HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 17 January 2023

Present:

Councillor David Jefferys (Chairman)

Councillors Mark Brock, Will Connolly, Robert Evans, Simon Jeal, Ruth McGregor, Alison Stammers and Thomas Turrell

Roger Chant and Vicki Pryde

Also Present:

Katie Barratt *(via conference call)*
Rona Topaz *(via conference call)*
Councillor Mike Botting, Executive Assistant for Adult Care and Health
Councillor Diane Smith, Portfolio Holder for Adult Care and Health

26 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Tony McPartlan and Charlotte Bradford (Healthwatch Bromley), and Councillor Ruth McGregor and Katie Barratt (Healthwatch Bromley) attended as their respective substitutes. Apologies for absence were also received from Councillor Dr Sunil Gupta.

Apologies for lateness were received from Councillors Thomas Turrell and Alison Stammers.

27 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

29 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 11TH OCTOBER 2022

The minutes were agreed subject to the following amendments in relation to item 17: Update From King's College Hospital NHS Foundation Trust:

- the first sentence of the second paragraph being amended to read: "…with regards to elective recovery performance, work was continuing to reduce *long waits* across all waiting time cohorts...".
- the third sentence of the eleventh paragraph being amended to read: "…final plans for the *£20m* cancer endoscopy unit…"

The Chairman noted that a number of the matters outstanding from previous meetings would be considered during the meeting. Members were advised that it had originally been requested that a representative from the London Ambulance Service (LAS) attend the meeting to provide an update, however due to strike action and heavy demand, this had not been possible. The Chairman highlighted that, as several requests had been made to the LAS asking that they deliver a presentation to the Sub-Committee, he would be writing to formally request attendance at the meeting on 20th April 2023.

RESOLVED that the minutes of the meeting held on 11th October 2022 be agreed.

30 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") provided an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive noted that, speaking as a subject matter expert through his role as Gold Command rather than LAS representative, he was aware that, across London, the LAS had experienced recent challenges relating to the physical handover of patients to Emergency Departments (ED). Within the South East London region, the PRUH had been particularly challenged. There were six hospital sites across London which were identified as being the most challenged, one of which was the PRUH, and an additional £1m of direct funding had been received before Christmas to implement improvements. This included the improvements relating to the speed of offloading patients brought in by ambulance, and co-ordination and flow. This funding had been used to create a larger handover environment at the PRUH, allowing space for 10 ambulances to offload patients at any point in time – this was a threefold increase from the previous capacity. The Site Chief Executive emphasised that, despite this being a difficult issue, the interaction with the LAS had been good and they had worked with the PRUH to implement as much improvement as possible.

Members were advised that a wider piece of work, affecting all 23 EDs across London, had also been undertaken to refine procedures for handover. It was noted that handover times at the PRUH had improved rapidly over recent weeks. The two category markers were the number patients which took more than 30 minutes to handover, and the number taking over 60 minutes to

handover – these markers were now back down to single digits over a 24-hour period. In response to a question, the Site Chief Executive advised that these handover markers related to the patient being brought into the hospital building, taken off an ambulance trolley and the ambulance crew being available for release. It was noted that the ambulance crew were responsible for indicating to LAS control that they were available for their next 999 call. The Site Chief Executive said the PRUH was able to support the rapid offloading of patients. There was a protocol in place for the immediate release of ambulance vehicles, if required, and they were confident that this could continue to be managed.

In response to questions, the Site Chief Executive advised that a number of changes had been made throughout the hospital, and with partners, in relation to improvements in offloading patients – a larger offloading space had been established but steps had also been taken to create 'positive flow'. For example, if an inpatient ward had 20 beds, which were full, hospitals had been moving one further patient to the ward approximately 4 hours ahead of another patient being discharged. This was known as 'plus 1-ing' and was used to create an earlier flow out of the ED.

The Chairman enquired if there was any guidance for residents in terms of safely parking and off-loading patients at the hospital, if they were taking someone to the ED themselves. The Site Chief Executive advised that the triage point was adjacent to the Urgent Care Centre (UCC), which had a vehicle drop off space immediately outside. For those in extreme risk, patients should present directly to the UCC, where trained doctors and nurses could undertake rapid assessments. It was highlighted that if patients presented at the ambulance bay, the doors to the ambulance bays were locked, and therefore there was limited opportunities to receive attention. The Chairman said that this information was extremely useful, and suggested that it be captured in a note that could be circulated to Members.

With regards to the strike action being undertaken by the LAS, and a number ambulance services across the country, the Site Chief Executive said that on each strike day around 75% of vehicles were not on the roads of London. On recent strike days there had been a significant reduction in the number of 999 calls and therefore the PRUH had not experienced particular issues relating to ambulance presentations, ambulances being released rapidly, and no evidence of patient harm associated with the LAS strikes had been identified. What had been seen was more patients presenting on the day before each of the strikes and more patients making their own way to the hospital and presenting through the UCC.

The Site Chief Executive advised Members that over the next couple of days the Royal College of Nursing (RCN) would be undertaking strike action at the PRUH, Orpington Hospital and the Denmark Hill site. It was noted that a robust range of plans were in place. The hospitals had worked with the RCN over recent days and a staffing ratio had been calibrated for each area across the Trust, and they had applied for derogation of strike action – for example the ED was not subject to strike action and would be fully staffed. The strike

would commence from 7.30am the following morning and there would be designated picket lines outside the PRUH and Denmark Hill, and no ill-behaviour was anticipated. Members were reassured that full services would be provided where derogation had been applied, or a night duty service.

Members were advised that, following a lengthy and robust debate, the Council's Development Control Committee had voted in favour of allowing planning permission for the £20m endoscopy unit development at its meeting on 10th January 2023. It was anticipated that ground would be broken on the build in early summer 2023 and, following a 13 month build programme, the unit would open in summer 2024 – progress reports would be provided throughout the year.

In terms of performance, the Site Chief Executive advised that King's was making great inroads. In relation to core diagnostics, such as MRIs, King's was one of the highest performing units in the country and, with regards to elective recovery, was the highest performing major unit in London.

The Site Chief Executive informed Members that the car park deck, providing 197 additional spaces on the PRUH site, had opened on time and under budget and was being fully utilised. It was noted that 41 electric vehicle charging points would be available later in the summer, and a further 41 next year. In response to questions, the Site Chief Executive said that the park and ride scheme had ended in mid-December 2022, when the car deck opened, however this may be revisited at a later stage. The scheme had worked well, but it was provided at a cost to the Trust. The 197 spaces provided on the elevated car deck were all for staff, with the ground floor available for use by patients. With regards to parking charges, the Site Chief Executive informed Members that there was a scaling system in place – the price paid was dependent on the skillset of staff and their hours of duty. It was agreed that information relating to the exact number of car parking spaces, and parking charges, could be provided to Members following the meeting. The Site Chief Executive said that the hospital considered that it had made the best endeavours to improve car parking, and it was felt that the £4m investment into the car park deck was the right thing to do. There was now a shared responsibility to explore other potential schemes, if they were felt to be required.

In response to a question from the Director of Adult Social Care, the Site Chief Executive advised that the Care Quality Commission (CQC) had undertaken a range of visits toward the end of last year, including an inspection of the Maternity Services at the PRUH and Denmark Hill. The formal outcome of the CQC assessment had now been received, and published on their website. There had been a broad reduction to the 'Requires Improvement' level status for Maternity Services and a range of action plans were created in response to the CQC findings. It was noted that the findings were mainly environmental and process related, rather than staffing, and a number of these had been addressed prior to the report publication. The Site Chief Executive informed Members that the Maternity Services based at the PRUH were managed by colleagues at the Denmark Hill Site, and Julie Lowe

(Site Chief Executive – King's College Hospital) would continue to manage the local improvement plans. In response to a question from a Co-opted Member, the Site Chief Executive advised that, in relation to the services at Denmark Hill, there were 39 points for improvement. The majority of these (around 25) had already been fully executed, and the remainder were in progress – for example a large volume of staff members were undertaking refresher training. It was anticipated that all points would be addressed before the end of the financial year. The Chairman requested that a further update on the CQC inspection of Maternity Services be provided to Members at the Health Scrutiny Sub-Committee meeting in April 2023.

In response to questions from a Member, the Site Chief Executive advised that during the COVID-19 pandemic, the CQC had ceased its inspection regime. When inspections recommenced, the regime had changed – the CQC no longer undertook large scale inspections of entire hospitals, and instead focussed on single, specialist areas. The inspections were often driven by outputs from the CQC's "insight tool" and could prompt an inspection of a site. The Trust was experiencing the new CQC inspection approach, against a backlog of issues and a back drop of staff and services that had not been exposed to this level of onsite inspections for a number of years. In terms of staffing levels and recruitment, the Site Chief Executive said that there was a routine report which provided a breakdown of the workforce. It was agreed that this could be provided to the clerk for circulation to Members following the meeting.

The Chairman thanked the Site Chief Executive for his presentation to the Sub-Committee.

RESOLVED that the update be noted.

31 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the Bromley Healthcare CQC Action Plan.

The LBB Assistant Director for Integrated Commissioning advised that Bromley Healthcare was commissioned by the Integrated Commissioning Board (ICB), to whom they were accountable for their performance. As previously reported, following the CQC inspection that resulted in assurance arrangements being put in place, regular meetings had been held in relation to the progress being made against the action plan, which had been put in place in spring 2022. It was noted that Bromley Healthcare's services were commissioned by a number of other Local Authorities, and that these authorities were taking part in the assurance arrangements. It was highlighted that, overall, the ICB were very satisfied with the work being undertaken by Bromley Healthcare and positive feedback had been received from the CQC. The ICB felt assured that Bromley Healthcare were doing what was required, and at a sufficient pace.

The Chief Executive Officer informed Members that, since that last meeting of the Health Scrutiny Sub-Committee, regular meetings with commissioners had continued to take place. There was also regular engagement meeting between Bromley Healthcare and the CQC – the last one had taken place in August 2022, and it was considered that positive progress was being made. It was noted that an engagement meeting had been scheduled for the end of November 2022, however this had been stood down and an alternative date was in the process of being arranged.

Areas of focus had included work on clinical governance, and a Chief Medical Officer and two Clinical Directors had now started in post. The Chief Executive Officer advised that there was just one area of the plan which still had actions outstanding, which related to lone working. Work was being finalised to ensure that staff across the organisation had a lone working device, which it was noted had been delayed due to connectivity issues in certain parts of the borough. Another area of continued focus related to record keeping – their Board had been provided with an update on the various workstreams and an external audit was just about to commence. For all of the key workstreams, Bromley Healthcare had tried to include external assurance, provided by KPMG, and the results were anticipated to be received by the end of March 2023. The Chief Executive Officer said that over the last year, Bromley Healthcare had focussed internally, to ensure that they were doing the basics as well as they possibly could. Bromley Healthcare was now looking at its strategy and over the last three months had put a development process in place, working alongside Kaleidoscope Social Enterprise, to engage with partners, patients and staff. These responses were now being consolidated, and incorporated into the new strategy.

With regards to partnership working, Bromley Healthcare had not been directly impacted by the recent strike action. The only union that had been balloted within the organisation was the Royal College of Physiotherapists, and the threshold for strike action had not been met. The organisation had supported the wider system during this period to ensure that there was a good flow throughout the services.

The Chief Executive Officer noted that a particular area of challenge was recruitment of Health Visitors and District Nurses – to help reduce vacancies, some successful international recruitment had been undertaken and another cohort of Band 5 nurses had recently started a bespoke training programme. The Local Authority had held a recruitment fair the previous day – a number of leads had been provided, which the team were now following up. It was noted that Bromley Healthcare had recently held its annual awards to thank staff, and recognise the work undertaken.

In response to a question regarding the barriers to recruitment, the Chief Executive Officer said that there was a national shortage of nurses, and Bromley Healthcare was doing everything it could to try and recruit. The Band 5 readiness programme was an initiative used to help support the challenges faced – three times a year, ten Band 5 nurses undertook a 12-week bespoke training programme to prepare them to join teams with the required

competencies. The organisation had also worked to develop a career pathway within District Nursing.

In response to questions, the Chief Executive Officer advised that Health Visitors were now referred to as Public Health Nurses. Across the organisation, Bromley Healthcare was trying to get clinicians and support staff working at the very top of their licence. Some of the newly qualified Band 5 nurses within Health Visiting had been involved in a programme linked with a university. As the Health Visiting service was both universal and targeted, it was sometimes appropriate for nursery nurses to provide some of the checks, under supervision.

The Portfolio Holder for Adult Care and Health said she was content with the way things were proceeding. It was highlighted that, since spring 2022, the Chief Executive Officer had attended every meeting of the Health Scrutiny Sub-Committee to provide feedback and reassurance in relation to the action plan.

The Chairman thanked the Chief Executive Officer for her update to the Sub-Committee.

RESOLVED that the update be noted.

32 GP ACCESS

Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS ("Associate Director") and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership ("GP Clinical Lead") delivered a presentation outlining progress towards improving the experience of accessing primary care services; data on demand and activity in general practice in Bromley; and transformation initiatives in train to improve access in Bromley.

The GP Clinical Lead advised Members that there had been some unexpected challenges faced in primary care, particularly in relation to the increased prevalence of Strep A, a potentially fatal condition which could put children at risk, and scarlet fever. This had an unprecedented effect on demand as it coincided with a high prevalence of other viral respiratory illnesses. There had been a huge demand for medical attention and the prescription of antibiotics had put pressure on pharmacies. In terms of winter pressures, the GP Clinical Lead advised that services had been particularly busy this year and it was noted that strike action could have a knock-on effect to primary care.

With regards to the data on appointments, the GP Clinical Lead informed Members that general practice appointment delivery continued to rise, and was returning to the pattern seen pre-pandemic. It was noted that NHS Digital had recently published 'experimental' GP appointments data. It was highlighted that, although it provided a picture, the data did not include all

types of appointments, nor did it include related clinical activity. There was still some data quality issues to be resolved, and therefore it did not currently match directly with the practice or ICS data on appointment numbers.

In response to questions, the GP Clinical Lead advised that the graph on page 49 of the main agenda pack showed the number of appointments (rates per 1,000 patients) offered at the 43 GP practices in the borough during October (blue lines) and November 2022 (orange lines). It was noted that a number of practices appeared to have offered more appointments during October, compared to November, which may be due to the data counting extra flu vaccinations clinics that were delivered. The GP Clinical Lead said that the capacity of a practice was constrained by the number of appointments offered – demand generally continued to outstrip capacity everywhere, so it was therefore unusual to have unfilled capacity. The difficulty with the data was that it was how appointments were being coded and work may need to be undertaken with practices in term of how this married up. With regards to small versus large practices, the Associate Director advised that by using the rates per 1,000 patients they had tried to take account to ensure that the size of the practices was not misrepresented. The Member further questioned if there was a data set available to see how quickly patients were being seen. The GP Clinical Lead advised that a data set was being put together by NHS Digital to look at how far in advance patients had booked their appointment. There would be a breakdown of which patients needed to be seen same day/urgently; those requiring follow-up appointments (booked well in advance of 2 weeks); and those booking non-urgent appointment, with the aim of being seen within 2 weeks. The Associate Director highlighted that, with the caveat that the data set was not wholly reliable, during October and November 2022, 81% of patients had been seen within 2 weeks. It was also noted that some patients booking appointments did not necessarily want to be seen within 2 weeks, and were instead booking their vaccinations/health checks well in advance – it was not possible to differentiate, and this was something that they would be looking at.

In terms of the types of appointments, there had been a continual increase in the proportion of face-to-face appointments compared to telephone and digital. The GP Clinical Lead emphasised that there was a real need for GP practices to be able to deliver the latter, which patients requested and appreciated, and would remain a large part of delivery within primary care. The Chairman highlighted that general practice was now very different from the stereotypical view, and provided a range of services. The challenge was how it could be communicated that although general practice had changed, there were many more options available – some patients preferred to have virtual appointments, and these were positive changes. Another Member enquired if a breakdown of the number of missed GP appointments could be provided. The Associate Director agreed to see what information could be provided to the next meeting of the Health Scrutiny Sub-Committee.

The Associate Director said it was recognised that demand was higher than ever, and practices worked in groups to support their response. Workforce was a key challenge, and Primary Care Networks (PCNs) had worked hard to

recruit and train up staff into new roles. It was noted that this itself was challenging as a PCNs across the country were all doing the same thing, and this created competition – however it was noted that they had successfully utilised all funding allocated to Bromley practices, and they were seeing the roles fully embedded. The PCNs were also continuing to deliver enhanced access clinics. It was noted that the appendix of the report contained some patient case studies which brought to life the range of needs, preferences and options for patients. The primary care campaign had commenced to inform the public about the key changes in general practice and explain the ways patients could access their GP practice. The next stage would be to engage with individuals and communities in a meaningful way, and any ideas as to how this could be done were welcomed.

The Associate Director highlighted that improving access continued to be a priority in Bromley, as well as a priority nationally. The greatest challenge continued to relate to the workforce and a One Bromley recruitment campaign was underway to bring staff into the borough, and its practices, to build up capacity. In response to questions regarding barriers to public engagement, the Associate Director said that they had learnt a lot from the universal COVID-19 vaccination programme, and there were residents who were generally concerned/hesitant about accessing healthcare. The mainstream approached work for the majority, but not all, and they needed to think about how they could reach out in different ways. For example, they were looking to work with organisations and services that provided digital skills and training to local residents. They were aware that different challenges were faced in different areas of the borough, and it would be beneficial to work with Members to look at doing this in a more tailored way. The Associate Director advised that data on the use of e-consult varied by area as did the use of digital tools, such as the NHS app, and uptake of routine screenings and checks. The GP Clinical Lead said that with the help of wider business intelligence they would be able to identify particular groups who did not access healthcare. As there had been rapid changes to the way that patients could access services, it was important that they kept up the level of training and education for those using these tools.

In response to questions regarding an ongoing strategy for ensuring the continuation of practice in the borough, the GP Clinical Lead said that the situation was complicated. Generally, primary care was delivered through a partnership model – practices delivered contracts, and partnerships may, or may not, own their own premises. In terms of holding of a contract via a partnership, if a GP in a smaller partnership wanted to retire, they may face challenges in identifying someone to take over. This was a risk for smaller practices – larger practices may be thought to be more resilient, but this was not always the case. They were trying to create an overall picture and understand the risk across all practices in Bromley – looking at the age of partners, although this was not always a key indicator, other staff and who owned the buildings within a partnership. The Associate Director said that these were all factors relating to the resilience of primary care. In term of premises, following the relaxation of planning rules, some had become more attractive to landlords. There was a risk that landlords may sell premises on

for other uses, and practices would then no longer have a home. Partners who owned premises were well within their rights to retire and consider the investment that they had made – they would be looking to work with all practices where there was a risk associated with ownership and consider succession planning for their long-term future. In terms of the number of practices they were concerned about, the Associate Director said that there were a number of nuances as sustainability in primary care was generally challenging.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee.

RESOLVED that the update be noted.

33 WINTER PLANNING

Report ACH23-007

The Assistant Director – Urgent Care, Hospital Discharge and Transfers of Care ("Assistant Director") provided an update on the proposed One Bromley Winter Plan 2022-23.

In relation to how the system had faired over the Christmas and New Year period, 23rd December 2022–4th January 2023, there had been 591 more attendances at the PRUH ED, compared to the same period last year, totalling 4,497. However there had been 173 fewer LAS ambulance arrivals (totalling 697), with two peaks occurring on Christmas Eve and the 4th January 2023, which was not in line with previous years. This was believed to have been impacted by Strep A and a number of viruses circulating, causing the run up to Christmas to be incredibly busy. The Assistant Director noted that the numbers attending, and the acuity of patients, had remained consistent – even though patients were not necessarily travelling to hospital by ambulance, those who were very sick were getting to the hospital to receive the care they needed. There had been sustained pressure over the two-week period however, following the national press coverage prior to the last bank holiday (2nd, 3rd and 4th January 2023), there had been a dip in the number of attendances at the UCC.

The Bromley@Home Service, which supported patients at home and in the community, had mobilised before Christmas – it had experienced high activity and was continuing to grow. There had been 31 more ward admissions at the PRUH, and 24 fewer discharges, compared to previous years – this pattern of high admissions versus low discharges had continued over the whole period. The Assistant Director advised that staffing had been one of the main challenges reported over the Christmas period – this had been due to COVID-19 and viral infections circulating. There had been some issues related to the overspill following industrial action, and staffing within the acute setting had been particularly difficult on some of the strike days.

The Assistant Director considered that the work put into planning for the Christmas and New Year period had been extremely beneficial. There had been an additional 754 GP appointments provided over this period; Bromley Healthcare's GP out-of-hours service had provided a significant amount of support to the 111 service; Bromley Healthcare's community response services had made visits to patients, allowing them to stay at home; and the Adult Social Care provision had arranged for guaranteed domiciliary care capacity. The voluntary sector had seen a significant amount of patients over this period, particularly in response to the cost-of-living crisis and ensuring they returned to safe homes. There was enough capacity throughout the discharge services, but the challenge had been to get patients fit and ready to be discharged.

The Chief Executive Officer – Bromley Healthcare said that another key service related to admissions avoidance had been Urgent Community Response – they had a target to see 70% of patients within two hours, in order to keep them out of hospital. This had worked very well, and capacity had been increased within this service – and current overall performance was at 92-95%. With regards to the GP out-of-hours service, it was noted that this had again worked well, and was something that they would be keen to continue. The Hospital@Home service had also provided support to the PRUH to ensure that children returned home in a safe way, and as soon as possible.

In response to a question, the Bromley Executive Lead said that higher levels of flu had been expected this year, however high levels of respiratory syncytial virus (RSV) had also been experienced. What had not been expected was Strep A and scarlet fever being highly prevalent at this time of year, and cases had been much more severe. This had created a huge demand for children to be seen by healthcare professionals, on top of the winter pressures. Some of the infections and illnesses seen this year had been more virulent than usual, which may be as a result of reduced circulation during lockdown. It was noted that over the last few days the numbers of people attending the PRUH ED and UCC had been returning to more normal levels, however this may change as children returning to school could have an impact on viruses spreading.

Another Member noted the comments made regarding the prevalence of Strep A being unexpected and enquired what could be learnt from this. The Bromley Executive Lead said this was something that was difficult to plan around – what they must do was stay alert to further outbreaks, with children returning to school and the usual increase of cases occurring in the spring. There had been a shortage of liquid antibiotics due to huge demand and the UK Health Security Agency had asked for there to be a low threshold for prescribing them during this period. Other ways of managing this issue had been considered as well as how quickly supplies could be received. They had quickly set up some specialist paediatric care hubs to see children which helped to absorb a lot of the workload. Paediatric registrars had also been used at the treatment centres to increase capacity and expertise. The Assistant Director highlighted that the Bromley system was nimble and had structures in place to set things up quickly if required.

In response to a question regarding the number of care home beds, the Assistant Director for Integrated Commissioning said that they wanted people to be cared for at home wherever possible – this could be increased by the use of assistive technology and wrap around care, and further capacity would be brought forward this year. There were also Extra Care Housing schemes, and they would look to put further step-down schemes in place to provide support in the community. In terms of procuring beds, it was noted that there were sufficient beds available, but the issue was affordability. Two admission avoidance beds had been contracted in a care home for a short stay before patients returned home, and step-down beds had been commissioned on a similar basis. Over the next couple of days they also hoped to secure 16 beds which would be available until March. Work had been undertaken on a market sustainability plan for the coming year, with additional government funds used to support the market.

With regards to the Additional Hospital Discharge Fund, the Assistant Director advised that £2.314m had been received from NHS England (ICB - £1.322m and LBB - £992k). The funding was ringfenced to fund activity associated with hospital discharge only and was required to be spent on actual activity between 19th December 2022 and 31st March 2023. It was noted that commentary had been provided regarding the strategic challenges in the system and how the money had been allocated. The Assistant Director advised that this funding was non-recurrent. They did not want to inject money into the system and destabilise the future market, and put more pressure on the system – however they were getting as much value out of the funding as possible.

In terms of governance, the national announcement had been made in September, but details were not received until early December – there was then a two-week turnaround to draft a submission and present it to the Health and Wellbeing Board. The comments received from the Chairman's sign-off had been provided in the report, and the plan had been submitted to NHS England on 19th December 2022. It was noted that updates on the spend would be reported to the Health and Wellbeing Board as part of the Better Care Fund arrangements.

In response to questions, the Director of Adult Social Care advised that feedback had been provided via the Local Authority and Association of Directors of Adult Social Services (ADASS) stating that it was unhelpful to receive short-term money, at very short notice, as these were longer term issues. It had also been flagged that the funding related to hospital discharge but as a system they wanted to undertake work to prevent hospital admissions. It was noted that work relating to a permanent housing shelter in the borough could be picked up with colleagues in the Housing Directorate.

The Chairman highlighted that a huge amount of planning that had been undertaken and noted that the system had stood up well despite the challenges faced. On behalf of the Sub-Committee, thanks were extended to officers and partners for the work undertaken and the update provided.

RESOLVED that:

i.) the verbal feedback provided on the systems response to Christmas and New Year winter pressures be noted; and,

ii.) the Hospital Discharge Monies submission to NHSE, as agreed by the Health and Wellbeing Board, be noted.

34 SEL ICS/ICB UPDATE (VERBAL UPDATE)

The Bromley Executive Lead advised that the ICB, a new structure across South East London, was now in place. Key areas of focus included the development of an ICS Strategy – this work had been ongoing, and pulled together the Joint Strategic Needs Assessments (JSNA) from each of the six boroughs. The document identified five priorities:

- prevention and wellbeing;
- ensuring there was a good start for all children;
- provide the best services for children and young people with mental health needs;
- provide the best services for adults with serious mental health needs; and,
- primary care and looking after people with long-term conditions.

Members were advised that the ICB had been provided with planning guidance from the NHS, advising areas to be worked on over the next couple of years. This provided a number of targets, which indicated a return to business as usual, recognising that the NHS was now in a different place. For example, the A&E waiting times target had previously been for 95% of patients to wait no longer than 4 hours to be discharged/admitted, which had now been reduced to 76%. There were also targets for the ambulance service to improve on its response times; community services to see a percentage of patients within 2 hours; reducing unnecessary GP appointments (streamlining access/increasing the number of additional roles); and reducing elective waiting lists (increase access to diagnostic services).

With regards to the workforce, the Bromley Executive Lead noted that there were a number of recruitment and retention schemes in place, both nationally and locally for all staff, and there were requirements to enhance these arrangements. It was highlighted that there was also a need to consider the services provided for people with a learning disability, and to reduce inequalities across the board.

Members were advised that the responsibility for commissioning community pharmacies, dentists and optometrists would return to the ICB from April 2023.

RESOLVED that the update be noted.

35 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT

The Sub-Committee received the Quarter 2 Patient Experience Report for Healthwatch Bromley, covering the period from July – September 2022. Healthwatch was created by the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch Bromley had a duty to gather and publish the views of patients and service users in the borough. To fulfil this duty, a comprehensive patient experience data collection programme was operated. Annually this yielded approximately 2,400 patient experiences.

It was agreed that Members of the Health Scrutiny Sub-Committee could email any questions to the clerk would collate them and provide to the Operations Co-Ordinator – Healthwatch Bromley for response following the meeting.

RESOLVED that the update be noted.

36 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)

The Chairman advised that an informal virtual meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 1st December 2022, attended by representative from the six boroughs. The next meeting was scheduled for 19th January 2023, feedback from which would be provided to Members of the Sub-Committee at the April meeting.

RESOLVED that the update be noted.

37 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING

Report CSD23002

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

As suggested during the meeting, the following items would be added to the work programme:

- Update from the London Ambulance Service (20th April 2023)
- King's – CQC Inspection of Maternity Services (20th April 2023)

It was noted that a further item had been added to the work programme regarding an update on the review of joint working arrangements between Oxleas NHS Foundation Trust and the London Borough of Bromley. Members

were asked to notify the clerk if there were any further items that they would like added to the work programme.

RESOLVED that the update be noted.

38 ANY OTHER BUSINESS

Members were provided with the proposed Health Scrutiny Sub-Committee meeting dates for the 2023-24 municipal year.

Following a brief discussion, it was agreed that the clerk would email the list of proposed dates. Members of the Health Scrutiny Sub-Committee and health partners would be asked to provide feedback if any of these proposed dates cause a particular problem, and a different start time to 4.00pm would be preferred (either 1.30pm or 7.00pm).

RESOLVED that the update be noted.

39 FUTURE MEETING DATES

4.00pm, Thursday 20th April 2023

The Meeting ended at 6.12 pm

Chairman