#### **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 25 February 2016

#### **Present:**

Councillor Judi Ellis (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Mary Cooke, Ian Dunn,
Hannah Gray, David Jefferys and
Charles Rideout QPM CVO

Linda Gabriel

#### Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services Councillor Diane Smith, Executive Support Officer to the Portfolio Holder for Care Services Lynn Sellwood, Voluntary Sector Strategic Network

## 73 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Terry Nathan and Justine Godbeer.

Apologies for lateness were received from Councillor Mary Cooke.

### 74 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 75 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

## 76 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 4TH NOVEMBER 2015 AND MATTERS ARISING

The minutes of the meeting held on 4<sup>th</sup> November 2015 would be considered at the next meeting of Health Scrutiny Sub-Committee.

## 77 PRUH IMPROVEMENT PLAN - UPDATE FROM KINGS

The Sub-Committee received a presentation from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group, Paul Donohoe, Deputy Medical Director, Princess Royal University Hospital (PRUH) and Sally

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Lingard, Director of Communications, King's College Hospital NHS Foundation Trust providing an update on the PRUH Improvement Plan and the Emergency Care Pathway.

The need for key agencies to work together to transform the way that urgent and emergency care services were provided towards a more community-based system had been identified. This would be delivered through the Emergency Care Pathway Programme which took a whole system approach to help patients get the right care in the right way. To support this, there had been a significant investment in the Bromley urgent care system over the last twelve months, and although the Accident and Emergency four hour 95% target had not been consistently met, there had been a steady improvement in performance throughout 2015/16.

Improvements made across hospital provision during 2015/16 included the recruitment of additional senior staff in Accident and Emergency, more paediatric beds and a pilot in-reach service to identify patients suitable for community care and support them to return home. Better inpatient management and an enhanced therapy service had been put in place, and there had been investment to support seven day working. A range of winter initiatives had been introduced including mental health liaison, work with the urgent care centres and enhanced radiography support.

Non-hospital services improvement during 2015/16 included the development of out-of-hospital care systems and services, and the Transfer of Care Bureau which had been established to facilitate timely discharges and had already reduced the average length of stay by two days. The Primary Care Innovation Fund had been used to invest in local practice initiatives that improved quality of care and reduced Accident and Emergency and Urgent Care Centre attendances and admissions, and an In-reach Team had been established at the PRUH to therapeutically assess people and direct them to alternate community care options where appropriate. To build additional capacity over the winter period, additional GP capacity had been made available through two primary care access hubs. Case management support had also been offered to practices in managing vulnerable patients and additional community support had been made available through the Medical Response Team. Winter health promotion campaigns included 'Stay Well this Winter', and 'Use your Pharmacist', and the Health Help Now mobile and digital app.

With regard to next steps, an evaluation of the Transfer of Care Bureau was underway and would be completed by April 2016, and Bromley Clinical Commissioning Group would also be hosting a stakeholder event to assess all winter work streams and programmes in April 2016. Bromley Clinical Commissioning Group was finalising a programme plan to support the implementation of three Integrated Care Networks for Bromley which would align health and care services across the Borough around groups of GP practices and support high risk patients who require integrated case management. The Sustainability and Transformation Plan for South East London was being developed and would be completed by July 2016, and

would include an outline summary of the plan for Bromley which would be provided to Members when available.

In considering the presentation, the Chairman noted the age profile of nurses working in Bromley which could cause future staffing difficulties, and underlined the importance of ensuring there was a clear route for former nurses to move back into nursing. Sally Lingard reported that work was being undertaken on future staffing provision and further information would be provided to Members when available.

A Member was concerned at the increase in attendances at Accident and Emergency during 2015/16, which potentially reflected a change in the way some Bromley residents chose to access primary care services. There was a need to publicise the range of community health services that were available across Bromley to support people to access appropriate provision.

In response to a question from a Member around long staying patients who required support to move into care settings, Dr Angela Bhan confirmed that work continued to reduce the length of hospital stay for all patients, and that the Transfer of Care Bureau was working with neighbouring boroughs to support out-of-Borough patients to move into suitable care settings. The LBB Assistant Director: Adult Social Care advised Members that Local Authority case managers arranged the necessary reablement services and equipment to support patients to return home, and also acted as advocates to support more vulnerable patients into an appropriate care setting where needed.

Work was still being undertaken to contain the Norovirus outbreak at the PRUH which had blocked 190 beds with a number of patients and staff affected. All infection control measures had been taken and staff had worked hard to limit the spread of the infection.

The Chairman led Members in thanking Dr Angela Bhan, Paul Donohoe, and Sally Lingard for their excellent presentation.

## RESOLVED that the update be noted.

# 78 WINTER PRESSURES UPDATE (INCLUDING EVALUATION OF STEP-DOWN BEDS AT ORPINGTON HOSPITAL)

## Report CS16036/CS16034

The Sub-Committee considered two reports outlining urgent and emergency care winter delivery schemes and providing an update on the Local Authority winter resilience schemes. An update on 'discharge to assess' beds at Orpington Hospital and the Sloan Hospital was also considered.

The Local Authority had received an NHS Winter Resilience Grant of £974,000 for 2015/16 to increase capacity to support hospital discharge and prevent readmission. This funding was used to support four schemes, including schemes to increase care management staffing capacity within

PRUH and in community teams, the introduction of Fast Response Personal Care Services and Intensive Personal Care Services to facilitate discharge of patients including those with high complex care needs, and the establishment of four additional Step-down Units in Extra Care Housing Schemes to allow discharge of patients in need of community-based reablement, rehabilitation and interim care.

In considering the Step-down Units in Extra Care Housing, the LBB Assistant Director: Adult Social Care confirmed that a total of five Step-down Units were available to facilitate discharge of patients in need of community-based reablement, rehabilitation and interim care. Residents could spend up to six weeks in the units before returning home or moving to an appropriate longer term provision. The Local Authority was able to make agreements with social care landlords for additional short term units where there was sufficient demand, but only where funding was secure.

Additional details on the cost and provision of 'step down' units in Extra Care Housing would be provided to Members following the meeting.

## **RESOLVED that:**

- 1) The updates be noted; and,
- 2) The Sub-Committee supports the recommendation to fully utilise the unallocated winter resilience grant to maintain year-round service delivery and to sustain service continuity and system resilience.

## 79 GP CAPACITY ISSUES (NHS ENGLAND)

The Sub-Committee received an update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on GP capacity issues across the Borough.

At the present time, sufficient GP capacity was available across the Borough and was supplemented by a range of community provision. A small number of GP practices were currently closed to new patients, but this was only a short term measure.

Work was being undertaken to build additional GP capacity in Bromley Town ward to meet an increase in demand. It was expected that demand for GP services would significantly increase in the medium term as a number of residential developments were completed in the area, and consideration was being given to how GP services could most effectively meet this future demand.

## RESOLVED that the update be noted.

#### 80 JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Chairman provided an update on Our Healthier South East London - Joint Health Overview and Scrutiny Committee which had met on 1<sup>st</sup> February 2016

to consider the range of health services across the South East London region.

With regard to the potential for two units to be maintained across the South East London region to deliver planned care, the continued provision of day surgery and outpatients services on the Orpington site had been discussed and was one of the Committee's priorities for further discussion. It had been agreed that there should be no closures of Accident and Emergency provision as this was operating to capacity, and patients should be directed to alternate community provision where appropriate.

In considering children's services, additional funding had been identified to improve Child and Adolescent Mental Health Services (CAMHS). The need for additional admissions beds for asthma and more community-based care for children and young people had been identified, and training would be provided to health staff to support them in recognising warning signs in children's health.

King's College Hospital was a centre of excellence for maternity services and had recently recruited additional obstetricians. The age profile of midwives could result in staffing issues going forward, and concerns had also been raised around the quality of maternity services delivered by some smaller providers that did not meet the expected standard. Work to improve cancer care continued with an emphasis placed on early diagnosis and in ensuring sufficient specialists were in place to provide locally-based care. The need for mental health services to run through all services had been discussed, as had increased use of the voluntary sector to complement health services.

The housing shortage in South East London had been noted by the Committee, with Members generally agreeing that housing difficulties could exacerbate health issues and therefore should be considered alongside health provision as a contributory factor.

The next meeting of the Joint Health Overview and Scrutiny Committee would be held in March 2016.

## RESOLVED that the update be noted.

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

## Report CS16035

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

The Orpington Health and Wellbeing Centre project had been developed primarily from the findings and priorities identified in the 2011 Joint Strategic Needs Assessment and the Orpington Health Needs Assessment, and would bring together a range of services including primary, community and out-

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patient care, diagnostic services and wellbeing services on the former Orpington Police Station site as part of the new Berkeley Homes development.

Mark Cheung, Chief of Finance and Programme Lead for Orpington Health and Wellbeing Centre confirmed that NHS Property Services had completed negotiations with Berkeley Homes in respect of the Centre and had agreed the 'Agreement for lease/Head Lease' and supporting documentation. NHS Property Services was in negotiation with two GP practices due to transfer to the Centre on the basis of 25 year under-leases and an associated annual rental payment, and the CCG and NHS England Primary Care Team had also been discussing transitional funding and premises costs reimbursement with the practices, with negotiations due to be concluded by 31<sup>st</sup> March 2016.

Following extensive user consultation with the community and clinical service providers, the detailed design phase for the Centre had been successfully completed and the detailed design documentation had been signed off as fully compliant by the relevant professional advisors covering building and design quality, fire safety and control of infection, and by the CCG's Clinical Executive Committee. The completed full business case had been submitted to NHS England by the CCG on 30<sup>th</sup> January 2016, and was currently subject to detailed assurance by the NHS England Projects Appraisal Unit before being submitted for approval via the NHS England Capital Projects Governance structure. The full business case would be submitted for formal local endorsement by the CCG Governing Body at its meeting on 17<sup>th</sup> March 2016, and it was hoped that the Full Business Case would be approved formally by the NHS Executive at the end of March 2016, with the aim of full services starting on site on 1<sup>st</sup> July 2019 following completion of the build and 'fit-out' of the centre.

In considering the update, the Chairman highlighted the need to promote the new Health and Wellbeing Centre once the full business case had been approved and negotiations with two GP practices had been completed.

In response to Members' concerns around the opening date of the Centre, Mark Cheung reported that work was being undertaken with Berkeley Homes to gain the earliest possible access to the site which might allow the opening date of the Centre to be brought forward.

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

## 82 WORK PROGRAMME 2015/16

### Report CSD16018

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

In considering the work programme, it was requested that the following reports be provided to the next and future meetings of the Sub-Committee:

- Assessing the ECH Step-down Beds Update
- Accident and Emergency Performance
- Cancer Services Provision Update
- Phlebotomy Review
- Full evaluation of the Transfer of Care Bureau
- SEL Sustainability and Transformation Plan (Bromley Summary)

It was requested that a Pharmacies Update be provided to the meeting in Autumn 2016.

At the request of the Chairman, a table outlining health service provision for Bromley residents would be provided to Members following the meeting.

**RESOLVED** that the work programme be noted.

#### 83 ANY OTHER BUSINESS

There was no other business.

## 84 FUTURE MEETING DATES

The meeting programme for 2016/17 would be confirmed shortly.

The Meeting ended at 5.28 pm

Chairman