from NHS England and relates to episodes of care not numbers of patients; it was confirmed that the data in the consultation papers are accurate as they can be.

- Members expressed concern regarding the lack of a figure for the potential number of additional patients that could access services in SEL (depending on the option selected).

Members stated that patients were being transferred to Lewisham hospital due to the pressures currently at the PRUH. Angela Bhan reported that they (OHSEL STP) were in close consultation with Kent and Medway STP and is working with NHS England and Public Health England.

- The Committee agreed that they would be in support of options for DVH to be designated a Hyper Acute Stroke Unit (HASU) in light of the potential impact on

the number of residents accessing services in SE London, should it not be designated a HASU.

- Concern was also expressed by the Committee regarding the achievability of the travel times cited in the consultation document.

RESOLVED the chair will provide a consultation response to this on behalf of the committee supporting options that where Darent Valley Hospital (DVH) is a HASU.

8. WORK-PLAN

The Committee will meet following the local elections and set a workplan.

9. PART B - CLOSED BUSINESS

10. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

11. EXCLUSION OF PRESS AND PUBLIC