

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 2 November 2016

### **Present:**

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

Linda Gabriel, Healthwatch Bromley

### **Also Present:**

Councillor Robert Evans, Portfolio Holder for Care Services  
Councillor Ian Dunn

### **15 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Terry Nathan, Councillor Catherine Rideout and Councillor Diane Smith. Apologies were also received from Lynn Sellwood, Voluntary Sector Strategic Network.

### **16 DECLARATIONS OF INTEREST**

Councillor Judi Ellis declared that her daughter was employed by Oxleas NHS Foundation Trust

Councillor David Jefferys declared that he had been appointed a Public Governor of King's College Hospital NHS Foundation Trust to take effect from February 2017.

### **17 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

One written question was received from a member of the public and is attached at Appendix A.

### **18 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 8TH JUNE 2016 AND MATTERS ARISING**

**RESOLVED** that the minutes of the meeting held on 8<sup>th</sup> June 2016 be agreed.

**19 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.

In considering performance across the Trust, performance against the Accident and Emergency four hour 95% target remained challenged due to multiple capacity and demand-related factors, with 88% and 82% achieved, respectively, at the PRUH in August and September 2016. Performance against cancer waiting targets continued to be good, and diagnostic waiting time performance had greatly improved, exceeding the national target of 1% in September 2016 with 0.96%. Significant progress had been made on achieving the savings target and reducing the deficit, and just under £10m of additional savings had now been identified. The implementation of the Trust's new organisational arrangements was ongoing with the aim of improving patient experience and ensuring services ran as efficiently as possible. The next steps in the implementation of the new cross-site Electronic Patient Record system were under development and Sunrise EPR would be rolled out across the PRUH, Orpington Outpatients and King's services based at Queen Mary's Hospital, Sidcup during Spring 2017.

With regard to the PRUH, excellent progress had been made in addressing the Standardised Mortality Rate which had dropped in 2015/16 to the 10<sup>th</sup> lowest out of 136 Trusts which was in the top 8% of performance. Patient experience ratings had also increased to 92% in September 2016 for standard inpatient feedback. The first case of the Norovirus for Winter 2016 had been confirmed in late October 2016, and had been appropriately isolated, managed and discharged, with additional measures in place to minimise risks of further outbreaks including extra clinical sinks in key ward areas. Emergency performance remained a significant challenge with performance reducing from 89% in August 2016 to 82% in September 2016, and the Emergency Pathway Recovery Plan was being implemented to address this. Work was also being undertaken to fill a number of vacancies in key clinical posts at the PRUH and Orpington Hospital and reduce the need for agency workers, including a recruitment campaign. The Outpatient Dermatology Service had now moved to Beckenham Beacon, enabling key development works to begin at Orpington Hospital. The new pathology service run by Viapath was also now in operation and the Local Care Record initiative that would enable electronic information to be shared with local GP practices was expected to be rolled out to 50% of GP practices by May 2017. The Care Quality Commission had recently visited the PRUH and formal feedback was still awaited.

In considering the presentation, a Member noted the challenges impacting emergency performance and asked what had been put in place to deal with winter pressures. The Deputy Medical Director, Princess Royal University

Hospital (PRUH) confirmed that a number of measures had been introduced to improve performance, including the Emergency Pathway Recovery Plan which was based around key themes including transfer of care, admission avoidance and winter planning, frailty pathway redesign and integration and Emergency Department transformation. Approximately a third of patients in the Accident and Emergency Department at any one time were waiting to be seen by a clinician or for a bed to be available. To address this, action was being taken to reduce admissions including directing patients to more appropriate health provision and introducing a rapid response team to respond to non-emergency incidents in care homes. The Transfer of Care Bureau was working to support more efficient discharge processes through initiatives such as the 'safer bundle' where clinical staff took ownership of patients' discharge process. Additional support from the community nursing team was also being provided to care homes following discharge of patients to reduce readmission rates. The Chairman noted that it was important for clinical staff to work in partnership with patients and their families to ensure that patients were returning home to a safe environment, and for estimated discharge dates to be communicated clearly.

With regard to the reduction in the Standardised Mortality Rate, the Deputy Medical Director, Princess Royal University Hospital (PRUH) advised Members that this was mainly due to better governance systems and staffing. A range of work was being undertaken in care homes around setting limits of care and avoiding unnecessary admissions, and this would help to drive further reductions in the mortality rate by supporting those receiving end of life care to remain in their own homes. The Chairman was pleased to announce that Bromley had been commended at a recent meeting of the Our Healthier South East London – Joint Health Overview and Scrutiny Committee for its work in assisting people to die in their preferred place, and led the Sub-Committee in thanking all staff involved in providing higher levels of care to those receiving end of life care.

The Chairman queried if the cleaning protocols at the PRUH had been reviewed to ensure that the risk of spreading the Norovirus infection between wards was minimised. The Deputy Medical Director, Princess Royal University Hospital (PRUH) reported that cleaning was at the forefront of infection control, and that further information regarding cleaning protocols at the Trust would be provided to Members following the meeting.

In considering other elements of the presentation, a Co-opted Member underlined the need to include the views of patients in the 'clean sheet redesign' of services across the Trust. A Member also queried whether recruitment and retention campaigns currently underway had considered availability of housing for new staff, and the Deputy Medical Director, Princess Royal University Hospital (PRUH) confirmed that accommodation was considered as part of the recruitment programme, and that local housing had been procured for a number of overseas doctors who had recently been recruited to work at the PRUH.

The Chairman requested that further visits to key health facilities across the Borough be arranged for Members during Winter 2016/7.

The Chairman led Members in thanking Paul Donohoe and Sarah Willoughby for their presentation which is attached at Appendix B.

**RESOLVED that the update be noted.**

## **20 MENTAL HEALTH REHABILITATION REDESIGN - OXLEAS**

### **Report CS17071**

The Sub-Committee received a presentation from Adrian Dorney, Associate Director, Inpatient and Crisis Services and Iain Dimond, Service Director, Adult Mental Health and Learning Disability, Oxleas NHS Foundation Trust outlining the redesign of the Mental Health Rehabilitation Pathway which aimed to modernise the Pathway and re-balance provision of rehabilitation across inpatient and community settings.

The redesign would invest in the development of multi-disciplinary community rehabilitation services to provide care for patients in their own homes and avoid the need for admission to inpatient rehabilitation settings, and to assist those who were in an inpatient rehabilitation setting to move back to more independent settings. It also aimed to reduce the number of inpatient rehabilitation beds that were required, with the reduction in inpatient beds enabling the re-investment in community rehabilitation services including medication, tenancy and crisis support which was expected to reduce demand for inpatient care, and to meet the needs of patients in a more cost effective way. Patients who required inpatient rehabilitation would continue to receive care within this setting, and any patient moves would be conducted appropriately in line with patients' individual clinical needs.

In order to achieve the required service development, it was proposed that Barefoot Lodge be maintained as an in-patient rehabilitation unit, but that services no longer be provided at Somerset Villa and Ivy Willis Open and Closed units with funding for these units to be reinvested in a range of community rehabilitation services and third sector provision.

In considering the service redesign, the Chairman was concerned that the beds available for inpatient rehabilitation would be reduced from 46 to 15, and emphasised Members concerns around the number of patients that would be displaced into the community and of these, how many would not have existing accommodation to return to, as well as how many additional Oxleas NHS Foundation Trust staff would support them. The Local Authority had statutory responsibilities to provide housing for vulnerable people, but there was a lack of suitable housing available within the Borough which might cause difficulties in enabling these patients to receive rehabilitation services in a community setting.

The Associate Director, Inpatient and Crisis Services, Oxleas NHS Foundation Trust explained that the service redesign would initially be focused on patients with existing accommodation, but that consideration would also be given to the threshold of patients in supported accommodation that providers could care for. The Service Director, Adult Mental Health and Learning Disability reported that Oxleas NHS Foundation Trust would continue working alongside Community Options to support patients into suitable accommodation, and that work would also be undertaken to reassure prospective landlords of the high level of support that was in place, which under the proposed scheme could include daily contact. Oxleas NHS Foundation Trust was not currently planning to establish new supported accommodation but this might be revisited in future.

A Member noted the geographical size of the Borough and queried if this would be challenging to a community-based service. The Associate Director: Inpatient and Crisis Services, Oxleas NHS Foundation Trust confirmed that staff would be required to travel to patient's homes to provide support, and that this level of support would be maintained for as long as the patient's needs were assessed as requiring it. There would be a community team based in each of the three Boroughs that were covered by Oxleas NHS Foundation Trust, and the size of each team would be dependent on the current level of need and could be flexible across the three Boroughs.

The Service Director, Adult Mental Health and Learning Disability reported that an effective community rehabilitation service had been delivered in the London Borough of Bexley for a number of years which allowed Oxleas NHS Foundation Trust to anticipate the number of patients that were likely to 'step down' from an inpatient rehabilitation setting each year. Modelling had also been undertaken of those patients currently resident in an inpatient rehabilitation setting and it had been identified that over 50% did not require this level of care and were potentially suitable for community rehabilitation services.

In summarising the discussion, the Chairman noted that Members were generally in favour of intensive community rehabilitation being provided as a Step Up/Step Down service between the existing levels of inpatient rehabilitation and community care, but that more information was required on how this would work in practice, particularly around the provision of suitable accommodation and community care for those patients that would no longer qualify for inpatient rehabilitation services. A Co-opted Member highlighted the need to engage with service users in developing the proposed redesign, and the Associate Director: Inpatient and Crisis Services, Oxleas NHS Foundation Trust confirmed that inpatients and their carers had been consulted, and that patients had generally voiced a preference to move toward more independent living.

The Local Authority and Bromley Clinical Commissioning Group's responses to the consultation on the proposed service redesign would be circulated to Members of the Health Scrutiny Sub-Committee when available and Members and Co-opted Members were requested to provide their comments.

The Chairman led Members in thanking Adrian Dorney and Iain Dimond for their presentation which is attached at Appendix B.

**RESOLVED that the redesign of the Mental Health Rehabilitation Pathway be noted.**

## **21 OXLEAS RELOCATION OF LD SERVICES**

### **Report CS17070**

The Sub-Committee considered a report from Iain Dimond, Service Director and Lorraine Regan, Clinical Director of Adult Mental Health and Learning Disability, Oxleas NHS Foundation Trust outlining the proposals for a planned move of Bromley Community Learning Disability Team from Yeoman House, Penge.

The Bromley Community Learning Disability Team had moved to Yeoman House in February 2016. Shortly after the relocation, the London Fire Brigade had carried out an inspection and deemed the premises unsuitable for use by individuals with physical disabilities due to lack of adequate fire evacuation procedures. No solution had been found to address this issue, and the Bromley Community Learning Disability Team had subsequently delivered treatment through a number of existing community resources across the Borough.

Following work to identify suitable alternative premises, Oxleas Board had agreed that the service could be accommodated in purpose-built accommodation on the Queen Mary's hospital site which provided both ground floor clinical space and office space. Work had been undertaken with service users to assess the impact of a move to this site including a questionnaire, and it had been identified that a higher proportion of service users lived closer to Queen Mary's Hospital site than Yeoman House. Clinicians would continue to work with individuals to ensure there was a plan for each service user in accessing the services on the new site, and where service users were disadvantaged by the move, the Trust would continue to offer appointments in users' homes or in other Oxleas premises.

In response to a question from a Member, the Clinical Director of Adult Mental Health and Learning Disability, Oxleas NHS Foundation Trust confirmed that it was still planned to co-locate the Bromley Community Learning Disability Team with Adult Social Care to support integrated working, and that Oxleas NHS Foundation Trust would meet the costs of moving both services to Queen Mary's Hospital site.

The Portfolio Holder for Care Services noted that there were cost implications related to the lease for Yeoman House and that this was currently the subject of negotiations between the Local Authority and Oxleas NHS Foundation Trust. The services would not move from Yeoman House until this issue had been resolved.

**RESOLVED that the proposals for the planned move be noted.**

## **22 OVERVIEW OF PHARMACY SERVICES IN BROMLEY - CCG**

The Sub-Committee received a presentation from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group providing an overview of pharmacy services in Bromley.

The Community Pharmacy Contractual Framework was commissioned by NHS England and supported the provision of a range of essential services, including dispensing medication and appliances, delivery of public health initiatives and signposting to other services. Pharmacy contractors could also choose to deliver a range of advanced services, including flu vaccinations, medicines use reviews, which supported patients in understanding and managing their medicines, and the new medicines service, which aimed to improve patient understanding and engagement with their conditions and medicines. Public Health commissioned a number of services from local providers including sexual health and smoking cessation services, and Bromley Clinical Commissioning Group also commissioned local providers to deliver the anticoagulation service and a tailored dispensing service which provided over 2000 Bromley patients with support and compliance aids to assist them in self-managing their medicines and maintaining their independence.

There were two national workstreams for 2016/17 which would direct referrals from NHS 111 to pharmacies for both urgent medicines supply and for people who needed immediate help with urgent minor ailments. Work was also being undertaken to transform the way that pharmacies operated across the NHS for the benefit of patients over the next two years. This work would be supported by the Pharmacy Integration Fund which aimed to develop clinical pharmacy practice in a wider range of primary care settings, such as care homes, GP practices and urgent care settings. This would improve access for patients and relieve the pressure on GPs and Accident and Emergency Departments, ensuring best use of medicines and driving better value and improved patient outcomes.

In response to a question from a Member regarding medicines use reviews, the Chief Officer, Bromley Clinical Commissioning Group confirmed that pharmacists could raise concerns about a patient's medication with GPs, and that pharmacists would increasingly be based at GP practices as part of the development of Integrated Care Networks. Medicines use reviews would be included as part of the multi-disciplinary team meetings for the most vulnerable individuals, and the Bromley Clinical Commissioning Group was also exploring how to deliver medicines use reviews in care homes.

A Co-opted Member noted that Healthwatch Bromley had recently undertaken a review of Pharmacy Services in Bromley. This review had identified a number of strengths across the provision, but that there was also low public awareness of some pharmacy services. The Co-opted Member suggested

that further promotional work be undertaken and that this might be funded through the Pharmacy Integration Fund.

The Chairman led Members in thanking Dr Angela Bhan for her presentation which is attached at Appendix B.

**RESOLVED that the presentation be noted.**

**23 PLANS FOR FRAILTY SERVICE AT ORPINGTON HOSPITAL - CCG**

The Sub-Committee received a presentation from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group and Dr Paul Donohoe, Deputy Medical Director, Princess Royal University Hospital (PRUH) providing an update on the Frailty Pathway

Work was underway across the system to co-develop a new pathway that was linked to delivering the out-of-hospital strategy and establishment of the Integrated Care Network model of care. The Pathway would help to provide support for the frail elderly population of Bromley in a more integrated and coordinated way, both in and out of hospital, using the multi-disciplinary team approach. A cross-system workshop was held in May 2016 at which all providers and Patient Advisory Group members participated, following which joint Governance had been established and weekly Frailty Clinical interface Group meetings had been held with representatives from all health partners. The Patient Advisory Group had received further updates on progress in developing the Pathway, and would assist with testing the draft Pathway.

The new pathway aimed to use a predictive case finding model and clinical judgements to identify individuals who were at high risk of future emergency admission to hospital and who would benefit from case management. An initial holistic assessment would be undertaken with the individual, usually with the Community Matron, following which an Integrated Care and Support Plan would be developed and subsequently ratified following an initial review by a multi-disciplinary team. When required, an holistic assessment would be carried out to reassess the needs of the individual and where appropriate, adjust the intensity of support that was needed, and there would be regular reviews. An audit had also been undertaken around the eligibility criteria for admission to the Orpington Beds Step Up/Step Down Facility which would provide non-acute elderly care as part of the Frailty Pathway.

In response to a question from the Chairman, the Deputy Medical Director, Princess Royal University Hospital (PRUH) advised that there would be a range of basic medical testing available at the Orpington Beds Step Up/Step Down Facility, such as blood tests and imaging, and that patients in need of more complex testing could be transferred to the PRUH. There would be 38 beds/chairs available at the Orpington Step Up/Step Down Facility when it opened in January 2017, and these could be used to provide short term respite care to vulnerable people whose carers had been hospitalised through a block-bed contract from the Bromley Clinical Commissioning Group.



The Chairman led Members in thanking Dr Angela Bhan and Dr Paul Donohoe for their presentation which is attached at Appendix B.

**RESOLVED that the presentation be noted.**

**24           JOINT HEALTH SCRUTINY COMMITTEE - CHAIRMAN'S  
UPDATE**

The Chairman provided an update on the Our Healthier South East London – Joint Health Overview and Scrutiny Committee which had met on 11<sup>th</sup> October 2016 to consider the future provision of elective surgery across South East London which would be delivered at two of three potential locations comprising Orpington, Guy's and Lewisham Hospital sites. A further meeting of the Joint Health Overview and Scrutiny Committee would be held in late November 2016 to allow Members to contribute to the consultation on this issue.

**RESOLVED that the update be noted.**

**25           WORK PROGRAMME 2016/17**

**Report CSD16142**

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

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

**26           ANY OTHER BUSINESS**

There was no other business.

**27           FUTURE MEETING DATES**

The next meeting of Health Scrutiny Sub-Committee would be held at 4.00pm on Thursday 9<sup>th</sup> March 2017

The Meeting ended at 6.24 pm

Chairman