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DATE: 30 October 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, Robert Evans, Will Harmer, David Jefferys, Terence Nathan and Charles Rideout QPM CVO

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 7 NOVEMBER 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 1st November 2017.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 13TH JUNE 2017 AND MATTERS ARISING (Pages 3 - 10)

5 PRUH IMPROVEMENT PLAN UPDATE (KINGS FOUNDATION NHS TRUST)

6 UPDATE ON HOW REABLEMENT PROVISION LINKS WITH MENTAL HEALTH SERVICES (LBB) (Pages 11 - 14)

7 CANCER CARE UPDATE (CCG) (Pages 15 - 20)

8 PRIMARY OPHTHALMOLOGY SERVICES UPDATE (CCG) (Pages 21 - 26)

9 PHARMACY SERVICES UPDATE (CCG) (Pages 27 - 30)

10 WORK PROGRAMME 2017/18 (Pages 31 - 34)

11 ANY OTHER BUSINESS

12 FUTURE MEETING DATES

4.00pm, Tuesday 6th March 2018

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 13 June 2017

Present:

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, Judi Ellis and Terence Nathan

Linda Gabriel and Lynn Sellwood

Also Present:

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

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Will Harmer, Councillor David Jefferys and Councillor Charles Rideout QPM CVO.

Apologies were received from Justine Godbeer and Rosalind Luff.

The Chairman was pleased to welcome Councillor Robert Evans who was attending the meeting by invitation and had been nominated to fill the remaining vacancy on the Sub-Committee membership.

2 DECLARATIONS OF INTEREST

Councillor Mary Cooke declared that she had worked for Bromley Healthcare until 2012.

Councillor Judi Ellis declared that her daughter worked for Oxleas NHS Foundation Trust.

Councillor Diane Smith declared that her daughter worked for St Christopher's Hospice.

Councillor Pauline Tunnicliffe declared that she was a foster carer for the London Borough of Bromley and supported a young person through the 'Staying Put' scheme.

Linda Gabriel declared that she was the Chairman of Bromley and Lewisham Mind.

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

No questions had been received.

4 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 16TH MARCH 2017 AND MATTERS ARISING

RESOLVED that the minutes of the meeting held on 16th March 2017 be agreed.

5 PRUH IMPROVEMENT PLAN UPDATE

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

Although it continued to be extremely challenging to meet emergency performance targets, there had been significant improvement in the performance of the Emergency Department during April and May 2017. Referral to Treatment times remained an area for improvement, but overall it had been identified that the quality of care at the PRUH remained very high and that the Trust continued to perform well against key outcomes and safety measures. Patient experience across the Trust had been reported as being good for 2016/17, and the King's Way Programme which aimed to increase the quality of services and make them more efficient and productive continued to be implemented. The review of the Outpatients' Service was also ongoing and it was planned to improve patient experience, efficiency and productivity through a range of measures including digital transformation. Six major areas of work had been developed in response to the annual staff survey results which comprised strengthening relationships between staff and senior leaderships, improving support for managers, value and recognition, diversity and inclusion, career and talent development, and health and wellbeing. Priorities for the coming year included improving access, finance, recruitment, quality and safety and end of life care. The Trust had delivered a £49m full year deficit in line with the mid-year forecast and had a target of a full-year deficit of £39m for 2017/18.

In considering the update, a Member was pleased to note the significant improvement in Emergency Department performance in April and May 2017 and underlined the need for this to be sustained. The Managing Director for the PRUH confirmed that work to manage the usage of the Emergency Department would continue. Inpatient admissions and bed management remained an area of key focus including regular meetings to review bed availability, and a London Borough of Bexley social worker had been placed in the Transfer of Care Bureau to support Bexley residents to move into more appropriate provision when hospital care was no longer required.

With regard to a query from a Member about the significant cost of agency staff, the Managing Director for the PRUH advised that there continued to be a significant shortage of skilled staff in some specialist areas, such as dermatology and that this made it difficult to recruit permanent staff. A range of measures would be used to support recruitment and retention including the block-hiring of housing and relocation packages for doctors where this was cost effective. The PRUH was working with other hospital trusts across London to set standard agency rates for staff in particular specialisms to help contain agency spend.

Members generally discussed the importance of ensuring that patients received appropriate end-of-life care, particularly in relation to nursing and care homes. In response to this, the Managing Director for the PRUH confirmed that a pilot scheme had been introduced which placed experienced Geriatricians in the Emergency Department between 8.00am-4.00pm to identify patients requiring end-of-life care and ensure they received the necessary care and support. A representative from St Christopher's Hospice was also located at the PRUH and was able to provide advice to ward staff. There was a need for a wider conversation to be undertaken across all key partners to ensure an holistic approach to end-of-life care and for nursing and care homes to be included in these discussions.

In reporting other issues, the Managing Director for the PRUH was pleased to announce that one of the hospital's two CT scanners had recently been replaced and that the backlog of CT scans had now been cleared. The King's College Hospital NHS Foundation Trust had not been amongst the hospitals affected in the global cyber-attack in May 2017, and the PRUH remained on track to move to the new cross-site Electronic Patient Record system in October 2017. In response to concerns raised around the capacity of the PRUH car park, the Managing Director for the PRUH advised Members that this had been identified as a priority and that he would be writing to the Local Authority in June 2017 setting out the PRUH's plans to phase in additional parking on site.

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

RESOLVED that the update be noted.

6 BROMLEY HEALTHCARE QUALITY ACCOUNT

Natalie Warman, Director of Nursing, Therapies and Quality, Bromley Healthcare and Julie Miller, Clinical Quality Team Manager, Bromley Healthcare presented the Bromley Healthcare Quality Account 2016/17 to the Sub-Committee, which outlined the provision delivered by Bromley Healthcare across the Borough during 2016/17 and quality priorities for 2017-2020. There was a statutory requirement for all NHS public funded bodies to provide their Annual Quality accounts to NHS England for publication by 30th June 2017, and for this to contain a supporting statement from the Health Scrutiny Sub-Committee.

The Director of Nursing, Therapies and Quality advised Members that there had been three Care Quality Commission Inspections of Bromley Healthcare's provision during 2016/17, all of which been rated as 'Good'. Feedback on customer experience had generally been very positive and there had been a 25% reduction in the number of complaints made to Bromley Healthcare in the past year. For 2016/17, Bromley Healthcare had made a commitment to listen to the hard-to-hear community and particularly focused on the views of children with communications difficulties. This commitment would be carried forward into 2017/18, when it was planned to focus on the views of patients with dementia or lack of capacity. Bromley Healthcare had continued to work across all key partners throughout the year. A staff survey had not been undertaken, but a number of measures were in place to support staff including a focus on workplace safety and a debt management initiative.

In considering the update, Members generally agreed that the Bromley Healthcare Quality Account 2016/17 was an accurate account of service provision. A Co-opted Member congratulated the Director of Nursing, Therapies and Quality, Bromley Healthcare and Clinical Quality Team Manager for an excellent report.

A Co-opted Member queried what progress Bromley Healthcare had made in becoming 'Dementia Friendly'. The Director of Nursing, Therapies and Quality underlined that becoming 'Dementia Friendly' remained an ongoing priority for Bromley Healthcare, and that 80% of Bromley Healthcare staff had now completed Dementia Awareness Training. An emphasis had been placed on the early recognition of dementia to ensure that patients were signposted to the appropriate treatment, and work was also being undertaken to ensure that patients with end-stage dementia received the support they needed, such as the development of life story resources. Consideration had been given to how the Bromley Healthcare estate environment could be managed to be more accessible to people with dementia, and resources that raised awareness of dementia had been made available on-site including the short film, 'Barbara's Story'. Bromley Healthcare had worked with a range of key partners on the development of the draft Dementia Strategy for Bromley including the Dementia Hub.

In response to a question from a Member, the Director of Nursing, Therapies and Quality confirmed that GPs were able to refer patients with pressure ulcers in the lower extremities for assessment. Following assessment, patients were directed to the most appropriate treatment for their needs which could include the Community Nursing Team or Podiatry Service.

RESOLVED that the Bromley Healthcare Quality Account 2016/17 be supported by the Health Scrutiny Sub-Committee.

7 URGENT CARE: UPDATE AND EVALUATION OF WINTER SCHEMES

The Sub-Committee considered an update on the Bromley Urgent Care system performance and the evaluation of the schemes commissioned by the Bromley Clinical Commissioning Group (BCCG) during Winter 2016/17.

The winter period 2016/17 had been very challenging with a much higher demand for urgent and emergency care services than in recent years. A range of winter resilience schemes had been put in place by the BCCG to contribute to the management of pressures. The BCCG met with all health partners on a regular basis to review the performance of these schemes, and a formal review had been undertaken during Spring 2017, which identified a number of schemes that had been particularly successful. This included the in-reach (Medical Response) Scheme that had been extended to help manage surges through Easter and the May Bank Holidays and continued to see 5-7 patients a day, and for which a full review had been commissioned to identify further opportunities for the scheme. The Patient Champion and GP in the PRUH schemes which redirected patients towards primary care and community services had also been extended, and the GP Access Hubs had successfully provided 120 additional primary care appointments per day and would continue to be utilised going forward. The major contribution of the Transfer of Care Bureau to the success of the winter schemes as an access point and host had been recognised as part of the evaluation process, and a full review had been commissioned to identify further benefits that could be realised through the Transfer of Care Bureau.

The Chief Officer, Bromley Clinical Commissioning Group advised Members that a key area for development in 2017/18 would be the development of a multi-disciplinary approach towards care provision in nursing and care homes, including end-of-life care. The 'Red Bag' scheme had recently been introduced to improve the continuity of care for care home residents during their hospital stays. There were also plans to build on an existing scheme through which a representative of St Christopher's Hospice visited nursing and care homes.

In response to a question from a Member, the Chief Officer, Bromley Clinical Commissioning Group confirmed that the additional primary care appointments available through the GP Access Hubs were allocated on a proportional basis to all Bromley GP Practices based on patient numbers.

RESOLVED that the progress be noted.

8 INTEGRATED CARE NETWORKS - EARLY IMPACT REPORT

The Sub-Committee considered a report providing an update on the early impact of Integrated Care Networks.

In May 2016, a Memorandum of Understanding was signed between Bromley Clinical Commissioning Group (BCCG) and a range of health providers to commit to working together to establish a new model of care within the Borough in the form of three Integrated Care Networks, and to co-design, mobilise and agree delivery trajectories for new pathways within these networks. The first pathway to be mobilised was the Proactive Care Pathway which had been supported by multi-disciplinary meetings of key health professionals including GPs, the Community Matron and mental health professionals, with over 250 patients supported through this pathway since

October 2016. The BCCG had monitored the progress and impact of the Proactive Care Pathway across the three Integrated Care Networks which demonstrated there had been a positive trend of month-on-month increases in the number of patients identified by their GPs as suitable for the pathway. Work was being undertaken to capture feedback and case studies from these patients to ensure that the pathway maintained a patient outcomes-focused approach. Priorities for the next phase of Integrated Care Networks Pathways were being developed through the Bromley System Leaders Programme and four new workstreams were being explored comprising care homes (with a focus on reducing emergency admissions), acute admissions at end of life, integrated therapy services, and integrated heart failure services.

In response to a question from the Chairman, the Chief Officer, Bromley Clinical Commissioning Group confirmed that patients who could benefit from the Proactive Care Pathway were identified by their GPs and referred to the Community Matrons for assessment. Work to evaluate the outcomes of the Pathway and how patients had benefitted was ongoing and to support this, an information sharing agreement had been put in place across all partners.

The Chairman requested that a further update on the Integrated Care Networks be reported to a future meeting of the Health Scrutiny Sub-Committee.

RESOLVED that the progress made with Integrated Care Networks be noted.

9 BROMLEY HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT

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

The establishment of a third Health Centre within the Borough to complement the Beckenham Beacon and the Orpington Health and Wellbeing Centre was one of the key proposals of the 'Bromley Out of Hospital Transformation Strategy', which had been developed jointly by the Bromley Clinical Commissioning Group (BCCG) and the Local Authority. It was planned that the Bromley Health and Wellbeing Centre would be one of the three 'hubs' underpinning the new Integrated Care Networks and would play a key role in providing coordinated care to approximately 100,000 people via integrated services. It would also offer significant primary care services for Bromley residents, including a Primary Care Access Hub and the relocation of the Dysart Medical Practice.

Members were advised that funding had been secured for the centre from the NHS Executive's Estates and Technology Transformation Fund in October 2016, following which the Strategic Outline Case had been approved. The Project Initiation Document was expected to receive formal approval by the NHS Executive shortly and work had started on the next formal project stage

of the Post-PID Full Options Appraisal which would identify potential sites for the scheme. A Multi-Disciplinary Project Board had been established to steer the project which included representation by the Local Authority, and Ward Councillors would also be included in the discussions around the site of the proposed centre. It was hoped that services would commence at the Bromley Health and Wellbeing Centre following the build and 'fit-out' of the centre which had an estimated completion date of 24th March 2020.

In response to a question from a Member, the Project Lead, Bromley Health and Wellbeing Centre confirmed that lessons had been learned from the Orpington Health and Wellbeing Centre project and would help ensure the project was delivered efficiently.

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

10 WORK PROGRAMME 2017/18

Report CSD17068

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

The Chairman proposed that the Task and Finish Group established at the meeting of Health Scrutiny Sub-Committee on 16th March 2017 to review Bromley's care offer for people with dementia and their families and carers be reconvened for 2017/18. This was supported by 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 and Lynn Sellwood. The Chairman noted that Bromley Healthcare had undertaken a range of work on dementia during 2016/17, and requested that the Task and Finish Group link up with Julie Miller, Clinical Quality Team Manager who was the Dementia Lead for Bromley Healthcare.

The need to appoint two Local Authority representatives to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for the 2017/18 municipal year was discussed by Members and it was agreed to recommend the Care Services PDS Committee appoint Councillor Judi Ellis and Councillor Ian Dunn to the Joint Health Overview and Scrutiny Committee.

A Member requested that an update on how reablement provision across the Borough linked up with mental health services be provided to the next meeting of Health Scrutiny Sub-Committee on 7th November 2017.

RESOLVED that:

1) **The work programme be noted;**

2) **The Task and Finish Group for Dementia Services be reconvened for 2017/18, and for membership to comprise Councillor Mary Cooke as Chairman, Councillors Ruth Bennett, Judi Ellis and David Jefferys, and Co-opted Members, Linda Gabriel, and Lynn Sellwood; and,**

3) **The Care Services PDS Committee be recommended to appoint Councillor Judi Ellis and Councillor Ian Dunn as Local Authority representatives to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for the 2017/18 municipal year.**

11 ANY OTHER BUSINESS

There was no other business.

12 FUTURE MEETING DATES

The next meeting of Health Scrutiny Sub-Committee would be held at 4.00pm on Tuesday 7th November 2017.

The Meeting ended at 5.29 pm

Chairman

Briefing CS18094

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health Scrutiny Sub-Committee
7th November 2017

UPDATE ON HOW REABLEMENT PROVISION LINKS WITH MENTAL HEALTH SERVICES

Contact Officer: Stephen John, Director: Adult Social Care
Stephen.John@bromley.gov.uk

Chief Officer: Executive Director: Education, Care and Health Services

1. Summary

1.1 This Information Briefing provides an update on how reablement provision links with mental health services.

2. THE BRIEFING

2.1 The update is provided at Appendix A.

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REABLEMENT

Reablement is an assessment and support service for people to receive in their home to help them relearn daily living skills and regain confidence to live independently. This is for a period of up to six weeks with up to four visits a day. Referrals are made to the team usually on discharge from hospital or following an episode of being immobile. Referrals are accepted from Mental Health where the support required is for re-learning and daily functioning – the focus of the service is primarily improving physical ability and functioning.

Key messages:

- Reablement is designed to help people learn or relearn the skills necessary for daily living and to support them to do things themselves. These skills may have been lost through deterioration in health and/or increased support needs. A focus on regaining physical ability and confidence is central to the impact of Reablement.

- Reablement is an assessment service and should be the first option considered for potential adult social care service users. Reablement should support people to regain their independence and then use this baseline to assess if they need any ongoing support.

- People using Reablement welcome the emphasis on helping them gain independence and better functioning. Service user involvement is crucial to maximising the impact of reablement, and service user feedback should regularly be gathered to inform continuous service improvement.

- Reablement improves a person's outcomes, particularly in terms of restoring someone's ability to perform usual daily activities and improving or sustaining their quality of life.

- Reablement should benefit social care by allowing care manager to make more informed support assessments and ensuring that people are kept independent for as long as possible.

- Reablement achieves cost savings through reducing or removing the need for ongoing support via traditional home care, particularly after a specific health episode.

- Reablement is one service on a continuum of intermediate care. This continuum spans acute and long-term care and responds to a range of health and social care needs. Other 'intermediate' services can include rehabilitation, rapid response and supported discharge teams.

The Ethos of Reablement

Reablement:

- Is about supporting people to do things for themselves, rather than doing things to or doing things for people

- Is time-limited; the maximum time that a service user can receive support is 6 weeks and is judged on an individual basis when entering the service.

- Is outcome-focused: the overall goal is to help people back into their own home or community.
- Involves setting and working towards specific goals agreed between the service user and the Reablement Team.
- Is a personalised approach – the support is tailored to the individual's specific goals and needs
- Involves providing intensive and regular support to people.
- Treats assessment as something that is dynamic not static. This approach means that a person's care or support package cannot be defined on the basis of a single, one-off assessment. Instead someone should be worked with over a defined period of time, during which their needs and abilities may change, with a reassessment at the end of the period of reablement.
- Assumes that something should change by the end of the reablement intervention, always working towards positive change
- Builds on what people can already do or could do before their recent deterioration, and supports them to regain skills to increase their confidence and independence
- Can involve ensuring people are provided with appropriate equipment and/or assistive technology to support their needs; and that they understand how to use it.
- Aims to maximise users' long term independence, choice and quality of life.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health Scrutiny Sub-Committee
7th November 2017

CANCER CARE UPDATE

Contact Officer: Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group
E-mail: angela.bhan@nhs.net

Chief Officer: Dr Angela Bhan, Bromley Clinical Commissioning Group

1. Summary

1.1 Pathways to prevent, identify and treat cancer can be complex and different elements of the various cancer pathways are sometimes the responsibility of different organisations. It is essential that there is good oversight on how a particular cancer is being managed for an individual patient, and also that we ensure that we are providing robust programmes and pathways to ensure we get good population outcomes. Bromley CCG oversees and monitors the care for individuals and at population level. On our behalf, cancer care in Bromley and across London, is continuously evaluated and measured by teams such as the Transforming Cancer Services Team (TCST) and the commissioning support unit (CSU). From these evaluations and performance monitoring streams we are able to target initiatives to drive up quality of care and patient outcomes.

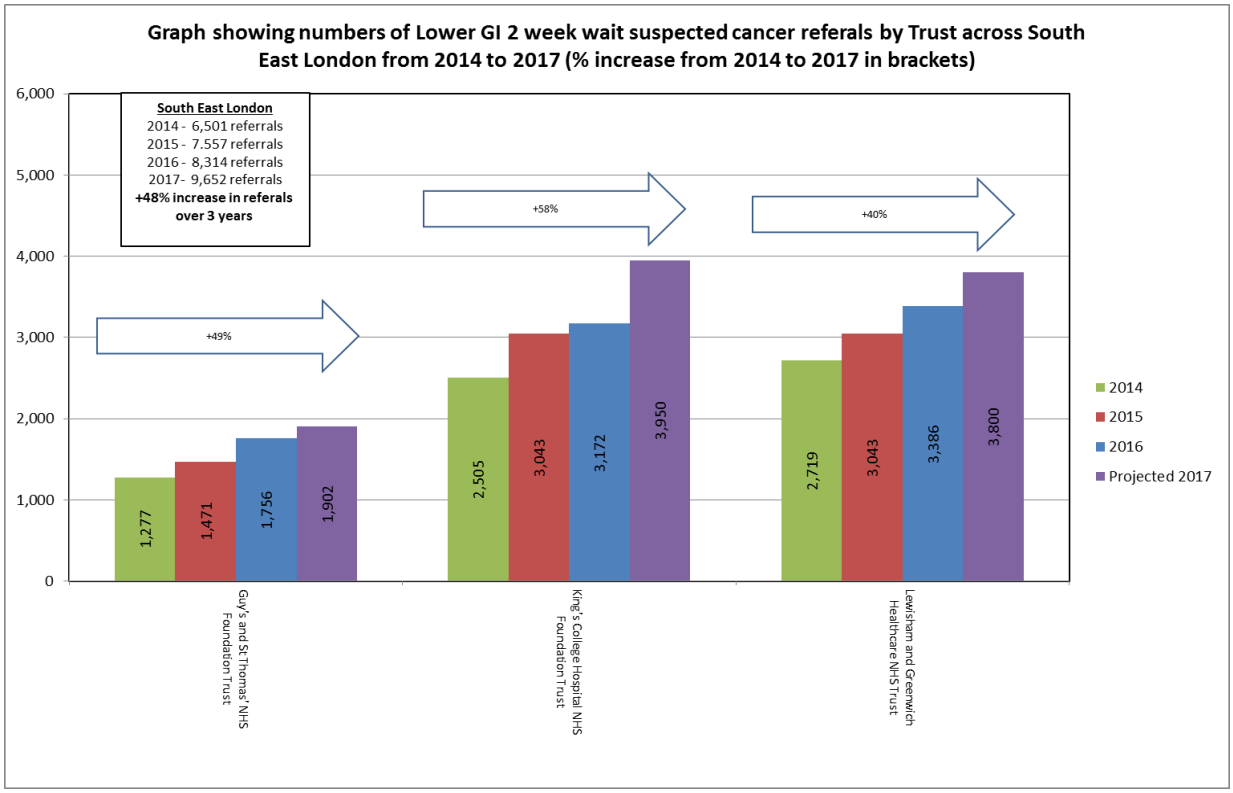
1.2 The following illustrations are taken from the continuous evaluations and show how well Bromley is doing in key performance metrics.

Table 1 Key cancer performance metrics

NHS BROMLEY CCG	Threshold	May-17			Jun-17			Jul-17			Aug-17		
		Cases	Breaches	%	Cases	Breaches	%	Cases	Breaches	%	Cases	Breaches	%
2-WEEK WAIT - ALL SUSPECTED CANCER	93%	1331	81	93.91%	1190	43	96.39%	1221	36	97.05%	1276	50	96.08%
2-WEEK WAIT - BREAST SYMPTOMS (CANCER NOT INITALLY SUSPECTED)	93%	26	1	96.15%	37	0	100.00%	18	0	100.00%	31	0	100.00%
31-DAY - FIRST TREATMENT ALL CANCER	96%	134	7	94.78%	128	4	96.88%	150	6	96.00%	165	5	96.97%
31-DAY - 2nd/SUBSEQUENT TREATMENT (DRUG)	98%	47	2	95.74%	33	1	96.97%	25	1	96.00%	55	0	100.00%
31-DAY - 2nd/SUBSEQUENT TREATMENT (RADIOTHERAPY)	94%	47	11	76.60%	47	5	89.36%	51	4	92.16%	43	1	97.67%
31-DAY - 2nd/SUBSEQUENT TREATMENT (SURGERY)	94%	28	4	85.71%	18	1	94.44%	21	1	95.24%	24	1	95.83%
62-DAY URGENT GP REFERRAL ALL CANCER	85%	76	16	78.95%	76	16	78.95%	89	20	77.53%	92	14	84.78%
62-DAY - SCREENING ALL CANCERS	90%	9	0	100.00%	8	0	100.00%	11	0	100.00%	10	0	100.00%
62-DAY - CONSULTANT UPGRADE ALL CANCERS	-	9	3	66.67%	6	1	83.33%	4	0	100.00%	6	0	100.00%

1.3 As can be seen, for Bromley patients, the 62 day target is not being met, falling just short of the required 85%. 'Breaches' refer to patients who do not meet the target. The 62 day target is a nationally defined target referring to patients beginning their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer. Challenges in meeting the 62 day target exist across all of south east London and a 62 day group has been established to tackle this problem with all local NHS Trusts who are failing to deliver this target. Recovery

plans are in place with the Trusts and are being actively monitored. It is worth noting that some of these breaches are for patients with lower GI (gastrointestinal) problems, which has seen a huge increase in referrals across the sector (graph 1). This has placed considerable strain on the capacity of Kings to deliver the 62 day target but they plan to increase use of virtual clinics to try and keep pace with the referrals. Virtual clinics would allow the doctors to review and progress a patient's treatment without the patient having to come into hospital. It is better for the patient and more cost effective for the hospitals, allowing them to manage higher case loads.This is a relatively new approach however so results are not yet known.



1.4 **Table 2. One year Cancer Survival rates**

Indicator	Bromley Average	National Average	Rank compared to South East London
1 year survival rate across all cancers	71.2%	70.4%	1st
1 year survival rate for breast cancer	98%	96.5%	2nd
1 year suvival rate for lung cancer	**33.5%**	**36.8%**	**6th (lowest)**
1 year survival rate for colorectal cancer	78.5%	77.2%	2nd
Uptake of breast screening	75.98%	80% target	1st
Uptake of bowel screening	55.18%	60% target	1st
Uptake of cervical screening	73.65%	80% target	2nd

1.5 From table 2 we can see Bromley is doing very well in relation to neighbouring boroughs and also nationally, in most areas. The cancer working group intends on working with Kings to address the relatively poor outcome for lung cancer.

1.6 Our uptake in screening however is below the required target levels, although high compared to our neighbours and across London. Public Health screening programmes are run and managed by the national screening service and not within Bromley CCG's remit. There will be additional focus on these issues within the south east London alliance meetings on screening programmes to see how we can work together to increase uptake of the screening programmes. Bromley CCG takes early identification of cancer very seriously and we have adjusted the GP contract, to incentivise good practice processes and improvements in uptake to support the national programmes.

1.7 Further initiatives are listed with additional details provided in section 3 of the report:

1. Improving the way all referrals are made by GP's into secondary care on a two week urgent referral.

2. Improving the quality of referrals from GP's into secondary care to ensure patients get to the correct place at the right time.

3. Identifying areas of poor patient satisfaction with cancer care in Bromley.

4. Identifying and improving/developing effective and efficient patient pathways for some types of cancer such as paediatric.

5. Joining a root cause analysis (RCA) committee to ensure lessons are learnt from serious incidents involving cancer.

2. THE BRIEFING

2.1 Introduction

2.2 Cancer is not a single disease process but a number of diseases all characterised by unusual or excessive cell growth. Often such disease processes result in lumps or tissue masses (tumours) forming, apart from a few cancers of blood (leukaemia's). Pathways to prevent, identify and treat cancer can be complex and different elements of the various cancer pathways are sometimes the responsibility of different organisations, including the CCG, Public Health England and NHS England. It is essential that there is good oversight on how a particular cancer is being managed for an individual patient, and also that we ensure that we are providing robust programmes and pathways to ensure we get good population outcomes. Bromley CCG oversees and monitors the care for individuals and at population level. Individual patients on cancer pathways will be managed by hospital cancer teams.

2.3 Bromley CCG fulfils its oversight responsibility through various means. Locally, a bi-monthly cancer working group is held, with representation from Bromley GPs, commissioners, CCG quality, governance and performance leads, Macmillan, Cancer Research UK, TCST (Transforming Cancer Services Team), South East London Cancer alliance and the commissioning support unit who manage secondary care contracts. Bromley CCG has also nominated a lead commissioner to attend pan London meetings, keeping Bromley up to date with the changing landscape.

2.4 Bromley CCG jointly (with Macmillan Cancer Support) funds a Macmillan GP to support general practices and other organisations in improving the identification and management of patients with cancer. This is done through education and training, development of care pathways and other contracting and commissioning. Examples of how this is done include:

1. Improving the way GPs refer patients into secondary care with suspected cancer. Bromley CCG has worked closely with the Kings College Hospital to set up electronic referral system (eRS). This system of referral allows the GP to book the patient directly into the urgent cancer clinic within the two week national target. It gives the patient the peace of mind by having their appointment before they leave the GP clinic. It also prevent any referrals going missing ensuring a high standard of patient care. GPs have been able to refer in this way recently and will be mandated to do so by April 2018. Among South East London CCGs, Bromley currently has the highest use of eRS.

2. The London Cancer Alliance has designed a referral form for all suspected cancer types which ensures good quality of referrals, and enabling effective triage of the patient, thus getting them to the right place at the right time. Bromley CCG has worked with primary care to improve uptake of this referral form and again, within South East London, Bromley has the highest use of these forms.

   Bromley CCG also identified problems with some referrals, such as for Lung Cancer. An audit identified that around 20% of all referrals were missing essential data which threatened the 2 week wait target as patients needed appropriate diagnostics before they could see the consultant. Bromley CCG is currently working with primary and secondary care to improve these referrals to ensure patients are worked up appropriately and therefore making their first appointment with the consultant as quickly and as effective as possible.

3. An annual patient satisfaction survey is carried out by TCST highlighting the experience patients have living with cancer in Bromley. Audits also reported that in 2016, 85.1% of patients rated cancer care in Bromley as excellent or very good compared to the national average of 89%. This gap in patient experience is a priority area for Bromley CCG, and we have set up a patient focus group to further discuss areas we have scored poorly in. We have started working with our partners to address these areas. We intend to make this an annual event to help us to continue to drive up quality.

4. We have identified that certain pathways such as those for paediatric cancer and for patients who have cancer of an unknown primary, were either insufficiently developed or not up to date. We have recently finished working with secondary care and primary care to update these pathways.

5. Unfortunately, serious incidents do occasionally occur and where these happen, a root cause analysis takes place between the key organisations. A committee convenes to ensure lessons are learnt from the incident. Bromley CCG takes a leading role in this important committee and ensures that the actions are undertaken. We then monitor performance against this factor.

6. NHS England leads the commissioning of screening programmes to increase detection of certain types of cancer. Bromley CCG has joined a south east London cancer alliance to work with the screening teams to drive up the uptake of the screening programmes. This is particularly important for Bromley, and for London, as screening rates are below national target when it comes to early detection of breast and colorectal cancers.

APPENDIX

GLOSSARY OF TERMS

CCG	Clinical Commissioning Group – A statutory organisation which plans, procures and contract manages (commissions) most local health services. These replaced primary care trusts (PCTs) in April 2013. CCGs Governing Bodies include GPs and other clinicians. All GP practices in a CCG area are members.
TCST	Transforming Cancer Services Team The team works across London and provides clinical and strategic support to commissioners on the local planning and delivery of cancer services.
CSU	Commissioning Support Unit - Commissioning Support Units were established in April 2013 as part of the reorganisation of the National Health Service in England following the Health and Social Care Act 2012. They are contracted to provide back-office administrative functions, such as IT, HR, contract management, business intelligence and communications.
GI	Gastro-intestinal: relating to the digestive system
Macmillan	Macmillan Cancer Support: national charity specialising in cancer care
RCA	Root cause analysis: A method of investigating how and why incidents happen in order to learn lessons and make improvement.
eRS	Electronic referral system – a method of booking hospital or clinic appointments on line

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London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**7th November 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**PRIMARY OPHTHALMOLOGY SERVICES UPDATE**
Contact Officer:	Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group E-mail: angela.bhan@nhs.net
Chief Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Ward:	Borough-wide

1. Reason for report

1.1 In 2015, London Borough of Bromley (LBB) and the Bromley Clinical Commissioning Group (CCG) commissioned an eye needs assessment to review services across the Borough. The needs assessment brought to the CCG's attention the need to improve the eye care pathways to alleviate capacity issues at the hospital trust as well as improve access to local services.

1.2 The CCG took this opportunity to conduct a comprehensive review of eye care services with input from patients and providers from secondary and primary care. Together with our patients we developed the Bromley minor eye care service, which enables patients to access minor eye care services through their local optical practices provided by advanced accredited Optometrists.

1.3 In October 2016 the CCG governing body approved the Bromley minor eye care service as a pilot for two years to help co-produce a final eye care pathway, which will deliver quality patient outcomes.

1.4 This report is to provide an update on how Bromley CCG is working to improve capacity in eye care services and working with partners across the Sustainability & Transformation Partnership (STP) to strengthen and refine eye care services for the benefit of patients.

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2. RECOMMENDATION

2.1 That the update be noted.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Vulnerable adults and children benefit from access to good quality eye care services.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £330,000 (CCG)
2. Ongoing costs: Not Applicable: Subject to appraisal of the service.
3. Budget head/performance centre: CCG Planned Care
4. Total current budget for this head: £330,000 over two years investment on a cost against volume contract with the provider
5. Source of funding: Efficiency funding from reduction of inappropriate referrals to secondary care and early treatment.

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: None
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): To plan for the service, the CCG conducted equality, quality and privacy impact assessments. The service has been modelled using formulae from neighbouring Croydon CCG. Bromley CCG estimates that up to 3000 patients will benefit from the primary eye care enhanced scheme. This target will be achieved with a phased approach against key milestones.

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 Case for change

3.2 The Bromley eye needs assessment carried out in 2015 noted that Bromley has an aging population and growing burden of eye disease which is linked to age. This problem is not exclusive to Bromley and across the south east London STP area other CCGs have also seen increase in demand for eye care services.

3.3 The needs assessment also found that;

- Hospital services were reaching capacity
- Current pathways were fragmented and difficult to navigate
- Urgent eye services in primary and secondary care were not integrated and both appeared to have limitations in Bromley.
- More should be done to enhance communication to reduce inappropriate referral to secondary care.

3.4 With recommendations from the jointly commissioned needs assessment, the CCG took the opportunity to invite patients and clinicians from primary and secondary care to input and develop a new pathway. After extensive patient engagement through surveys and clinical round table discussions, the new eye care model was developed.

3.5 In the survey (which had 463 responses) patients' feedback on what they saw as important was:

"No preference as long as care is of high quality, responsive and easily accessible"

"Close to home, but again, by someone qualified to see me"

"Shorter waiting times"

3.6 The commissioned eye care model

3.7 The aim of the new eye care model was to ensure that patients have equitable access to quality eye care across the borough, with an emphasis on ensuring that the right patients are seen at the right time and place and by sufficiently trained clinicians. The new service was designed around community optometrists treating more patients for minor eye conditions, leading to detection and refined referral of patients with glaucoma; and ensuring patients are referred for cataract treatment in a timely manner. The new service also gives GPs access to greater choice in onward referrals, as well as offering greater patient choice.

3.8 The new eye care service is also consistent with commissioning strategy of NHS England and Bromley of:

- Developing consistent and high quality services closer to home (from the Five Year Forward View)
- Improving quality and reducing variation of care
- Reducing waiting times to see a specialist
- Developing sustainable specialist services
- Changing how we work to deliver the transformation required

3.9 In October 2016 the Bromley Governing body approved a two year pilot to help develop local providers and support the pathway to deliver the desired outcomes above. The eye care

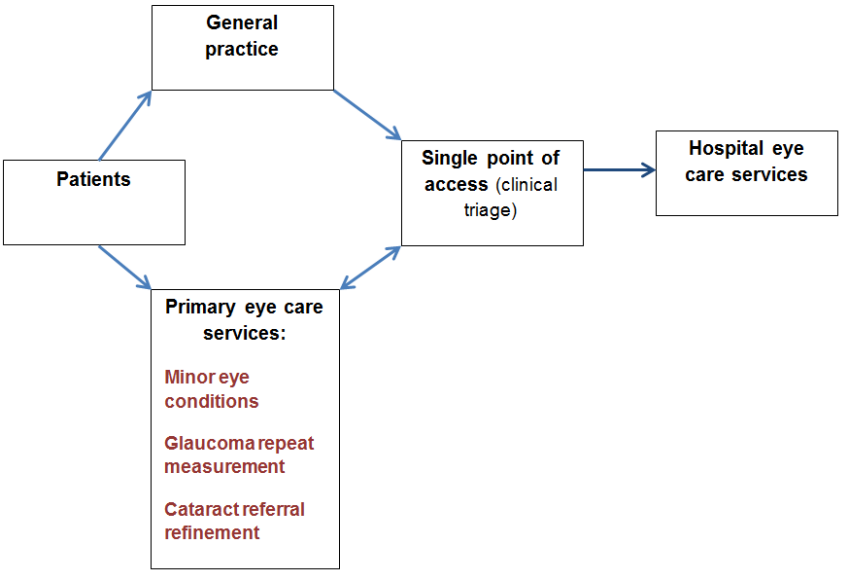
model was commissioned with considerable local GP, optometrist and ophthalmologist clinical input and took guidance from the Clinical Council for Eye Health Commissioning recommendations.

3.10 The pathway below illustrates the model of care for registered adult patients with a Bromley GP. Patients with minor eye conditions such as red or irritated eyes as well as suspect glaucoma and cataract patients can be seen by their advanced accredited optometrist, with appointments which are more convenient to the patient.

3.11 This service is an open service, where patients with concerns can access the service without requiring a GP appointment. The additional benefit to the pathway redesign has been the reduced workload on an already pressured General Practice service.

3.12 The CCG has also taken the opportunity to improve communication in the model of care by utilising the local information systems such as the Local Care Record and national information systems such as the E-referrals. By using these systems the service is expedient at transferring referrals and improves communication to patients allowing them to book and amend their appointments with the E-referral system. This should also reduce waste from unattended appointments.

3.13 Patients, who are referred by their GP or by optical practices that are not a part of the local enhanced service, have their referral sent to the eye care Single Point of Access (SPA) referral centre. Referrals are triaged clinically here to the appropriate services. Some patients will still require additional eye care services from the hospital and they are patients who will need diagnoses or advanced treatments.



3.14 Patients in this pathway will be clinically triaged within 48 hours and will be sent a choice of optical practices to book appointments.

3.15 Urgent eye care is a separate pathway and patients can be seen at eye casualty, located in Queen Mary's Hospital.

3.16 **Conclusion/ Initial Results**

3.17 The eye care pilot started on the 1st April 2017 with the Local Optical Committee delivering the service through optical practices. There are currently 11 optical practices delivering the enhanced service across the borough with adequate provision in all of Bromley's wards. This means that patients across the borough have equitable access geographically. With the

extended opening times of some optical practices, this means that there is service provision over the weekend and the CCG is working towards a seven day service.

3.18 In September 2017, 221 patients were triaged through the eye care single point of access. Of these, 58 patients (26%) were assessed and discharged without requiring referral to hospital. The CCG estimates that up to 40% of patients can be assessed and discharged without onward referral to hospital. This will help alleviate capacity issues at the local hospital trust and help meet the 18 weeks referral to treatment waiting time target (RTT).

3.19 To help deliver wide scale efficiencies and improve referral to treatment times in eye care services across south east London, Bromley has worked comprehensively and collaboratively with neighbouring CCGs to present one model of care across the STP area.

3.20 Bromley is the first CCG in England to work with NHS Digital to open E-referrals to Optical practices. This means that patient care is streamlined and patients and providers are better informed. Neighbouring CCGs are committing to the same pilot and using lessons learned in Bromley to implement E-referrals in optical practices.

3.21 This pilot has been commissioned for 2 years and will be reviewed in April 2018. The results of the review will determine how the CCG will commission this service in the future.

4. LEGAL IMPLICATIONS

4.1 Legal advice around procurements was sought through the CCG Procurement services team.

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

APPENDIX

GLOSSARY OF TERMS

Care Pathway	The care and treatment a patient receives from start to finish for a particular illness or condition, usually across several parts of the health service and often including social care. A care pathway as planned for a condition is intended to ensure full seamless integration of all the necessary services.
Clinical Council for Eye Health Commissioning (CCEHC)	This was formed in response to the government's NHS reforms for a clinically-led, patient focused NHS. It brings together leading organisations from across eye health to offer united, evidence-based clinical advice and guidance, on issues where national leadership is needed, to those commissioning and delivering eye health services in England. The College currently holds joint-secretariat of the CCEHC with the Royal College of Ophthalmologists.
E- Referrals	A method of booking hospital or clinic appointments on line
Five Year Forward View	The NHS Five Year Forward View was published by NHS England in 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It was developed with the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement For more information visit: https://www.england.nhs.uk/ourwork/futurenhs/
Local Optical Committee	A body representing all NHS optical contractors in a defined locality.
Ophthalmologist	A medically trained doctor who examines, diagnoses and treats diseases and injuries of the eye.
Ophthalmology	The branch of medicine dealing with the diagnosis, treatment and prevention of diseases of the eye and visual system.
Optometrist	Previously known as ophthalmic opticians, optometrists are primary health care specialists trained to examine the eyes to detect defects in vision, signs of injury, disease or abnormality.
Primary Care	The services provided by GPs, NHS dentists, optometrists (opticians) and community pharmacists. This may also include other community health services. These are often a patient's first point of contact with NHS services.
Secondary Care	More specialised care, usually following a referral from a GP (primary care). This can be provided in a hospital or in a community-based service.
Sustainability & Transformation Partnership (STP)	All local health and care systems in England have formed Sustainability and Transformation Partnership with a shared plan, showing how local services will evolve and become sustainable over the next five years – ultimately delivering the national NHS Five Year Forward View vision of better health, better patient care and improved NHS efficiency. The local geographical areas responsible for the delivery of the STPs are not statutory bodies, but collective discussion forums which aim to bring together health and care leaders to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health Scrutiny Sub-Committee
7th November 2017

PHARMACY SERVICES UPDATE

Contact Officer: Dr Angela Bhan, Chief Officer: Bromley Clinical Commissioning Group
E-mail: angela.bhan@nhs.net

Chief Officer: Dr Angela Bhan, Bromley Clinical Commissioning Group

1. Summary

1.1 The Department of Health (DH) published a package of reforms for community pharmacy services in October 2016, which highlighted the need for the modernisation and delivery of pharmacy services to develop alongside the Five Year Forward View. Community pharmacists play a central part in their local communities, they are highly accessible, and can deliver cost effective, high quality care.

1.2 This paper provides an update on key developments in pharmacy services, both nationally and locally.

2. THE BRIEFING

2.1 The Department of Health (DH) published a package of reforms for community pharmacy services in October 2016, which highlighted the need for the modernisation and delivery of pharmacy services to develop alongside the Five Year Forward View. Community pharmacists play a central part in their local communities, they are highly accessible, and can deliver cost effective, high quality care. There is widespread recognition that community pharmacy is an under-utilised resource and the reforms place greater emphasis on utilising clinical pharmacy expertise as well as improved productivity and efficiency of systems, whilst preserving pharmacy services in areas with greatest need.

2.2 There is potential for far greater use of community pharmacy and pharmacists: in prevention of ill health; support for healthy living; support for self-care for minor ailments and long term conditions; medication reviews in care homes; and as part of more integrated local care models. This will require a move away from the traditional supply role to a more clinically focussed community pharmacy service that is better integrated with primary care, that will help relieve the pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, better value and better patient outcomes, and contribute to delivering seven day health and care services.

2.3 National developments

2.4 ***Clinical pharmacists in general practice*** – In July 2015 NHS England launched a scheme to support clinical pharmacists working in general practice in patient facing roles. This is in line with the General Practice Forward View (GPFV) commitment to deliver additional clinical staff

in general practice. The focus of these roles was to be part of the multi-disciplinary team; to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas; undertake medication reviews; proactively manage people with complex polypharmacy and multiple comorbidities.

2.5 ***Pharmacy Integration Fund (PhIF)*** – the aim of this fund is to support the development of clinical pharmacy practice in a wider range of primary care settings. In particular, the PhIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models.

2.6 This will improve access for patients, relieve the pressure on GPs and accident and emergency departments, ensure optimal use of medicines, drive better value, improve patient outcomes and contribute to delivering a seven day health and care service.

2.7 The initial priorities for the PhIF are:

- The deployment of clinical pharmacists and pharmacy services in community and primary care settings, including groups of general practices, care homes and urgent care settings such as NHS 111; and
- The development of infrastructure through the development of the pharmacy professional workforce, accelerating digital integration and establishing the principles of medicines optimisation for patient-centred care.

2.8 ***NHS England commissioned services*** – as well as commissioning the core essential and advanced services from community pharmacy, additional services commissioned more recently include:

- flu vaccinations – to target "at risk" groups and the elderly
- the London Pharmacy Vaccination Service – to include flu vaccinations for additional cohorts of patients; pneumococcal and meningococcal vaccines
- the NHS urgent medicine supply advanced service (NUMSAS) – this is a pilot service which runs from Dec 2016 to March 2018. It aims to manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines; and to increase patients' awareness of electronic repeat dispensing.

2.9 **<u>Local developments</u>**

2.10 ***London Borough of Bromley*** – local authorities have some responsibilities for community pharmacy development and commissioning of services.

- Pharmaceutical Needs Assessment (PNA) – Health and Wellbeing Boards (HWBs) are responsible for publishing a PNA, this sets out a statement of the pharmaceutical services which are currently provided, along with when and where these are available to the local population. The Public Health team have recently sent out a draft PNA for consultation, which will run until 20 December 2017.
- Public Health locally commissioned services include a needle & syringe exchange; supervised administration of opiates; integrated sexual health service.

2.11 ***Bromley Clinical Commissioning Group*** – as well as a locally commissioned service, there is ongoing work to strengthen collaborative working and integration with community pharmacy.

- Tailored Dispensing Service (TDS) – this is a locally commissioned service for the provision of dispensing adjustments such as multi-compartment compliance aids or eye dropper aids, to support patients to manage their own medicines. This service works alongside the Medicines Optimisation Service, which takes referrals from health and social care professionals, assesses the patient's medicines-related needs and reviews their medicines. Together, these services have demonstrated improved quality outcomes for patients and improved efficiencies across the health and care economy.

- Integrated Care Networks (ICN) – the CCG has commissioned a pilot service of pharmacists working in one ICN locality. This service aims to improve patient access to support with their medicines, facilitate discharge, enhance the skill mix and increase clinical capacity within the practice and facilitate integration with community pharmacy particularly with vulnerable patients in the community.

- Minor ailments – in common with many other areas of London and nationally, there is a local recommendation that patients purchase medicines for short term minor ailments over the counter (OTC) rather than requesting an appointment for a GP to prescribe. Community pharmacists have the expertise to support self-care and advise on minor ailments and offer an accessible and appropriate first "port of call".

- Strengthening collaborative working – the CCG continues to facilitate and strengthen collaborative working between general practice and community pharmacy, with joint meetings and schemes to increase the use of community pharmacy services such as repeat dispensing.

- Engagement – there is ongoing engagement between the CCG and community pharmacy, including involvement in the recent Local Pharmaceutical Committee (LPC) Strategy Development day. The Primary Care Needs Assessment being undertaken currently is also seeking views from GPs on the potential role of pharmacists, as well as input from the LPC.

2.12 <u>Potential</u>

2.13 There are a number of areas where community pharmacy services could further develop, such as monitoring and management of long-term conditions; health coaching and prevention of ill-health; supporting medicines use in care homes and domiciliary settings; safety improvement initiatives eg monitoring of high risk drugs; become a central hub for information and referrals. Pharmacists and their staff would require the appropriate training and resources to deliver these additional services.

2.14 Community pharmacy may also link in with the nationally emerging workstreams from the Pharmacy Integration Fund.

2.15 It is important for community pharmacy services to modernise and meet the changing patient and population needs for healthcare, in particular the demands of an ageing population with multiple long term conditions.

APPENDIX

GLOSSARY OF TERMS *(where not explained above)*

Clinical Pharmacists	Health professionals who train for many years to become specialists in medicines. They work to ensure medications prescribed for patients contribute to the best possible health outcomes.
Community Pharmacists	Pharmacists who work from their own premises or out of local NHS healthcare centres and doctor's surgeries. Their role has increased in recent years to take on more clinical aspects such as the management of asthma and diabetes as well as blood pressure testing.
Five Year Forward View	The NHS Five Year Forward View was published by NHS England in 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It was developed with the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement . For more information visit: https://www.england.nhs.uk/ourwork/futurenhs/
General Practice Forward View (GPFV)	Published by NHS England in April 2016, this commits to an extra £2.4 billion a year nationally to support general practice services by 2020/21, to improve patient care and access, and invest in new ways of providing primary care.
Local Pharmaceutical Committee (LPC)	A body representing all NHS pharmacy contractors in a defined locality.
NHS England	This body oversees the day-to-day operation of the NHS (as set out in the Health and Social Care Act 2012). It is responsible for commissioning some local services, such as Community Pharmacy, and some specialised services. It also assures the performance of CCGs.
NHS 111	A 24 hours a day 7 days a week contact number (free from landlines and mobiles) which provides medical help when it is not a 999 emergency situation.

Report No.
CSD17135

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**HEALTH SCRUTINY SUB-COMMITTEE**
Date:	**Tuesday 7th November 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

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1. Reason for report

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

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2. RECOMMENDATION

2.1 The Health Scrutiny Sub-Committee is requested to review its work programme and indicate any issues that it wishes to cover at forthcoming meetings.

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.

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

6th March 2018
PRUH Improvement Plan – Update from King's Foundation NHS Trust (King's)
Presentation by Shelley Dolan, Executive Director of Nursing and Midwifery (Kings)
Integrated Care Networks – Update (CCG)
Outcome of consultation on proposed changes to prescribing over-the-counter medications in Bromley (CCG)
Update on the South East London STP footprint relating to the Capped Expenditure Process (CCG)
Formation of the Bromley Directorate within Oxleas and First year progress report (Oxleas)
Joint Health Scrutiny Committee Update (Chairman)