



THE LONDON BOROUGH

**REPORT OF THE NHS HEALTH CHECK WORKING GROUP
2009/10**

April 2010

Working Group Membership

Elected Members

Councillor Judi Ellis (Chairman)
Councillor Carole Hubbard
Councillor Charles Rideout
Councillor Brenda Thompson

Officer Support

Anne Watts, Assistant Director: Strategic Development and Performance
Philippa Stone, Scrutiny Coordinator
Kerry Nicholls, Democratic Services Officer

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1. Introduction

The NHS Health Check Working Group was established by the Adult and Community Services Policy Development and Scrutiny Committee to support the development of health services across the Borough.

Whilst the statutory information requirements have changed over the years, the main objectives of the Working Group remain the same; to consider how the Adult and Community Services Policy Development and Scrutiny Committee can contribute to the assessment of performance against national and local health standards in Health Trusts across Bromley, and to identify a range of practices, processes, structures and relationships that will impact on local health services in future years.

Members of the NHS Health Check Working Group have been working to ensure Adult and Community Services Policy Development and Scrutiny Committee is provided with regular and appropriate updates on the performance of health trusts. They also seek to develop good working relationships with the Health Trusts across the Borough, and ensure that Bromley Council continues to work with Health Trusts and their partners to sustain the excellent quality of our health services into the future.

Councillor Judi Ellis
Chairman of the Working Group

2. Reasons for Review and Terms of Reference

- 2.1 The Care Quality Commission (CQC) is the new independent regulator of all health and adult social care services provided by the NHS, local authorities, voluntary organisations and private companies in England as well as primary care trusts and local councils in their commissioning of health and social care services. It seeks to provide assurance that basic core standards are being met, improvements are being sought, healthcare services are providing value for money and performance information is being brought together to enable informed decision making by patients, the public and NHS staff.
- 2.2 Through the NHS Health Check Working Group, the Adult and Community Services Policy Development and Scrutiny Committee can exercise its health scrutiny role by enabling Members to consider the quality of health and adult social care services delivered across the Borough, and report their findings to the CQC if this is felt to be necessary.
- 2.3 During 2009/10 the Working Group has met on six occasions to review its terms of reference, plan a work programme, interview senior representatives of South London NHS Trust, Bromley Primary Care Trust, Oxleas NHS Trust and the Ambulance Service, and decide on the issues that it wishes to comment on.
- 2.4 The agreed Terms of Reference for the Review were:
- i) To consider how the Committee can contribute more effectively to the NHS delivery of services in the Borough; and
 - ii) To consider what practices, processes, structures, relationships etc are needed to have an on-going impact on the development of local health services in future years.
- 2.5 The following witnesses provided evidence to the review:
- Tracy Pidgeon, Ambulance Operations Manager, SE Sector HQ, London Ambulance Service
 - Iain Dimond, Director of Bromley Mental Health Services, Oxleas NHS Trust
 - Helen Smith, Deputy Chief Executive and Director of Service Delivery, Oxleas NHS Trust
 - Dr Angela Bahn, Joint Director of Public Health, Bromley Primary Care Trust
 - Harry Goldingay, Associate Director (Risk), Bromley Primary Care Trust
 - Adam Wickings, Director of Primary Care, Bromley Primary Care Trust
 - Dr Chris Streather, Chief Executive, South London Healthcare NHS Trust
 - Carl Shoben, Director of Communications, South London Healthcare NHS Trust

3. Background

- 3.1 In late 2006 the Adult and Community Services Policy Development and Scrutiny Committee set up a Member Working Group to consider how it could contribute more effectively to the Annual Health Check process in 2006/07 and in future years. The Working Group was re-appointed for 2009/10. It comprises Councillors Judi Ellis (Chairman), Carole Hubbard, Charles Rideout and Brenda Thompson.
- 3.2 At the initial meeting of the review, the terms of reference were considered and amended to reflect the abolition of the Healthcare Commission and the Annual Health Check and the introduction of new reporting procedures to the CQC. Guidance from the CQC advised overview and scrutiny committees that a commentary about the NHS Trust's declaration in local areas for the NHS performance ratings in 2009/10 is no longer necessary. Instead, the CQC has invited overview and scrutiny committees to consider the quality of health and adult social care delivered across the Borough, providing information as appropriate.
- 3.3 Representatives from London Ambulance Service, Oxleas NHS Trust, Bromley Primary Care Trust and South London Healthcare NHS Trust were invited to give evidence to the Committee during the information gathering stage, and a broad range of issues were considered.
- 3.4 The Working Group met on 30th March 2010 to consider the findings of the review and to make a range of recommendations as appropriate to respond to any issues identified.

4. Findings and Recommendations

4.1 In considering the evidence presented at Working Group meetings, the Working Group has arrived at a number of findings as detailed below.

4.2 Ambulance Service

- There was currently an increase in service demand. In response to this there had been two recruitment drives and new ambulances were being introduced.
- The IT system that supported the Ambulance Service was now more robust and reliable.
- Ambulance crews did not return to the depot and were located across the Borough to improve response times.
- There were no motorcycles or bicycles providing a rapid response service across Bromley, however this service was provided by car.
- Each Ambulance was staffed by a fully trained paramedic and technician.
- In terms of performance, the target for reaching Category A calls (immediately life-threatening) was 75% within 8 minutes and was being met. The target for reaching Category B (serious) calls was 95% within 19 minutes, but performance was currently around 89%.
- Staff absence was low, with only 4 days of sickness absence per annum per member of staff against a target of 5.5 days.
- An Ambulance Community Responder scheme was operating in Biggin Hill, where volunteers were trained to provide an emergency first aid response. There was a plan to introduce a similar scheme in Orpington in response to the high level of demand for ambulance services.
- Physical assault on ambulance staff was currently not a major issue in Bromley. Members noted the high level of awareness of the danger of physical assaults by the Ambulance Service.

4.3 **Recommendations:**

- a. The performance of the ambulance service around response times to be reviewed in 12 months time by the Adult and Community Services Policy Development and Scrutiny Committee.**
- b. The impact of recent recruitment drives and newly introduced ambulance capacity to be reviewed in 12 months time by Adult and Community Services Policy Development and Scrutiny Committee.**
- c. Progress around plans to introduce Ambulance Community Responder scheme to Orpington to be reported to the Adult and Community Services Policy Development and Scrutiny Committee.**

4.4 Oxleas NHS Trust

- There was a strong working relationship between Oxleas NHS Trust and the LINK. The LINK was part of the membership of the Mental Health Forum.
- The closure of the 24 hour Accident and Emergency Service at Queen Mary's had resulted in an increase in mental health demand within Oxleas' Greenwich services, but there had not been a corresponding increase in demand across Oxleas' Bromley services.
- Green Parks House;
 - There was a good working relationship between Princess Royal University Hospital and Green Parks House.
 - The shared computer system for access to mental health records resulted in speedier referral.
 - The manager of Green Parks House was a permanent member of staff, as were the 5 ward managers. There were no agency nursing staff currently employed by Oxleas NHS Trust.
 - Training was provided around personal management of violence and aggression and there had been a reduction in levels of patient assault on staff across the Trust over the past year.
 - The safe management of dementia patients was highlighted as wards could not be locked.
 - A recent review of security arrangements had been made in line with national standards.
- The Members of the Working Group raised concerns around the take-up of master classes provided by Oxleas NHS Trust for GPs.
- There had been a pilot scheme undertaken by Orpington Community Mental Health Team to make a Consultant Psychiatrist available for telephone consultation.
- Oxleas were including carers in discharge processes and in a carers group.
- The majority of mental health services were delivered in the community rather than an in-house setting.
- Inspections over a period of time had consistently rated Oxleas services very highly. In October 2009 the Trust was rated as 'excellent' for use of resources and 'good' for quality of service.
- Efforts were being made to reduce waits for all CAMHS services to no more than 18 weeks by June 2010.

4.5 **Recommendations:**

- a. **Consideration be given to the expansion of the pilot scheme undertaken by Orpington Community Mental Health Team to make a Consultant Psychiatrist available for telephone consultation.**
- b. **Progress around how the Oxleas NHS Trust carers group was developing to be reported in 12 months time to Adult and Community Services Policy Development and Scrutiny Committee.**

- c. **Consideration to be given to including the Oxleas Carers Group within the Carers Forum.**
- d. **For progress around the reduction of waiting times for the CAMHS service to be reported in June 2010 to Adult and Community Services Policy Development.**

4.6 Bromley Primary Care Trust

- The PCT has a strong relationship with the LINK, liaising over a number of issues and involving the LINK in a range of working groups. The LINK also has observer status on the PCT board.
- Additional dental provision had been delivered across the Borough and there was sufficient capacity for NHS patients.
- The majority of out of hours provision in the Borough was staffed by Bromley-based GPs, and would be the responsibility of Bromley Healthcare from October 2010.
- The targets for both MRSA and Cdiff would be met for the Princess Royal University Hospital and the wider community in 2010/11. The Trust's had managed the recent Norovirus outbreak at Princess Royal University Hospital efficiently.
- There was sufficient capacity for those who chose to access end-of-life care through St Christopher's Hospice or through care at home.
- It was important to ensure that Bromley Council and the PCT did not duplicate resources and shared information effectively as the Transforming Social Care agenda developed.
- It was important that consideration be given to provision of public transport and sufficient parking with the move to polysystem hubs.
- Work with Bexley and Greenwich around joint commissioning was being undertaken and should realise economies of scale.
- The Primary Care Trust had signed up to the COMPACT and undertook a wide range of partnership working.

4.7 **Recommendations:**

- a. **To keep the capacity of end-of-life provision under review.**

4.8 South London Healthcare NHS Trust

- The involvement of the LINK had been increased through participation in a range of formal and informal networks, including the Patient Experience Strategy Group. The LINK was keen to develop a more formal role in the decision making process, and had a representative on the 'A Picture of Health' Implementation Board.
- There had been progress in establishing the new Stroke Centre at the Princess Royal University Hospital. The initial four beds to provide hyper acute support for the first 72 hours of treatment would open in October 2010. By 2011 this provision would expand to 12 beds.
- Future service provision through polysystem hubs would be determined by the Commissioners and based on the needs of the

Borough. This would take a range of issues into account, such as location, transport and the needs of local residents.

- There was a significant level of missed appointments. In response to this, there was potential for the Council to raise awareness of the costs of missed appointments to the Borough.
- The level of smoking on hospital sites was a cause for concern.
- The social care team in Bromley worked particularly well with the trust in planning hospital discharge arrangements..
- Work to formalise the protocol between the trust and the 3 authorities it covers for hospital discharge arrangements was also being undertaken..
- The Trust had a number of doctors and nurses in management positions, including all the Divisional Directors of Operations and the Chief Operating Officer. This should be strongly promoted.
- A recent recruitment drive in Ireland had recruited 100 nurses, who would be trained in a range of shortage areas, including stroke and maternity services.
- The management restructure had been completed and recruitment was ongoing for mid-level managers.
- The realisation of benefits from the reorganisation was forthcoming.

4.9 Recommendations:

- a. **Progress around the development of involvement of the LINK in the decision making process to be reported in 12 months time to Adult and Community Services Policy Development and Scrutiny Committee.**
- b. **An analysis of missed appointments and related costs to be developed by South London Healthcare NHS Trust and reported to Adult and Community Services Policy Development and Scrutiny Committee.**
- c. **Progress with the recent recruitment drive of nurses and for mid-level managers to be reported to Adult and Community Services Policy Development and Scrutiny Committee.**

4.10 'A Picture of Health'

- The main areas for implementation were being delivered:
 - A range of elective surgery would be transferred to other locations between April and September 2010, to allow building work to go ahead.
 - Moves of services out of hospitals, including the Consultant-led maternity unit at Queen Mary's would take place between September and October 2010.
 - The Sidcup Accident and Emergency Department would be closed by mid-September 2010.
 - During service moves, efforts would be made to ensure existing operating theatres were fully utilised, with day eye surgery likely to move to the Orpington site for a brief time.

- Three temporary operating theatres would be sited on the Sidcup site to cope with any increased demand.

4.11 Recommendations:

- a. Progress with the 'A Picture of Health' to be reported to Adult and Community Services Policy Development and Scrutiny Committee at a future date.**

MEETING INFORMATION

Meeting Date	Area of Consideration
11 th November 2009	<u>Scoping of Review</u>
14 th December 2009	<u>London Ambulance Service</u> Tracy Pidgeon, Ambulance Operations Manager, SE Sector HQ
10 th February 2010	<u>Oxleas NHS Trust</u> Iain Dimond, Director of Bromley Mental Health Services Helen Smith, Deputy Chief Executive and Director of Service Delivery
8 th March 2010	<u>Bromley Primary Care Trust</u> Dr Angela Bahn, Joint Director of Public Health Harry Goldingay, Associate Director (Risk) Adam Wickings, Director of Primary Care
15 th March 2010	<u>South London Healthcare NHS Trust</u> Dr Chris Streater, Chief Executive Carl Shoben, Director of Communications
30 th March 2010	<u>Evaluation and Conclusions</u>



PDS INVESTIGATION PROJECT OUTLINE

Review Topic: NHS HEALTH CHECK	Investigation by: A&C PDS Committee
	Type: Working Group

Objectives: <ol style="list-style-type: none"> (1) to consider how the A&C PDS Committee can contribute to the assessment of performance against national and local health standards in Health trusts within Bromley (2) to consider what practices, processes structures, relationships etc are needed to have an on-going impact on local health services in future years 	Desired Outcomes: <ol style="list-style-type: none"> (1) to ensure A&C PDS Committee has regular and appropriate updates on the performance of health trusts (2) to keep a dialogue open with all health providers within the Borough to contribute to the monitoring of service performance in relation to the impact on local people. e
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Terms of Reference: <ol style="list-style-type: none"> (1) to consider how the Committee can contribute more effectively to the NHS delivery of services in the Borough; and (2) to consider what practices, processes, structures, relationships etc are needed to have an on-going impact on the development of local health services in future years.

Key Issues

Engagement with NHS Trusts
Establish what is an effective contribution,
and how it can be achieved
Ensure A&C PDS has the information to
effectively scrutinise health services within
the Borough

Risks

Timescale
Capacity of Members/Officers

Venue(s):
Civic Centre

Timescale:
Start: November 2009
Finish: March 2010

Information Requirements and Sources:

Documents/Evidence: (what, why?)

Guidance from Care Quality Commission
Information from local Trusts and Health Providers as necessary
Examples of best practice from other areas

Witnesses: (who, why?)

Ambulance Service
Chris Streater, South London NHS Trust
Angela Bahn, PCT
Oxleas NHS Trust
Other Health Providers as necessary

Consultation/Research: (what, why, who?)

Best practice from other areas

Site Visits: (where, why, when?)

None required.

Officer Support:

Kerry Nicholls, Democratic Services Officer
Philippa Stone, Scrutiny Coordinator
Anne Watts, ACS Department

Likely Budget Requirements:

None

Target Body for Findings/Recommendations:

A&C PDS Committee