

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 8 June 2016

Present:

Councillor Judi Ellis (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Kevin Brooks, Ellie Harmer and
David Jefferys

Linda Gabriel, Healthwatch Bromley

Also Present:

Councillor Diane Smith, Executive Support Officer to the Portfolio
Holder for Care Services

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Hannah Gray, Councillor Terry Nathan, Councillor Catherine Rideout, Councillor Charles Rideout CVO QPM, Councillor Robert Evans and Councillor Mary Cooke, and Councillor Ellie Harmer attended as her substitute.

Apologies were also received from Justine Godbeer and Lynn Sellwood.

Apologies were received from Councillor David Jefferys and Councillor Pauline Tunnicliffe for leaving the meeting early at, respectively, 5.15pm and 5.25pm due to alternate commitments.

2 DECLARATIONS OF INTEREST

Councillor Judi Ellis declared that her daughter worked for South London and Maudsley Foundation Trust (SLaM) and that she was a governor of Oxleas NHS Foundation Trust.

Linda Gabriel declared that she was the Chair of Bromley & 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 4TH NOVEMBER 2015 AND 25 FEBRUARY 2016 AND MATTERS ARISING

Linda Gabriel, Healthwatch Bromley requested that her apologies for absence be recorded for the meeting held on 4th November 2015.

RESOLVED that the minutes from the meetings held on 4th November 2015 and 25th February 2016 be agreed, subject to the amendment outlined above.

5 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 26th April 2016 and 17th May 2016 to consider the range of health services across the South East London region.

The Committee had identified the need to develop a clear definition of the role of an Urgent Care Centre and an Accident and Emergency Department to support patients in accessing the most appropriate level of care for their health needs. Work was also being undertaken to compile a list of health provision across South East London to provide clarity on the services available.

With regard to the potential for two units to be maintained across the South East London region to deliver planned care, the Committee was reviewing the continued provision of day surgery and outpatient services on the Orpington Hospital site, as well as possible provision at Queen Mary's Hospital, Sidcup, and this would be discussed at the next meeting.

The minutes of the meeting of the Joint Health Scrutiny Committee held on 17th May 2016 would be circulated to Members of the Sub-Committee when available.

RESOLVED that the update be noted.

6 PRUH IMPROVEMENT PLAN - UPDATE FROM KING'S FOUNDATION NHS TRUST

The Sub-Committee received a presentation from Paul Donohoe, Deputy Medical Director, Princess Royal University Hospital (PRUH) and Sarah Willoughby, Stakeholder Relations Manager, King's College Hospital NHS Foundation Trust providing an update on the progress of the Trust and the PRUH Improvement Plan.

An organisational restructure was being undertaken in a number of planned phases to redesign structures and embed skilled 'can do' teams across the Trust. A Transformation Programme was also in progress which was a long-term project which aimed to ensure services were high quality, focused on patients and fit for the future, and that strategic aims around productivity were achieved.

Performance across the Trust had been impacted by the Norovirus outbreak at the Princess Royal University Hospital (PRUH) during Spring 2016. This had affected performance against the Accident and Emergency four hour 95%

target, with 81%, 83.5% and 85% achieved, respectively, at the PRUH in March, April and May 2016. There had been a steady improvement in this performance throughout 2016/17 and the figure for June 2016 was currently at 90%. Finances for the Trust continued to improve with £65m of savings achieved during 2015/16 which had met the savings target, and a new savings target of £50m had been agreed for 2016/17. A new Chief Operating Officer, Jane Farrell, was now in post and a new Director of Capital, Estates and Facilities, Jane Bond, would join the Trust later in 2016.

In terms of performance, the Standardised Mortality Rate at the PRUH had dropped in 2015/16 to the 10th lowest out of 136 Trusts which was in the top 8% of performance. Patient experience ratings had also increased to 93% in March and April 2016 which exceeded the benchmark of 89%. A recruitment drive was underway for additional Consultants in areas such as Accident and Emergency, Medicine and Surgery, and a Job Fair had also been held in April 2016. The new cross-site Electronic Patient Record system would roll out from July 2016 at the Denmark Hill and Orpington sites and from September 2016 at the PRUH.

Progress continued in delivering the Emergency Care Pathway Programme which took a whole system approach to helping patients get the right care in the right way. All workstreams were being reviewed to identify key pieces of work that would effect maximal change and a Transfer of Care Evaluation Workshop would be held on 10th June 2016. In considering demand and capacity, unplanned admissions had increased since 2013/14 and despite a reduction in the length of stay, this had created a bed pressure and high occupancy level which had limited the PRUH's ability to respond to surges in patients requiring emergency admission. To address this, the Trust was working with system regulators and local commissioners to meet demand in coming months and was also undertaken a redesign of patient pathways.

With regard to the Norovirus outbreak at the PRUH, the first outbreak had been identified on 9th February 2016 and had continued until the first week of April 2016. A second outbreak had been detected on 15th April 2016 which had continued until the end of May 2016. Overall 200 beds had been affected, with 40 out of 500 available beds lost at the peak of the outbreak. Members were advised that the design of the PRUH had made it challenging to contain the outbreak due to the easy access between wards and insufficient clinical sinks at entry points to clinical areas and wards. The outbreak had affected discharges to Nursing and Residential Homes which resulted in blocked beds and restricted movement across the admission pathway, and issues had also been identified around the transportation of samples to Denmark Hill which had delayed the reopening of affected bays in some cases. Actions taken to respond to the outbreak had included a review of all affected wards by the Infection, Prevention and Control team at least three times a day, multi-team operational meetings to review and plan for each ward, and a strict implementation of the visiting policy. Enhanced cleaning had taken place on affected wards, additional resources and laboratory testing had been provided, and there had also been a focus on improving hand hygiene compliance through increased audits and mobile

sinks. An update on this would be provided to Members at the next meeting of the Sub-Committee.

Members were generally concerned at how the design of the PRUH had made it difficult to contain the Norovirus outbreak. The Deputy Medical Director advised Members that a post-outbreak review meeting had been planned for 24th June 2016 where learning could be identified and areas for action agreed. This was likely to include an increase in hand hygiene facilities, possible on-site PCR testing for Norovirus, and closer linking with community teams around admission and discharge.

In response to a question from the Chairman, the Deputy Medical Director reported that Consultants and other medical staff had worked hard to maintain a good level of service for patients during the recent strike action by Junior Doctors, and that the learning from this experience, including the efficiencies realised by Consultants working more closely together would be reviewed to identify best value processes.

A Member was pleased to note the introduction of the cross-site Electronic Patient Record system which would support better access to patient records as well as more timely discharge processes, and underlined the benefits of access to patient records across all health partners to ensure that patients received the most appropriate level of care for their health needs. The Deputy Medical Director confirmed that work was being progressed to integrate the Electronic Patient Record system with primary care providers, and that an update would be provided to Members at the next meeting of the Sub-Committee.

The Chairman raised the issue of quotas for patient discharge and highlighted the need for patients to be discharged at a reasonable time with appropriate support in place, and that it could be distressing where the date of discharge was changed. The Deputy Medical Director explained that patients had an estimated date of discharge which could change dependent on the health of the patient, and that it was important for this to be communicated clearly to the patient and their family. The Assistant Director: Adult Social Care reported that the evaluation of the Transfer of Care Bureau would include discharge processes and identify potential improvements.

In response to a question from the Chairman regarding changes to pathology services, the Deputy Medical Director noted that work was being undertaken to ensure pathology services available to the PRUH and primary care providers were fit for purpose, and that an update would be provided to Members at the next meeting of the Sub-Committee.

The Chairman led Members in thanking Paul Donohoe and Sarah Willoughby for their excellent presentation.

RESOLVED that the update be noted.

7 PHLEBOTOMY REVIEW - CCG

The Sub-Committee received an update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on the outcome of a review of Phlebotomy services which had recently been undertaken across the region and included both hospital services and those provided by GPs.

The review identified that a very good service was available at six GP practices across the Borough, and consideration was being given to how Phlebotomy services could be procured into the future in a way which did not disrupt this high quality service provision and which worked closely with Pathology services. To support this, significant additional resources had been identified to secure a high quality provision across the overall system, and the Bromley Clinical Commissioning Group was working with a number of different providers on how this process might best be managed. It was hoped that the new system would be in place from January 2017, and a second phase was also planned which would explore the possible centralisation of some services.

RESOLVED that the update be noted.

8 TRANSFER OF CARE BUREAU - SIX MONTH EVALUATION - CCG

The Sub-Committee received an update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on the results of a six month evaluation of the Transfer of Care Bureau which had been established to enable better cooperation between all agencies in providing a comprehensive approach to complex discharges from the PRUH.

The independent review had been undertaken by Transformation Nous in April 2016 and identified that since the introduction of the Transfer of Care Bureau there had been a reduction of 5% in the number of long-staying spells and the bed days occupied, that at any point of time there were approximately 80 'medical stable for transfer of care' (MSFT) supported discharges in hospital beds, and that on average the system had supported the transfer of care of 225 patients from the PRUH to the community every month, 80% of whom were Bromley patients.

Key areas for improvement included the need to take a more parallel approach to the discharge process to avoid delays between agencies, for care managers to take proactive ownership of the discharge process, and issues caused by Transfer of Care Bureau staff having to work with the three different information systems for hospital, social care and community services which was causing duplication of work. There was also a need for an agreed set of metrics to be developed in relation to the new MediNet hospital information system, which would support reporting processes.

In considering the update, the Chairman was concerned that some patients might experience issues following discharge, and that measures should be in

place to reduce any deterioration in people's health whilst they waited for reassessment. Dr Angela Bhan reported that less than 5% of discharged patients were readmitted, and that the aim was for people to be supported in the community by Integrated Care Networks.

Additional resources had been identified through the Better Care Fund to work with care homes to recognise and meet the increasing health and care needs of care home residents over time before a point of crisis was reached, as well as to help them feel confident in supporting residents with enhanced care packages as their needs increased and with end-of-life care. The need to engage carers and families more in care plans had also been identified.

The Chairman noted the importance of promoting the new emphasis on care in a community setting to Bromley residents as well as outlining the cost implications of increased care needs as people grew older, particularly for home owners. Advice was available via the Bromley Council website, but the potential to reach a wider audience, such as through Borough-wide mailings or the annual Council Tax statement should also be considered.

In response to a question from a Co-opted Member, Dr Angela Bhan confirmed that Integrated Care Networks took a holistic view of people's health and care needs. Work was being undertaken with GPs to identify those patients at risk of admission to hospital or who had complex needs, and for whom a care plan could be developed which would support the management of their needs within the community. The Transfer of Care Bureau also took a complete overview of patient's health and care needs as part of the discharge process.

RESOLVED that the update be noted.

9 EVALUATION OF WINTER SERVICES - CCG

The Sub-Committee received an update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on the outcome of the evaluation of winter services.

Bromley Clinical Commissioning Group had worked in collaboration with a number of urgent care system partners to implement initiatives during Winter 2015/16 which aimed to provide additional urgent care capacity in times of surge, aid the achievement of the 95% Accident and Emergency four hour target and offer the best possible care for residents of Bromley through a historically challenging season.

The impact of each scheme was not always measurable, however a number of the schemes had had a positive impact. This included the provision of in-reach staff at the PRUH to redirect patients to the most appropriate care provision, changes to supported discharge to better enable transfer of care and to increase capacity of community-based support services, and additional capacity for mental health liaison staff.

RESOLVED that the update be noted.

**10 SE LONDON SUSTAINABILITY & TRANSFORMATION PLAN -
CCG**

The Sub-Committee received an update from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on progress in developing the South East London Sustainability & Transformation Plan. This was a five year plan centred on the needs of the local population which brought health and care partners together to determine how services would evolve and become sustainable over the next five years, and achieve three main aims which comprised reducing inequalities in health and wellbeing across South East London, reducing variations in quality of healthcare delivered to the population and ensuring that finances were stable into the future.

In developing the South East London Sustainability & Transformation Plan, Bromley had benefitted from the longstanding working relationships between local health providers and was acting as an 'example' for the rest of the country. A range of measures had been identified to reduce a projected deficit of over £1b by 2021. This included asking all health providers to deliver a sustainable cost improvement programme of 1.6% each year, for acute providers to work together to improve collective productivity, and for new models of working to be introduced. The move towards community-based care through integrated care networks would be key to realising financial savings, as was work to improve people's life chances by supporting them further into healthier zones. Joined-up pathways through health would also provide a better offer to the local population.

The Chairman underlined the need to undertake community engagement as part of the process of developing and implementing the South East London Sustainability & Transformation Plan, and requested that regular updates be provided to Members as appropriate.

The Chairman also noted the potential for individual Trusts in the South East London region to work together, and Members were advised that three Health Trusts in the area were seeking to take a collaborative rather than competitive approach to service provision, such as in workforce costs and agency spend.

The deadline for the South East London Sustainability & Transformation Plan to be submitted to NHS England was 30th June 2016, with a view to implementation from Autumn 2016.

RESOLVED that the update be noted.

11 BROMLEY HEALTHCARE QUALITY ACCOUNT 2015/16

Report CSD16088

The Chairman moved that the attached report, not included in the published agenda, be considered as a matter of urgency on the following grounds:

There is a requirement for the quality accounts of all health providers to be endorsed by the Local Authority and to be submitted to NHS England by 30th June 2016.

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 2015/16 to the Sub-Committee, which outlined the provision delivered by Bromley Healthcare across the Borough during 2015/16 and quality priorities for 2016-2020. 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 2016, and for this to contain a supporting statement from the Health Scrutiny Sub-Committee.

The Director of Nursing, Therapies and Quality confirmed that the quality priorities for 2016-2020 would be informed by the South East London Sustainability and Transformation Plan and Local Care Networks, and that work would be undertaken in parallel with these initiatives. Bromley Healthcare had developed three key commitments to patients, carers and staff which comprised knowing each patient's story and what mattered to them, ensuring their care was delivered by the right staff with the right skills at the right place and time, and to meet the health needs of the community at the greatest possible value.

The Sub-Committee generally agreed that the Bromley Healthcare Quality Account 2015/16 was an accurate account of service provision, parts of which had been scrutinised by the Care Services PDS Committee and the Health Scrutiny Sub-Committee during 2015/16, and noted the areas identified for future improvement between 2016-2020 and how the implementation of this would be monitored.

The Chairman was pleased to note the emphasis Bromley Healthcare placed on valuing and developing its staff, and that Bromley Healthcare was developing an education and training programme to assist people to build a career within community health services in the Borough. This included work with Bromley College of Further and Higher Education to promote careers within health and social care, and the creation of work placements for students and apprentices.

A Co-opted Member highlighted that Bromley Healthcare met every six weeks with Healthwatch Bromley which supported good communication and closer links between Bromley residents and Bromley Healthcare.

RESOLVED that the Bromley Healthcare Quality Account 2015/16 be supported by the Health Scrutiny Sub-Committee.

12 WORK PROGRAMME 2016/17

Report CSD16064

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee. The Chairman requested that Members notify the clerk of any additional items to be added to the work programme.

RESOLVED that the work programme be noted.

13 ANY OTHER BUSINESS

There was no other business.

14 FUTURE MEETING DATES

4.00pm, Wednesday 2nd November 2016
4.00pm, Thursday 9th March 2017

The Meeting ended at 6.15 pm

Chairman