BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

THE LONDON BOROUGH
www.bromley.gov.uk

TELEPHONE: 020 8464 3333
CONTACT: Kerry Nicholls
kerry.nicholls@bromley.gov.uk

DIRECT LINE: 020 8313 4602
FAX: 020 8290 0608

DATE: 5 June 2017

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, Judi Ellis, Will Harmer, David Jefferys, Terence Nathan and Charles Rideout QPM CVO and 1 x Councillor Representative (Conservative)

Non-Voting Co-opted Members

Linda Gabriel, Healthwatch Bromley
Justine Godbeer, Bromley Experts by Experience
Rosalind Luff, Carers Forum
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre on **TUESDAY 13 JUNE 2017 AT 4.00 PM**

MARK BOWEN
Director of Corporate Services

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

A G E N D A

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Wednesday 7th June 2017.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 16TH MARCH 2017 AND MATTERS ARISING (Pages 3 - 10)

5 PRUH IMPROVEMENT PLAN UPDATE (KINGS FOUNDATION NHS TRUST)

6 BROMLEY HEALTHCARE QUALITY ACCOUNT (BROMLEY HEALTHCARE)

To Follow.

7 URGENT CARE: UPDATE AND EVALUATION OF WINTER SCHEMES (CCG) (Pages 11 - 20)

8 INTEGRATED CARE NETWORKS - EARLY IMPACT REPORT (CCG) (Pages 21 - 26)

9 BROMLEY HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT (CCG) (Pages 27 - 32)

10 WORK PROGRAMME 2017/18 (Pages 33 - 36)

11 ANY OTHER BUSINESS

12 FUTURE MEETING DATES

4.00pm, Tuesday 7th November 2017
4.00pm, Tuesday 6th March 2018

.....

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 16 March 2017

Present:

Councillor Judi Ellis (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Mary Cooke and David Jefferys

Linda Gabriel, Justine Godbeer and Lynn Sellwood

Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services
Councillor Diane Smith, Executive Support Assistant to the Portfolio Holder for Care Services

28 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Ruth Bennett, Councillor Hannah Gray, Councillor Terence Nathan, Councillor Catherine Rideout and Councillor Charles Rideout CVO, QPM.

Apologies were also received from Councillor Peter Fortune.

29 DECLARATIONS OF INTEREST

There were no declarations of interest.

30 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Three written questions were received from members of the public which related to the overall Bromley strategies for identifying areas of deprivation. With the agreement of the Chairman, these questions were referred to the Health and Wellbeing Board under the Council's constitution (Council Procedure Rules Section 9.1) as a more appropriate body to answer the questions, and would be considered at the meeting on 30th March 2017.

31 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 2ND NOVEMBER 2016 AND MATTERS ARISING

RESOLVED that the minutes of the meeting held on 2nd November 2016 be agreed.

32 PRUH IMPROVEMENT PLAN - UPDATE FROM KINGS FOUNDATION NHS TRUST

The Sub-Committee received a presentation from Matthew Trainer, Managing Director for the Princess Royal University Hospital (PRUH) and South Sites and Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital NHS Foundation Trust providing an update on the progress of the Trust and the PRUH Improvement Plan.

It had been a challenging winter period across London; however the Step Up/Step Down Facility and a range of community-based initiatives by the Local Authority and Bromley Clinical Commissioning Group had helped to manage pressures on the PRUH which now had one of the lowest rates for patients awaiting discharge across London. There had been a significant reduction in the incidence of Norovirus at the PRUH following the introduction of a number of preventative measures during 2016, and work was underway to reduce the incidence of falls by patients, including raising staff awareness. The proportion of agency staff employed by the PRUH remained a concern and a recruitment campaign was underway to promote the benefits of joining the PRUH as a permanent staff member. The PRUH continued working to engage with staff and patients, and a staff survey had been undertaken in Autumn 2016.

A Member congratulated the Managing Director for the PRUH for the excellent performance of the PRUH since January 2017.

In response to a question from the Portfolio Holder for Care Services about the financial position of the Trust, the Managing Director for the PRUH advised Members that the Trust was likely to end the year with a deficit of £49m. Work to reduce this deficit was ongoing and included plans to significantly reduce the spend on agency staff and to introduce further efficiency and productivity measures, including more effective use of operating theatres. A transformation programme around how Outpatient services were delivered was underway, and it was hoped to improve patient experience and reduce waiting times by better managing demand against capacity as well as considering how follow-up appointments could be provided more effectively, such as in a community setting. A key workstream to increase the use of electronic records and data management was in progress and it was hoped that the new system to enable electronic information to be shared between local GP practices and the PRUH would be rolled-out during Autumn 2017, with further initiatives including information sharing between the PRUH and Orpington Hospital introduced when possible. There had been recognition by King's College Hospital NHS Foundation Trust Executive that there was a need to improve cross-site working between the Trust and the PRUH and to ensure that the PRUH was able to combine the benefits of being part of an international teaching hospital with strong local leadership.

The Portfolio Holder for Care Services raised a concern around the capacity of the PRUH car park that was causing difficulties for local residents, particularly following further development of the PRUH site. The Managing

Director for the PRUH confirmed that this had been identified as an issue and that mitigating factors, such as moving some outpatient services to Orpington Hospital were being considered.

A Co-opted Member queried if service users were engaged in monitoring service quality across King's College Hospital NHS Foundation Trust. The Managing Director for the PRUH advised Members that patient engagement was delivered in a range of ways including Service User Panels, and that engagement with service users was undertaken as part of any proposed redesign of services.

The Chairman was pleased to note that the hydrotherapy pool at Orpington Hospital had been relaunched and requested that Orpington Hospital be added to the Schedule of Members' visits for Summer 2017.

The Chairman led Members in thanking Matthew Trainer and Sarah Willoughby for their presentation which is attached at Appendix A.

RESOLVED that the update be noted.

33 WINTER RESILIENCE

Report CS17134/CS17136

The Sub-Committee considered two reports providing an interim update on the Local Authority's winter resilience schemes for 2016/17 and outlining Bromley Urgent Care system performance and the progression of commissioned schemes by the Bromley Clinical Commissioning Group (BCCG) during Winter 2016/17.

The Local Authority had received an NHS Winter Resilience Grant of £1,009,000 for 2016/17 to increase capacity to support hospital discharge and prevent patients' readmission. This funding had been used to support four schemes which aimed to increase care management staffing capacity within the PRUH and in community teams, introduce a Fast Response Personal Care Service to facilitate discharge of patients within four hours upon receipt of their Discharge Notification and an Intensive Personal Care Service, and the provision of four additional Step-down Units in Extra Care Housing Schemes to allow discharge of patients in need of community-based reablement, rehabilitation and interim care.

Dr Angela Bhan, Chief Officer, BCCG reported that the winter period 2016/17 had been very challenging and that there had been a much higher demand for urgent and emergency care services than in recent years. A range of schemes had been put in place by the BCCG including the establishment of a Patient Champion, GP and Community Matron in the PRUH and a dressings' service and this was contributing to the management of pressures. The BCCG met with all health partners on a regular basis to review the performance of winter resilience schemes and the operation of the Transfer of Care Bureau and there would be a formal review to evaluate the effectiveness of winter interventions during Spring 2017.

In considering the update, the Chairman noted the difficulties in persuading care agencies to provide the Fast Response Personal Care Service commissioned by the Local Authority due to the shortage of care staff over the winter period. The Head of Assessment and Care Management reported that the Local Authority and BCCG were working closely together to develop a completely different approach to commissioning care schemes in advance of next winter. A recent NHS paper had explored a number of models of care services provision across the country, and the Local Authority and BCCG would be developing a bespoke model for Bromley residents, including a discharge to assessment procedure.

With regard to the Rapid Response scheme which had been implemented by the BCCG as an alternative care pathway for care homes to avoid unnecessary Emergency Department admissions, the Chief Officer, BCCG confirmed that this was currently being piloted at ten care homes but that it was hoped to roll it out further and Domiciliary Care and Extra Care Housing providers had expressed an interest in participating in the scheme. A key service area to be reconsidered was end-of-life care where people were likely to have an increased number of hospital admissions in their final year of life and how they could be supported to remain within their own homes. Consideration was also being given to other services including how people with heart failure could receive more community-based treatment and whether it would be possible to deliver a more integrated therapy service across the Borough, which incorporated hospital, social care and reablement therapy.

The Chairman underlined the need to ensure support was in place for carers to help them maintain their caring responsibilities. In general discussion, Members emphasised the importance of all key partners working together to support the health and wellbeing needs of Bromley residents, including third sector organisations. The Chairman highlighted that assistive technology should be installed in a timely manner to support people in their reablement, and that Home Assessments should be undertaken prior to discharge to reduce waiting times where appropriate.

The Chief Officer, BCCG advised Members that Integrated Care Networks were now being used to support a number of patients in Bromley and an early impact report would be provided to the next meeting of Health Scrutiny Sub-Committee on 13th June 2017.

RESOLVED that the update be noted and a further update be provided to the Sub-Committee in due course.

34 ORPINGTON HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT

Report CS17135

The Sub-Committee considered a report providing an update on the most recent developments in the planning and approval of the Orpington Health and Wellbeing Centre project.

The Orpington Health and Wellbeing Centre project had been developed from the findings and priorities identified in the 2011 Joint Strategic Needs Assessment and the Orpington Health Needs Assessment, and would bring together a range of services including primary, community and out-patient care, diagnostic services and wellbeing services on the former Orpington Police Station site as part of the new Berkeley Homes development. NHS Property Services had completed negotiations with Berkeley Homes in respect of the Centre and had agreed the 'Agreement for Lease/Head Lease' and supporting documentation, and it was hoped that full services would commence at the Orpington Health and Wellbeing Centre on 1st July 2019 following completion of the build and 'fit-out' of the centre.

In response to a question from a Co-opted Member, the Chief Officer, BCCG confirmed that the provision of wellbeing services had been part of the business case for the centre and that the BCCG would be working with key partners to develop this offer, including third sector organisations. The Health and Wellbeing Centre would also provide a range of other health services and consideration was being given to whether this would include specialist services such as x-ray and phlebotomy.

RESOLVED that the update be noted and a further update be provided to the Sub-Committee in due course.

35 SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE, INCLUDING PLANNED ORTHOPAEDIC CARE

The Sub-Committee received a verbal update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on the Sustainability and Transformation Plan, including planned orthopaedic care.

The six Healthwatch organisations from the boroughs of the South East London region had recently provided a formal response to the work which identified a number of positive changes proposed in the Plan and underlined the importance of ongoing engagement with local residents and the need to reassure service users. Work continued on delivering the productivity programme which aimed to identify further efficiencies in health provision across the region. Within this, hospitals were considering how to move towards seven day working and other issues such as the expansion of digital workstreams.

Planned orthopaedic care continued to be a key area for discussion at a regional level and a commercial model to provide three elective centres for planned orthopaedic care was being developed, following which there would be a public consultation. The Directors of Public Health across the region were undertaking a range of work on prevention and had each taken the lead in one key area such as obesity or sexual health. A new group had also been established for mental health which was being taken forward as a distinct clinical workstream.

The Chairman was pleased to note that engagement was being undertaken with elected Members across the region as part of the development of the Sustainability and Transformation Plan and that this would include workshops.

RESOLVED that the update be noted.

36 DEMENTIA SERVICES

In considering the provision of dementia services across the Borough, the Chairman proposed that a Task and Finish Group be established to review Bromley's care offer for people with dementia and their families and carers. This was supported by Members of the Health Scrutiny Sub-Committee and Member nominations were confirmed as Councillor Mary Cooke as Chairman, Councillors Ruth Bennett, Judi Ellis and David Jefferys, and Co-opted Members, Linda Gabriel, Justine Godbeer and Lynn Sellwood. The Chairman requested that an invitation to join the Task and Finish Group be extended to Councillor William Huntington-Thresher who had experience in this area of service provision.

RESOLVED that the Task and Finish Group for Dementia Services be convened for 2016/17 to consider Bromley's care offer for people with dementia and their families and carers and for membership to comprise Councillor Mary Cooke as Chairman, Councillors Ruth Bennett, Judi Ellis and David Jefferys, and Co-opted Members, Linda Gabriel, Justine Godbeer and Lynn Sellwood.

37 WORK PROGRAMME 2016/17

Report CSD17027

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

In considering the forward rolling work programme for the Health Scrutiny Sub-Committee, the Chairman requested that an update from Oxleas NHS Foundation Trust, an item by Bromley pharmacists (including the BCCG pharmacist representative) and an item by Shelley Dolan, Executive Director of Nursing and Midwifery at King's Foundation NHS Trust be programmed for the 2017/18 municipal year.

It was requested that the Dementia Services Task and Finish Group report its findings to the Health Scrutiny Sub-Committee at its meeting on 7th November 2017.

RESOLVED that the work programme be noted.

38 ANY OTHER BUSINESS

There was no other business.

39 FUTURE MEETING DATES

The next meeting of Health Scrutiny Sub-Committee would be held at 4.00pm on Tuesday 13th June 2017.

The Meeting ended at 5.49 pm

Chairman

This page is left intentionally blank

Report No.
Not Applicable
(CCG report)

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**16th March 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**URGENT CARE: UPDATE AND EVALUATION OF WINTER SCHEMES**
Contact Officer:	Michael Maynard, Unscheduled and Emergency Care Lead, Bromley Clinical Commissioning Group Tel: 01689 866636 E-mail: m.maynard@nhs.net
Chief Officer:	Dr Angela Bhan, Chief Executive. NHS Bromley Clinical Commissioning Group
Ward:	Borough-wide

1. Reason for report

1.1 This report provides an update to the Health Scrutiny Sub-Committee on the Bromley Urgent Care system performance and the evaluation of the Winter commissioned schemes during Winter 2016/17.

---

2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is asked to note the progress made.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Urgent Care system performance and Winter commissioned schemes provide a key service to vulnerable adults and children.

Corporate Policy

1. Policy Status: Existing policy.
2. BBB Priority: Healthy Bromley. Supporting Independence.

Financial

1. Cost of proposal: Estimated cost £1,419,000k
2. Ongoing costs: N/A
3. Budget head/performance centre: N/A
4. Total current budget for this head: £N/A
5. Source of funding: Better Care Fund

Staff

1. Number of staff (current and additional): N/A
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
2. Call-in: Call-in is not applicable. No Executive decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): See report.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 Full details on Urgent Care system performance and the evaluation of the Winter commissioned schemes during Winter 2016/17 are provided at **Appendix A**.

4. FINANCIAL IMPLICATIONS

4.1 There are no financial implications, as the new service model has not been developed to provide cost savings or to alleviate cost pressures.

5. LEGAL IMPLICATIONS

5.1 Legal advice around procurements was provided through South of England Procurement services as part of their service agreement with the CCG.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Personnel and Policy Implications
Background Documents: (Access via Contact Officer)	

APPENDIX A

OVERVIEW

Overview

This highlight report provides:

- An update of the performance of the Urgent Care System in Bromley 16/17;
- An evaluation of the schemes identified to help manage the seasonal surge and strain on capacity; and
- The schemes that have been extended due to ongoing pressures.

1. The Urgent and Emergency Care system and its performance

Governance and oversight

Although there are significant pressures facing the urgent care system in Bromley throughout the year, there is undoubtedly a greater need for support to the system in winter months. Commissioners and providers have been working together to ensure that the needs of the population are met through formal and informal governance structures. Formally, the A&E Delivery Board normally meets monthly and is chaired by the Chief Officer of the CCG. During the winter, the Board has met twice monthly, and has supplemented the oversight by daily calls with the 'system' including at the weekend).

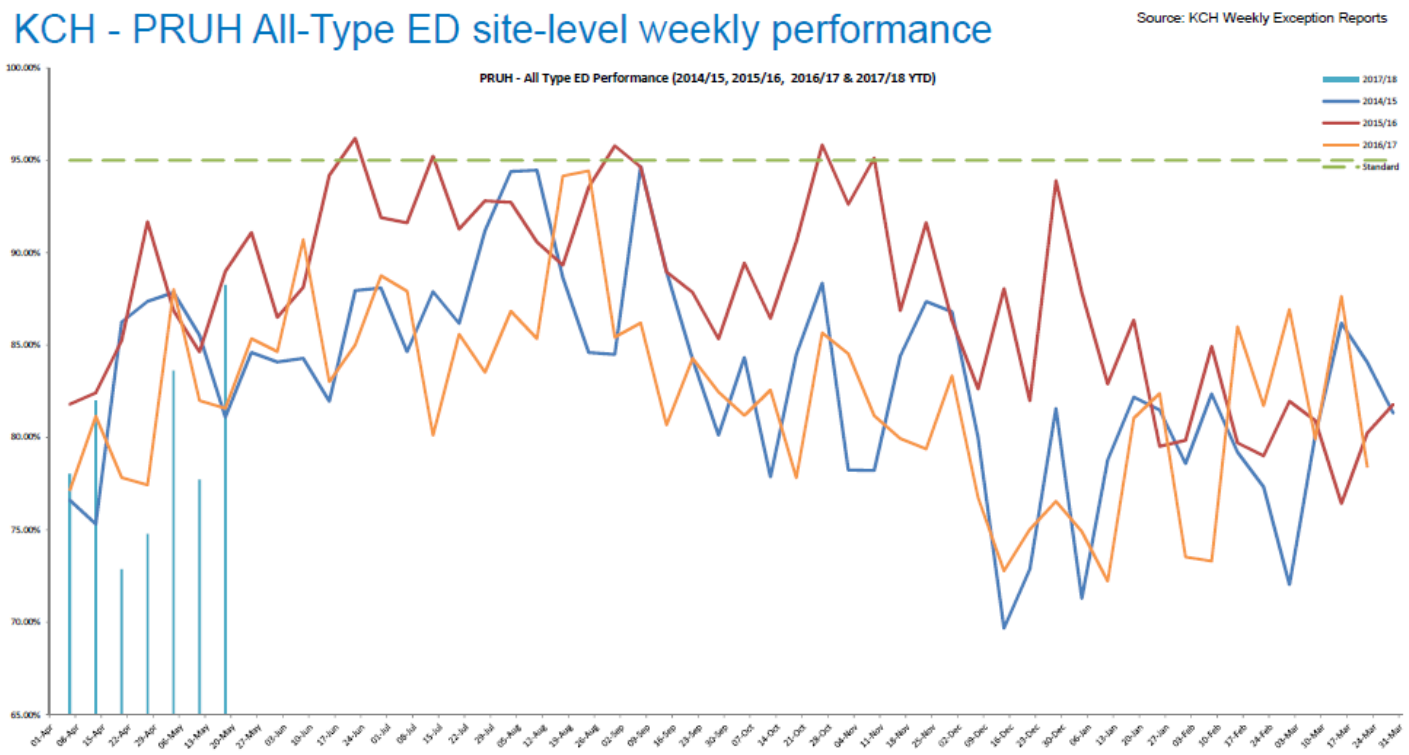
The A&E Board has representation from London Borough of Bromley, both as a provider and as commissioners of services, and all key providers in Bromley. Throughout the winter period, there were regular calls and meetings with NHS England and NHS Improvement (NHSE/I) to provide assurance that all is being done to manage pressures and to ensure that patients are kept safe. Routinely, the proportion of patients meeting the 4 hour A&E waiting time was used as a barometer for the urgent and emergency care system. It is essential to regard the 4 hour target as a 'system' indicator rather than one that is only the responsibility of the hospital.

A&E performance is discussed regularly as part of the governance systems within the CCG – at the Clinical Executive, the Integrated Governance Committee and the Governing Body. Regular discussions also take place at the Health and Social Care Integration Board, chaired by the Leader of Bromley Council. The direct engagement of the Council Chief Executive (and his team) has been invaluable in helping to address challenges in the out of hospital system.

Performance

The graph below highlights the performance of the A&E 4 hour target for this financial year with comparisons of the same period for the last 2 years.

Graph 1



Graph 1 shows the weekly performance has been sporadic and the system has been more challenged than previous years, with the 95% standard only being reached in the summer month of August 16. Reductions in performance are expected in the winter months, but this has been more marked than in previous years. An analysis of the patients being admitted to hospital suggests that the following factors are at play:

Demographics and infectious disease:

- Increasing age and frailty of parts of the Bromley population
- A winter that has been particularly cold at times, with icy and (more recently) foggy conditions
- Circulating viruses – we are seeing more cases of influenza A and also respiratory syncytial virus (RSV), as well as flu like illness caused by other viruses.

Poor flow of patients through the urgent and emergency care system, as manifested by large numbers of patients identified as delayed transfers of care prior to Christmas week:

- Difficulties in placing packages of care due to lack of capacity in the domiciliary care market, especially over the Christmas and New Year period
- Availability of care and nursing home places for social care and continuing health care patients as well as for self-funders
- Particular delays for patients in the local hospital who are the responsibility of other boroughs

Factors internal to the hospital:

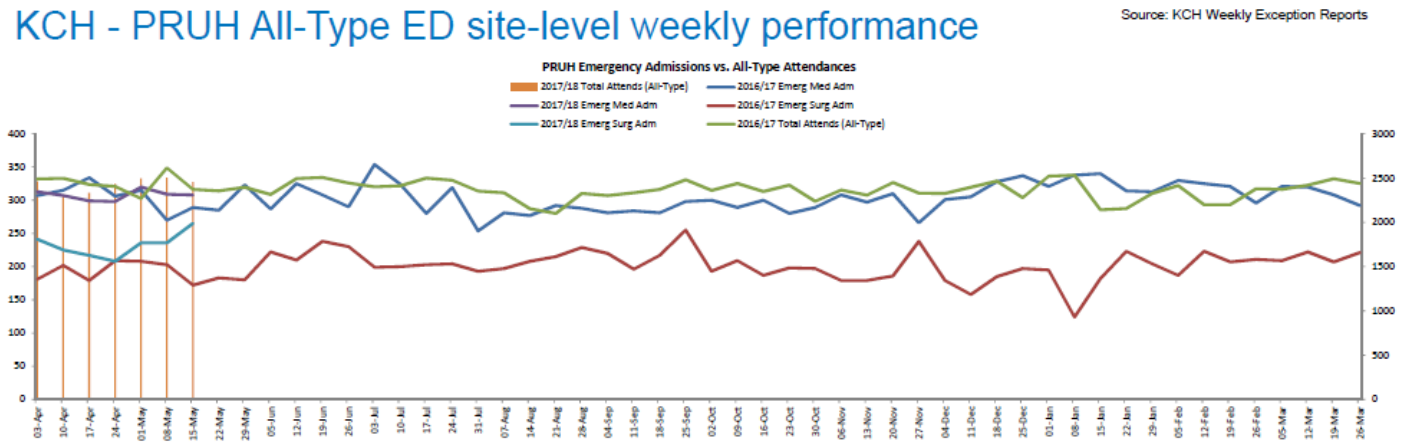
- Staff vacancies and challenges in recruiting locum staff

- Process issues in being able to move patients from A&E to the wards (usually because beds not available or not available early enough in the day, resulting in patients waiting longer to be seen in A&E)
- Outbreak of norovirus at the start of winter, with ongoing associated problems.

Where patients are waiting in A&E and cannot be moved to the wards, this can result in ambulance handover delays. Ambulances can experience delays in offloading patients and then prevented from being despatched to other patients. When this happens, considerable care is taken to ensure that patients are not adversely affected and that they are kept safe. There have been ambulance handover delays at the PRUH this winter. In addition, at the beginning of January, there were a number of 12 hour breaches, where patients had to be cared for in the A&E department instead of a ward environment. Again, considerable attention was paid to ensuring patients had quality care and were kept safe.

Graph 2 shows the numbers of patients attending the PRUH in comparison to previous years

Graph 2



Attendance has been generally lower than previous years, suggesting that our schemes to improve access to general practice (for example, through the GP Access Hubs) and the strengthening of social care resources in the community are having a positive effect. All type attendances includes patients going to A&E and those streamed to the Urgent Care Centre (UCC) at the PRUH. Activity at the UCC in Beckenham Beacon, although providing a valued service to local residents, cannot be included in the A&E activity figures. It does however meet targets and usually sees well over 98% of patients within 4 hours each day. Overall, it is hard to compare activity and performance year on year, as for example, there is a clear perception that the acuity of the patients this year has been higher. Although acuity is hard to define and quantify, we have seen increased attendances by ambulance to the PRUH and increased numbers of 'Blue Light' calls. We have also seen significant increases in use of resuscitation facilities in the A&E department and use of ITU beds.

We will be reviewing the length of stay of patients over winter as this is can also indicate an increase in acuity.

Further work is underway on admissions, but current data suggests that over the autumn, there were fewer urgent admissions to the PRUH resulting in an overall decrease, up to December, of 0.8%. December and early January admissions appear to be in line with the same time last year (a much milder winter). This data is provisional and will be analysed more fully as part of the review of winter.

2. Winter Schemes and Intervention

In preparation for winter and taking into consideration the lessons learnt from last year, the following additional winter schemes were implemented this year to help manage surge and capacity issues.

Scheme	Description	Provider
In-reach (Medical Response Team)	A scheme that places an Advanced Nurse Practitioner in the 'front' of the PRUH to identify patients who could be managed in a community setting, and setting up an appropriate package of interventions to support them in their own home	Bromley Healthcare
Patient Champion	A staff member working in the UCC dedicated to redirecting patients back into primary care, either to their own GP, or book directly into an appointment at one of the GP Access Hubs	Greenbrooks
Community Matron in the PRUH	A community matron to work as part of the Transfer of Care Bureau to help expedite patient discharge back into community services	Bromley Healthcare
GP in the PRUH	A GP working in the Transfer of Care Bureau to help expedite patients back into community services and primary care, and provide a point of liaison between hospital consultants and GPs	GP Alliance
Additional Primary Care Hub appointments	An increase of additional GP appointments in the Access Hubs. These clinics run on bank holidays and had extended hours to normal opening	GP Alliance
Dressings Service	An additional dressing service 3 days a week to help manage post op dressings (located in the GP access hubs)	GP Alliance
Social Worker	An additional Social Worker at the front door to help manage social care issues and to help avoid unnecessary admissions	London Borough of Bromley (through the Transfer of Care Bureau)
Discharge Co-ordinator	Additional capacity in the Transfer of Care Bureau	Transfer of Care Bureau
Rapid Response	An Alternative Care Pathway (ACP) focusing on care homes to help avoid ambulance callouts and ED attendances. This started towards the end of January	Bromley Healthcare

Day and Night Sitting	A day and night sitting service to help patients at home. This is in addition to the take home and settle service	Age UK

Other interventions have included:

- Direct booking into the primary care hubs (111, UCC and MRT)
- Flexing of reablement resources to cover requirements for short term care at home
- Short term intensive social care support at home
- Additional funding to facilitate assessments by and admissions to care homes at weekends
- Flexing of criteria for community rehab beds
- Platinum calls and meetings with the system (twice weekly), usually chaired by Managing Director of the PRUH or CCG Chief Officer
- Opening up of 23 (of 38) additional step up/ step down beds as part of the frailty pathway (in Orpington Hospital)
- Increased capacity for psychiatric liaison service
- BHC review of all patients with COPD, as we approached cold spells, to give advice on self-management and prevention, and where appropriate, ensure patients have a respiratory 'rescue' pack

The multi-disciplinary team meetings for the most vulnerable and complex patients commenced in October 2016, as part of the Integrated Care Networks. These are essentially 'case conferences' around each complex patient, involving the patient's GP, the care navigator, interface geriatrician and social prescribing, to ensure that services are collectively providing the best possible care to maximise the health and well-being of the patient and prevent a deterioration in health, thereby reducing the need for hospital admissions.

3. Evaluation of services

The delivery of these services is based on the presenting need and so the level of activity varies during the winter period. They may also be impacted by the availability of staff – social care and health providers have experienced significant difficulties in recruiting staff whether nurses, social workers or front line care workers. However to date:

- In-reach MRT has redirected over 653 patients from 880 patient referrals from the front of ED (up to 30/3/17) 107 patients were tracked and converted into discharges.
- The UCC patient champion averages 80 redirections per month, succeeding in redirecting 77% or patients referred to the service
- The community matron and GP in the PRUH attend ward and board rounds and have received 89 patient referrals, discharging 81 of them back into the community. The GP was utilised in a different part of the hospital (front of house) which proved more valuable for the system.
- All three GP access hubs are being utilised providing 120 primary care appointments between them per day
- An additional Social Worker was recruited to work with the two existing social workers at the front of the hospital to support the discharge of patients
- A Discharge Coordinator post could not be recruited to; however existing staff are working additional shifts
- The Day and Night sitting service started at on the 9th January did not receive any referrals during its period of operation.
- The Rapid Response Service to support care/nursing homes has begun operating 7 days per week. Communication and marketing material was distributed w/c 27th February 2017. 19

Referrals were made during its 3 months of operation. This scheme has been included in the new community contract specification
- Additional staff were recruited for the psychiatric liaison service at the PRUH
- The Bed Census was checked and signed off by Kings and LBB on a weekly basis. This provides a more accurate picture of the position at the PRUH for performance management purposes

There are also a number of schemes operating in the community, which are designed to relieve the pressure on the acute sector during the winter months. These are led by LBB and in addition to those listed above include 18 additional care management staff across community teams and the Transfer of Care Bureau, a 4 hour fast response service for domiciliary care packages, an extended Handyman service and the provisional of additional step down units in Extra Care Housing. These services help to avoid unnecessary hospital admissions as well as supporting discharges.

4. Next steps

After careful evaluation of each initiative, the following schemes were extended:

- MRT In-reach – This scheme was initially extended to help manage surge throughout Easter and the May bank holidays. The scheme continues to see 5-7 patients a day which is a significant contribution to the urgent care system. A full review has been commissioned independently to identify further opportunities, due the end of June 2017
- The UCC patient champion role was extended for an additional 12 months. Learning from both Bromley UCC sites has been reviewed and re-implemented into the system to further streamline the process.
- The GP in the Transfer of Care Bureau has been extended with options drafted on how to expand the role further
- GP access hubs are being utilised and continuing.

Whilst recognising the Transfer of Care Bureau was not part of the winter schemes, it played a major part being the access point and host to the majority of schemes. It was therefore decided, a full review of the bureau would be commissioned to identify further learnings which will contribute to the future of its operation. The outcome of the review is due the end of June 2017.

5. Conclusion

It has been a very challenging winter and there has been a higher demand for urgent and emergency care services than in recent years. Despite this, many of the schemes that have been put in place are contributing to managing the pressures. These pressures can only be managed by a basket of schemes, which together contribute to ensuring that patients flow through the urgent care pathways as appropriate.

Glossary

ACP	Alternative Care Pathway (a pathway that avoids acute attendance, typically used by an Ambulance provider)
CCG	Clinical Commissioning Group
DTOC	Delayed Transfer of Care (A patient ready to be discharged but still occupying an acute bed)
ED/A&E	Emergency Department
GP	General Practitioner
ITU	Intensive Treatment Unit
MRT	Medical Response Team (community based team)
NHSE	NHS England
NHSI	NHS Improvement
Platinum Calls	A multi-agency call/meeting when the system has declared black or internal incident
PRUH	Princess Royal University Hospital (Acute Provider)
UCC	Urgent Care Centre

Report No.
Not Applicable
(CCG report)

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**13th June 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**INTEGRATED CARE NETWORKS - EARLY IMPACT REPORT**
Contact Officer:	Mary Currie, Interim Director of Transformation, NHS Bromley Clinical Commissioning Group Tel: 01689 6866542 E-mail: mary.currie3@nhs.net
Chief Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Ward:	Borough-wide

1. Reason for report

1.1 To provide an update on the early impact of Integrated Care Networks.

---

2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is asked to note the progress made on Integrated Care Networks.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Integrated Care Networks will provide support to vulnerable adults and children.

Corporate Policy

1. Policy Status: Existing policy. NA
2. BBB Priority: Supporting Independence. Healthy Bromley.

Financial

1. Cost of proposal: N/A
2. Ongoing costs: N/A.
3. Budget head/performance centre: NHS Bromley CCG
4. Total current budget for this head: £N/A
5. Source of funding:

Staff

1. Number of staff (current and additional): NA
2. If from existing staff resources, number of staff hours: NA

Legal

1. Legal Requirement: Non-statutory – Government guidance
2. Call-in: Call-in is not applicable. No Executive decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): TBC

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1. In May 2016, a Memorandum of Understanding was signed between Bromley Clinical Commissioning Group and local providers – King's College Hospital NHS Foundation Trust, Bromley Healthcare Community Interest Company, Oxleas NHS Foundation Trust, Bromley GP Alliance, Age UK Bromley and Greenwich, St Christopher's Hospice and the newly formed Bromley Third Sector Enterprise. The key aim was to commit to working together to establish a new model of care, in the form of three new Integrated Care Networks (ICNs) for the Bromley population and to co design, mobilise and agree delivery trajectory for new pathways within the ICNs.

3.2. The first pathway to mobilise was the Proactive Care Pathway, a key element of this pathway is multidisciplainary (MDTs) meetings which include key professionals from each organisation e.g GP, Community Matron, Consultant Gerentologist, care navigator and mental health professional. The first MDT meeting was held in October 2016. In terms of governance the Providers formed a Joint Operational Group (JOG) with representatives from all organisations overseeing the operational performance of the new Proactive Pathway. The JOG reports to the ICN Steering Group and Board, chaired by the CCG Chief Officer, it is through this governance that the CCG can be assured of the progress and impact of the Proactive Pathway.

3.3. Since October, over 250 patients have been through the pathway. The CCG is formally monitoring progress and impact on a monthly basis. There has been a positive trend of month on month increases in the number of patients being identified by GPs and going through the MDTs, in all three networks. In addition to looking at activity and formal reporting we are also capturing informal feedback to help maintain a focus on continuous improvement. Positive stories coming through from health professionals include feedback on the the value of the discussion taking place at the MDT and the positive actions/outcomes for patients. We are working to develop a pipeline of case studies to maintain a very patient outcomes focused approach.

3.4. Below are two case studies of patients identified as part of a review of the first 100 patients through the pathway:

CASE STUDY 1: "SG"

"SG" is a 59 year old male known to the community mental health team. He has had a series of emergency calls to 111 and visits to the PRUH Emergency Department. A visit to the patient showed that home hygiene is compromised, he is struggling to survive on benefits and his home was cold through lack of heating.

Advice was given on benefits and the need to maintain provisions e.g. buy non-perishable items. Contact was made with a food bank to provide assistance, EDF energy to place credit on his meter and credit was added to his Oyster card to enable him to travel to planned medical appointments.

In the six weeks before the MDT intervention, SG had called 111 on 16 occasions and visiting A&E 4 times. Six weeks after there have been no emergency contacts.

CASE STUDY 2: "CS"

"CS" is a 74 year old female currently receiving reablement following an inpatient episode. She lives alone in an upper floor flat. Her carer is a friend but she doesn't live nearby.

She has a complex history of severe COPD (known to Community Respiratory team), Ischemic Heart Disease and confusion. Oxygen was prescribed but later removed on safety grounds. In the last two years she has had an acute myocardial infarction and breast cancer. She will not accept support with personal care, is non-compliant with medication and refuses to attend a memory clinic.

Actions include memory assessment, establishment of power of attorney with next of kin, a social care package following reablement, review from Medicine Optimisation Service, and oxygen re-established following disconnection of unused gas cooker. Bromley Care Coordination are now providing support.

Medicine compliance is now greatly improved resulting in a reduction in calls to primary care. Measures are now in place to prevent secondary care admission.

CASE STUDY 3: "PB"

"PB" is a 91 year old female presenting with multiple issues including angina (ischaemic heart disease), increasing episodes of falling , cognitive impairment with reduced hearing and vision (registered severely sight impaired) and deteriorating memory.

She lives alone with carer support. Due to decreased mobility she sleeps downstairs. A zimmer frame has been provided but standing capacity is poor. Mobility is further comprised through knee pain due to osteoarthritis and callous on her heel from a longstanding pressure ulcer. Additional equipment includes a riser recliner chair with pressure relief and provision of a commode. A carer attends 5 times/week and the family complete shopping tasks.

PB adheres to her medication regimen but does not understand why she is taking all her medication. PB requires assistance with chair / bed transfers and with personal care tasks washing and dressing and toileting. PB has a persistent dry cough.

Actions include the District Nurse reviewing pressure sores and completing ear syringing, referrals to the Falls Team and Memory Clinic, Community Physio to review mobility and discuss further aids with Community Matron. Drugs reviewed by the Gerontologist and a rapid access medical review organised with Cardiology. The patient is now under the care of St Christopher's and Age UK are providing support.

Feedback received from the patient's daughter (and carer):

"I can't thank you enough for everything you have done for my family. It was such a relief for me personally to be able to hand over the management of mum's various problems to someone knowledgeable and competent, instead of travelling through unfamiliar territory on my own when much was at stake for us. With kind regards and gratitude."

3.5. Performance against targets set out in the Memorandum of Understanding that underpin the provider performance fund will be analysed and reported to the ICN Steering Group in June.

3.6. An independent review of the ICNs has been commissioned by the CCG from the Health Innovation Network (HIN), with a final report to be delivered to the ICN Steering Group in September. This review includes data analysis, questionnaires and interviews with health and social care professionals, as well as feedback from patients/carers of their experience of being on the pathway.

3.7. Data sharing agreements are now in place between health providers, social care and the voluntary sector to support the delivery of more joined up care for patients. Work is being undertaken to track patient interaction across the health and social care system, looking at the six months before and after the Proactive Care MDT. This information will provide a rich intelligence on the impact of the pathway at both an individual and service level.

3.8. Priorities for the next phase of ICN pathways are being developed through the Bromley System Leaders Programme (where all Providers and LA senior leaders are participates). There are currently four new workstreams being explored, with an assessment of progress to date at a meeting on 27 June. The workstreams being explored are: Care Homes(includes Nursing homes etc…), with a focus on reducing emergency admissions; acute admissions at end of life; integrated therapy services, with the aim of ensuring more joint up working between professional groups to support effective, high quality discharge of patients back to their place of residence; and integrated heart failure services, aiming to reduce the number of readmissions with relapses in the patients condition and explore a more community facing service.

4. PERSONNEL IMPLICATIONS

4.1 Supports more integrated working of professional to enable better delivery of joined up care. No negative implications.

5. POLICY IMPLICATIONS

5.1 Aligned to national policy including the NHS Five Year Forward View and GP Forward View.

6. FINANCIAL IMPLICATIONS

6.1 The financial envelope agreed for the ICN Proactive Care and Frailty Pathways is on plan. As plans are developed for the next system strategic projects it is anticipated that investment of 'pump – prime' money may be required. These will be worked up and presented to Bromley CCG Clinical Executive Group for consideration, either directly as part of an ICN update or via the QIPP Planning and Delivery Group report.

Non-Applicable Sections:	Legal Implications.
Background Documents: (Access via Contact Officer)	N/A

This page is left intentionally blank

Report No.
Not Applicable
(CCG report)

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**13th June 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**BROMLEY HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT**
Contact Officer:	Mark Cheung, Chief Financial Officer, NHS Bromley CCG and Project Senior Responsible Officer Tel: 01689 866544 E-mail: mark.cheung@nhs.net
Chief Officer:	Dr Angela Bhan, Chief Executive. NHS Bromley Clinical Commissioning Group
Ward:	Orpington

1. Reason for report

1.1 This report provides an update to the Health Scrutiny Sub-Committee on developments in the planning and approval of this key strategic project. This was previously the subject of Briefing Reports to the LBB-CCG Integrated Governance Board meetings on the 24th March and 12th December, 2016, as the project was one of the key components of the CCG-LBB jointly developed ***Bromley Out of Hospital Transformation Strategy.***

---

2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is asked to note this report and agree that a further report should be submitted in due course.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Bromley Health and Wellbeing Centre will provide a key service to vulnerable adults and children.

Corporate Policy

1. Policy Status: Existing policy. NA
2. BBB Priority: Supporting Independence. Healthy Bromley.

Financial

1. Cost of proposal: Estimated cost The current estimate of the capital costs of the scheme is £7.8m plus some £187k of non-recurring project costs
2. Ongoing costs: Recurring cost. £9,750M (CCG commissioned clinical services) giving an estimated post development net recurrent revenue impact of £259k
3. Budget head/performance centre: NHS Bromley CCG
4. Total current budget for this head: £NA
5. Source of funding: NHS Capital; possible S106 Funding contribution to capital costs

---

Staff

1. Number of staff (current and additional): TBC
2. If from existing staff resources, number of staff hours: NA

Legal

1. Legal Requirement: Non-statutory - Government guidance. NHS Planning and Financial Guidance
2. Call-in: Call-in is not applicable. No Executive decision.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 500 plus per day

---

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: The newly established Project Board has agreed that the views of ward councillors, initially on the options for the siting of the development, should be sought and this will be arranged shortly as part of the overall Communications and Engagement Strategy.

3. COMMENTARY

3.1 Background

3.1.1 The strategic case for a third Centre, complementing the role of the Beckenham Beacon and the planned Orpington Health and Wellbeing Centre, and serving some 100,000 people in and adjacent to Bromley Town centre, was one of the key proposals of the CCG-LBB jointly developed ***Bromley Out of Hospital Transformation Strategy.***

3.1.2 The Centre will play a major role in providing coordinated care for patients via integrated services and will be one of the three "hubs" underpinning the new ***Integrated Care Networks ("ICNs"***), with each ICN serving roughly a third of the London Borough of Bromley population.

3.1.3 It will also offer significant primary care services for the residents of Bromley, including a ***Primary Care Access Hub***, and the relocation of the ***Dysart Medical Practice*** from its current cramped accommodation in an adapted residential property in Ravensbourne Road, Bromley.

3.2 Project Status

3.2.1 The ***CCG's funding bid*** for the centre to the NHS Executive's Estates and Technology Transformation Fund ("ETTF") was approved at the end of October, 2016.

3.2.2 The ***Strategic Outline Case*** was approved in December 2016 by the CCG's Clinical Executive, which also agreed that work on the ***Project Initiation Document***("PID"), the first formal stage of the NHS Business Case development process, should be undertaken, funded by the ETTF allocation.

3.2.3 The ***Project Initiation Document*** has been completed and is expected to receive formal approval by the NHS Executive imminently.

3.2.4 In parallel, the CCG has, in agreement with the ETTF, started work on the next formal project stage, the ***Post-PID Full Options Appraisal.*** This stage identifies the potential sites and procurement/delivery options for the scheme and evaluates them against a set of both financial and non-financial criteria in order to determine a shortlist and then a preferred option.

3.2.5 A longlist of Site options has been identified in an externally sourced professional property consultancy report and these will be the subject of detailed evaluation by a multi-disciplinary Evaluation Panel over the next few weeks.

3.3 Project Governance

3.3.1 The CCG has recently set up a multi-disciplinary Project Board to steer the Project through to the completion of the Full Business Case and Financial Close. The Board is chaired by Mark Cheung, the Project SRO and includes council representatives from LBB.

3.3.2 The Project Board is supported by a small Project Team, also chaired by Mark Cheung, and led by the Project Lead, Phil Chubb.

3.4 Business Case

3.4.1 The development of the project has to be undertaken in accordance with the NHS Capital projects Planning Guidance. This requires the completion by the CCG, in conjunction with the key stakeholders, of a number of Project stages and their formal approval and sign off by the NHS Executive, as follows:

- ***Strategic Outline Case*** (Local completion only, as "Good Practice") (Completed)
- ***Project Initiation Document*** (completed and waiting approval)
- ***Post-PID Full Options Appraisal*** (Currently being undertaken)
- ***Outline Business Case***
- ***Full Business Case*** leading to
- ***Financial Close***

3.5 Project Plan

3.5.1 A detailed Project Plan has been completed as part of the PID; the key Project Milestones are summarised in the following table:-

Milestones		**Date**
1	Initial 2016/17 Funding approval by ETTF team	31/03/17
2	PID submission	24/04/17
3	PID approved by NHS E	31/05/17
4	NHS E Post PID Option Appraisal approval/Procurement Route confirmed	24/07/17
5	OBC Approval/Stage 1 Approval by NHS E	20/11/17
6	FBC Approval/Stage 2 Approval by NHS E	30/03/18
8	Planned start of works	25/05/18
8	Estimated completion date	24/03/20

3.6 Communications and Engagement

3.6.1 A Communications and Engagement Strategy is being developed and will be considered by the Project Board shortly; this will include consideration of the nature and scope of any required formal public consultation on the scheme, which will become clear once the current project stage, the Post-PID Full Option Appraisal, has been completed.

3.6.2 In the interim, informal consultation has taken place with a number of key stakeholders, including the Dysart Medical Practice, members of the CCG's Patients Advisory Group and the London Borough of Bromley. As noted above, two update reports have been submitted to the Joint Integrated Governance Board.

4. POLICY IMPLICATIONS

4.1 The Bromley H+WBC Project was one of the key proposals of the CCG-LBB jointly developed ***Bromley Out of Hospital Transformation Strategy.*** As noted above, it is planned that it will operate as one of the three "Hubs" supporting the three Integrated Care Networks across the Borough.

4.2 It will bring together under one roof, in a highly accessible town centre location, a range of services including:

- Primary Care
- Community
- Out-Patients
- Diagnostics, including blood tests, X-Ray and Ultrasound
- Wellbeing services

4.3 It will have a particularly important role to play in helping to address the particular healthcare needs of the Bromley Town Centre population, for example the large and growing proportion of young families and children. It will also enable local healthcare provision to respond effectively to the projected population growth in the town centre arising from the planned residential and commercial developments in Bromley Town Centre.

5. FINANCIAL IMPLICATIONS

5.1 The estimated capital cost of £7.8m will be funded via the allocation of NHS capital funds.

5.2 Overall, the development is expected to result in net additional recurring costs of £259K, for which the CCG has made provision in its forward financial planning.

5.3 The CCG will also be making provision for the non-recurring costs of the scheme's development, which include Project Management and the Clinical services and equipment procurements.

Non-Applicable Sections:	Personnel and Legal Implications
Background Documents: (Access via Contact Officer)	N/A

This page is left intentionally blank

Report No.
CSD17068

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**Tuesday 13th June 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**WORK PROGRAMME 2017/18**
Contact Officer:	Kerry Nicholls, Democratic Services Officer Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk
Chief Officer:	Director of Corporate Services
Ward:	N/A

---

1. Reason for report

1.1 The Health Scrutiny Sub-Committee is requested to consider its work programme for 2017/18.

---

2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is requested to:

1) **Review its work programme and indicate any issues that it wishes to cover at forthcoming meetings;**

2) **Agree that the Dementia Services Task and Finish Group to review Bromley's care offer for people with dementia and their families and carers be reconvened for 2017/18 and that membership be agreed; and,**

3) **Seek nominations for two Local Authority representatives for the Our Healthier South East London Joint Health Overview and Scrutiny Committee for appointment by the Care Services PDS Committee for the 2017/18 municipal year.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable

Corporate Policy

1. Policy Status: Existing Policy:
2. BBB Priority: Excellent Council:

Financial

1. Cost of proposal: No Cost: Further Details
2. Ongoing costs: Not Applicable:
3. Budget head/performance centre: Democratic Services
4. Total current budget for this head: £343,810
5. Source of funding: 2017/18 revenue budget

Personnel

1. Number of staff (current and additional): 8 staff (7.27fte)
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: None:
2. Call-in: Not Applicable: This report does not require an executive decision.

Procurement

1. Summary of Procurement Implications: None

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Sub-Committee to use in planning their on-going work.

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 Sub-Committee is asked at each meeting to consider its work programme, review its workload and identify any issues that it wishes to scrutinise. The Sub-Committee's primary role is to undertake external scrutiny of local health services and in approving a work programme the Sub-Committee will need to ensure that priority issues are addressed.

3.2 The three scheduled meeting dates for the 2017/18 Council year as set out in the draft programme of meetings considered by General Purposes and Licensing Committee on 6th February 2017 are as follows:

4.00pm, Tuesday 13th June 2017
4.00pm, Tuesday 7th November 2017
4.00pm, Tuesday 6th March 2018

3.3 The work programme is set out in Appendix 1 below.

3.4 At its meeting on 16th March 2017, the Health Scrutiny Sub-Committee agreed to establish a Dementia Services Task and Finish Group to review Bromley's care offer for people with dementia and their families and carers, and membership was confirmed as Councillor Mary Cooke as Chairman, Councillors Ruth Bennett, Judi Ellis and David Jefferys, and Co-opted Members, Linda Gabriel, Justine Godbeer and Lynn Sellwood. Members are asked to consider whether this Task and Finish Group should be reconstituted for the 2107/18 municipal year and, if so, agree the membership.

3.5 A Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark was formed in late 2015 for the purpose of scrutinising the "Our Healthier South East London" project. A motion to authorise participation in the non-executive joint committee was considered at the meeting of Council on 14th December 2015, following Councillors Judi Ellis and Hannah Gray were appointed as the Local Authority representatives for 2016/17, and Members are asked to consider the nomination of two Local Authority representatives for the Our Healthier South East London Joint Health Overview and Scrutiny Committee for appointment by the Care Services PDS Committee for the 2017/18 municipal year.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, Policy, Financial, Legal, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Previous work programme reports

APPENDIX 1

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME

7th November 2017
PRUH Improvement Plan – Update from King's Foundation NHS Trust (King's)
Dementia Services Task and Finish Group (Working Group)
Joint Health Scrutiny Committee Update (Chairman)
Update from Oxleas NHS Trust (Oxleas)
Presentation by Bromley Pharmacists (including the BCCG pharmacist representative)
Outcome of Evaluation of Key Areas of Provision including Cancer, Maternity and Elective Surgery (CCG)
6th March 2018
PRUH Improvement Plan – Update from King's Foundation NHS Trust (King's)
Joint Health Scrutiny Committee Update (Chairman)
Presentation by Shelley Dolan, Executive Director of Nursing and Midwifery (Kings)