

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 6 March 2018

Present:

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunncliffe (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, Judi Ellis,
Robert Evans, Will Harmer and Terence Nathan

Linda Gabriel and Lynn Sellwood

Also Present:

Councillor Diane Smith, Portfolio Holder for Care Services
Councillor Angela Page, Executive Support Assistant to Portfolio
Holder for Care Services

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor David Jefferys and Councillor Charles Rideout CVO QPM. Apologies for absence were also received from Justine Godbeer.

The Chairman led Members in welcoming Paul Feven, Interim Director: Programmes who was the Corporate Lead Officer to the Health Scrutiny Sub-Committee.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

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 7TH NOVEMBER 2017 AND MATTERS ARISING

RESOLVED that the minutes of the meeting held on 7th November 2017 be agreed.

5 KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST UPDATE (KING'S)

The Sub-Committee received a presentation from Matthew Trainer, Managing Director: Princess Royal University Hospital (PRUH) and South Sites and Lisa

Hollins, Executive Director: Transformation and ICT (King's) providing an update on the progress of the Trust and the PRUH Improvement Plan.

King's College Hospital NHS Foundation Trust had been placed in Financial Special Measures by NHS Improvement on 11th December 2017 due to a forecast year-end deficit of £92.2M for 2017/18, compared to a planned year-end deficit of £38.8M. The deficit had increased as a result of many factors including overly optimistic planning assumptions for income growth and cost savings for 2017/18, and operational challenges for non-elective and urgent care caused by increasing demand for services. Work was underway to address the deficit including Financial Planning for 2018/19 and the development of a five year strategy for the Trust. A programme had also been launched in partnership with the NHS Improvement Productivity Team with the aim of delivering rapid quality and productivity improvement across Trauma and Orthopaedic services, with subsequent phases planned for Ophthalmology, Neurosciences and the Back Office. An update on the Productivity Improvement Programme would be reported to a future meeting of the Health Scrutiny Sub-Committee.

With regard to the PRUH, Emergency Department performance continued to improve with an aggregate performance of 84.9% in January 2018 against 76.3% on the previous year, although this was not a like-for-like comparison. Performance against the 62 day GP referral target for cancer treatment was 89.3% in January 2018 which exceeded the 85% target, and performance was being maintained across Referral to Treatment times, with the number of patients waiting over 52 weeks for treatment decreasing significantly over the past year to just three patients in January 2018. The Trust had a national ranking of 19 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 with a score of 90.5% as at December 2017. Friends and Family test satisfaction scores remained high across the Trust at 90% and 86% for Inpatient and Outpatient services respectively for September 2017. Recruitment continued to be an area of key focus and the overall vacancy rate had reduced to 12.1% for January 2018. A "Future State" vision had been developed for the planned transformation of Outpatient's services, and a range of key local digital drivers had also been identified to support the completion of the full integration of Electronic Records across the Trust, which included local care records and electronic prescribing. A recent Care Quality Commission Inspection of the PRUH had found no 'Inadequate' services and had rated the majority of services as 'Good' with one 'Outstanding' area, although the overall rating remained 'Requires Improvement'.

In considering the update, the Chairman asked how the financial position at the PRUH might affect service delivery. The Managing Director: PRUH and South Sites confirmed that whilst there may be future changes to some services, there were no plans to reduce the core service offer of the PRUH which encompassed a wide range of provision including the Emergency Department, elective surgery and maternity services. On a recent visit, Health Education England had described the Paediatric Department as the "jewel in the crown" of the PRUH following significant investment in the service. A

number of key capital investment programmes had been developed for the PRUH with the aim of improving efficiency and performance. This included an expansion of the Emergency Department to increase the number of resuscitation bays and critical care beds, and works to provide additional ambulance bays and improve car parking facilities. The Executive Director: Transformation and ICT (King's) reported that additional capital funds had been made available to the PRUH for the 2017/18 financial year. Work was underway to identify if these funds could be carried forward to support key capital investment programmes for 2018/19, but if this was not possible the funding would be invested in other planned projects including the purchase of specialist equipment.

In response to a question from a Member, the Managing Director: PRUH and South Sites confirmed that it would be very difficult to address the projected deficit of £92.2M, particularly as demand for health services in South East London continued to increase. The Trust would continue to engage with the Sustainability and Transformation Plan for South East London and to lobby for funding which reflected the level of service demand; however, there was also a need for the Trust to work closely with Social Care services to ensure that people received the appropriate level of support for their health and care needs. A Member highlighted that there were some areas of historical deficit relating to under-charging between the Trust and clinical commissioning groups across South East London, and stressed the need for key programmes to continue to be supported, including the Better Care Fund. The Managing Director: PRUH and South Sites advised that the PRUH would continue to work closely with all health and social care partners including the Bromley Clinical Commissioning Group, Local Authority and GP Alliance to deliver a robust health and social care offer across the Borough, and that programmes such as the Transfer of Care Bureau had been very effective in reducing unnecessary hospital stays. Another Member emphasised the high number of Emergency Department attendances by a cohort of frail older people, and suggested that this be addressed through further developing the community services offer across the Borough, including specialist nursing home provision.

The Chairman led Members in thanking Matthew Trainer and Lisa Hollins for their presentation which is attached at Appendix A.

RESOLVED that the update be noted.

6 OUTCOME OF ENGAGEMENT ON PROPOSED CHANGES TO PRESCRIBING OVER-THE-COUNTER MEDICATIONS IN BROMLEY (CCG)

The Sub-Committee considered a report by the Bromley Clinical Commissioning Group outlining the outcome of engagement on proposals to no longer support the routine prescribing of health supplements and self-care medications that could be purchased over the counter with the aim of promoting self-care and empowering Bromley residents to manage minor ailments and injuries. The proposals also supported the national direction of

travel which sought to make health services more sustainable and to eliminate waste, as well as to free up clinical time for those most in need and to ensure best value from available funding.

The engagement period ran from 31st July 2017 to 8th October 2017. During this period, 547 responses were received to the survey and additional responses had been gathered through face-to-face meetings with a range of groups, including people on lower incomes and families, as well as from key stakeholders. The outcome of the engagement showed that 83.64% of respondents either 'Agreed' or 'Somewhat Agreed' with the proposals and 84.71% either 'Agreed' or 'Somewhat Agreed' that General Practitioners should spend less time treating people who could buy self-care medication and health supplements without a prescription. Based on these outcomes, the Bromley Clinical Commissioning Group had approved the proposals which had been implemented from 1st December 2017.

The Chief Officer: Bromley Clinical Commissioning Group clarified that General Practitioners would still be able to prescribe health supplements and self-care medications where appropriate, but that this would no longer be routinely prescribed to patients.

In discussion, Members generally supported these proposals; however a Member underlined the importance of raising awareness amongst Bromley residents about consulting a pharmacist when buying over-the-counter health supplements and self-care medications to ensure it was appropriate for them. The Member also noted the potential to roll-out this practice to hospitals to avoid the issuing of unnecessary prescriptions.

RESOLVED that the update be noted.

7 UPDATE ON THE SOUTH EAST LONDON STP FOOTPRINT RELATING TO THE CAPPED EXPENDITURE PROCESS (CCG)

The Sub-Committee considered an update by the Bromley Clinical Commissioning Group on the South East London STP Footprint relating to the Capped Expenditure Process.

The Capped Expenditure Process was a system of managing finances across all providers and commissioners within the South East London Group which had now been superseded by the Quality, Innovation, Productivity and Prevention (QIPP) programme. The QIPP was a large-scale programme developed by the Department of Health to drive forward quality improvements in NHS care, at the same time as delivering significant efficiency savings.

The Chief Officer: Bromley Clinical Commissioning Group reported that there was a requirement for all Clinical Commissioning Groups to produce an operating plan which aligned with provider plans prior to the start of each financial year. It had been recognised that there was a significant funding gap in South East London and providers and commissioners would continue to work collaboratively together to reduce the funding gap through service

transformation, including placing an emphasis on early intervention services to reduce escalation of need, and by working more efficiently together.

RESOLVED that the update be noted.

8 PHLEBOTOMY SERVICE AT PRINCESS ROYAL UNIVERSITY HOSPITAL - DIRECT ACCESS (CCG)

The Sub-Committee considered an update by the Bromley Clinical Commissioning Group on potential changes to phlebotomy services in Bromley.

King's College Hospital NHS Foundation Trust had recently notified the Bromley Clinical Commissioning Group that it wished to reallocate the space used for the walk-in phlebotomy service at the Princess Royal University Hospital to other services, and requested that the Bromley Clinical Commissioning Group commission this service from different provider. The Princess Royal University Hospital would continue to provide phlebotomy services for Inpatient and Outpatient services as well as children's blood tests. The walk-in phlebotomy services at the Beckenham Beacon and Orpington Hospital sites would continue to operate, and 28 General Practices across the Borough had been commissioned to deliver phlebotomy services as an 'enhanced service'.

The Chief Officer: Bromley Clinical Commissioning Group advised Members that work was underway to identify alternate sites for walk-in phlebotomy services on an interim and permanent basis. A Member noted that this offered an excellent opportunity to improve the way that phlebotomy services were spread across Bromley, reducing time and travel costs for people referred for blood tests. Members also suggested that a school or a mobile unit might be used to provide phlebotomy services, but that adequate car parking and good public transport links would need to be in place.

In discussion, Members generally agreed that a formal consultation process would not be required for the proposed service change as the proposal related to the location of the service and not a change in how it was provided, but requested that the Chief Officer: Bromley Clinical Commissioning Group confirm this with her Legal Service. The Chief Officer: Bromley Clinical Commissioning Group emphasised that engagement would be undertaken with service users on the proposed changes, and a Member requested that this focus on more vulnerable service users as well as those requiring phlebotomy services on a frequent basis.

RESOLVED that the update be noted.

9 UPDATES FROM OXLEAS NHS FOUNDATION TRUST:

The Sub-Committee received two presentations from Estelle Frost, Service Director, Adrian Dorney, Associate Director and Pauline Kenny, Mental Health Service Manager: Bromley Directorate of Oxleas NHS Foundation Trust on

the Bromley Adult and Older People's Mental Health Directorate and the Bromley Community Mental Health Rehabilitation and Enablement Service.

10 BROMLEY ADULT AND OLDER PEOPLE'S MENTAL HEALTH DIRECTORATE UPDATE (ESTELLE FROST, SERVICE DIRECTOR)

The Bromley Adult and Older People's Mental Health Directorate had been formed on 1st April 2017 to provide key mental health services to service users within their local area and to enable mental health services to develop closer working relationships with the local acute trust as well as local providers and commissioners.

Bromley Oxleas Services provided a range of community, crisis and inpatient services for adults and older people requiring secondary mental health support with 8,400 referrals received annually. Bromley Oxleas Services also delivered Child and Adolescent Mental Health Services (CAMHS), a Children's Service for 0-4 years, an Adult Learning Disability Service and a Medicines Optimisation Service. The Directorate had offices in Orpington and Penge through which it delivered its Adult and Community Services offer including Primary Care Plus, the ADAPT service and intensive care management for people with psychosis. A range of specialist services including perinatal, early intervention in psychosis and community rehabilitation operated across the whole Borough, and a number of older people's services were also provided, including support for those with dementia. Inpatient provision included 51 beds at Green Parks House, and a Crisis Line had been established to provide mental health support out of working hours.

During the first year of operation, the Directorate had delivered an improved standard of performance across its average caseload of 4,000 service users and feedback had been very positive with just 71 complaints. There had been a consistent reduction in the staff vacancy rate across the Bromley Directorate which was currently 11%. Future planned workstreams included a shift to offering more preventative interventions, the establishing of a Single Point of Access for a number of mental health services, and further alignment with Integrated Care Networks and health and social care partners.

In response to a question from a Co-opted Member, The Service Director: Bromley Directorate of Oxleas NHS Foundation Trust advised that the Directorate worked closely with carers. Oxleas staff were expected to make reference to a service user's support network as part of their assessments and a Carers' Strategy was in place. In response to a further question from the Co-opted Member, the Service Director: Bromley Directorate of Oxleas NHS Foundation Trust confirmed that Oxleas NHS Foundation Trust worked with South London and Maudsley NHS Foundation Trust and South West London and St George's Mental Health NHS Trust, and that this included developing the local market for care placements and sharing best practice. Work was also undertaken on an ad hoc basis with The Priory Hospital Hayes

Grove, a private provision, to meet the support needs of individual service users.

11 OXLEAS COMMUNITY REHABILITATION SERVICE (ADRIAN DORNEY, ASSOCIATE DIRECTOR)

The Bromley Community Mental Health Rehabilitation and Enablement Service had been established in March 2017 following the closure of a number of inpatient rehabilitation units. The service provided specialised community rehabilitation and enablement support that focused on maintaining people within their own homes and promoting independence. This included supporting service users to develop daily living skills, improve stability in the way they managed their condition and increase their social inclusion, with the expectation of reducing the number of hospital admissions and care packages required and supporting service users to sustain their tenancies. The service currently had a caseload of 34 service users with six being assessed, and five service users had been discharged since the launch of the service.

The success of the service was monitored in a range of ways including a questionnaire that was completed with service users within six weeks of their first referral to establish a baseline and subsequently repeated after six months of receiving the service. There had been 11 completed assessments to date which showed that 100% of service users rated the service as 'Excellent' or 'Good' and that the vast majority of respondents felt they had progressed in the level of their independence.

In considering the presentation, a Member highlighted the importance of the Bromley Community Mental Health Rehabilitation and Enablement Service working closely with the Reablement Service in supporting service users. The Service Director: Bromley Directorate of Oxleas NHS Foundation Trust confirmed that a Reablement workstream had been established within the Directorate and that a progress update would be reported to the next meeting of the Health Scrutiny Sub-Committee on 11th July 2018.

The Chairman led Members in thanking Estelle Frost, Service Director, Adrian Dorney, Associate Director and Pauline Kenny, Mental Health Service Manager for their presentations which are attached at Appendices B and C.

RESOLVED that the update be noted.

12 JOINT HEALTH SCRUTINY COMMITTEE UPDATE (JHOSC MEMBERS)

Councillor Judi Ellis and Councillor Ian Dunn provided an update on the Our Healthier South East London – Joint Health Overview and Scrutiny Committee which had met on 13th December 2017 to consider OHSEL activity planned for 2017/18 as well as updates on mental health provision, the orthopaedic clinical network and community care – strategy and governance. A further meeting of the Joint Health Overview and Scrutiny Committee would be held on 12th March 2018.

RESOLVED that the update be noted.

13 WORK PROGRAMME REPORT

Report CSD18012

The Chairman advised Members that to support the Sub-Committee's consideration of health issues, an additional Health Scrutiny Sub-Committee meeting had been added to the 2018/19 Programme of Meetings and meetings would now be scheduled on a quarterly basis.

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:

- Reablement Workstream within Bromley Adult and Older People's Mental Health Directorate (Oxleas/LBB) – July 2018
- Integrated Mental Health Strategy (LBB/CCG) – October 2018
- King's Productivity Improvement Programme Update (King's) – Not Programmed.

The Chairman invited Members of the Sub-Committee to provide details of any other items they wished to discuss at future meetings to the Clerk to the Committee.

RESOLVED that the work programme be noted.

14 ANY OTHER BUSINESS

There was no other business.

15 FUTURE MEETING DATES

4.00pm, Wednesday 11th July 2018
4.00pm, Wednesday 17th October 2018
4.00pm, Wednesday 16th January 2019
4.00pm, Wednesday 3rd April 2019

The Meeting ended at 6.15 pm

Chairman