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DATE: 19 March 2019

## **OUR HEALTHIER SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**Thursday 21 March 2019**

**Please see the attached reports marked “to follow” on the agenda.**

- 7 POPULATION HEALTH AND LIFE EXPECTANCY**  
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- 9 KENT AND MEDWAY HYPER ACUTE STROKE UNITS**  
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***Copies of the documents referred to above can be obtained from***  
***<http://cds.bromley.gov.uk/>***

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**Meeting:** SE London Joint Health Overview and Scrutiny Committee

**Location:** Bromley Council, Civic Centre

**Date:** Thursday 21<sup>st</sup> March 2019

**Title:** Population health & life expectancy  
Long term planning reflecting age and pressure in different boroughs

**Presenter:** Julie Lowe, Programme Director, Our Healthier South East London

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## 1. Summary

In south east London, we have some very good health services. People are living longer, and many people are healthier. But we also have some services that could be better. We have services that people find hard to access and some people do not get the help they need to keep themselves and their families well. We also have wide variation in life expectancy and too many people die early from preventable diseases.

Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs, with NHS England as co-commissioner, are working in partnership with local authorities, local providers, patient and public voices (PPVs) and other key stakeholders to define a strategy for health and integrated care services across south east London.

This paper provides borough level information as background information as requested by the committee, together with some context. Further work on the reasons for the differences between boroughs and the action being taken is in progress as we develop our response to the Long Term Plan.

## 2. Background

The health of our population has improved significantly over the last five years, but there is more to be done. A detailed [case for change](#) has been previously developed to understand the health and wellbeing needs of our population.

In summary:

- We have a vibrant, diverse and mobile population with extremes of deprivation and wealth. 26% of children are classified as living in poverty, concentrated in certain parts of SEL. Premature death and differences in life expectancy are significant issues
- 75% of over 55s have at least one Long Term Condition, while 32% of children are overweight or obese
- We need to improve the health of the population overall. Keeping well, at all ages, is critically important.

## 3. The Office - National Statistics

The national office for statistics report (2015 to 2017) include life expectancy (LE), healthy life expectancy (HLE) and disability-free life expectancy (DFLE) at birth and age 65 by sex, UK, 2015 to 2017, which is available by local authority areas.

- Life expectancy at birth in the UK did not improve between 2015 and 2017 and remained at 79.2 years for males and 82.9 years for females. Within the UK, life expectancy at birth declined by 0.1 years from 2015 to 2017 for males and females in Scotland and Wales, and for males in Northern Ireland; life expectancy at birth remained unchanged from 2014 to 2016 for females in Northern Ireland and males and females in England.
- The slowdown in life expectancy improvements in the UK has continued, as 2015 to 2017 saw the lowest improvements in life expectancy since the start of the series in 1980 to 1982. Some decreases in life expectancy at birth have been seen in Scotland, Wales and Northern Ireland whilst in England life expectancy has remained unchanged from 2014 to 2016. This slowing in improvements is reflected in the chances of surviving to age 90 years from birth, which has also seen virtually no improvement between 2012 to 2014.
- Life expectancy in the UK remained lower than in many other comparable countries internationally.

#### **4. Developing plans to take forward and actions to address**

- 1) New evidence-based NHS prevention programmes, including to cut smoking and to reduce obesity (partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme); to limit alcohol-related A&E admissions; and to lower air pollution.
- 2) Responding to the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia, children's health, cardiovascular and respiratory conditions, and learning disability and autism as well as the priorities outlined in the Long Term Plan.
- 3) System wide working and leadership on our response to the LTP is important.
- 4) Development of an Integrated Care System (ICS). NHS services have an important role to play in improving population health, however wider socio-economic and environmental factors often play a greater role. At its best an ICS will allow health, local government and other partners to work together at a range of levels in a coordinated way to tackle the wider determinants of health.

#### **REFERENCES**

[The Office – National Statistics; National Life Tables: 2015 to 2017](#)

[The Guardian Office for National Statistics says growth in life expectancy is lowest since records began \(25/09/18\)](#)

## APPENDIX

### [The Office – National Statistics; National Life Tables: 2015 to 2017](#)

#### Notes

- Health state life expectancy figures are not calculated for City of London or Isles of Scilly due to small numbers of deaths and populations.
- The symbol '..' is used to show that data are not available.
- Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years
- Figures are based on geographical boundaries as of May 2018
- Figures for England, Wales, regions, counties and local authorities exclude deaths of non-residents
- Scotland includes non-usual residents who die in Scotland and do not have an area of residence within Scotland and imputation is used to assign to geography of 'residence'
- (see section 1.3.1 in the following: <http://www.scotpho.org.uk/downloads/hle/HLE-technical-paper-2015-v9.pdf>)
- Northern Ireland also includes non-usual residents whom are allocated to place of death (see [http://www.nisra.gov.uk/archive/demography/vital/deaths/life\\_tables/LE%20Information%20Paper.pdf](http://www.nisra.gov.uk/archive/demography/vital/deaths/life_tables/LE%20Information%20Paper.pdf) for more details)
- Excludes residents of communal establishments except NHS housing and students in halls of residence where inclusion takes place at their parents' address.

**Health state life expectancies at birth for males, United Kingdom, 2015-2017**

Life Expectancy (LE), Healthy life expectancy (HLE) and Disability-free life expectancy (DfLE) with lower confidence limits (LCL) and upper confidence limits (UCL)

Area Codes	Area Names	LE	LCL	UCL	HLE	LCL	UCL	%	DfLE	LCL	UCL	%
K02000001	UNITED KINGDOM	79.2	79.2	79.3	63.1	63.0	63.3	79.7	62.7	62.6	62.9	79.2
E92000001	ENGLAND	79.6	79.5	79.6	63.4	63.2	63.5	79.7	63.1	62.9	63.2	79.3
E12000007	LONDON	80.5	80.4	80.5	63.9	63.4	64.4	79.4	64.8	64.3	65.3	80.6
E09000004	Bexley	80.0	79.6	80.4	65.0	62.7	67.3	81.2	67.0	64.4	69.6	83.7
E09000006	Bromley	81.4	81.0	81.7	65.7	63.2	68.2	80.8	64.8	62.1	67.5	79.7
E09000011	Greenwich	79.2	78.7	79.6	63.2	60.4	66.0	79.9	61.3	58.4	64.3	77.5
E09000022	Lambeth	78.7	78.2	79.2	59.4	56.2	62.6	75.5	61.5	58.1	64.8	78.1
E09000023	Lewisham	79.0	78.6	79.5	61.9	59.2	64.6	78.4	62.7	60.0	65.4	79.3
E09000028	Southwark	78.9	78.4	79.4	62.4	59.5	65.3	79.1	66.4	63.6	69.2	84.2

**Footnotes**

Figures exclude deaths of non-residents

Figures are not available for City of London and Isles of Scilly due to small numbers of deaths and populations. This is denoted by the symbol '..'

Excludes residents of communal establishments except NHS housing and students in halls of residence where inclusion takes place at their parents' address.

Life Expectancy estimates for England are based on lower tier local authorities, Healthy and Disability-free life expectancy estimates are based on Upper Tier Local Authorities.

Local areas are Local Authorities in Wales, Council Areas in Scotland and Local Government District in Northern Ireland.

Figures are not available for City of London and Isles of Scilly due to small numbers of deaths and populations. This is denoted by the symbol '..'

Excludes residents of communal establishments except NHS housing and students in halls of residence where inclusion takes place at their parents' address.

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**Health state life expectancies at age 65 for males, United Kingdom, 2015-2017**

Life Expectancy (LE), Healthy life expectancy (HLE) and Disability-free life expectancy (DfLE) with lower confidence limits (LCL) and upper confidence limits (UCL)

Area Codes	Area Names	LE	LCL	UCL	HLE	LCL	UCL	%	DfLE	LCL	UCL	%
K02000001	UNITED KINGDOM	18.6	18.6	18.6	10.3	10.2	10.5	55.6	9.8	9.7	9.9	52.5
E92000001	ENGLAND	18.8	18.7	18.8	10.4	10.3	10.6	55.6	9.9	9.8	10.0	52.7
E12000001	NORTH EAST	17.9	17.8	18.0	8.8	8.4	9.2	49.2	8.4	8.0	8.9	47.2
E12000007	LONDON	19.3	19.3	19.4	10.1	9.7	10.6	52.4	10.3	9.8	10.7	53.0
E09000004	Bexley	18.5	18.2	18.8	9.3	7.4	11.3	50.4	11.3	9.0	13.7	61.3
E09000006	Bromley	19.6	19.3	19.9	11.0	8.9	13.0	55.9	11.4	9.4	13.4	58.2
E09000011	Greenwich	18.5	18.1	18.9	10.1	7.7	12.4	54.5	10.0	7.6	12.4	54.2
E09000022	Lambeth	18.2	17.8	18.7	7.0	4.3	9.7	38.3	7.7	4.9	10.5	42.3
E09000023	Lewisham	18.4	18.0	18.8	7.7	5.5	10.0	42.0	8.3	6.1	10.5	45.1
E09000028	Southwark	18.3	17.8	18.7	8.6	5.8	11.3	46.9	11.6	8.8	14.3	63.1

**Footnotes**

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Local areas are Local Authorities in Wales, Council Areas in Scotland and Local Government District in Northern Ireland.

**Health state life expectancies at age 65 for females, United Kingdom, 2015-2017**

Life Expectancy (LE), Healthy life expectancy (HLE) and Disability-free life expectancy (DfLE) with lower confidence limits (LCL) and upper confidence limits (UCL)

Area Codes	Area Names	LE	LCL	UCL	HLE	LCL	UCL	%	DfLE	LCL	UCL	%
K02000001	UNITED KINGDOM	20.9	20.9	20.9	10.9	10.7	11.0	51.9	9.7	9.6	9.9	46.5
E92000001	ENGLAND	21.1	21.1	21.1	10.9	10.8	11.0	51.7	9.8	9.7	10.0	46.6
E12000007	LONDON	21.9	21.9	22.0	10.8	10.4	11.3	49.3	10.3	9.9	10.8	47.0
E09000004	Bexley	21.7	21.4	22.0	8.7	6.6	10.7	39.9	9.4	7.5	11.4	43.5
E09000006	Bromley	22.4	22.1	22.7	13.7	11.8	15.6	61.2	12.1	10.2	13.9	53.8
E09000011	Greenwich	20.7	20.4	21.1	9.3	7.4	11.2	44.7	9.6	7.9	11.3	46.3
E09000022	Lambeth	21.4	20.9	21.8	13.9	9.5	18.3	65.1	13.1	9.3	16.8	61.1
E09000023	Lewisham	21.4	21.0	21.8	10.1	7.5	12.7	47.2	10.9	8.3	13.4	50.8
E09000028	Southwark	22.1	21.6	22.6	17.8	14.8	20.9	80.8	14.5	10.6	18.3	65.5

**Footnotes**

Figures exclude deaths of non-residents

Figures are not available for City of London and Isles of Scilly due to small numbers of deaths and populations. This is denoted by the symbol '..'

Excludes residents of communal establishments except NHS housing and students in halls of residence where inclusion takes place at their parents' address.

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# Urgent and Emergency Care Services in SE London

South East London Joint Health  
Overview and Scrutiny Committee  
meeting

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21<sup>st</sup> March 2019



A partnership of NHS providers and Clinical  
Commissioning Groups serving the boroughs  
of Bexley, Bromley, Greenwich, Lambeth,  
Lewisham and Southwark, with NHS England

# Examples of services available

- Emergency departments
- Urgent care centres / urgent treatment centres
- GP hubs
- GP out of hours
- GP at hand
- 999
- NHS 111

# Emergency departments

- There are five emergency departments (also called A&E departments) in south east London, based at the following hospitals:
  - St. Thomas' Hospital
  - King's College Hospital (Denmark Hill)
  - Princess Royal University Hospital (Bromley)
  - University Hospital Lewisham
  - Queen Elizabeth Hospital (Greenwich)
- Patients can access any emergency department they choose through walking in to the department. Patients may also access an emergency department through being brought in by an ambulance.

# Urgent care centres / urgent treatment centres

- There are nine urgent care centres in south east London. Some of these are based next to an emergency department, whereas others are ‘standalone’ units:

Urgent care centre	Next to an emergency department or standalone?
St. Thomas’ Hospital	Next to an emergency department
Guy’s Hospital	Standalone
King’s College Hospital	Next to an emergency department
Princess Royal University Hospital	Next to an emergency department
University Hospital Lewisham	Next to an emergency department
Queen Elizabeth Hospital	Next to an emergency department
Beckenham Beacon	Standalone
Erith	Standalone
Queen Mary’s Hospital (Sidcup)	Standalone

- Patients can walk into any urgent care centre or may be referred there, by their GP for example. If a patient goes to a site where there is both an emergency department and an urgent care centre, information about the patient will be taken and they will be directed according to clinical need (this is often called ‘streaming’).
- By the end of 2019, all urgent care centres will be called urgent treatment centres. Urgent treatment centres are GP-led and open for at least 12 hours a day every day of the week (including bank holidays).

# GP hubs / GP out of hours / GP at hand

- GP hubs
  - GP hubs offer additional appointments to patients registered with GP practices who are working together as a partnership. For example, the Bromley GP Alliance Access hubs support Bromley GP practices and their patients by offering additional appointments across Bromley. The hubs offer evening and weekend appointments for patients registered with Bromley practices, and staff have access to patients' GP records. The Bromley hubs are Cator Medical Centre, Crown Medical Centre, and Poverest Medical Centre.
- GP out of hours
  - GP out of hours services can also be used for evening and weekend GP help. Arrangements will differ depending on what has been commissioned in a particular area. An example of a GP out of hours service in SE London is SELDOC – patients in Lambeth, Southwark and Lewisham can access SELDOC through calling 111, where appointments / home visits can be arranged. SELDOC does not have access to GP medical records.
- GP at hand
  - GP at hand can be accessed via mobile 24/7, and has face to face appointments at certain locations.
  - To access this service patients must register with the service, which means no longer being registered with their current GP. To register, an application must be made.

# NHS 111

- NHS 111 is available 24 hours a day, 7 days a week and can be called or accessed online if a patient has an urgent medical problem and is unsure what to do.
- NHS 111 will ask questions about the patient and their condition and suggest what the patient should do – this may be to see their GP, go to A&E, or manage their condition through self-care.
- In south east London NHS 111 now includes an Integrated Urgent Care Service – this means that there is a Clinical Assessment Service comprised of different health and care professionals, to help call handlers decide the most appropriate course of action for a patient’s condition.
- The Clinical Assessment Service can also perform other functions:
  - Refer patients to 999 and provide advice to 999 call handlers.
  - Provide advice and guidance to health and care staff working in the community.
  - Directly book appointments for patients where appropriate. By the end of 2019 appointments will be bookable in all SE London urgent treatment centres; the next steps are to then introduce direct booking into GP hubs.

# 999

- 999 should be dialled in a medical emergency. This is when someone is seriously ill or injured and their life is at risk.
- Medical emergencies can include:
  - loss of consciousness
  - an acute confused state
  - fits that aren't stopping
  - chest pain
  - breathing difficulties
  - severe bleeding that cannot be stopped
  - severe allergic reactions
  - severe burns or scalds
  - heart attack, where a patient may be taken to heart attack centre rather than the nearest A&E
  - stroke, where a patient may be taken to a hyperacute stroke unit
- Calling 999 does not mean that an ambulance crew will be sent to the caller – sometimes other London Ambulance Service staff may be able to care for the patient. If an ambulance crew does come, you might not be taken (conveyed) to hospital.

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**Meeting:** SE London Joint Health Overview and Scrutiny Committee  
**Location:** Bromley Council, Civic Centre  
**Date:** Thursday 21<sup>st</sup> March 2019  
**Title:** Decision on Hyper Acute Stroke Units in Kent  
**Presenter:** Julie Lowe, Programme Director, Our Healthier South East London

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## 1. Summary

The purpose of this paper is to update the committee on decisions made to change the configuration of stroke services in Kent. The impact on SE London residents is minimal with the exception of Bexley (see below).

## 2. Background

Stroke services in London were reconfigured nearly a decade ago to enable patients experiencing a stroke to benefit from modern treatment options which significantly improve the chances of survival and then recovery. Simply patients with a suspected stroke are taken to a Hyper Acute Stroke Unit (HASU) where expert staff and equipment are available 24 hours a day, 7 days a week. After initial treatment and stabilisation they are transferred to an Acute Stroke Unit (ASU) which may be at the same hospital or closer to home for further treatment and early rehabilitation before being discharged home or to a community-based unit. This model has worked well and evaluation has shown significantly improved survival and recovery rates.

In Kent the HASU and ASU model does not yet exist and patients suspected of having a stroke are taken to their local A&E department. The recent decision taken by Kent CCGs will lead to the creation of a HASU and ASU model in Kent. A letter describing the decision is attached. In Kent HASUs and ASUs will all be co-located (this has the advantage that patients will not move hospital part way through their treatment and more experts in stroke are based together, but the disadvantage that they may spend a longer period in a hospital at some distance from home). There will be a HASU and ASU at Darent Valley Hospital.

## 3. Impact on S E London

Bexley CCG were consultors in the recent decision making process in Kent because for many Bexley residents a HASU in Darent Valley Hospital will be closer than one in London. (Bexley residents with a suspected stroke are currently taken to a London unit, usually the Princess Royal University Hospital). Bexley patients who responded to the consultation were generally supportive of a HASU at Darent Valley.

S E London STP was involved in the consultation more generally as some of the proposed changes for Kent would have resulted in significant increases in patients attending London units. Kent CCGs have now decided that there will be a stroke unit at Darent Valley and the impact of the changes is expected to have a minor impact only on the London units.

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**Sent:** 15 February 2019 16:01  
**To:** [redacted]  
**Subject:** Kent and Medway Stroke Services

Dear Colleague

I am writing to let you know that yesterday the Stroke Joint Committee of Clinical Commissioning Groups reached unanimous agreement on the future of emergency stroke services in Kent and Medway and has made the decision to implement the preferred option to establish hyper acute stroke units at William Harvey Hospital, Darent Valley Hospital and Maidstone Hospital.

Yesterday's decision comes after a five-year review of urgent stroke services. The committee members considered a wealth of data and evidence which they believe shows that this is the right thing for patients.

At the moment despite the hard work of dedicated NHS staff, stroke services in Kent and Medway are some of the poorest in the country. This is not acceptable and that is why the Stroke Review Team has worked so hard over the last five years to bring about change to improve stroke care. I would like to thank everyone who has been involved in the review. This has been a detailed and robust process, led by stroke specialists dedicated to improving care for patients.

I realise this outcome may be disappointing for some areas and some organisations, however these new units will make it possible for the NHS in Kent and Medway to offer specialist stroke care round the clock, every day of the year. This will reduce disability and we believe will save an additional life every fortnight as a result.

As you know, there was an extensive public consultation on the proposed changes, involving thousands of people. Those who responded said they understand why stroke services need to change, but many had concerns about the impact of those changes.

The Stroke Review Team and the Joint Committee of CCGs listened carefully to those concerns and considered them in detail. While the proposals have not changed, we are working to address issues such as travel and transport and putting plans in place to make sure that rehabilitation and support services are closer to home and better planned.

We will now work in partnership with local hospital trusts, on the implementation phase of this programme, and we anticipate the new stroke service will begin in Maidstone and Darent Valley hospitals in about a year, and the service at William Harvey will begin in spring of 2021 due the larger scale building work required at this site. The two-phase approach to implementation has been recommended by local stroke clinicians. The clinicians feel very strongly that this is the best option to improve care for as many people as possible as quickly as possible. This approach will be confirmed in the coming weeks.

We will continue to keep you updated on the work of the Stroke Review, particularly around the timeline for implementation, the development of new rehabilitation services and travel mitigations for patients and carers.

Best wishes

Rachel Jones  
Senior Responsible Officer for the Kent and Medway Stroke Review and Director of Acute Strategy and Partnerships, Kent and Medway STP

**Meeting:** SE London Joint Health Overview and Scrutiny Committee  
**Location:** Bromley Council, Civic Centre  
**Date:** Thursday 21<sup>st</sup> March 2019  
**Title:** Update on consultation and proposal to move Moorfields Eye Hospital (City Road, London)  
**Presenter:** Julie Lowe, Programme Director, Our Healthier South East London

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South East London  
Commissioning Alliance  
Partnership of Clinical Commissioning Groups

[ADDRESS]

XX March 2019

*Sent via email*

**RE: Proposed relocation for Moorfields Eye Hospital (City Road, London)**

Dear Colleagues,

As you may be aware, Moorfields Eye Hospital NHS Foundation Trust is proposing to relocate all the services currently provided at its site on City Road (Islington) to a brand new, integrated, purpose-built facility on the St Pancras hospital site in Camden, subject to public consultation.

Only a small proportion (XX) of patients in XXX CCG use Moorfields Eye Hospital services. For those who do, we expect the proposed site near St Pancras is potentially easier to reach and therefore we do not anticipate that the relocation will cause a problem for the population of our boroughs.

We will provide further information when it becomes available and look forward to discussing on XXX. In the meantime please let me know if you have any urgent questions or concerns.

Yours sincerely

XXXXX

**Managing Director**  
XXX CCG  
NHS South East London Commissioning Alliance  
(Bexley, Bromley, Greenwich, Lewisham, Southwark CCGs)

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