Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the OPEN section of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Monday 12 March 2018 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT:	Councillor James Hunt (Chair) Councillor Judith Ellis Councillor Ian Dunn Councillor Bill Williams Councillor Ed Davie Councillor Rob Hill
OTHER MEMBERS PRESENT:	
OFFICER & PARTNER SUPPORT:	Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

1. APOLOGIES

There were apologies from Councillors Ross Downing, Cherry Parker, Clare Morris, John Muldoon and Jacqui Dyer; who sent a representative, Councillor Ed Davie.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Councillor Judi Ellis declared that she was a Governor and her daughter was an employee of Oxleas NHS Foundation Trust.

Councillor Robert Hill declared that his wife was the Assistant General Secretary of UNISON.

Councillor James Hunt declared that his wife was an employee of Dartford and Gravesham NHS Trust.

Councillor Bill Williams declared that he was a Governor of Guy's and St Thomas' NHS Foundation Trust.

4. MINUTES

The Minutes of the meeting held on 13th December 2017 were agreed as a correct record.

5. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

There were none.

6. KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST - FINANCE BRIEFING

The chair asked NHS colleagues to introduce themselves:

- Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust (KCH)
- Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
- Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

The chair invited NHS colleagues to run through the presentation circulated with the agenda papers. The committee was then invited to ask questions.

A member asked what figure the Trust is being fined for not meeting targets. The Chief Financial Officer, KCH, said it was about £4 million. A member said that they thought this was perverse, particularly when there are matters outside of the control of King's: e.g. winter pressures and delayed discharge. He asked if there was more that local authorities could do to alleviate the pressures through social care and public health, while noting that councils obviously have their own pressures. He said that in particular he understands that in the region of 20% older people are not being discharged promptly, therefore perhaps collaborative work to improve this would be helpful.

CCG STP lead officer said that the fines are usually imposed in the context of a commissioner reinvestment; the CCGs do try and mitigate the impact, but they cannot speak for national NHS commissioner plans and policy. The CCG officers did agree that variations and failures frequently reflect system failures. In terms of improvement, discharge is important; however delayed transfers are in the region of 10 per day - not 20 %. The CCGs have a number of admission avoidance schemes to keep people well in the community, and CCGs also have work streams focused on complex patients. The member clarified that he was referring to 20% of older people facing delayed discharge. The CCG officers agreed that older people do have a range of complex needs that often need to be met and this can increase delays for this cohort in particular.

A member asked how the non – executive voice is engaged. King's has an Audit Committee. Is there any consultancy? The KCH Chief Financial Officer said they do have PWC involved supporting the KCH Trust with financial planning.

A member asked if there was enough due diligence with Princess Royal University Hospital (PRUH), given King's is a big business. She asked if the KCH Trust have people of the right calibre. The KCH Chief Financial Officer said that they are presently conducting a wide consultation on the plan to improve the Trust's financial position, in order to encourage clinical and managerial engagement and accountability. He said that it is important to be transparent, and discuss issues openly. They intend to continue to secure the present high level of clinical and management engagement. He said there is short term financial input and the Trust is working to strengthen the financial function going forward, this will focus on developing the Trusts own capability by training people and also through a new appointment.

A member asked about capital capacity in the PRUH. She said that she understands that there are shortfalls in resuscitation, which means that ambulance crews are not able to turn around faster enough. This is an issue of safety, treatment and ensuring that ambulance crews are back out in the field quickly. Is this caused because of a shortfall in capital investment? The Chief Financial Officer that that there is a lack of capital available - however the plan does include capital investment. The CCG Emergency lead commented that the Emergency Department outcomes for patients are in the top quarter for both PRUH and King's. The member commented that in local government we do spend to save. She said that she would feel more reassured if she heard this; while understanding the scale of the KCH Trust's financial pressures.

A member commented on the recent departure of Bob Kerslake as Chair of the KCH Trust and a conversation he had with him where he reiterated his public remarks that the NHS needs a drastic rethink in order to increase resources to meet growing urban demand. The member said that Kerslake does not think it is possible to remove the deficit. Kerslake has a huge reputation. The member commented that he would encourage King's to do what ever is possible; however it is not possible then scrutiny would expect to hear from you . He added that he thought that PWC were very expensive. The Chief Financial Officer said that they are members of NHS groups and networks; these indicate that there are opportunities to improve the Trust's value for money. He said our aim is to be the most efficient and best value business.

The CCG leads said that performance is not just about the hospital but also the wider system. We need to collectively think about our 90 years olds and how we can promote wellbeing and independence. There are also public health issues like smoking and obesity. A CCG officer said that he had also had a conversation with Bob Kerslake and there are questions about whether a realistic length of time was given to reduce the deficit, however there are efficiency benchmarks and we can not say that King's are as efficient as they could be. There may need to be a longer time given for return on investment: it is probably more realistic to think about 5 years, rather than the current two years, to eliminate the deficit.

A member asked about the STP and orthopaedic plans and if NHS colleagues anticipated any adverse financial impact from the recently announced expanded Guys & Thomas partnership with Johnson& Johnson orthopaedic care service. NHS CCG officers said that there would not be. The CCG advised that the STP plan has moved to a partnership

model. The orthopaedic network does fit within the partnership; sovereign bodies still have the ability to make decisions.

Members commented that that some boroughs have lost 56 % of public health grant, while seeing a significant rise in poverty. All the pre-determinants of health are going the wrong way. Councils are able to do return on investment; however there is very little that can be realised in the present set up. The CCG leads agreed it is challenging but remarked that initiatives to reduce isolation can have an immediate affect. The CCG Emergency lead added that if the health system does not undertake programmes to reduce acute demand then even more people will arrive at A & E.

7. KENT AND MEDWAY STROKE SERVICE CONSULTATION

The following NHS colleagues presented this item:

- Alan Goldsman – Chief Financial Officer, Kings College Hospital NHS Foundation Trust
- Andrew Bland – STP Lead, Chief Officer for Southwark CCG & AO for Southwark, Greenwich and Bexley CCG
- Angela Bhan – Chief Officer, Bromley CCG & STP SRO for Urgent & Emergency

Background was provided to the consultation. Stroke services in London had been reorganised nearly 10 years ago in order to create a network of 8 Hyper Acute Stroke Units (HASUs) where patients suspected of having a stroke are now taken. The units have the ability to provide patients with specialist care 24 hours a day. This model has proved successful.

Kent is now looking to reorganise into HASUs also, in order to improve outcomes. The models compiled by Kent and Medway would leave 3 HASUs across the county with various different combinations. Depending on the options chosen there may be potential impacts on stroke services in SE London.

- It was noted that should Darent Valley Hospital (DVH) not be designated a HASU then more patients may access services in SE London, with the potential for additional pressures at the PRUH. However, the CCG emergency lead stated that it would be a manageable number.

- It was likewise reported that if DVH is designated a HASU then there may be a slight reduction in the number of patients at the PRUH. It was acknowledged however, that South East London STP would support the improvement of stroke services in Kent. It was noted that Bexley CCG is a consultor and the other 5 boroughs of the SEL STP are consultees.

- A member commented that her principle concern is the volume and numbers of patients and if there has been sufficient modelling to accurately assess the impact on services. The CCG Emergency lead responded that they are doing the modelling and consultation in tandem. King's commented that they are looking at the impact; including follow on therapies.

- The committee asked if there will be consultants 24/7 at all three units.
  The CCG leads confirmed there will be; in order to do this there will need to be a concentration of resources at those sites.

- A member commented while it may make sense to spend 20 minutes longer travelling if there are better clinical services at the end, as has proved the case in recent changes to London HASU provision, however this present proposal for Kent covers a larger geographical spread and is looking like a much longer time traveling time; perhaps as long as 120 minutes. This needs to be accurately quantified in the modelling.

(From previous item)

- King's reported that they will be making a response to the Kent and Medway Stroke Services consultation as some options may have implications for the PRUH including additional patients. It was reported that the data provided is from NHS England and relates to episodes of care not numbers of patients; it was confirmed that the data in the consultation papers are accurate as they can be.

- Members expressed concern regarding the lack of a figure for the potential number of additional patients that could access services in SEL (depending on the option selected).

Members stated that patients were being transferred to Lewisham hospital due to the pressures currently at the PRUH. The CCG Emergency lead reported that they (OHSEL STP) were in close consultation with Kent and Medway STP and they are working with NHS England and Public Health England.

- The Committee agreed that they would be in support of options for DVH to be designated a Hyper Acute Stroke Unit (HASU) in light of the potential impact on the number of residents accessing services in SE London, should it not be designated a HASU.

- Concern was also expressed by the Committee regarding the achievability of the travel times cited in the consultation document.

RESOLVED the chair will provide a consultation response on behalf of the committee supporting options where Darent Valley Hospital (DVH) is a HASU.

8. WORK-PLAN

The Committee will meet following the local elections and set a workplan.

9. PART B - CLOSED BUSINESS

10. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

11. EXCLUSION OF PRESS AND PUBLIC