

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 7 November 2017

Present:

Councillor Mary Cooke (Chairman)
Councillors Ian Dunn, Judi Ellis, Robert Evans and
Charles Rideout QPM CVO

Linda Gabriel and Lynn Sellwood

Also Present:

Councillor Diane Smith, Portfolio Holder for Care Services

13 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor David Jefferys, Councillor Terry Nathan, Councillor Angela Page and Councillor Pauline Tunnicliffe. Apologies for absence were also received from Justine Godbeer.

14 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

One oral question and two written questions were received from Councillors and members of the public and these are attached at Appendix A.

16 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 13TH JUNE 2017 AND MATTERS ARISING

RESOLVED that the minutes of the meeting held on 13th June 2017 be agreed.

17 PRUH IMPROVEMENT PLAN UPDATE (KINGS FOUNDATION NHS TRUST)

The Sub-Committee received a presentation from Matthew Trainer, Managing Director for the Princess Royal University Hospital (PRUH) and South Sites and Sao Bui-Van, Director of Communications, King's College Hospital NHS Foundation Trust providing an update on the progress of the Trust and the PRUH Improvement Plan.

Although it continued to be extremely challenging to meet emergency performance targets, there had been overall improvement at the PRUH over the past year with aggregate performance of 87.8% in September 2017 against 82.53% on September 2016, despite a significant increase in attendances. Implementation of the King's Way Programme, which aimed to increase the quality of services and make them more efficient and productive, was ongoing at the PRUH and Orpington Hospital sites. The Trust had a national ranking of 23 out of 123 Trusts which placed it in the top fifth of Trusts in terms of performance, and had performed well on the national Summary Hospital Mortality Index at 89.8%. Friends and Family test scores remained high with 94% satisfaction for Inpatients' services in September 2017, although issues had been identified in Outpatients' services including with appointment booking and clinic waiting times which would be addressed through a transformation programme.

In considering other developments, the electronic record system would be rolled out in November 2017 and would enable full patient records to be accessed by hospital staff as well as streamlining discharge processes. Recruitment remained a key area of priority and staff had been recruited to address specific issues including the need for experienced nurses to provide 24 hour ward cover and additional Health Care Assistant posts in the Emergency Department. The Trust was on track to deliver the cost improvement programme for 2017/18 and had worked with PWC to identify further cost savings; however due to the increased demand for services a re-forecast compliant with NHSI protocol had been submitted representing an overall full-year deficit of £70.6M forecast for 2017/18.

In considering the current financial position of the Trust, the Managing Director (PRUH) confirmed that the demand for services was increasing significantly faster than funding levels for the majority of hospital trusts which was causing financial pressure and was an issue for the Government to address. The Trust's ongoing cost improvement programme had realised significant savings in recent years; however the scope for further efficiencies would be increasingly limited going forward. Work had been undertaken with other hospital trusts to address escalating agency costs and a pan-London agreement was now in place that set standard agency rates for staff in particular specialisms.

With regard to contingency plans for EU staff following the UK's exit from the European Union, the Managing Director (PRUH) reported that the proportion of EU staff at the PRUH was relatively low. The message from the Government was that the residency status of EU health professionals was secure, and the Trust would work to retain as many EU staff as possible. The Director of Communications, King's College Hospital NHS Foundation Trust would provide a breakdown of EU and non-EU staff including departure data to Members following the meeting.

The Managing Director (PRUH) reported that work was underway to establish an Acute Hub at the PRUH to reduce pressure on the Emergency

Department. This service was aimed at treating those 'fit to sit' that did not require hospital beds and supporting them to return home without the need to be admitted. Social staff from the Transfer of Care Bureau would be located in the Acute Hub to arrange any wraparound care necessary to support people to return home or to 'step-down' provision. In response to a question from a Member around waiting times for some services, the Managing Director (PRUH) confirmed that an increased amount of weekend working was being undertaken by consultants to reduce waiting times. This included in the Ophthalmology specialism where two new consultants had recently been recruited. The backlog of CT scans at the PRUH had now been cleared following the replacement of the hospital's two CT scanners.

A Member raised a query regarding 'never' events which were those events that should never have happened, such as an operation on the wrong organ. The Managing Director (PRUH) explained that the Trust had a range of processes in place to prevent the occurrence of 'never' events which were continually updated to reflect learning and changes in surgical culture. A Member raised a concern around increased Emergency Department attendances by children aged 16 years and under with mental health support needs. The Managing Director (PRUH) confirmed that the Trust continued to work with Oxleas NHS Foundation Trust to improve treatment times for Child and Adolescent Mental Health Services and ensure that appropriate specialist services were in place. The provision of inpatient beds for young people with mental health needs in the London area had been identified as a concern, and the Portfolio Holder for Care Services queried whether insufficient provision of specialist mental health placements for children should be treated as a 'never' event.

In response to Members' concerns around the capacity of the PRUH car park for staff and visitors, the Managing Director (PRUH) advised Members that this had been identified as a priority. Two options to increase car parking were being explored that comprised maximising the use of the existing estate or adding an upper deck to a suitable area of the car park with the aim of identifying the preferred option by Summer 2018. The Managing Director (PRUH) invited Ward Councillors to attend a meeting with himself and the Director of Capital, Estates and Facilities to review the proposals for car park expansion.

Members discussed a recent Healthwatch Bromley report on Discharge which had identified a number of positive aspects of service provision but had also raised some concerns. The Managing Director (PRUH) advised that the PRUH had already acted on the report and that the Discharge area had been relocated to be closer to the PRUH main entrance. This area had been designed to provide both seating and space for trolleys, as well as side rooms for infectious patients. Facilities were also in place to supply patients with any necessary prescribed medications prior to discharge as well as provide meals where needed. The Chairman led Members in thanking Healthwatch Bromley for its excellent report and the PRUH for the service transformation work that had been carried out.

Members generally discussed how impressed they had been by the enthusiasm of staff and the holistic way patients were prepared for discharge during a recent Member visit to Orpington Hospital. Members also considered the potential for the Trust to develop closer links with secondary schools, including outreach work in schools and work experience opportunities.

Members requested that an update on the Trust's plans for service delivery in August 2018 be provided to the next meeting of Health Scrutiny Sub-Committee on 6th March 2018. An update on the outcome of transformation work within the Outpatients' Service would also be provided to the next meeting of the Health Scrutiny Sub-Committee on 6th March 2018.

The Chairman led Members in thanking Matthew Trainer and Sao Bui-Van for their presentation which is attached at Appendix B.

RESOLVED that the update be noted.

18 UPDATE ON HOW REABLEMENT PROVISION LINKS WITH MENTAL HEALTH SERVICES (LBB)

The Sub-Committee considered a report providing an update on how reablement provision linked with mental health services.

Reablement was an assessment and support service provided for a period of up to six weeks in people's homes to support them in relearning daily living skills and developing the confidence to live independently. Referrals to the Reablement Service were usually made following discharge from hospital or following an episode of immobility. Referrals were also accepted from Mental Health services where the support required was for re-learning and daily functioning, as the focus of the Referral Service was primarily based around improving physical ability.

In considering the update, a Member requested that information on how Oxleas NHS Foundation Trust linked with the Reablement Service be included as part of the update from Oxleas NHS Foundation Trust at the next meeting of Health Scrutiny Sub-Committee on 6th March 2017. A briefing note on the current position of the Reablement Service would be provided to Members following the meeting.

RESOLVED that the update be noted.

19 CANCER CARE UPDATE (CCG)

The Sub-Committee considered a report by the Bromley Clinical Commissioning Group providing an update on cancer care.

Pathways to prevent, identify and treat cancer could be complex and were divided between different organisations. Bromley Clinical Commissioning Group worked to oversee and monitor cancer care to ensure there was good oversight on how cancer was managed for individual patients and at

population level, and that robust programmes and pathways were in place to improve the quality of care and patient outcomes. To support this, Bromley Clinical Commissioning Group had developed an ongoing evaluation programme of all aspects of cancer care at both a local and pan-London level, which included a 62 day target for the length of time between GP referral and treatment starting which was currently performing at just below the 85% target in Bromley. A key area of focus was the efficient progression of patients through treatment pathways. This included work to improve standards of referral which would be supported by the introduction of the electronic records system. The Bromley Clinical Commissioning Group was also working with London Cancer Alliance to ensure standards for cancer care were being met.

In response to question from a Member regarding screening programmes for cancer, the Chief Officer: Bromley Clinical Commissioning Group explained that the screening test for prostate cancer was not as reliable as those for cervical and breast cancer. There was no screening test for testicular cancer and health providers worked to make men aware of the symptoms of testicular cancer and the need to undertake regular self-examination.

RESOLVED that the update be noted.

20 PRIMARY OPHTHALMOLOGY SERVICES UPDATE (CCG)

The Sub-Committee considered a report by the Bromley Clinical Commissioning Group providing an update on primary ophthalmology services.

In 2015, the Local Authority and the Bromley Clinical Commissioning Group jointly commissioned an eye needs assessment to review services across the Borough. The outcome of this assessment identified the need for eye care pathways to be improved to alleviate capacity issues and increase access to local services. The Bromley Clinical Commissioning Group subsequently conducted a comprehensive review of eye care services which led to the commissioning of the Bromley Minor Eye Care Service. The Bromley Minor Eye Care Service was launched on 1st April 2017 as a two year pilot scheme delivering minor eye care provision through 11 local optical practices across the Borough. To support the continued realisation of wide scale efficiencies and improve referral to treatment times, Bromley Clinical Commissioning Group was also working collaboratively with neighbouring Clinical Commissioning Groups to present one model of minor eye care provision care across the Sustainability and Transformation Partnership.

The Chief Officer: Bromley Clinical Commissioning Group advised that eye care services could be accessed from a number of health care providers including GP surgeries, opticians, Queen Mary's Hospital Sidcup and Moorfields Eye Hospital NHS Foundation Trust. People could also self-refer to the Bromley Minor Eye Care Service, and the Chief Officer: Bromley Clinical Commissioning Group would look into how this was being promoted to Bromley residents.

A Member was pleased to note the launch of Bromley Minor Eye Care Service which would help reduce delays in access to ophthalmology services as sight issues could have a devastating impact on people. Another Member highlighted that he had required urgent care for an eye problem in Summer 2016 and had been very impressed with the service he had received.

In response to a question from a Member regarding sight management for people with diabetes, the Chief Officer: Bromley Clinical Commissioning Group confirmed that the screening programme for people with diabetes was delivered at a national level and that diabetic retinopathy screening was undertaken for this cohort on an annual basis. The Bromley Clinical Commissioning Group worked with King's College Hospital NHS Foundation Trust and Bromley Healthcare to provide a range of services to people with diabetes in Bromley including specialist provision at a range of GP surgeries.

Members requested that an update on the Bromley Minor Eye Care Service pilot scheme be provided to the meeting of Health Scrutiny Sub-Committee in November 2018.

RESOLVED that the update be noted.

21 PHARMACY SERVICES UPDATE (CCG)

The Sub-Committee considered a report by the Bromley Clinical Commissioning Group providing an update on pharmacy services.

Community pharmacists played a central role in their local communities, providing cost effective, high quality and accessible health care provision. In October 2016, the Department of Health published a package of reforms for community pharmacy services which underlined the need for modernisation. A number of developments had subsequently been rolled out across pharmacy services including locating clinical pharmacists in General Practices and the commissioning of additional services from community pharmacists including flu vaccinations. The Pharmacy Integration Fund had also been used to support the development of clinical pharmacy practice in a wider range of primary care settings, including integrated care models.

At a local level, work was underway to develop the Pharmaceutical Needs Assessment which was currently being consulted on. A number of services had also been commissioned including a needle and syringe exchange and a tailored dispensing service. The Bromley Clinical Commissioning Group continued to strengthen collaborative working and integration with community pharmacies and other health partners. Consideration was also being given to how the use of community pharmacies could be developed further, such as for health coaching and supporting medicines use in care homes and domiciliary settings.

RESOLVED that the update be noted.

22 WORK PROGRAMME 2017/18

Report CSD17135

Following consideration by Members, a number of items were added to the forward rolling work programme for the Health Scrutiny Sub-Committee as outlined below:

- Formation of the Bromley Directorate within Oxleas and First Year Progress Report (to include details of how Oxleas links with the Reablement Service) (Oxleas) – March 2018
- Service Delivery Plans for August 2018 (PRUH) – March 2018
- Transformation Work within the Outpatients' Service (PRUH) – March 2018
- Bromley Minor Eye Care Service Pilot Scheme Update (CCG) - November 2018

RESOLVED that the work programme be noted.

23 ANY OTHER BUSINESS

In considering the South East London Sustainability and Transformation Plan (STP), The Chief Officer: Bromley Clinical Commissioning Group advised Members that the Capped Expenditure Process had been introduced in Spring 2017 for STP areas where significant financial gaps had been identified. The aim of the Capped Expenditure Process was to bring together all providers and commissioners to take collective responsibility in delivering a system-wide financial balance. In recent months there had been a reduced focus on the Capped Expenditure Process with emphasis increasingly being placed on the South East London Single Financial Strategy that was taking a collective approach to bridging the funding gap. There were currently no plans to reduce or cease any clinical services in Bromley in response to the funding gap and any future proposals of this nature would be fully consulted on. The Chief Financial Officer: Bromley Clinical Commissioning Group was requested to provide further information on the Capped Expenditure Process and Single Financial Strategy to Members following the meeting.

RESOLVED that the issues raised be noted.

24 FUTURE MEETING DATES

The next meeting of the Health Scrutiny Sub-Committee would be held at 4.00pm on Tuesday 6th March 2018

The Meeting ended at 5.56 pm

Chairman