

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 3 April 2019

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Aisha Cuthbert, Ian Dunn,
Judi Ellis, David Jefferys and Angela Page

Roger Chant, Justine Jones and Lynn Sellwood

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health
Councillor Yvonne Bear

40 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Robert Evans.

Apologies for lateness were received from Councillor David Jefferys.

41 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

43 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 6TH MARCH 2019 AND MATTERS ARISING

RESOLVED that the minutes of the meeting held on 6th March 2019 be agreed.

**44 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

Fiona Wheeler, Acting Executive Managing Director – Princess Royal University Hospital and South Sites (“Acting Executive Managing Director”), Debbie Hutchinson, Director of Nursing – Princess Royal University Hospital and South Sites (“Director of Nursing”) and Sarah Middleton, Head of Stakeholder Relations – King's College Hospital NHS Foundation Trust provided an update on progress in a range of areas across King's College Hospital NHS Foundation Trust.

The Acting Executive Managing Director informed Members that the Trust's four hour target in Emergency Departments had been a struggle to deliver at the Denmark Hill and PRUH sites. However the PRUH had made considerable improvements, and in February reached 70% of the 95% target. The referral to treatment time remained as a priority improvement area for the Trust. The Trust was 77% compliant in relation to the number of patients waiting 18 weeks, but there were considerable problems in meeting the 52 week target. However, work was underway to reduce the backlog of more than 200 patients.

In relation to the Trust's finances, the Trust's control total had been agreed with their regulator for 2019/20. The financial position remained very challenging, with a reported deficit of £147m at the end of month nine. The end of year report on the Trust's financial position was currently being completed and would be shared once it was available. Improving the performance of the Trust and the experiences of patients was difficult in the current financial climate and forward planning for this would be conveyed at future Sub-Committee meetings. In terms of quality, overall the Trust's performance against patient outcomes remained good, and was in the top quartile for Hospital Standardised Mortality Ratio (HSMR). The Care Quality Commission had recently visited the PRUH and Denmark Hill sites, and the outcome of the inspection was awaited. The Trust was also finalising their quality priorities for 2019/20, which would be published once they were signed off by the Board.

There had been a number of new people welcomed to the Board, including Dr Clive Kay – Chief Executive, Sir Hugh Taylor – Interim Chairman and Nicola Ranger – Chief Nurse and Executive Director of Midwifery. Dr Shelley Dolan was now the Acting Deputy Chief Executive and Bernie Bluhm was Interim Chief Operating Officer for King's College Hospital, Denmark Hill site. The Acting Executive Managing Director advised members that she was now also a member of the Trust's Board, as her appointment had been made following the acknowledgment that the PRUH and South Sites needed Board level attention. It was noted that there were a number of Acting and Interim roles, which was to allow the new Chief Executive to consider the structure he would like in place for the governance and management system. Work was ongoing to refresh the Trust's strategy, and the strategic framework was its current focus. A number of engagement sessions had been undertaken with staff, members and volunteers relating to what they do, why they do it and what

they wanted to do in the future. Around 400 people had been engaged with so far, and further internal work would take place before the strategic framework was finalised. This had been carried out in tandem with the Board developments, and had been an open and transparent process.

In addition to the appointment of the Acting Executive Managing Director, the senior leadership team for the PRUH and South Sites included three senior team members: Meredith Deane – Director of Operations, Debbie Hutchinson – Director of Nursing and Prakash Sinha – Medical Director. Two additional roles to strengthen operational leadership had also been added in underneath the Director of Operations. The Deputy Director of Operations – Planned Care and Director of Operations – Urgent Care were two senior management leads which had been added to ensure that all objectives were being delivered.

Emergency performance was a focus at the PRUH, and meeting the four hour waiting target in A&E remained very challenging. The PRUH had seen a significant improvement in mid-March 2019, when they hit 82%. The overall performance data for March 2019 was currently being analysed and would be available shortly. Work was being undertaken with Hunters to support improvements, of which key areas of development included the rapid clinical assessment of all patients. The ambulatory flow at the PRUH was also an area of development, and it was suggested that a presentation could be made to a future meeting of the Sub-Committee, detailing step by step the emergency flow from when a patient entered the hospital, to them leaving. The underlying objective was to provide a safe service to patients whilst improving the waiting times.

The Director of Nursing informed Members of the progress on transformation and Getting It Right First Time (GIRFT). GIRFT was a national programme, led by the Clinical Leadership side of NHS England. It was designed to improve medical care within the NHS by reducing unwanted variations. There had been significant improvements to theatre productivity and the length of stay in Orthopaedics and improvements in the recorded time that theatre starts in Trauma at the PRUH. In response to a question, the Acting Executive Managing Director said that theatre utilisation had an improved trajectory of 75% to 80% and was its data looked at during performance meetings. Kings College Hospital had a higher level of assessment of theatre utilisation which was reported monthly at Board level.

Members were informed that the 'King's Way for Wards' was an accredited quality improvement initiative for hospital wards. The wards were accredited on a red, amber and green system, and the assessment was inclusive of the nursing team and multidisciplinary team. This week the first two wards, Surgical 4 (PRUH) and Bodington (Orpington), had successfully completed the programme and received their green accreditation. The other wards currently working through the programme were Medical 8, Chartwell Wards, Critical Care / ICU and Coronary Care, and it was felt to be a real motivational factor for staff.

The Acting Executive Managing Director said that the Trust was currently working with system partners on admissions avoidance, which would include assessments around frailty and gaining an understanding what a patient had come in for. It aimed for an earlier discharge into community healthcare settings, which would involve ensuring that the time a patient spent on a ward was optimised in terms of decision making and reducing wastage or delays. Another area of work was the transformation of Outpatients and looking at new ways of working. The current method meant that following a visit to hospital, a patient would often have to return at a later date, only to be told that they were fine. Instead consideration would be given to looking at the new technology available and how these appointments could be delivered in different ways. An audit was being undertaken to consider the scale of demand for IV therapies to take place in the community, and to scope a service with the aim to reduce the length of hospital stays.

The Director of Nursing noted that following feedback from patients, staff and GPs, there had been a lot of focus on how patients were discharged from hospital. A new discharge lounge had opened at the PRUH in December 2018 and was now located in a bigger space at the front of the hospital. It was close to patient transport and felt to be easier for relatives and carers to find. It was a patient-friendly space with seating and a four bed / stretcher area, and had been designed to allow for a dedicated nursing care provision. It was a positive improvement and a patient information leaflet would be developed to support it.

The Acting Executive Managing Director was pleased to report that compared to last year, there was a much improved picture in relation to Norovirus cases. There had been significant progress made in reducing its spread, with less than 40 cases this year, compared to 133 cases last year. The introduction of on-site testing had made a huge difference in identifying positive cases quicker, isolating and treating them. From the data on trends collected last year, there was a clear relationship to out of hours working, and work had been undertaken to strengthen out of hours arrangements. This included collaborative working with cleaning services and senior nursing staff being on site out of hours to facilitate decision making. More effective cleaning and supervision of cleaning services had seen standards really improve, and allowed problems to be rectified quickly. Improvements had also be aided by the introduction of electronic stool charts which facilitated reporting and decision making in relation to the cohorting and isolation of patients identified.

The challenging ward layouts at the PRUH had been recognised by the regulator, NHS Improvement, and as a result over £100k had been secured for estates work. The current ward layouts did not help with infection control as there was a high level of footfall travelling through them. Work was underway to segregate the wards which included removing touch points to reduce the infection risk, additional doors, updates to the sluices and intercom systems and the installation of additional hand wash basins. A Member noted that there was a statement on the hard copies of menus on the wards, advising that they should be left for the next patient, and suggested that these should actually be removed and disposed of. The Director of Nursing

responded that this would be taken back, and noted that work needed to be undertaken to support patients with washing their hands before and after eating. There was more to learn, but it was much improved and these changes were making an impact.

The annual staff survey results for 2018 had been published for all Trusts in February 2019. The Trust had an engagement score of 6.8 against the national average of 7, and it was noted that the PRUH and South Sites engagement score was 6.9 and one of the most engaged divisions of the Trust. In response to a question, the Acting Executive Managing Director advised that there was not a London benchmark for the scores.

The PRUH and South Sites had scored well in areas that included providing a safe environment for staff, for which they had undertaken a huge amount of work delivering training to deal with violence and aggression and installing alarms. Other areas that scored well were equality, diversity and inclusion, for which the Trust had a well communicated strategy; and quality of care, as staff were hugely proud of the service they provided. Areas for improvement were highlighted as being health and wellbeing, the quality of appraisals and morale. Improvements to health and wellbeing would involve looking at the support provided and peripheral services offered. In relation to appraisals, the score was high in terms of compliance but the depth and quality could be improved. In response to a question, the Acting Executive Managing Director said that the appraisals referred to were non-medical appraisals, and that the number completed had increased since the new system had been implemented which was now linked to mandatory training. The quality of the appraisal was only as good as the person appraising, and they needed to be trained and empowered to do so. It was noted that the low score for morale was a reflection of not just the PRUH, but the rest of the Health Service. It was noted that the media did not reinforce positivity, and that morale was needed on two levels – to motivate, and to recognise that the NHS was a tough environment to work in.

Feedback on patient experience between September 2018 and February 2019 had resulted in an overall Friends and Family Test score of 89% of patients recommending the services at the PRUH and South Sites. There had also been experiences rated as excellent on many wards, including Medical 1, Medical 2, PRUH Coronary Care and Chartwell. The Emergency Department and Outpatients had not scored as highly, and feedback indicated that patients did not feel involved in their care.

A Member questioned how a Trust that was so large and busy could have such a big financial deficit. The Acting Executive Managing Director responded that the entire deficit had not just accumulated over the last year, and that there were a number of factors that had influenced it. It was suggested that the Trust's Chief Finance Officer could attend a future meeting of the Sub-Committee to deliver a detailed financial summary.

In response to a question, the Acting Executive Managing Director said that as part of the improvement plan, a range of things had been implemented in

order to cut down waiting times. These included rapidly assessing patients when they entered the department, and through the hospital to be discharged sooner. Delays into the evening had lessened and lots of disciplines were involved to work on specific areas, how to access other services and make decisions as to what happened next in terms of a patients' care. It was suggested that the Trust's Clinical Director could attend a future meeting of the Sub-Committee to provide an update.

In response to a question from the Chairman, a Co-opted Member stated that some issues that he had raised previously were still ongoing, and it was agreed that a conversation with the Acting Executive Managing Director would take place outside of the meeting.

The Chairman thanked Fiona Wheeler, Debbie Hutchinson and Sarah Middleton for their excellent presentation, which had provided a very honest insight into what was happening within the Trust. A copy of the presentation was attached to the minutes at Appendix A.

45 CARE COORDINATION CENTRE UPDATE (BROMLEY HEALTHCARE)

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare (“Director of Operations”) presented an update on Bromley Healthcare and the Care Coordination Centre.

As of the end of January 2019, Bromley Healthcare was ranked first out of all London providers, and joint second nationally for patient satisfaction, with a 98% rounded average score for patients that responded between January 2015 and January 2019. Bromley Healthcare's average score of 98% was 1.3% higher than the second ranked provider in London.

The Care Coordination Centre had launched in January 2018, following a pilot in 2017. Services were migrated across during the rest of the year, bringing together all of the administration support. Currently the Care Coordination Centre provided the first point of contact to patients across 35 services, taking 26,000 calls and making 33,000 appointments per month, and drivers were based around ‘doing things the right way’. The Patient / Carer communications team focus was to manage waiting lists, DNAs / UTAs and adhere to patient pathways through the use of live dashboards to provide a consistent patient journey. The aim was to use this process to innovate and ensure that Bromley Healthcare, as part of the wider health economy was ‘doing the right things’ with proactive care coordination and development of patient pathways that reflected best practice and positive outcomes.

The Care Coordination Centre was used to manage the delivery of Key Performance Indicators, of which 20% of their contracts was based on the outcomes and were listed on a live dashboard. At the end of February 2019, 90.7% of Key Performance Indicators were achieved in Adult's Services and

84.6% in Children's Services, against the target of 70%. Overall, Adult's Services achieved higher activity than planned in the first year of the contract, December 2017 to November 2018 being 0.4% above the baseline. For the same period, Children's Services had overall also achieved higher activity than planned being 21.7% above the baseline.

In the 2017/18 Community Benchmarking, the Adult's Services had a DNA rate lower than the mean benchmarking rate for twelve out of fourteen services, whilst Children's Services had a WNB rate lower than the mean benchmarking rate for all six services. Since the establishment of the Care Coordination Centre, there had been a dramatic reduction in waiting times, whilst also ensuring that the right things were done in the right way. This had included the daily audit dashboard which had just been launched, and allowed outstanding issues to be passed on to the twilight team. There was also a bed based dashboard which allowed care gaps to be managed, and highlighted what specific services were needed on a particular day. It also noted the estimated date of a patient's discharge to ensure that there were no hold ups.

Key messages from the National Audit of Intermediate Care (NAIC) were that patients under Bromley Healthcare were more dependent than the National averages on admission and their outcome was better than the national averages. Patients were also waiting less time to be seen, spending less time in the service, and a higher number of patients returned home, compared to the national averages.

In relation to the delivery of a value based contract, outcome measures from the start to the end of a patients journey were recorded on a dashboard, which showed the improvements made. An example included the Diabetes Care Essentials Dashboard for which three key measures, including blood pressure and cholesterol, which would be checked and recorded to see if they were improving due to interventions. A patient's data could also be pulled together on the Integrated Care Network which was a platform to plot a patient's journey, listing any interventions and the costs associated.

In terms of Bromley Healthcare's culture for growth, there were a number of new stages in an employee's journey including a staff forum, wellbeing services and an anonymous blog where staff could ask questions or put forward ideas. To tackle the issues relating to the recruitment of District Nurses, a Band 5 readiness programme had also been implemented. An apprenticeship programme was also being run by Bromley Healthcare, with fifteen apprentices placed over two cohorts. Bromley Healthcare had been a finalist for the Apprenticeship Employer of the Year Award, and two of their apprentices had been nominated for the Apprentice of the Year at the Runway Apprenticeship Awards in March 2019.

An example of a Workforce Report was provided, which showed a snapshot of how Bromley Healthcare measured performance. It included figures for Establishment, Vacancy and Sickness; Recruitment and Retention and Appraisals and Training; and Sickness Hot Spots. This highlighted who was leaving and why, and allowed them to drill down into the service or employee

level of data. As of January 2019, Bromley Health Care had fifteen apprentices, thirteen trainees, two placement students, one NHS graduate trainee, nine new Band 5 nurses and four nursing associates. In April 2019, eight Band 5 nurses would be starting the readiness programme, and another three would start in September 2019. There had been a reduction in the vacancy rate from 12.8% to 8.5%; the length of time taken to recruit from 50 days to 34; and in expenditure on agency staff by 16% in the year to date. There had also been a reduction in District Nursing and CCC vacancies, which had previously been highlighted as hot spots.

A Member noted that there was a large proportion of Bromley Healthcare staff that were aged between 51 to 55 and 56 to 60 years old, and questioned if this would be problematic once those people chose to retire. The Chief Executive Officer responded that this was why the focus had been on recruiting Band 5 nurses and the apprenticeship scheme. Work was being undertaken with schools to make pupils aware of, and talk to them about the offer of a four year nursing apprenticeship with Bromley Healthcare. The Director of Operations said that work was being concentrated on newly qualified staff, an example of which was the Community Nurses Management Module which took place in the community over a period of twelve weeks. A Member suggested that visits could be undertaken to speak with Year 6 primary school pupils in order to 'sow the seeds' earlier, and target them with that incentive when then left to start secondary school. The Chief Executive Officer advised that they held careers fairs twice a year, one for Years 7 and 8 and the other for an older cohort. These were attended by clinicians who presented their role to the pupils, however it was noted that there was no follow up after the event.

A Member considered that there was a fantastic level of data provided on the Diabetes Care Essentials Dashboard with regards to predictions and prevention, and asked if this would be expanded to other areas. The Chief Executive Officer responded that there was scope to recreate this in all services, and that this was just the start of the journey in doing so.

The Chairman extended her thanks to Jacqui Scott and Janet Ettridge for their presentation to the Sub-Committee, and for arranging a tour of the Care Coordination Centre for Councillor Robert McIlveen and herself.

46 OXLEAS NHS FOUNDATION TRUST: NEW DEVELOPMENTS PRESENTATION

Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust, Lorraine Regan, Service Director – Oxleas NHS Foundation Trust and Helen Smith, Deputy Chief Executive – Oxleas NHS Foundation Trust provided an update outlining some of the new developments in Bromley Adult Mental Health and Older People's Mental Health Services.

Key highlights included:

- Following the Care Quality Commission (CQC) Inspection in January 2019, Oxleas NHS Foundation Trust had maintained their 'good' rating across the board. The inspection had also recognised elements of outstanding practice in caring for older people on wards with mental health problems and community-based mental health services for older people.
- There had been full engagement in planning for 'One Bromley'.
- There was a new 24/7 Home Treatment Team for people in mental health crisis which would improve the service by reducing the number of admissions, providing support to acute colleagues.
- There was now a recognised Single Point of Entry which would avoid confusion. Phase 1 had been the establishment of a Single Point of Entry for Oxleas Adult Services. Phase 2 would include Bromley Healthcare, Bromley Well & MIND to establish a Single Point of Entry for the whole Borough.
- There was a new innovative joint service with the police, Serene Integrated Mentoring (SIM), and an officer had been allocated to work with the Community Mental Health Teams.
- A small perinatal mental health service had been launched, and a bid had been won to expand the service across all three boroughs. The service in Bromley was located at Queen Mary's Hospital.

47 OXLEAS NHS FOUNDATION TRUST: HEALTH BASED PLACE OF SAFETY

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director"), Lorraine Regan, Service Director – Oxleas NHS Foundation Trust ("Service Director") and Helen Smith, Deputy Chief Executive – Oxleas NHS Foundation Trust ("Deputy Chief Executive") regarding Oxleas proposals to implement the London-wide new model of care for Health Based Place of Safety (HBPoS).

Members were advised that a HBPoS was a safe place in which to assess people who had been detained by the police under section 136 (s136) of the Mental Health Act. The s136 order allowed detention for up to 24 hours, beyond which the person was free to leave or would be admitted to a mental health ward either informally (with their informed consent) or formally detained under the Mental Health Act.

Work was being undertaken by a Pan London Group to develop the 'Mental Health Compact' to care for people in crisis. The purpose of the London-wide work was to improve the efficiency and effectiveness of treatment and quality of care for people experiencing mental health crisis along the s136 pathway and the broader crisis care system. The Pan London Group involved cross-partnership engagement with the police, London Ambulance Service and Accident and Emergency Departments (A&E). Its key principles included:

- Patients being taken to the nearest HBPoS.
- The prompt transfer to mental health services, if necessary.

- Dedicated HBPOs staffing, 24/7 to provide the best care and get the best outcome.
- Physical health competencies to avoid unnecessary A&E referrals.

Currently there were two separate HBPOs sites in the Oxleas NHS Foundation Trust. One was based in the London Borough of Bromley, at Green Park House, PRUH and the second was in Woolwich, at Oxleas House, Queen Elizabeth Hospital. There was one bed at each site, which remained occupied until a person's care was transferred onwards. During 2018, 86 Bromley patients used the Oxleas HBPOs, equivalent to 1.5 patients per week, and 20% of these patients were taken to Oxleas House. Of the 200 patients admitted to the Bromley HBPOs, only 68 were Bromley patients. Police took people that had been detained to the nearest HBPOs, and this indicated that the majority of patients accessing it were not Bromley residents. Bromley Adult Mental Health Professionals, who were employed by the Local Authority and generally work within the boundaries of the borough, were already attending Oxleas House to assess Bromley patients.

The Pan London Group was proposing to reduce the current number of HBPOs sites in London from twenty to nine, with an interim plan for thirteen sites. The interim plan included two beds based at Oxleas House, which would result in the closure of the bed based at Green Park House. The nine site option would see all nine beds based in Denmark Hill, run by South London & Maudsley NHS Trust. The local view was that a HBPOs needed to be maintained within the footprint of the Oxleas NHS Foundation Trust.

Local services had been introduced to support the HBPOs moving to Oxleas House. This included a fully operational Crisis Line for patients and professionals, that was staffed 24/7 by qualified nursing staff. It could take transfers from NHS 111, which allowed for instant referrals and engagement with patients. This also linked with the 24/7 Home Treatment Service which allowed for frequent home visits, at extended hours, to support people in crisis and involved liaison with the police and London Ambulance Service. Other support services included the Serene Integrated Mentoring (SIM) and Service User Network Groups, a specific aim of which was the personality disorder pathway. This had a significant impact on the system overall, and a high number of patients with this disorder would go into crisis and be subject to a s136.

A Member of the Sub-Committee asked what the frequency of both beds at Oxleas House being occupied was predicted to be, and if they were occupied, how often a third person needing to access them would need to be taken elsewhere. The Deputy Chief Executive said that it was a busy service, with 1.9 patients a day accessing the two beds at the HBPOs. Although a person could be detained for up to 24 hours, they sometimes needed to stay at a HBPOs beyond this while an appropriate place to go on to was arranged. Other patients may only be at the HBPOs for between four and seven hours. If a Bromley resident arrived at Oxleas House, and both beds were occupied, work would be undertaken to identify another HBPOs for them to be taken to, as they had a legal duty to put a response in place.

A Member of the Sub-Committee questioned if the reduction in the number of HBPoS sites was in order to save money. The Deputy Chief Executive said that the proposal was not to save money and that no budget had been allocated. Currently the demand was not sufficient to merit the HBPoS being staffed all the time, and the aim was to put a more efficient and safer service in place. The Associate Director noted that with regards to quality of care, the local police were keen for a HBPoS to be kept within the Oxleas NHS Foundation Trust. They did not mind where it was located within the footprint as long as they could get there quickly, and having two beds located on one site would be easier and result in fewer delays. In response to a question, the Deputy Chief Executive advised Members that the staffing mix at the two-bed Oxleas House HBPoS would still be the same as it was currently, but without the need to transfer the staff across from a mental health ward. The patient would be assessed by a qualified nurse and doctor, who would discuss the next steps. The most senior nurses were Band 6 or Band 7, who would be supported by unqualified nurses.

In response to a question, the Associate Director said that the proposals had been put together by a London-wide group, and that locally it was felt that a HBPoS needed to be retained in the area. It was noted that it was guidance to reduce, and not mandatory to do so. Following Oxleas House increasing to two beds, a review would be undertaken. A local response would be required to advocate for keeping thirteen sites, including the two beds at Oxleas House, which it was noted would be a completely refurbished unit with top specification facilities.

A Member of the Sub-Committee noted the new Homelessness Reduction Act, and asked if patients were assessed in relation to being homeless before they were ready to leave. The Associate Director responded that there was weekly bed management and processes which colleagues from Housing attended. Work was also undertaken on the wards to identify patients further care needs early on, to allow arrangements to be in place for when they were discharged. They also worked closely with Housing colleagues in terms of general housing, which was a challenge to manage as patients often struggled to retain their tenancies. For those patients with higher level housing needs, there was a well refined panel process to ensure these needs were met. The Deputy Chief Executive noted that the length of a patients stay in mental health wards was lower than the national benchmark, which highlighted that the teams worked well with their colleagues in Housing.

In response to a question, the Deputy Chief Executive said that alongside the new developments previously listed, another critical piece of work being undertaken was in regards to the safeguarding of children and adults. The intention was to streamline the process to allow issues to be looked at quicker.

The Chairman led Members in thanking Adrian Dorney, Lorraine Regan and Helen Smith for their presentation which was attached at Appendix B.

48 JOINT MENTAL HEALTH STRATEGY

James Postgate, CCG, Charles Oseghare, LBB Interim Strategic Commissioner (Mental Health) and Kelly Sylvester, LBB Head of Early Intervention, Prevention and Community Services Commissioning attended to provide an update on the Joint Mental Health Strategy.

The LBB Head of Early Intervention, Prevention and Community Services Commissioning informed Members that the first meeting of the Task and Finish Group would take place at 6.00pm that evening. The Chairman thanked the members who had agreed to sit on the Task and Finish Group – Councillor Judi Ellis, Councillor Simon Jeal, Roger Chant, Justine Jones and Lynn Sellwood, and requested that an update be provided to a future meeting of the Health Scrutiny Sub-Committee.

**49 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE
(JHOSC REPRESENTATIVES)**

Councillor Judi Ellis, Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee provided an update from the meeting on 21st March 2019.

Members were advised that the Committee membership consisted of Councillors representatives from the London Boroughs of Bromley, Bexley, Lewisham, Lambeth, Southwark and the Royal Borough of Greenwich. Issues discussed at the meeting had included population health and life expectancy and the decisions made to change the configuration of stroke services in Kent.

A presentation had been received regarding urgent and emergency care services in South East London, which had provided advice on where to go and what to consider during an emergency episode. In addition to Emergency Departments, Urgent Care Centres, 999 and NHS 111, GP hubs had been established in Bromley for a while now, offering out of hours appointments. It was hoped that services could be streamlined across South East London, with communications and signage to make residents aware of how to access them.

The next meeting of Our Healthier South East London Joint Health Overview and Scrutiny Committee would take place at the London Borough of Southwark in June 2019. The focus of the meeting would be on mental health provision, including the number of youths and adolescents travelling out of borough to access services.

RESOLVED that the update be noted.

50 WORK PROGRAMME 2019/20

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

As suggested during the meeting, King's College Hospital NHS Foundation Trust would invite their Chief Finance Officer and Clinical Director to provide presentations on the Trust's financial position and patient flow at the PRUH.

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

51 ANY OTHER BUSINESS

The Chairman advised Members that King's College Hospital NHS Foundation Trust had provided a copy of their draft Quality Account 2019, which would be circulated following the meeting for Members' comments. Following a discussion, Members agreed that they would email any comments to the Clerk to the Sub-Committee by the deadline on Tuesday 23rd April 2019.

RESOLVED that the issues raised be noted.

52 FUTURE MEETING DATES

4.00pm, Tuesday 2nd July 2019
4.00pm, Tuesday 8th October 2019
4.00pm, Tuesday 28th January 2020
4.00pm, Thursday 23rd April 2020

The Meeting ended at 6.05 pm

Chairman