

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.30 pm on 9 April 2014

Present:

Councillor Pauline Tunnicliffe (Chairman)
Councillors Reg Adams, Roger Charsley, Peter Fookes,
David Jefferys, Mrs Anne Manning, Catherine Rideout and
Charles Rideout

Brebner Anderson, Angela Clayton-Turner, Linda Gabriel,
Leslie Marks and Lynne Powrie

Also Present:

Councillor Robert Evans and Councillor Diane Smith

28 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

An Apology was received from Councillor John Getgood and Councillor Peter Fookes attended as his alternate.

29 DECLARATIONS OF INTEREST

Councillor Adams declared an interest as his wife worked for Bromley Community Counselling Service.

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

Written questions were received from Ms Sue Sulis and these are appended to the minutes.

31 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 30th January 2014

RESOLVED that the minutes of the meeting held on 30th January 2014 be confirmed.

32 MATTERS ARISING FROM PREVIOUS MEETINGS

Councillor Fookes noted that the previous minutes had indicated there would be an update on the Dementia Service. The Chairman reported that this had been considered at the Care Services PDS but it could be added to the work programme for a future Health Scrutiny Sub-Committee meeting.

Angela Clayton-Turner had previously requested statistics on the numbers of people who had dementia and of those how many had a formal diagnosis. Officers would ensure these statistics were provided.

33 THE "PERFECT WEEK" EXERCISE AT THE PRUH - VERBAL UPDATE

Kath Dean, Director of Operations at the PRUH addressed the meeting to outline the results of the Safer, Faster Hospital Week exercise which had taken place 7th - 14th March 2014.

She was pleased to report that there were some positive outcomes. During the period the Emergency Department (ED) had met the four hour target in 85% of cases, which represented the best results for the quarter. All elective surgery had been completed, extra beds had been provided and doctors had given up administration time to meet demands. Administration staff from other areas, such as Human Resources, had been moved to ward administration. Overall, staff morale had improved and patients considered the care by nursing staff to be very good.

The exercise had brought together a range of agencies including Social Services and Community Health Services with a shared understanding and better communication leading to smoother patient transfers.

Ms Dean explained that the emergency department (ED) targets did fall to approximately 80% the following week (although still higher than previous levels) and it was accepted that the intensity needed to sustain the ED targets was not possible within the current staffing levels.

The Vice-Chairman asked how it was intended to implement the behavioural and cultural changes needed for continuous improvement. In response Ms Dean explained that they had expected the target to dip but they were continuing to work with all staff over the next 12 months to make the required improvements.

The Chairman thanked Ms Dean and looked forward to receiving further updates.

**34 PATIENT TRANSPORT - VERBAL UPDATE FOLLOWING
QUESTIONS AT THE LAST MEETING**

The Sub-Committee was informed of the current situation in managing the Non-Emergency Patient transport Services, since the dissolution of the South London Healthcare Trust and the new management provided by Kings College Hospital.

The scope of the service remained the same and patients continued to be assessed in accordance with the joint Bromley CCG and Kings College Hospital eligibility criteria before transport could be arranged.

The Bromley CCG was not aware of any complaints regarding the arrangements but if patients had queries about the service they could contact Kings PALs (Patient Advice and Liaison).

It was noted that the report referred to the eligibility criteria being attached to the report. These were not attached but would be circulated to Members by email.

RESOLVED That the report be noted.

35 NHS 111 UPDATE

Members were provided with an update on the NHS 111 service in South East London.

Dr Angela Bhan outlined that the London Ambulance Service (LAS) had stepped in as an emergency 111 provider for the area following NHS Direct exit from the sector in November 2013. The LAS had continued to maintain strong performance levels, starting from day one, in relation to access to the service, clinical call backs and referrals to emergency departments and 999.

Performance levels were maintained over the Christmas period and the local service remained one of the strongest performing in the country.

Members were presented with statistics showing the increase in in the use of the service in the previous four months even though the service had no marketing within the local area.

To ensure the service continued to provide high performance following unpredicted increases in patient use, South London commissioners had agreed not to market test the service until the call volume remained steady and the outcomes from the evaluation of market testing undertaken in South West London.

Members asked how officers were ensuring the service was used correctly and monitored the quality of the information given. They were informed that the service had a GP clinical lead who would undertake a number of audits,

listening in on calls to check on the quality of information. A customer satisfaction survey had also been undertaken.

In comparison to NHS Direct, the current service received a greater number of calls, including out of hours calls. It was not manned by clinicians, but by trained staff who followed a series of detailed algorithms to determine how calls should be dealt with. NHS Direct was Nurse-led but did not take any out of hours calls.

In addition, there was also monitoring of the number of people who attended A&E because they considered the service received from 111 was unsatisfactory. However, it was reported that there were very few complaints about the service.

The frontline staff were not clinicians but had to rigidly follow a set of algorithms. Using the LAS did not provide the most cost effective solution and the proposal was to re-procure the service later in the year.

The Sub-Committee requested a brief summary of the accessibility to the service for people with a disability and also wanted a fuller report on the service to be circulated by email. In addition it requested details on patients who called the service but did not require a clinician.

RESOLVED that the report be noted.

36 COMMUNITY BASED NHS CARE

Members considered a report that provided an update on the current position in regard to the South East London (SEL) Community Based Care (CBC) Strategy.

The original CBC Strategy was written in 2012/13 and approved by the six CCG's in SEL including Bromley.

The strategy adopted an approach of "shared standards and local delivery" whereby each CCG committed to delivering a standard set out in the strategy through working with a number of practices, local authorities and providers. The premise being that working collectively meant working faster, learning from one another and implementing some programmes collectively and at scale.

Since the programme had been set up, clinical leads, sponsors and project managers had been appointed to assist in the management of the programme. A number of projects had been instigated and funding secured from external sources bringing in £1.67m into the SEL health economy.

The work and learning from the first year would inform the 5 year SEL commissioning strategy. This was currently being designed by a partnership of all six CCG's and commissioners from NHS England (London) together

with the local authorities and NHS providers across the south east region and significant input from local engagement with patients, local people, NHS and social care staff, CCG memberships and other stakeholders.

A CBC refresh strategy event with representatives from the CCG's, providers and partners would work towards a refresh of the strategy to ensure it was fit for purpose in the current health service context.

Members asked whether GP's could direct refer to diagnostics such as MRI scans as this would make the patient pathway shorter. It was explained that GP's did not have direct access to diagnostics at the moment but this was being considered.

The SEL stakeholders had not yet considered the impact on carers but this could be considered as part of the strategy.

The Sub-Committee commented that the graphs contained in the report were not suitable for black and white printing making them difficult to interpret. It was agreed that coloured copies would be circulated to the Sub-Committee.

With regard to re-admissions, it was noted that this had been a problem within Bromley in the past but this had improved.

The Sub-Committee also asked for a "Glossary" as they were not familiar with some of the terms used.

RESOLVED that the report be noted.

37 WINTER PRESSURES - UPDATE
Report CS14005HS

Officers presented a report which detailed the urgent care activity, formerly known as Winter Pressures and the use of resources. In previous years Bromley had received significant sums from the NHS for winter pressures, not all of which was allocated in any one year. These funds were held in the Council's central contingency and could be drawn down following agreement from the Executive to support the identified winter pressures. Funds were likely to be requested at the June Executive meeting.

In September 2013, local authorities were invited to bid for urgent care monies from the CCG and although bids for several million pounds were received by the local health economy, the borough only received £285k.

This grant was offset against the community equipment (£185k) and emergency placements (£100k).

The poor A&E performance at the PRUH had placed increasing pressure on the hospital social work team to safely assess and safely discharge patients back into the community. Staffing levels were increased over the winter period

to help facilitate this. Never the less their performance across the year had been exemplary and commended by Kings and the CCG.

RESOLVED that the report be noted.

38 CCG PROCUREMENT OF URGENT CARE SERVICE

Members considered a report outlining the plans to procure the replacement urgent care centre at the Beckenham Beacon. The purpose of this report was to ask the Sub-Committee to consider whether a wider consultation exercise was required.

The current service was only sustainable within the context of a valid procurement plan: the current contract, secured by the CCG, would end in November 2014 and the walk-in centre, commissioned by NHS England would end on 30th September 2014.

Three options were being considered, one offering GP leadership, the second offering GP support and the third offering a nurse-led service. The Sub-Committee was asked to agree that the changes would not need wider consultation.

Concerns were raised that the Sub-Committee was being asked to comment on something without enough background to the proposals being provided in the covering report. The evidence of the consultation undertaken was limited and may have been under-reporting the actual numbers. Instead, it provided examples of where up to 15 people were consulted. In addition, they only had a verbal assurance that option A was the preferred option. They felt concerned that they were being requested to make a decision based on the consultation responses of less than twenty people.

In the light of the need to make a decision so as not to hold up the process, the Sub-Committee agreed that Dr Bhan would write to all members of the Sub-Committee giving accurate statements and more details of all the proposed options. Members would then inform the Chairman of their preferred option and she would then agree the recommendations. It was felt that whilst the consultation already undertaken was limited, if asked, most people would choose option A. Therefore, it would preferable to invest the time in engaging the public in promoting the chosen option and how and when to access the urgent care services.

RESOLVED that Members consider more detailed options and inform the Chairman of their preferred option so that the recommendations can then be agreed.

39 ANY OTHER BUSINESS

As this was the last meeting of the Sub-Committee in the current municipal year the Chairman extended her thanks to all the Members and co-opted members and to officers for their hard work in the past year.

The Meeting ended at 5.50 pm

Chairman

Appendix A

**COMMUNITY CARE PROTECTION GROUP PUBLIC QUESTIONS
FOR 9TH APRIL 2014 HEALTH SCRUTINY SUB-COMMITTEE**

From: Susan Sulis, Secretary, Community Care Protection Group.

1.URGENT CARE – PRINCESS ROYAL A&E CRISIS (Ref. HSS 30th Jan 2014, & News Shopper letter 19th March, “Hospital staff struggling to cope in A&E)

The A&E Department is in crisis, a legacy from the staff cuts and mismanagement of SLHT.

- (a) What are the “improvements needed in patient pathways”?
- (b) What is the data since Oct.2013 on delayed discharges and re-admissions?
- (c) Why is there “no uniform system for discharging patients”?

RESPONSE from Bromley CCG

1a) Bromley CCG has been working with Kings College Foundation Trust, over the past 6 months on a number of pathways that need to be improved. A key patient pathway needing improvement at the Princess Royal (PRUH), is the pathway for those requiring a very short length of stay and observation. Most other hospitals have a ‘clinical decision unit’ for these patients, so that they can be properly nursed and observed whilst a decision is being made about care. The clinical decision unit at the PRUH will open in May.

The CCG has been working on other pathways with Kings, and have agreed revised pathways for DVT management and cellulitis which will be implemented shortly.

1b) The data on readmissions is currently being collected. The data on delayed discharges will show a relatively small number (an average of 10 per day across the two sites of Denmark Hill and PRUH) consistently since October 2013. These are obviously not the same patients each day. The CCG with Bromley social services, Bromley Healthcare and neighbouring Boroughs have spoken daily over winter 2013/14 to keep the number of delays to discharge as low as possible. Delayed discharges at the Princess Royal tend to be patients who live outside the borough.

1c) Kings College identified early after acquisition of the PRUH in 2013, that they wished to expand the team of Discharge Co-ordinators working in the PRUH. This team is now complete and is developing uniformity in the discharge systems.

2. AMBULANCE DELAYS AT THE PRUH

- (a) How many times have ambulances been diverted to other hospitals since Oct.2013, and which are these?
- (b) What are the maximum waiting times outside A&E, and what is the data on this since Oct.2013?

RESPONSE from Bromley CCG

a) The number of diverted ambulances from the PRUH has been small. There have only been 9 formal diverts across the PRUH and Denmark Hill site since November 2013.

Where a formal divert is given this will be on a 360 degree basis; so patients could go to a number of other local hospitals.

This data can be found at:<http://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/winter-pressures-daily-sitrep-2013-14-data-2/>

A total of 105 ambulances queued for over 30 minutes over the reporting period 4th Nov - 30th March for Kings College Hospital NHS Foundation Trust A&E. This equates to 1 ambulance per day on average across the two sites waiting for + 30 minutes, however, this was not a daily event; rather there were particular days when activity was very high. The national reporting tool is for Kings College Hospital NHS Foundation Trust as an organisation, so the report is at an organisational not a site level. The per day data is available on the same public website as above.

3. FREE SCHOOL MEALS IN LBB, AND PROVISION DURING HOLIDAY PERIODS

(a) How many Bromley children are currently receiving free school meals in each ward of the borough?

Data is collected and reported on a school basis this data was published last July and is due to be published again in July 2014

School Name	Eligible on Census Day	Pupils on Roll
Primary		
Alexandra Infant School	25	196
Alexandra Junior School	45	238
Balgowan Primary School	31	650
Bickley Primary	21	361
Biggin Hill Primary School	36	407
Blenheim Primary	74	215
Bromley Road Infant School	72	233
Burnt Ash Primary School	137	418
Castlecombe Primary School	68	234
Chelsfield Primary School	17	98
Chislehurst (CofE) Primary	4	216
Churchfields Primary School	48	353
Clare House Primary School	13	242
Crofton Infant School	45	547
Crofton Junior School	54	699
Cudham CE Primary School	10	94
Darrick Wood Infant School	19	340
Darrick Wood Junior School	36	377
Dorset Road Infant School	16	70
Downe Primary School	5	89
Edgebury Primary School	12	225
Farnborough Primary School	23	219
Gray's Farm Primary School	135	437
Green Street Green Primary	23	436
Hawes Down Infant School	12	219
Hawes Down Juniors	11	255
Hayes Primary School	33	647
Highfield Infant School	5	270
Highfield Junior School	9	380
Hillside Primary School	115	362
Holy Innocents Catholic Primary	11	216
James Dixon Primary School	147	401
Keston C.E. Primary School	12	245
Leesons Primary School	69	208
Malcolm Primary School	99	313
Manor Oak Primary School	70	203
Marian Vian Primary School	46	621
Mead Road Infant School	16	86
Midfield Primary School	72	288
Mottingham Primary School	129	305
Oak Lodge Primary School	39	644
Oaklands Primary School	72	446
Parish C.E. Primary School	57	491

School Name	Eligible on Census Day	Pupils on Roll
Perry Hall Primary School	57	424
Pickhurst Infants' School	29	360
Pickhurst Junior School	49	502
Poverest Primary School	59	207
Pratts Bottom Primary School	6	69
Princes Plain Primary School	117	490
Raglan Primary School	29	441
Red Hill Primary	143	674
Royston Primary School	144	446
Scotts Park Primary School	42	436
Southborough Primary School	80	428
St Anthony's R.C Primary	41	174
St George's CE Primary	46	297
St James' RC Primary School	2	216
St John's CE Primary School	46	295
St Joseph's R.C.Primary School	9	209
St Mark's C.E. Primary School	28	424
St Mary Cray Primary School	101	189
St Mary's Catholic Primary	11	428
St Paul's Cray CE Primary	89	226
St Peter & St Paul R.C.	39	207
St Philomena's RC Primary	28	210
St Vincent's Catholic Primary	32	226
Stewart Fleming Primary School	79	364
The Highway Primary School	28	213
Tubbenden Primary School	37	609
Unicorn Primary	12	311
Valley Primary School	81	478
Warren Road Primary School	36	844
Wickham Common Primary School	22	425
Worsley Bridge Junior School	49	164
Primary Total	3564	24980
Secondary		
Kelsey Park School now Harris Beckenham	191	812
Cator Park School for Girls now Harris Bromley	195	990
Bishop Justus CofE School	134	1125
Bullers Wood School	102	1523
Coopers Technology College	210	1392
Langley Park School for Boys	45	1684
Ravens Wood School	56	1487
Newstead Wood School for Girls	13	1036
Kemnal Technology College (Academy)	126	1018
Hayes School	50	1644
Beaverwood School for Girls	155	1325
Charles Darwin School	104	1277
St Olave's and St Saviour's Grammar School	4	974
Langley Park School for Girls	52	1596
The Ravensbourne School	194	1458
Darrick Wood School (Academy)	72	1697
The Priory School	233	1160
Secondary Total	1936	22198
Special		
Glebe School	47	142

School Name	Eligible on Census Day	Pupils on Roll
Marjorie McClure School	35	96
Burwood School	21	40
Riverside School	61	207
Special Total	164	485
All Schools Total	5664	47663

(b) How are these meals funded?

Following the review of the schools funding formula for 2013/14 there is no longer any funding allocated directly to specifically for free school meals. However, the new funding formula left schools no worse off so any funding for free school meals prior to that date continues to be received as part of their allocation.

(c) What provision is made for children identified as needing school meals during the school holidays?

No provision is made during holidays