HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 5 September 2023

Present:

Councillor Mark Brock (Chairman)
Councillor Felicity Bainbridge (Vice-Chairman)
Councillors Will Connolly, Robert Evans, Alisa Igoe, David Jefferys, Tony McPartlan and Alison Stammers

Michelle Harvie

Also Present:

Charlotte Bradford *(via conference call)*
Councillor Dr Sunil Gupta FRCP FRCPath *(via conference call)* and Councillor Diane Smith, Portfolio Holder for Adult Care and Health

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Charles Joel and Co-opted Member, Stacey Agius.

2 DECLARATIONS OF INTEREST

Councillor Stammers declared that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership. It was requested that this declaration be added to the minutes of the last meeting.

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 20TH APRIL 2023

The minutes were agreed subject to Councillor Stammers declaration that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership being added.

RESOLVED that the minutes of the meeting held on 20th April 2023 be agreed.

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman welcomed Julie Lowe, Site Chief Executive Officer, King's College Hospital ("Site Chief Executive Officer") to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive Officer introduced Angela Helleur to the Sub-Committee, and advised Members that she would be taking up the role of Site Chief Executive – PRUH and South Sites from 18th September 2023.

The Site Chief Executive Officer advised that all performance had been significantly affected by industrial action. With regards to elective recovery, the NHS was focussing on reducing the number of the longest waiters. There were no patients at the PRUH, or across the Trust, who had been waiting over 100 weeks – there was a small number of patients around the 78-week mark, but these generally tended to be patients that needed operations undertaken by a specialist consultant/team. The total waiting list continued to grow which was mainly due to industrial action reducing capacity. Diagnostics waiting times had increased slightly and there was a particular issue related to ultrasounds (not maternity), but they were reasonably confident that this could be resolved. Overall they were doing well in terms of elective recovery, but it would take a long time to address.

With regards to cancer diagnostics, the PRUH's response to the 2-week wait referral had always been around the 90% target – it had dipped significantly but they were starting to recover this position. It was noted that the PRUH had always struggled with the 62-day referral to treatment time, but this was recovering slightly. It was complicated as patients were often treated in multiple hospitals. In response to a question, the Site Chief Executive Officer said that cancer targets were changing, with the attention being on the 28-days to diagnosis target, which the rapid diagnostics centres focussed on. Patients would be moved to other locations if it was the best way to get them seen quicker. There had been an increase in potential cancer referrals across Trust over the last year or so – the reasons for this were not fully known, but it was not just due to delays caused by the pandemic.

The Site Chief Executive Officer informed Members that emergency performance had been less affected by industrial action. Attendance at the PRUH had fluctuated, with a dip in January and February 2023 being an unusual occurrence. It was noted that the national standard was now 76% and reflected the fact that lots of patients were treated in the Emergency Department (ED), receiving same day care and going back home. The PRUH continued to struggle with some longer lengths of stay and long waits for beds. With regards to mental health patients, the average wait times had slightly reduced, but some patients were waiting a very long time in ED (1 in

20 waited more than 2 days) – this was a difficult situation for the patients, their families and other patients in the ED. A Co-opted Member enquired if there was any data available relating to how many people were discharged into community mental health services and how many were referred to secondary care. The Site Chief Executive Officer said that there were patients brought to the ED as mental health patients; patients that self-presented at the Urgent Care Centre; and patients who were admitted with a combination of physical and mental health needs. The vast majority of patients presenting at the ED were in crisis and a number went on to be admitted into the hospital or mental health services. It was agreed that a copy of the South East London Carnall Farrar report could be circulated to Members following the meeting.

Members were advised that in terms of PRUH ambulance handovers performance had improved, particularly on weekdays, but they needed to continue to work to get the flow right. With regards to the impact of the strikes, there had been 29 days in total for the year to date, and more had been announced for junior doctors and consultants. They had been impacted by lost activity on each day – nearly 16,000 outpatient appointments had been cancelled, and the cost to the Trust had been £10.5m. Members were advised that work was underway to convert an outpatient space to house 16 new beds, which would include high dependency beds. This work would be completed by December 2023 and would also allow more flexibility to refurbish other wards when needed.

Work on the PRUH endoscopy unit was proceeding, and they were just waiting on decisions around plans to meet four of the eight planning conditions. Building work was anticipated to be completed by quarter 4 of 2024/25. In response to a question, the Site Chief Executive Officer said she would be happy to provide Members with a timeline of what was happening during the build. With regards to rumours concerning the weight that the new car deck could hold, the Site Chief Executive Officer said that these were unfounded, and it met the current planning standards. They were unsure where these rumours had come from but if any further information could be provided by Members she would be happy to look into this.

The Site Chief Executive Officer informed Members that Epic would go live on 5th October 2023. This was a new electronic health record (EHR) system, which would provide more functionality and included MyChart, with optional patient portal access. In response to questions regarding MyChart, the Site Chief Executive Officer said that they did not expect every patient to use the system from 5th October. It was slightly different to the NHS app as it enabled patients already in the system to communicate with hospital staff. Patients would be able to log in and see detailed information and the system may be used intensively whilst receiving ongoing treatment. Family members could also be given access with appropriate consent. With regards to concerns that patients may see their diagnosis before speaking with a consultant, the Site Chief Executive Officer advised that patient reps were on a number of the working groups, and conversations would be held before a patient signed up to use the system. It was noted that patient letters were already copied to them, and this had not caused an issue, but colleagues would need to be

responsive to patients' questions. It was noted that there was no maximum age limit for using MyChart – a lot of older people in other areas had nominated their son or daughter to access it on their behalf. In terms of the minimum age, this would be based on an assessment, and access would not be given automatically. If it was for a teenager they may have access alongside their parents, and for much younger children it would just be the parents that were given access.

The Site Chief Executive Officer advised that external agencies would continue to have access to a patient's summary care records, which contained information similar to that on the NHS app. MyChart was intended to be used by patients, rather than by professionals. Information was automatically downloaded into GP records – GPs having full access to all hospital records was not something that had been used in the UK Epic roll outs, but she understood that it had been used in the United States. The Site Chief Executive Officer confirmed that the information would be available in real time. Clinicians could use a pre-filled template in clinic and free text boxes and once authorised, it would go straight to the GP. A voice recognition system could also be used.

The Chairman thanked the Site Chief Executive Officer for her update. Members requested that an update in relation to postpartum haemorrhage be included in the King's College Hospital NHS Foundation Trust presentation at the next meeting.

RESOLVED that the update be noted.

6 GP ACCESS

The Chairman welcomed Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS ("Associate Director") and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership ("GP Clinical Lead") to the meeting to provide an update on GP access.

The Associate Director advised that the national GP Patient Survey results showed a downhill trend, however Bromley was not out of sync and was performing strongly in a couple of areas. In terms of the actions being taken, there was already a focus on improving phone experience, and it was noted that the allocated funding was still awaited to start the switchover process. Another area of continued focus was the overall experience of making an appointment and they were expanding the number of directly bookable appointments to relieve the pressure on phonelines. It was also hoped that the introduction of new websites would reflect a better score next year.

With regards to GP appointments in Bromley, the Associate Director highlighted that the data set was limited. The categorisations were relatively new, and the fluctuations related to improvements in the coding of the data. It was hoped that the reliability of the data would improve throughout the year.

The GP Clinical Lead advised that generally there was a wide and broad range of access to primary care teams, however they needed to find a mixture of ways to provide access for patients. With regards to relieving pressure on telephone lines, it was highlighted that the use of e-consults was increasing, and websites were becoming clearer and more consistent. It was noted that repeat prescriptions created a lot of traffic. Members were advised that there was now a new national target of 14-day access, with 85-90% of appointments being offered within two weeks. It was highlighted that the percentage on the graph would not continue to rise as some follow-up appointments needed to be booked further into the future. The GP Clinical Lead informed Members that there were expanding roles within general practice. This had been a success story in a number of ways, with an increase in the number of roles employed through the primary care networks (PCNs).

In response to questions, the Associate Director said that practices were trialling different things to get the process run smoother, manage demand and ensure the patients who needed to see their GP were seen. A GP was currently working as the lead, focussing on digital triage and improving flow – they were looking at how they could support individual practices on the ground. There was a national expectation that practices would adopt the Modern GP Access model, having an upfront triage for every patient that contacted the practice to ensure they were being seen by the right professional. However, there would not be a single model as there were differences in how practices worked. The GP Clinical Lead said there was an expectation that practices were using new ways of working, but demand had risen greatly. The triage process was important – it required a certain amount of information and therefore a call back would be initiated so the patient was not sat waiting. The Member agreed that this made sense, however it was highlighted that this needed to be communicated to patients.

A Member asked if there was any way to persuade people to accept telephone appointments, rather than face to face appointments. The GP Clinical Lead advised that he now undertook less telephone appointments than he had pre-pandemic as previously a certain amount had been reserved. There needed to be a balance, and it was considered that discussions should be held with patient groups. There was variation across Bromley, but it would be helpful if the benefits of access could be spread – it was a conversation that everyone could support. The Associate Director noted that 20% of consultations were carried out by telephone. The type of appointment offered would sometimes depend on the mode initially used by the patient to contact the practice.

The Associate Director advised that in terms of anticipated peak demand, they would be introducing borough-wide additional capacity in primary care as part of this year's winter response planning. It was highlighted that some dedicated work was underway in Bromley to engage with the public and ensure patients understood what was happening in their GP practices. In response to a question from the Chairman, the Associate Director said they were proud that Bromley was at the forefront of digital transformation. There were 42 practices in the borough, all at varying stages. They were supporting

practices through the process – helping those who wanted to move at a quicker pace, sharing good practice and work closely with those who were more cautious. It was emphasised that there was a high appreciation that practices could not stay as they were. The GP Clinical Lead noted that there was leadership through Clinical Directors and PCNs, bringing practices together to try and adapt different ways of working.

In response to questions regarding the variation between practices and embracing the changes, the Associate Director said that Patient Participation Groups (PPGs) were an important and trusted channel. Topic guides had been developed, covering topics such as why the changes were coming into place, using the NHS app, telephone systems and online consultation, for practices to use as a tool to have conversations with their PPGs. There was a borough-wide forum, which provided an opportunity to bring together PPGs – a forum for the Chairs of the PPG's was something that could be considered.

A Co-opted Member highlighted that some frail and elderly patients would not have access to technology. The Associate Director advised that it was about creating the space for those that needed to use traditional routes to access their GP practices, and it was recognised that some patients would be uncomfortable/unable to use the technology. It was noted that some advocates/family members found having access to the NHS app helpful as they could access it, with prior permission, on behalf of the person they cared for. It was emphasised that the improvements in technology would not stop people from using traditional access routes. The GP Clinical Lead said that work had been undertaken within primary care to anticipate the needs of the vulnerable. The different access routes allowed family members who did not live nearby to communicate directly with the practice.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee.

RESOLVED that the update be noted.

7 UPDATE FROM OXLEAS NHS FOUNDATION TRUST (VERBAL UPDATE)

The Chairman welcomed Iain Dimond, Chief Operating Officer – Oxleas NHS Foundation Trust ("Chief Operating Officer") and Lorraine Regan, Service Director, Adult Community Mental Health/Adult Learning Disability – Oxleas NHS Foundation Trust ("Service Director") to the meeting to provide an update on acute mental health pressures, community mental health within Bromley and the 'Right Care, Right Person' approach.

With regards to acute mental health pressures, the Chief Operating Officer advised that they were continuing to see considerable pressure across South East London, however the pattern of demand differed between the two providers (Oxleas and South London and Maudsley (SLaM)). Generally the Oxleas data showed a reduction in the number of people attending Accident

and Emergency (A&E) in a mental health crisis. However, those that then required admission were waiting longer than they needed to – this was due to problems with flow and pressures within the acute bed system. It was noted that a recovery programme had been agreed, focussing on purposeful admissions and reducing delayed transfers of care. This work was underway, and an update could be provided at a future meeting of the Health Scrutiny Sub-Committee.

The Chief Operating Officer informed Members that as mental health demand was having an impact on A&Es across South East London, the ICB had commissioned a report from an external consultancy, Carnall Farrar. The conclusions had now been circulated to the ICB Executive – Oxleas and SLaM had drafted a response to this and would take forward any additional actions.

In response to questions, the Chief Operating Officer said that the trend being seen across the three boroughs was a gradual reduction in the number of people presenting in a mental health crisis at A&E – however, a greater proportion of those attending were unwell and need hospital admission. Due to the pressure on beds some were waiting longer than they should following the decision to admit them being taken. It was considered that fewer people attending in a mental health crisis was evidence that the decision taken by the Trust to invest more into community mental health was paying off. Data was collated regarding whether those attending in crisis were known to community teams; had been known to community teams; were waiting to see community teams; or were completely new – the data suggested that the majority were under the care of Oxleas, or waiting to come into their care. It was noted that part of the work being undertaken was to look at doing more to identify signs of relapse, and if someone was in crisis were their opportunities to do something different.

The Service Director advised that there had been a huge increase in demand for community mental health services since 2019 – this was impacted by both the COVID-19 pandemic and social circumstances. Referrals had increased significantly from 220 per month, pre-pandemic, to the current level of 400 per month. This activity meant that they were managing around 1,500 patients per month, which was an increase of 463. There were some mitigations in place, and a mental health hub had been established – this was a joint initiative between Oxleas and BLG Mind, which provided a new front door into adult mental health services. This was working well, enabling a different offer to be provided to people when first referred, and reducing waiting time for some treatment pathways – people were typically waiting 9-29 days for their first appointment (average of 20 days). This had been negatively impacted by urgent referrals, which needed to be seen within 2 days. Oxleas were 100% compliant with regards to urgent referrals but this created a knock-on to routine referrals, where the waiting times were longer than they would like. However, treatment times had decreased due to the interventions delivered through the hub. To increase contacts received by patients, a Care Teams approach in been implemented with new roles introduced – contacts within the psychosis pathway had increased by 35% and the dementia diagnosis

rates had also been recovered, sitting just above the national target at 66.8%. It was noted that Bromley had the largest prevalence of dementia across SEL and therefore the figures represented a much larger group of people compared to neighbouring boroughs. Over the last six months the Helix Service had also been established. This was a maternal mental health service offering an opportunity for women who did not have a pre-existing mental health condition but suffered loss/trauma as a result of their birth experience to receive a rapid response from a mental health service.

In response to questions, the Service Director said it was complex in terms of identify the drivers for the increase in demand, but they were aware that a significant proportion of people sought their services due to their social situation – including lack of employment, finances, debt and relationship breakdowns. There needed to be further thinking undertaken regarding their relationship with primary care and ensuring the thresholds were right when patients moved between primary and secondary care. There was also a broader recognition within the community that it was okay to seek support for mental health which had led to an increase in demand for service. With regards to how staff were coping, the Service Director said it had been very difficult, but enough mitigation had been put in place. There had been investment through the Community Mental Health Transformation and they were currently in the third year of the programme.

With regards to the Right Care, Right Person (RCRP) approach, the Chief Operating Officer advised that the Metropolitan Police Commissioner had written indicating that he wished to implement this initiative which had previously been rolled out in Humberside. There were four main objectives:

- Police involvement in requests from health and social care providers for welfare checks;
- Police involvement when patients go absent without leave (AWOL) /missing from health care facilities;
- Police involvement in the conveyance of patients; and,
- The time taken to handover patients picked up by the police under Section 136 of the Mental Health Act and conveyed to a health-based place of safety.

It had originally been indicated that the RCRP approach would be implemented at the end of August 2023, however there had been a number of concerns raised regarding the way it was to be introduced and the time scale for implementation. In London, a Joint Mental Health Policing Group had been established – this brought together representatives from the police, mental health partners, London Ambulance Service (LAS), acute colleagues and special care providers. This group would oversee the safe implementation of the RCRP approach, with subgroups having been established to take forward the required work. Members were advised that the date of the RCRP implementation would now be the end of October 2023 which allowed more time for preparation. From the end of October the police would instruct call handlers to more robustly triage calls into their call centre and the '136 Co-ordination Hubs' would be launched – these were already in train and would be the first point of contact for the police if they were considering detaining

someone under a Section 136. The mental health providers would be able to give advice and direction, as well as indicate where there was capacity for patients which it was hoped would reduce handover times.

It was considered that there were still some risks created by this programme. The current policy stressed that the police should only be involved where absolutely necessary – however, they were involved quite routinely in welfare checks and when patients went AWOL. There would need to be an element of training and a culture change for health and social care providers in terms of the detail of the legal framework of what they were able to do if someone went absent without leave. It was noted that in Humberside they were three years into implementing the RCRP approach and this was still ongoing.

In response to questions, the Chief Operating Officer said that in terms of 136 handovers the hubs should provide some mitigation in reducing risks that may arise from the police withdrawing their officers once they had delivered a patient at a health-based place of safety. The environment allowed the person to be managed safely. The difficulty was when the police brought someone to A&E – this was a very different environment, which was very public, and it was difficult for staff to safely manage patients. This was an area of risk that needed further thought. With regards to requests for welfare checks and patients going AWOL, a new protocol for mental health providers would be drafted. Training staff and recalibrating the culture, so there was a shared sense between health and the police as to when they should be involved, would take time and would need to be monitored and reviewed. It was noted that a definite risk was that if health staff had to leave a ward to ascertain the whereabouts of a patient, this loss of resources was not built in and would need to be determined. Between now and the end of October they would continue to work around the policy, but as health and social care providers they would need to consider how the emerging risks were managed.

In response to further questions, the Service Director said that Oxleas were only providing physical health checks to their mental health patients, and they were continuing to work with partners to deliver broader physical healthcare. As part of serious mental illness annual health checks they were working with GPs – if these indicated any concerns, they would be followed up with primary care colleagues. Oxleas had a responsibility to monitor the physical health of its population and a number of nurses were employed to do so – most of the physical health conditions were linked to either a patient's medication or their mental health, but this was being done in partnership with other organisations. It was agreed that this could be discussed in further detail following the meeting.

The Chairman thanked the Chief Operating Officer and Service Director for their update. Member requested that a further update be provided at the next meeting of the Sub-Committee.

RESOLVED that the update be noted.

8 WINTER PLANNING 2023-24

The Sub-Committee consider a report outlining the ONE Bromley Winter Plan 2023-24.

The ONE Bromley system developed a Winter Plan each year which described how seasonal pressures would be mitigated and managed locally. The Winter Plan built on learning from previous years, and responded to any new national policy change and local system changes since the previous plan. The co-ordination and delivery of a joint Winter Plan placed Bromley in a strong position to respond effectively to the changeable position through winter. The joint plan set out how local services would be arranged, expanded, flexed and work together to meet the pressures experienced throughout the period and manage risk as a system. Through this residents would be supported to make the most cost-effective and sustainable use of joint resources, while enabling better outcomes and ensuring they were able to provide services for our most vulnerable.

The Associate Director – Urgent Care, Hospital Discharge and Transfer of Care Bureau, SEL ICB ("Associate Director") advised that the 2023-24 Joint Winter Plan described how health and care services across Bromley would organise themselves and work together to ensure local residents were able to access the services they needed and stay well throughout winter. The Plan was set out in two sections:

Section 1 – described the work that would take place before winter to reduce risk to vulnerable residents; and,

Section 2 – described, under the 3 pillars of winter planning, the activity that would take place during winter to increase capacity across key health and care services, manage the impact of seasonal pressures and viruses and maintain oversight to manage the system throughout.

Engagement with a wide range of stakeholders had taken place to inform the Plan with specific, special interest working groups set up around key themes to develop the plans in these areas. Workforce engagement had also taken place throughout the development of the Plan including engagement of primary care, community health providers, social care workforce and providers and the voluntary sector.

In response to questions, the Place Executive Lead – SEL ICS (Bromley) ("Place Executive Lead") said that the winter in Australia had been quite severe, but not as bad as last year – this was often a good predictor of what would happen in the UK. There were some COVID-19 variants of interest in circulation and the flu and COVID-19 vaccination programmes had been brought forward to start the following week. The flu vaccination could be purchased, but this was not the case for COVID-19 vaccinations – to receive the vaccine residents needed to be in one of the eligible groups, 65+ and those who were clinically vulnerable. The schools flu vaccination programme would also start in the next week or so, with an increase in the number of

school years that would be vaccinated. In terms of advice relating to COVID-19, the Place Executive Lead said that the national guidance was to take sensible precautions if you felt unwell, but there was no requirement to isolate or wear a facemask. They would recommend that if someone was unwell and thought they had COVID-19 they should purchase a test, if they were able to do so, and take steps to avoid contact with others.

The Chairman thanked the Associate Director and Place Executive Lead for their update to the Sub-Committee.

RESOLVED that the ONE Bromley Winter Plan 2023-24 be endorsed.

9 DENTAL APPOINTMENTS

The Place Executive Lead advised Members that the update presented had been prepared by North East London ICB on behalf of South East London ICB. From April 2023, ICBs in London had taken over the commissioning of community dental services from NHS England and a central team was located for the whole of London in NE London ICB.

There were 42 providers of high street dental services in Bromley, which had a mixture of contracts. The relationship between dental providers and commissioners was not as close, with no support being provided in terms of premises. There was testing to ensure that providers were adhering to infection control standards. Across the country, people were finding it difficult to access general dental services on the NHS – patients were not obliged to register at a dental practice, and could go to any practice they wished (NHS or private). There were a number of practices in Bromley that offered normal and emergency dental service – it was up to the practice themselves if they accepted a patient. Emergency dental services were also provided at King's and Guy's.

The team at NEL ICB were looking at how they could expand access to dental services. The impact of the COVID-19 pandemic had been significant – at the beginning local practices had not been seeing patients at all, and then the numbers they could see were restricted due to preventing the spread of infection. An area of concern was children and young people, who were not accessing dental services as early as they would like. Bromley had the best level of dental health compared to other boroughs – however they wanted to ensure that the most vulnerable populations had good access to dental services.

RESOLVED that the update be noted.

10 SEL ICS/ICB UPDATE (VERBAL UPDATE)

The Place Executive Lead advised that work was underway across South East London to implement the priorities of the Integrated Care Strategy –

improving health; providing better quality services; and reducing the need for acute services. This would incorporate a number of elements, including improving mental health services; ensuring the best start for children and families; and improving the management of long-term conditions.

Bromley also had its own strategy, through the Health and Wellbeing Board, and work was already underway in relation to improving access to general practice; manage long-term conditions; and reduce waiting times for children and young people to access CAMHS.

This work was running parallel to the management cost reductions review – this was a requirement following a review of ICBs to look to reduce the amount spent on management. In response to a question, the Place Executive Lead advised that this process had commenced, and money had been made available to reduce inequalities – increasing vaccine uptake and providing services for the homeless and asylum seekers. The savings made from the management cost reduction would go into direct patient care.

The Chairman thanked the Place Executive Lead for the updates to the Sub-Committee.

RESOLVED that the update be noted.

11 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT Q4 2022-23

The Sub-Committee received the Quarter 4 Patient Experience Report for Healthwatch Bromley, covering the period from January – March 2023.

The Operations Co-ordinator, Healthwatch Bromley ("Operations Co-ordinator") advised that the Patient Experience Report had changed significantly this year – it provided a snapshot view of the feedback gathered from patients across the borough. 60 face to face visits had been carried out, and they were trying to increase this figure each month as they gained a larger pool of volunteers. During the autumn a research study would be undertaken, and a survey would run alongside the standard feedback form.

With regards the Quarter 4 report, the Operation Co-ordinator highlighted that the most responses were received in relation to hospitals and GPs. This was partly due to local partners allowing Healthwatch to go in and talk to residents – most of the feedback was gathered in-person, so they were visiting hospitals and GP practice regularly.

Members were advised that a yearly comparison had been undertaken at the end of Quarter 4. There had been an increase in the percentage of people sharing positive feedback about GPs over the year, and negative experiences relating to hospital services had increased when compared to the previous quarter. Experiences related to dental services had continued to be extremely

positive. Positive experience of community health services had also increased compared to the previous quarter.

The Chairman thanked the Operations Co-ordinator for her update to the Sub-Committee.

RESOLVED that the update be noted.

12 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)

The Chairman informed Members that the South East London Joint Health Overview and Scrutiny Committee had met in-person on 6th July 2023, and mainly procedural items had been discussed. There had also been a presentation from NHS England on the proposals for the reconfiguration of children's oncology services and a public consultation would be launched shortly. Once this had taken place, the finding would be shared.

It was noted that the next meeting would take place virtually on 19th September 2023. It was intended that future meetings would be a mix of virtual and in-person.

RESOLVED that the update be noted.

13 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD23105

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

As suggested during the meeting, the following items would be added to the work programme:

- Update from Oxleas NHS Foundation Trust (21st November 2023)
- Postpartum Haemorrhage – King's College Hospital NHS Foundation Trust (21st November 2023)

In response to a question, the Chairman confirmed that an update from the London Ambulance Service would be presented at the meeting on the 30th January 2024.

Members were asked to notify the clerk if there were any further items that they would like added to the work programme.

RESOLVED that the update be noted.

14 ANY OTHER BUSINESS

There was no other business.

15 FUTURE MEETING DATES

4.00pm, Tuesday 21st November 2023
4.00pm, Tuesday 30th January 2024
4.00pm, Tuesday 12th March 2024

The Meeting ended at 6.09 pm

Chairman