Our Healthier South East London Joint Health Overview & Scrutiny Committee

Thursday 21 March 2019
7.00 pm
Bromley Civic Centre, Stockwell Close, Bromley, BR1 3UH

Membership
Councillor Judi Ellis (Chairman)
Councillor Philip Normal (Vice-Chairman)
Councillor Danial Adilypour
Councillor Juliet Campbell
Councillor Richard Diment
Councillor Barrie Hargrove
Councillor Mark James
Councillor Chris Lloyd
Councillor Robert Mcilveen
Councillor John Muldoon
Councillor Caroline Newton
Councillor David Noakes

INFORMATION FOR MEMBERS OF THE PUBLIC

Location: The meeting will be held in the Council Chamber. Please follow the signs at the Civic Centre directing members of the public to the Council Chamber.

Contact Graham Walton on 0208 461 7743 or graham.walton@bromley.gov.uk

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MARK BOWEN
Director of Corporate Services
London Borough of Bromley

Date: 13 March 2019

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/

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Order of Business

Item No.	Title	Page No.
1	**APOLOGIES**	
2	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIRMAN DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five working days of the meeting.	
3	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting.	
4	**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING**	
5	**MINUTES OF THE MEETING HELD ON 26TH SEPTEMBER 2018** To approve as a correct record the Minutes of the meeting held on 26th September 2018.	1 - 6
6	**CONSULTATION ON CONGENITAL HEART DISEASE (CHD) SERVICES IN LONDON (NHS ENGLAND)** (To follow)	
7	**POPULATION HEALTH AND LIFE EXPECTANCY** (To follow)	
8	**ROLL-OUT OF HUBS/UCC/UTC** (To follow)	
9	**KENT AND MEDWAY HYPER ACUTE STROKE UNITS** (To follow)	
10	**CONSULTATION ON PROPOSAL TO MOVE MOORFIELDS EYE HOSPITAL** (Verbal update)	
11	**NEXT MEETING/WORK PROGRAMME**	
12	**PART B - CLOSED BUSINESS**	

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13 EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the Committee wishes to exclude the press and public to deal with reports containing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to information Procedure rules of the Constitution."

14 DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIRMAN AS URGENT

Item No.	Title	Page No.

OUR HEALTHIER SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 26 September 2018 at 7.00 pm at Lambeth Town Hall, Brixton Hill, London SW2 1RW

PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Philip Normal (Vice-Chairman)
Councillor Richard Diment
Councillor Barrie Hargrove
Councillor Mark James
Councillor Robert McIlveen
Councillor David Noakes

OFFICER & PARTNERS SUPPORT

Mark Edginton, Programme Director, Community Based Care – OHSEL STP
Andrew Eyres, Accountable Officer, NHS Lambeth CCG & NHS Croydon
Julie Lowe, Programme Director – OHSEL STP
Tom Wake, Head of Programme Management Office (PMO) – OHSEL

12 ELECTION OF CHAIR AND VICE-CHAIR

It was proposed and **AGREED** that Cllr Judith Ellis be appointed Chair of Our Healthier South East London Joint Health Overview and Scrutiny Committee (OHSEL JOSC) and that Cllr Philip Normal be appointed vice chair of OHSEL JOSC.

13 DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were apologies from Cllr Juliet Campbell, Cllr Chris Lloyd, Cllr John Muldoon, Cllr Caroline Newton. The following declarations of interest were made:

- Cllr Judith Ellis declared that her daughter is an employee of Oxleas NHS Foundation Trust;
- Cllr Richard Diment declared that he is a Governor of Oxleas NHS Foundation Trust; and,
- Cllr Barrie Hargrove declared that he is a member of Guys and St Thomas' NHS Foundation Trust.

14 MINUTES OF THE MEETING HELD ON 12TH MARCH 2018

The minutes of the meeting held on 12 March 2018 were agreed as a correct record of the proceedings.

Cllr Diment advised that re the Kent and Medway Stroke Service Consultation (Minutes: item 7), the assessment process has now been worked through and the preferred option is for three hyper acute stroke units including one at Darent Valley Hospital in Dartford, along with units at Maidstone and Ashford.

15 OUR HEALTHIER SOUTH EAST LONDON PROGRAMME

The chair asked NHS colleagues to introduce themselves:

- Julie Lowe, Programme Director – OHSEL STP;
- Mark Edginton, Programme Director, Community Based Care – OHSEL STP;
- Tom Wake, Head of Programme Management Office (PMO) – OHSEL STP; and,
- Andrew Eyres, Accountable Officer, NHS Lambeth CCG & NHS Croydon CCG.

The chair invited NHS colleagues to run through the presentation circulated with the agenda papers. In her introduction, Julie Lowe Programme Director noted that a number of members are new appointees to the JOSC. The presentation was designed to provide an overview of the OHSEL programme, which represents the region's Sustainability and Transformation Plan (STP) and the JOSC covers the same boundaries as the STP. The Plan is designed to ensure a sustainable future for the NHS in South East London delivering high quality patient care with the best possible outcomes in ways that are affordable. In 2018 the focus is on three key things: (1) Integrated Care Systems; (2) End to End Pathway Work; (3) Provider Collaboration. The Programmed Director set out the headline issues and an update on the programme groups (as set out in the report). The committee was then invited to ask questions. The following issues were raised and responses given:

- A member questioned on the extent to which NHS England had devolved responsibilities for primary care to CCGs in SEL and therefore if there was a greater opportunity through the STP to look at primary care and reducing pressures on A&Es and admissions. It was confirmed that there is primary care delegation across the whole of SEL. The primary care executive meets together regularly to share best practice and opportunities to do things at scale. Officers advised that a core concept of the Community Care Based Strategy is that primary care comes together in Local Care Networks and look at alternative ways to provide care closer to home, as well as addressing issues around SEL population health more generally.

- A member sought clarification on the Urgent and Emergency Care Programme and proposals to enhance care in other settings and changing urgent care centres (UCC) into urgent treatment centres (UTC). Officers explained that there is national criteria for UTC, in SEL the NHS is looking at where it can meet that national criteria. It is also important for members of the public to be able to understand what service they can expect in going to a UCC or to a UTC and this accordingly will also help people determine where they should go when seeking

treatment. For the public the definitions can be confusing and there is a need for greater clarity and a level of standardisation across SEL. It was acknowledged that some people will automatically go to A&E/UCC without checking on the availability of a GP appointment: pilots are being undertaken at A&E triage which signposts an individual to where they might be more appropriately treated and offered an alternative arrangement/appointment. There was also a need to open up access to GPs more generally and promote wider understanding about GP Hubs and that people can generally get a next day appointment to be seen by a GP, though that may not be their GP.

- With regard to the status of Orthopaedics and arrangements going forward, officers advised that over a period of 18 months CCGs and providers are looking at whether consistent outcomes can be demonstrated across all current providers, and if that is the case that will be the commissioned arrangement going forward. The focus thus far has been on hip and knee replacements which is high volume work and is looking consistent; there is a however a need to look at lower volume work and whether that is better centralised.

- A member questioned on Pathology Services and the future of Lewisham & Greenwich services specifically. Officers advised that NHS Improvement has sought the formation of 29 Pathology networks nationally and the recommendation is that SEL forms a network. There is flexibility to join a different geographic network, however arising from specialist advice there is not flexibility for standalone services. A review process has been undertaken across SEL provision and a tender invitation issued to see whether partners are interested in providing the service. It was noted that Kings and Guys & St Thomas' have been in a joint venture partnership which has a commercial element for approximately ten years. Notwithstanding the status of that contract which is up for renewal, Lewisham & Greenwich are considering the position and interested in exploring the options for being engaged in a purely NHS provision, rather than the potential for being in provision which has a commercial element. It was expected that more would be known in January. However it was not considered that this is an issue around the patient or clinical experience of care.

- A member questioned the status of Local Care Networks (LCN), their governance and how they are monitored. Officers advised that LCNs are defined in part by historic working arrangements so LCNs across the region are at different stages of development with some at a more mature status than others. Work is ongoing through the STP to share good practice including how to develop the clinical voice, understanding the benefits of being in a LCN, and exploring opportunities for greater partnership working – examples include Federation working or an Alliance model with community and mental health providers. There are 8 LCN across SEL (from 15 previously) and the move is towards larger scale collaborations. Arising from external issues such as financial challenges, patient pressures and NHS reporting requirements General Practices generally are starting to understand the benefits of being in a LCN and managing matters at scale, there is also increasing confidence from the clinical voice of the benefits to patients. Whilst some arrangements only commenced within the last two years, in Lambeth and Southwark there has been GP collaborative working for a much longer period and the learning from those areas have been key to informing the areas which are less

developed. GPs value the opportunities to work across different professional groups and interact in multi-disciplinary teams (e.g. involving social workers, pharmacy etc), to support patients who have multiple issues and needs which are difficult to address in isolation. LCNs are about professional networks and delivering better outcomes for patients; they also provide an opportunity to be outward looking and think about populations and health, rather than addressing solely the needs of an individual who attends a surgery.

- In response to questions on winter pressures and planning, the committee was advised that winter plans are expected to be signed off in the next week arising from work which started in the spring with a debriefing on the previous winter. A lot has been done to educate people about when to attend A&E and alternative options, and this work is ongoing. UTCs can take the pressure off hospital services and are available to patients at weekends. As well as looking at the front end of services, work and testing is also taking place around patient discharge and whether discharge happens in a timely manner. In particular, and reflecting the nature of the regions hospitals and patient flow, there is a focus on whether the offer is working well across the whole of the SEL population and whether management systems and mechanisms for working with social care departments are effective. In response to a suggestion that there needs to be a team for discharging patients, rather than this being managed through each individual borough, officers advised that this is something which is being explored.

- Further information was sought on the Digital Enabler programme and whether there is an associated policy, where it would impact and timelines. Officers advised that there are a number of work streams underway such as Virtual Care Records where a person's record can be seen in real time and the One London Programme whereby every record is always available. For health professionals having access to the most current up to date information will mean that patients get the best care and accurate decision making immediately and it will also improve the patient pathways as there will be better join up across services and support systems.

- In relation to the differential costs and payments associated with a patient going to a GP, to a UCC or to A&E, a member questioned on referral mechanisms from A&E for patients seeming non-urgent treatment. Officers advised that patients attending A&E will be triaged and if the patient does not need to be there the hospital can re-direct and refer to local practice or book into a Hub. However if a patient is not local this is more difficult. There is a balance of risk for clinicians in turning somebody away and a more likely scenario is a short consultation. It was also noted that there are some issues around borough boundaries and using a Hub where a patient is not registered in that borough. Members questioned whether there might not be benefits of cross boundaries in SEL and officers agreed to take back this issue and consider what reciprocal arrangements might work and look like.

In concluding the discussion it was noted that there were no major consultations pending. The following issues were raised by members and officers as potential matters for future scrutiny by the JOSC:

- Hubs – roll out; public/patient awareness; geographical arrangements and cross

boundary;
- UCC & UTC – people understanding where they should go;
- Population health, life expectancy and long term planning in SEL (e.g. age pressures in different boroughs);
- Children and Young People mental health;
- Residential care beds and access to beds close to home/where families are; and,
- Integrated care.

16 WORKPLAN AND FUTURE BUSINESS

It was proposed and **Agreed** that the committee next meet in February 2019, with a subsequent meeting to be held in June 2019. The indicative issues would be:

- February 2019 (i) population health and life expectancy - long term planning reflecting age and pressures in different boroughs; and (ii) roll out of hubs/UCC/UTC and people/patients understanding where to go; and,
- June 2019 - Integrated Care.

CLOSE OF MEETING

The meeting ended at 8.30pm

CHAIR

Date of Despatch: Thursday 22 November 2018
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