Open Agenda

# Our Healthier South East London Joint Health Overview & Scrutiny Committee

Monday 12 March 2018
7.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

**Membership** | **Reserves**

Councillor James Hunt (Chairman)
Councillor Judith Ellis (Vice-Chair)
Councillor Ross Downing
Councillor Ian Dunn
Councillor Jacqui Dyer
Councillor Alan Hall
Councillor Robert Hill
Councillor Rebecca Lury
Councillor Clare Morris
Councillor John Muldoon
Councillor Cherry Parker
Councillor Bill Williams

**INFORMATION FOR MEMBERS OF THE PUBLIC**

**Access to information** You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

**Babysitting/Carers allowances** If you are a resident of the borough and have paid someone to look after your children, an elderly dependant or a dependant with disabilities so that you could attend this meeting, you may claim an allowance from the council. Please collect a claim form at the meeting.

**Access** The council is committed to making its meetings accessible. Further details on building access, translation, provision of signers etc for this meeting are on the council's web site: www.southwark.gov.uk or please contact the person below.

**Contact** Matthew Duckworth, Bexley Scrutiny Committee Officer on 0203 045 4257 or email: Matthew.Duckworth@bexley.gov.uk

Members of the committee are summoned to attend this meeting
**Eleanor Kelly**
Chief Executive
Date: 2 March 2018

# Our Healthier South East London Joint Health Overview & Scrutiny Committee

Monday 12 March 2018
7.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

## Order of Business


| Item No. | Title | Page No. |
|---|---|---|
| 1. | **APOLOGIES** | |
| 1. | **NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**<br>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**<br>Members to declare any interests and dispensations in respect of any item of business to be considered at the meeting. | |
| 4. | **MINUTES**<br>To approve as a correct record the Minutes of the open section of the meeting held on 13th December 2017. | 1 - 14 |
| 5. | **DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING** | |
| 6. | **KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST - FINANCE BRIEFING**<br>Please find enclosed a presentation. | 15 - 19 |

| Item No. | Title | Page No. |
| --- | --- | --- |
| 7. | **KENT AND MEDWAY STROKE SERVICE CONSULTATION** | 20 - 35 |

A cover report and summary of the consultation are enclosed.

| Item No. | Title | Page No. |
| --- | --- | --- |
| 8. | **WORK-PLAN** | |
| 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** | |

The following motion should be moved, seconded and approved if the committee wishes to exclude the press and public to deal with reports revealing 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.”

Date: 2 March 2018

**EXCLUSION OF PRESS AND PUBLIC**

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing 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.”

# 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 13 December 2017 at 7.00 pm at Bromley Civic Centre

---

**PRESENT:**

Councillor James Hunt (Chairman)
Councillor Judi Ellis (Vice-Chairman)
Councillor Ian Dunn
Councillor Jacqui Dyer
Councillor Alan Hall
Councillor Robert Hill
Councillor John Muldoon
Councillor Bill Williams

**OTHER MEMBERS PRESENT:**

Andrew Bland, Lead Officer, South East London Sustainability and Transformation Partnership
Mr Peter Earnshaw, Consultant Orthopaedic Surgeon and Clinical Director of Surgery, Guy's and St Thomas' NHS Foundation Trust
Mark Easton, Programme Director, "Our Healthier South East London" Programme
Mark Edginton, Programme Director, Community Based Care, NHS England
Dr Andrew Parson, Clinical Chairman, Bromley Clinical Commissioning Group
Ben Travis, Chief Executive, Oxleas NHS Foundation Trust
Neil Wright, Commercial Director, Guy's and St Thomas' NHS Foundation Trust

**OFFICER & PARTNERS SUPPORT**

Kerry Nicholls, Democratic Services Officer, LB Bromley
Graham Walton, Democratic Services Manager, LB Bromley

## 1 ELECTION OF CHAIR AND VICE-CHAIR

RESOLVED that Councillor James Hunt be appointed Chairman and Councillor Judi Ellis be appointed Vice-Chairman for the 2017/18 municipal year.

## 2 APOLOGIES

Apologies for absence were received from Councillors Ross Downing, Rebecca Lury, Clare Morris and Cherry Parker.

The Chairman led Members in thanking Councillor Rebecca Lury for her excellent work as previous Chairman of the Committee. The Chairman also thanked Mark Easton who was standing down from his role as Programme Director of the "Our Healthier South East London" Programme.

**3 NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

Two items of business were raised for discussion comprising the financial situation of King’s College Hospital NHS Foundation Trust and proposals to reconfigure stroke services across the Kent and Medway region.

**4 DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Councillor Jacqui Dyer declared that she was the NHS England Equalities Lead for Mental Health.

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

Councillor Alan Hall declared that he was a former Governor of King’s College Hospital 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

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

The Committee considered King’s College Hospital NHS Foundation Trust which had recently been put into financial ‘special measures’. A Member underlined the need to seek reassurance for patients that clinical services would not be reduced as a result of the financial situation and informed the Committee that a request had been made to King’s for an update on the financial and operational consequences of the Trust being placed into ‘special measures’. Members requested that a full briefing be provided to the next meeting of the Joint Health Overview and Scrutiny Committee relating to the impact of the financial situation on the Sustainability and Transformation Plan and updating Members on the Trust’s future commissioning intentions, as well as identifying implications for the stability of the acute health sector across the South East London region.

The Chairman advised the Committee that Kent and Medway Sustainability and Transformation Partnership had announced proposals to reconfigure stroke services for the Kent and Medway region in which hyper-acute and acute stroke units would be consolidated onto fewer sites. This service was accessed by approximately 70 residents of the London Boroughs of Bexley and Bromley and the Royal Borough of Greenwich on an annual basis and was likely to increase demand for services within the South East London region going forward.

The Chairman requested Members consider the forward work programme for future meetings of the Committee.

## 6 MINUTES OF THE MEETING HELD ON 28TH NOVEMBER 2016

Written questions were received from Jane Mandlik, Save Lewisham Hospital Campaign and these are attached at Appendix A.

RESOLVED that the minutes of the meeting held on 28$^{th}$ November 2016 be agreed as a correct record.

## 7 OVERVIEW OF OHSEL ACTIVITY PLANNED FOR 2017/18

The Committee considered a report providing an overview of OHSEL activity planned for 2017/18.

Sustainability and Transformation Partnerships had been launched in early 2016 to bring together different NHS and partner bodies in creating a strategic plan. This role had since evolved, and the South East London Sustainability and Transformation Partnership now undertook a wider range of functions including setting the strategic direction for changes to health and care systems within the region and supporting NHS providers to work together. The Partnership also worked to develop a financial strategy and enabler strategies in the areas of workforce, digital and estates, and with regulators to take an oversight of finance and performance.

The four key workstreams of the South East London Sustainability and Transformation Partnership comprised improved public engagement and transparency, a focus on national priorities and alignment of transformation with delivery, a refresh of the financial model, and the development of accountable care systems. As part of these workstreams, detailed delivery plans had been developed for the national clinical priorities of Cancer, Primary Care, Mental Health and Urgent and Emergency Care, as well as for other key areas including Maternity Services. Financial modelling had also been undertaken on the South East London system to identify what would be required to move back into financial surplus on a recurrent basis by 2021. A model was now being developed to roll out accountable care across the region which would include greater integration of health and care systems, and to support this, the South East London Sustainability

and Transformation Partnership had expressed an interest in participating in the second wave of accountable care delivery pilot projects which could realise additional resources and support for the South East London region.

In considering the update, a Member requested that more detailed financial information be provided on planned OHSEL activity. The Member also asked for clarification on how this would affect the number and use of hospital beds, and the Lead Officer, South East London Sustainability and Transformation Partnership confirmed that there were no plans to reduce the number of hospital beds across the region. A Member noted that patients often accessed support from multiple sources including social care, acute, mental health and primary care services and that accountable care would need to provide 'wraparound care' to patients which simplified the system of receiving health care and support, such as through multi-skilling the health care workforce. The Chief Executive, Oxleas NHS Foundation Trust reported that Oxleas NHS Foundation Trust had placed increasing emphasis on community care for patients accessing mental health services in recent years, and was working in partnership with South London and Maudsley NHS Foundation Trust and St George's Hospital to consider how key services such as Child and Adolescent Mental Health Services could be delivered more effectively, as well as with other key partners to develop early intervention services across the region.

RESOLVED that the update be noted.

**8 MENTAL HEALTH - UPDATE ON PLANS**

The Committee considered a report providing an update on mental health provision.

Mental health remained a core part of the Sustainability and Transformation Plan and was prominent in the clinical transformation pillar. The key priorities for mental health across the South East London region included improving the provision of health-based places of safety, achieving parity of esteem and integration of physical and mental health and developing an approach to address workforce difficulties across the South East London region. Other key priorities included building on progress in reducing out-of-area placements for acute inpatients and developing new models of care for accountable care systems.

The financial position of the South East London Sustainability and Transformation Partnership remained exceptionally difficult, placing an increased focus on the need for new ways of working to deliver service improvement. All Clinical Commissioning Groups within the South East London region had met the Mental Health Investment Standard for 2017/18, and system providers continued to assure themselves on the make-up of the allocation across all key partners to ensure it genuinely met the standard. It was the intention of Clinical Commissioning Groups within the region to meet the investment standard for 2018/19 as set out in their two year Operating Plans; however it had been

recognised that this would be particularly challenging in the context of both workforce constraints and the increased pressure and demand on the system. To mitigate this risk, providers and Clinical Commissioning Groups within the South East London region were developing joint strategies and plans to maximise resources which would include pooling budgets across health and social care.

The Chief Executive, Oxleas NHS Foundation Trust reported that work had been undertaken to deliver parity of roles across mental health services within the South East London region. Mental Health clinical staff would also be given opportunities to advance by achieving approved clinical status which was expected to increase the retention of skilled staff in clinical roles.

In considering the update, a Member underlined the impact of the affordable housing shortage on recruiting and retaining a skilled mental health care workforce and on patients receiving inpatient care. The Chief Executive, Oxleas NHS Foundation Trust confirmed that a new housing scheme at Queen Mary's Village, Sidcup had been developed to offer homes for shared ownership or for rental at intermediate market rent to Oxleas nurses and staff, NHS staff and other key workers who lived or worked in the London Borough of Bexley. Should this scheme be successful there was potential to roll it out to other areas of South East London in partnership with Housing Associations and developers. A care plan was developed for all patients admitted for inpatient mental health care including how their discharge would be managed and where possible, patients were supported to sustain existing tenancies.

Following a request by a Member, the Chief Executive, Oxleas NHS Foundation Trust confirmed that information relating to a reduction in out-of-Borough placements would be provided to the Committee following the meeting. The Member also requested that any future notifications regarding significant service changes be supported by relevant data. In considering the under-representation of the black and minority ethnic population in the mental health services workforce, the Chief Executive, Oxleas NHS Foundation Trust reported that a project was underway to identify the reasons for this under-representation and consider how diversity within the workforce could be improved to better represent communities across South East London. The Member noted that diverse community voices should contribute towards any work undertaken to define the challenge and articulate solutions for increasing representation, including in the co-production of community services. It was also important to align digital systems across mental health providers to improve data analysis and enable a comparison to be made between the regional demography of South East London and health inequalities.

RESOLVED that the update be noted.

**9 ORTHOPAEDIC CLINICAL NETWORK - UPDATE**

The Committee considered an update on the Orthopaedic Clinical Network which

was being developed with the aim of providing elective orthopaedic services on fewer sites across the South East London Region to support the implementation of the Getting it Right First Time recommendations.

Following an extensive assessment and consultation process, it had become clear that it would not be possible for a consensus to be reached on the best model to adopt within the South East London Region, and it was therefore proposed to move forward with creating an Orthopaedic Clinical Network across the existing three providers. Terms of Reference had now been formulated for the Orthopaedic Clinical Leadership Group and it had been recommended to the South East London Sustainability and Transformation Partnership that the Network be established and that a Clinical Lead be appointed. From 2018/19, orthopaedic services would be commissioned against the standards and performance metrics set out in the Getting it Right First Time report, and the Network's progress in delivering quality and efficiency benefits would be independently assured by the London Clinical Senate. Commissioners would review the findings of the Clinical Senate on embedding the Getting it Right First Time recommendations over the three sites after 12 to 18 months, at which time a decision would be made on whether quality and efficiency benefits had been met and could be sustained across three sites.

In response to a question from the Chairman, the Programme Director, "Our Healthier South East London" Programme confirmed that patients within the South East London region would not be compelled to use services within the Orthopaedic Clinical Network and could continue to use other orthopaedic services, such as those offered by Dartford and Gravesham NHS Trust.

Members discussed the recent announcement that Guy's and St Thomas' NHS Foundation Trust and Johnson & Johnson Managed Services would be working together to deliver an Orthopaedics Centre of Excellence at Guy's Hospital. This would include the construction of three new operating theatres which would increase the total number of operating theatres to eight. The Consultant Orthopaedic Surgeon and Clinical Director of Surgery, Guy's and St Thomas' NHS Foundation Trust advised Members that it had been projected that demand for Orthopaedic services would continue to increase as a result of the ageing population, and that the Centre of Excellence would deliver sufficient additional capacity to meet this increasing demand as well as supporting innovation and research in the area of orthopaedic surgery. The partnership did not represent a privatisation of the service as Guy's Hospital already used Johnson & Johnson Managed Services within its existing supply chain, and one of the key aims within the proposed new arrangement was to streamline processes to procure devices, surgical instruments and implants required for orthopaedic surgery to reduce costs. To support this, work had been undertaken with individual surgeons over the past two years to identify best practice in orthopaedic surgery, supporting surgeons to work more efficiently. In response to a question regarding the total project value, the Director, Commercial Directorate, Guy's and St Thomas' NHS

Foundation Trust confirmed that the total project cost had been projected as being £300M over the planned 15 year partnership, £50M of which was linked to capital build. The partnership with Johnson & Johnson Managed Services had been subject to a full procurement process and was evaluated on the premise of providing an 'as is' or better service to patients.

In discussing the Orthopaedics Centre of Excellence, Members were concerned that they had not been made aware of the plans for an Orthopaedics Centre of Excellence during the process to develop the Orthopaedic Clinical Network, which would necessitate the expansion of the three orthopaedic centres within the South East London region. The Clinical Chairman, Bromley Clinical Commissioning Group highlighted that orthopaedic services also included community-based services, and that it was important to ensure there was a joined-up approach to the delivery of all orthopaedic services across the South East London region.

RESOLVED that the update be noted.

**10 COMMUNITY CARE - STRATEGY AND GOVERNANCE**

The Committee considered an update on Community Care – Strategy and Governance.

Within the South East London Region, Community Care was delivered via Local Care Networks which had been designed collaboratively by the six Clinical Leadership Groups. All local areas within the region had adopted the target model which would embed an integrated pathway of care to be supported by delivery milestones encompassing the London Primary Care Standards. The new model of Local Care Networks would realise a number of benefits including longer opening hours for primary care, increased use of digital technology to improve patient experience and social prescribing in which patients would be supported to manage their own health. The new way of working also aimed to improve access to diagnostics, including for the management of long term conditions, and increased joint working with specialist providers to improve reablement and end-of-life care. An updated governance structure had now been agreed and would be used to support the leadership and oversight of the Community Care strategy.

The Clinical Chairman, Bromley Clinical Commissioning Group outlined a new model of care that had been introduced to the London Borough of Bromley in the form of three Integrated Care Networks launched in October 2016 which took a Multi-Disciplinary Team approach to making appropriate care and support available to Bromley residents with complex care needs. Over 550 referrals had been made to the Integrated Care Networks during the first nine months of operation up to the end of June 2017 with an average service user age of 82 years. All key partners had now signed an Integrated Care Network Alliance Agreement which set out the objectives, expected deliverables and operational framework for partner working, and consideration was being given to how this

model could be used to support other vulnerable groups such as people with heart failure.

In discussion, a Member suggested that new models of care would benefit from linking in with the Mayor of London's strategies. Another Member emphasised the value of involving the voluntary sector and carers in delivering new models of care, which might require a change in culture and language. In response to a query from a Member on how parity of esteem could be built into new models of care for patients with mental health needs, the Programme Director, "Our Healthier South East London" Programme confirmed that this issue was being reviewed and would be supported by a planned realignment of Oxleas NHS Foundation Trust management teams to Borough-level. The Member suggested that this work be aligned with Thrive LDN which was a London-wide movement to improve mental health and wellbeing and was supported by the Mayor of London.

A Member noted the need to promote new initiatives effectively, such as longer opening hours for primary care. The Member also underlined the benefits of non-medical interventions such as social prescribing and highlighted the importance of encouraging diversity of provision within new models of care, such as inclusivity of community groups. The Programme Director, "Our Healthier South East London" Programme confirmed that the "Our Healthier South East London" Programme was working with community and voluntary groups to access a national fund supporting community groups with social prescribing, and that this would include identifying best practice in mapping to enable a robust database of community activities to be developed

RESOLVED that the update be noted.

**11 INFORMATION ITEMS**

**THE KING'S FUND REPORT ON SUSTAINABILITY AND TRANSFORMATION PLANS IN LONDON**

The Committee received the King's Fund Report which provided the results of an analysis of the five London Sustainability and Transformation Plans published in October 2016.

RESOLVED that the report be noted.

**12 PART B - CLOSED BUSINESS**

There was no Part B (Closed) Business.

**South East London Elective Orthopaedic Clinical Network**

# Orthopaedic Clinical Leadership Group Terms of Reference

*To be agreed at the first meeting of the South East London Elective Orthopaedic Clinical Network leadership group.*

## Introduction

Providers and commissioners within South East London (SEL) have agreed to develop an Elective Orthopaedic Clinical Network that will comprise of healthcare professionals, commissioners and patients who will work collaboratively to provide clinical leadership, expertise and insight that informs service development and delivers improvements in quality and outcomes across the patient pathway.

The SEL Orthopaedic Clinical Network Leadership Group will work in partnership across all providers of elective orthopaedic care in SEL. The group will enable leaders from a range of disciplines to share their expertise in the deliberation of key clinical issues in order to focus on developing and delivering programmes that bring lasting change to the population of South East London.

The aims of the leadership group are to:

- Provide clinical leadership to system wide service delivery considerations
- Support the implementation of network wide GIRFT recommendations
- Represent all stakeholders in the network
- Improve patient outcomes by ensuring all services in SEL deliver the highest possible standards of care outcomes, whilst ensuring the most cost-effective use of resources.
- Identify, challenge and reduce any unwarranted variations in patient care experienced across services in SEL and create a culture of continuous improvement.
- Develop services across all providers that align with recognised developments in clinical evidence, are sustainable and fit for the future.
- Use the opportunity of greater scale and collective working to lead the way in the development of clinical research, service design and education across the sector.

## Role of the network

- To highlight, reflect upon and challenge unwarranted variation within the patient pathway across SEL and identify opportunities for improvement.

- To provide objective, evidence-based solutions to clinical quality and safety challenges across SEL elective orthopaedic services, free from organisational bias.
- To provide clinical leadership and endorsement for strategic decisions amongst clinicians in SEL regarding the design and development of services, education and clinical research.
- To develop clinical recommendations for consideration and agreement, and develop methods to ensure implementation within all providers.
- To provide a forum where multidisciplinary clinicians can share their collective knowledge on clinical issues, both to each other and to relevant stakeholders.
- To facilitate sharing and learning from best practice to foster the development of a learning culture.

## Governance

The SEL Elective Orthopaedic Clinical Network leadership group is accountable to the SEL STP Clinical Programme Board and the Clinical lead will be responsible for submitting quarterly updates to the Board on progress against the work plan, process for implementation, delivery and outputs  and key risks and issues.

## Key Functions

### Vision and Strategy

- The network is responsible for delivering sustainable change programmes to ensure the implementation of ‘best value pathways of care.
- The group provides the collective expertise to identify, challenge and reduce any unwarranted variations providing expertise of key indicators and outcomes that measure improvements to patient care and efficiency of services.
- The network leadership forum will contribute to the work of partners and stakeholders engaged in system wide implementation of recommendations for strategy and vision for future service delivery in alignment with national and local priorities
- Provide expert clinical advice and enable ownership for future plans and implementation (delivery) of care

### Providing Clinical Leadership

- Determine and direct clear clinical recommendations on the most appropriate configuration and design of services for patients requiring elective orthopaedic procedures in SEL.

- Provide a collaborative and supportive forum for the development of services.
- Serve as clinical champion to future service changes in elective orthopaedics
- Contribute to the effective clinical commissioning of orthopaedic services in line with best practice outcomes such as GIRFT

## Membership

### Chair

The Chair of the Network Clinical Leadership Group will be the Clinical Lead of SEL Elective Orthopaedic Clinical Network, who will be appointed by the chairs of the SELSTP Clinical Programme Board alongside an independent orthopaedic clinical lead from outside of south east London, as per the agreed process.

### Members

Members are not selected as representative of a profession or organisation, they are selected as individuals who attend in their own right. The membership will be broad enough to reflect the range of views that would be encountered across the community of clinicians on significant clinical strategic issues, and will ensure that clinicians from all providers within the pathway have a voice.

The majority of the membership will be made up of clinicians and managers who have regular, direct duties in the elective orthopaedic patient pathway. Members of the network group will be nominated by provider trusts. Each provider will put forward one clinical representative and one managerial representative. Every provider organisation must be represented for the meeting to be quorate.

These are key roles within the network and will be responsible for providing strong clinical and professional direction, essential to the network's role in supporting high quality clinical commissioning. Members will be expected to provide leadership of a key area of the network's work.

Patient or service user representatives will also be included and supported to co-produce the work of the group, and will link with existing OHSEL patient forums.

Commissioner involvement with the network will be via a nominated clinical lead from one of the 6 SEL CCGs, to act as a liaison point.

### Declarations of interest

It is expected that all members declare interests and their applicability to the Group prior to appointment and/or relevant discussion.

## Meetings

### Frequency

The Group will meet approximately six times a year once established, but monthly meetings may be needed in the initial phase. If an interim meeting is required to address an urgent or pending issue, the Chair will call a meeting outside the usual cycle.

Leaders of individual workstreams will be expected to spend time developing the work and engaging with stakeholders outside of the formal meeting structure.

### Quorum

The quorum for the meeting will one representative from each elective orthopaedic provider trust in SEL, including the Chair.

### Participation

Members are expected to attend at least 50 per cent of meetings during the year.

It is expected that members will commit the time necessary to understand the issues considered by the Group, participate vigorously and respectfully in debate and genuinely commit to identifying sustainable strategic decisions that drive improvements in quality of care for patients and support the delivery of expected benefits across all SEL providers.

### Agenda and Minutes

Agenda items will be agreed at the end of each prior meeting. The agenda and any supporting documents will be circulated by email a week in advance of the meeting. Papers may be tabled pending approval of the Chair.

The STP programme office will provide support to the meeting in relation to: setting and agreeing agendas; minute taking and logging action; arranging subgroup meetings; developing and maintaining a work programme; and arranging analytical support.

## Review

The group will review its purpose, delivery of objectives, work programme, key functions, membership and terms of reference on an annual basis, beginning (a year from the date of the first meeting).

SEL CCGs have committed to reviewing the performance of the orthopaedic clinical network and the delivery of quality and efficiency benefits in 12 to 18 months following the creation of the network.

**OUR HEALTHIER SOUTH EAST LONDON**
**JOINT HEALTH SCRUTINY COMMITTEE**

**13TH DECEMBER 2017**

**Questions received from Jane Mandlik, Save Lewisham Hospital Campaign (and replies provided by the OHSEL Team)**

**The STP Governance and Accountability model (Draft dated Feb. 2017) shows that the STP Executive Group and STP Strategic Planning Group report to JOSC, Health and Wellbeing Boards, Trust Boards, CCG Governing Bodies and the CiC. Why was the CREDO report not reported to these bodies prior to submission of expression of interest to NHSE?**

**Reply:**
Credo is a consulting company that has been commissioned by the STP to survey the views of NHS organisation and partners about the development of accountable (integrated) care in SEL and give the STP advice on how integration and population management arrangements might be taken forward.
This work, and the appointment of Credo, was reported at a public meeting of the STP Strategic Planning Group in September:
http://www.ourhealthiersel.nhs.uk/Downloads/Meetings/SPG/4%20Sept%202017/PAPER%20D%20-%20Cover%20Sheet_ACSs%20vFINAL.pdf
Subsequently stakeholders have been briefed on the development of this work via our regular newsletter:
http://www.ourhealthiersel.nhs.uk/news-events/news.htm?postid=54902 and via briefings to health and well- being boards, and at events for leaders of our Trusts and CCGs.
The decision to submit an expression of interest in the second wave of ACS pilots will be taken at the STP Executive meeting on 15 December. Our potential interest in making a submission is guided by:

- The fact that SEL is already developing a number of ACS-like arrangements (in Bexley, in Bromley and through the mental health partnership) and the need to develop a coherent framework for this work across SEL
- Being part of a pilot would enable us to test on behalf of other parts of London, how integrated care can work across a complex system
- Participating in the pilot offers the possibility of support in terms of access to resource and expertise.

**Is the submission a bid for funding or is it just seeking approval for an ACO proposal?**

**Reply:**
We are not seeking approval for an ACO proposal (an ACO is an organisational form- ACS is about integration and population health management). As stated above, a number of integration arrangements are already emerging in SEL, the pilot offers us the possibility of additional support for these arrangements, and the opportunity to make sure they are coherent across SEL.

**Is there an existing commissioning budget available to fund the ACO proposal?**

**Reply:**
There are a number of existing integration projects in SEL, such as the integrated Bexley health and social care service. These are already funded by the NHS and local authority. The ACS project is primarily about bringing existing organisations together to provide better, more integrated care for a population. This does not in itself require a new commissioning budget. The development work we are proposing will require some project management support as we develop better ways of using information, estates and workforce, and as we develop organisations to work better together.

**Does the ACO proposal relate to functions with "at scale" opportunities as listed in App. B of SEL CCG Review September 2017?**

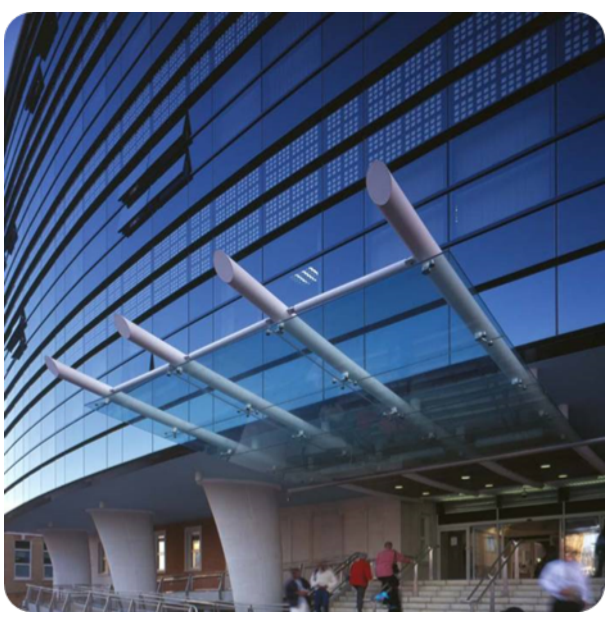
**Reply:**
The two things are unrelated.

# Joint Health Overview and Scrutiny Committee

**Nick Moberly**
*Chief Executive*
**Alan Goldsman**
*Interim Chief Financial Officer*

*King's College Hospital NHS Foundation Trust*
*March 12 2018*

King's



# What is "Financial Special Measures"?

King's College Hospital NHS
NHS Foundation Trust

- Monday 11 December 2017 – King's College Hospital NHS Foundation Trust placed in Financial Special Measures by NHI Improvement; due to a forecast Year End deficit of £92.2 million compared to a plan Year End deficit of £38.8m

  *"Financial Special Measures is a package of measures applied to particular NHS bodies as part of a reset of expectations of financial discipline and performance in the NHS. FSM is designed to help bodies facing the biggest financial challenges.*

- Financial Special Measures is not about:

  - The high quality and excellent care provided to our patients
  - The commitment and dedication of our staff

- The Trust will remain in Financial Special Measures "*until NHS Improvement determines that the Trust has met the criteria agreed to exit FSM."*

- This is not a threat, but an opportunity to shape our future.

# Our Current Financial Position



- **£38.8m** Deficit– Trust's original budget set in April 2017
- **£92.2 million** Deficit – Year End forecast (December 2017) under ongoing review
- **£54.4 million** adverse variance explained by:
  - Overly optimistic planning assumptions for achieving income growth and cost improving efficiency savings.
  - Substantial operational challenges for non-elective and urgent care requiring increases in capacity (wards) and staffing to maintain patient flow and to continue to maintain safe staffing levels.
  - Lower than anticipated income from specialist elective activity (generally higher prices) due to pressure from acute emergency activity (generally lower prices) for patients generally staying longer in hospital.
  - Imposition of national policies that fine Trusts when they do not meet agreed national targets for referral to treatment times for elective patient care, Emergency Department waiting times.
  - Agreed reduction in long term financial support.

# What Next? Planning and Clinical Strategy



**2018/2019 Financial Planning**

- Financial planning is progressing within NHS timescales
- Vital that it is based on an accurate assessment of the 'underlying deficit' over the last few years; and is realistic and achievable.
- Draft 2018/2019 Financial Plan presented to NHSI by early March 2018
- 2018/2019 Financial Plan approved by the Trust Board in April 2018

**Team Building/Resources**

- Consultancy support to fully analyse underlying deficit drivers and add support to financial recovery and cost improvement programme'
- Interim Director of Financial Recovery, with further interim support, especially on data quality and coding for 2018/19
- Recruitment of full-time CFO

**Trust Clinical Strategy**

- Developing the Trust's strategy with key priorities for the next five years
- Wide-ranging programme of 40 meetings has collected the views of staff and key stakeholders.
- A new cross functional Strategy Board will meet in March 2018

# What Next: Carter/Briggs?

- Launch of a programme of work with NHSI's productivity team, headed by Patrick Carter and Tim Briggs (National Lead, "Getting It Right First Time" programme)
- The programme will deliver rapid quality and productivity improvements in key services
- Phase One - **Trauma (King's 1 of 4 in London) and Orthopaedics**, aiming to deliver significant change by August 2018
  - Activity: 32 Consultants, 32 Staff Grade/Fellows, 11 trainees; 4,000 inpatient, 4,000 day case; 7,400 elective, 600 trauma; 2,000 King's, 2,000 PRUH, 4,000 Orpington
  - Urgent coding and data review: job planning and rotas; ring-fenced trauma beds; 2 dedicated trauma theatres at King's; at least 4 cemented joint replacements per day at Orpington; single clinical lead across all 3 sites
  - Major improvements to the orthopaedic trauma pathway and service (Denmark Hill ) to ensure that our Major Trauma Centre is achieving best outcomes nationally
  - Further developing Orpington as a high quality and highly productive "cold" centre for elective orthopaedics
  - Agreeing and implementing robust service models for both complex elective orthopaedics and fractured neck and femur (currently 3 a week)
  - Note that all proposed changes involving quality of services and patient care are fully assessed using Quality Impact Assessment by Medical Director and Chief Nurse.
- Subsequent phases will focus on:
  - Ophthalmology (and other front line services i.d.c)
  - Radiology
  - Back Office

Agenda Item 7

.

# Improving urgent stroke services in Kent and Medway

**Summary**

This paper describes a consultation on urgent stroke services being conducted by the NHS in Kent and Medway. It is relevant to south east London because some south east London residents (especially those in Bexley) use stroke services in Kent and because some Kent residents access stroke services in south east London (especially at the Princess Royal University Hospital, part of Kings College Hospital Foundation Trust). These arrangements may change as a result of the consultation. It is important to note that Bexley CCG is a consultor in this consultation whilst the other five CCGs in south east London and Kings College Hospital are consultees.

**Background**

Stroke services in London were reorganized nearly a decade ago to create a network of 8 Hyper Acute Stroke Units (HASUs) where patients suspected of having a stroke would be taken. These HASUs have the ability to provide patients with specialist care 24 hours a day which can minimize or even reverse the impact of a stroke. The HASUs are supported by a network of Acute Stroke Units (ASUs). Patients are repatriated to ASUs for further treatment and early rehabilitation following assessment and treatment at a HASU. In London patients are allocated to ASUs based on postcode so that they are as close to home as possible, which is important given that length of stay in ASUs can be several weeks. The stroke changes in London have been well evaluated in terms of lives saved, disability avoided and economic benefit.

The Kent and Medway proposals are similar to the London system. However, in all the Kent options HASUs and ASUs are co-located so patients remain in the hospital where they are first taken for all of their hospital stay. This avoids the need for patients to be transferred during their inpatient stay but may mean that they are away from their home area for a longer period. The details of the Kent consultation are included in the attached slides.

**Next Steps**

Bexley CCG are leading engagement events in Bexley.

Kings College Hospital will prepare a response on the potential impact of the changes on the PRUH site. In some of the options there will be more stroke patients attending the PRUH site because patients will no longer be taken to sites in Kent without a HASU. In other options there may be slightly fewer patients attending the PRUH site because there may be a HASU in Kent which is nearer. (At the moment Kent patients with a suspected stroke will be taken to their nearest Emergency Department whereas London patients will be taken to the nearest HASU. Once the Kent and Medway changes are implemented under all options Kent patients will be taken to the nearest HASU).

The STP plans to prepare a response on behalf of Bromley, Southwark, Lambeth, Lewisham and Greenwich CCGs and the other provider organisations within the STP.

**Julie Lowe**
**Chief Operating Officer/ Programme Director**
**SEL STP**
**March 2018**

Transforming
health and social care
in Kent and Medway

# Improving urgent stroke services in Kent and Medway

## Consultation summary

*Transforming health and social care in Kent and Medway* is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

# Today’s agenda

| Time | Agenda | Lead |
|---|---|---|
| | Welcome, introductions, purpose of meeting | |
| | Overview presentation | |
| | General Q&As | |
| | Focussed discussions | |
| | Feedback on discussions to the room | |
| | Next steps and close | |

# Preventing stroke

We are consulting about services for people who have a stroke. But there are things we can all do to reduce our risk of stroke.

**Diet:** an unhealthy diet may lead to increased blood pressure and cholesterol levels

**Exercise:** regular exercise helps maintain a healthy weight, lower cholesterol and keep blood pressure healthy

**Smoking:** significantly increases stroke risk by narrowing arteries and increasing the risk of blood clots

**Alcohol:** too much alcohol can lead to high blood pressure and trigger an irregular heartbeat (atrial fibrillation)

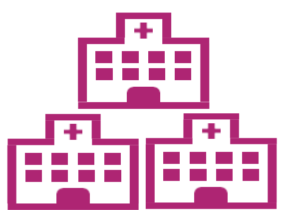
Find out more at www.nhs.uk/conditions/stroke/prevention/

An NHS Health Check can help identify if you are at increased risk of stroke

# Our proposal

- Staff do their very best, but our hospitals **do not consistently meet national standards for clinical quality**.
- We want everybody to have the **best chances of survival and recovery from stroke** regardless of when or where the stroke happens
- To do this we must **reorganise our stroke services**.





We want to develop 24/7 urgent stroke services

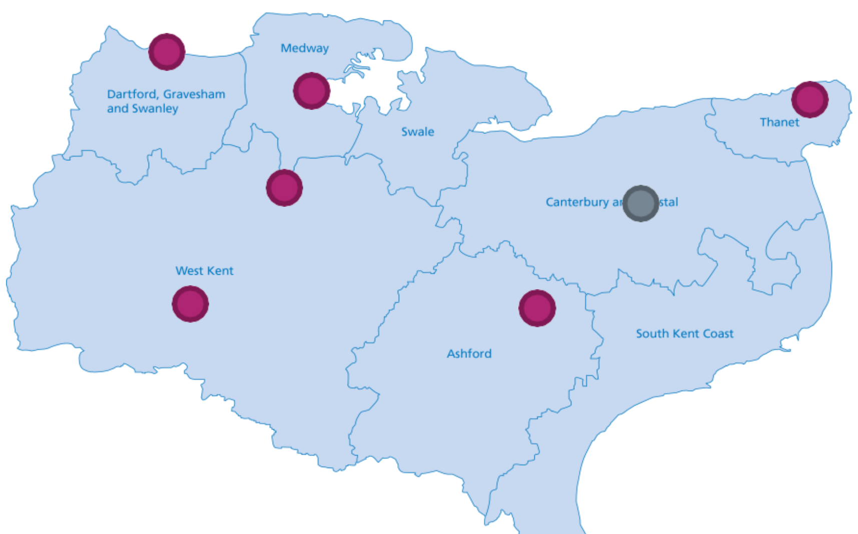
- Hyper acute stroke units
- Acute stroke units
- Transient ischaemic attack ('mini stroke') clinics

**Investing up to £40m** in hospitals and recruiting more staff

# Stroke and current services in Kent and Medway

Stroke is a serious life-threatening condition caused by a blood clot or bleed in a blood vessel in the brain.

- Around 3,000 people living near a Kent and Medway hospital have a stroke every year
- Over 800 people in Kent and Medway die from stroke each year and many more suffer on-going disability




**Six of our seven hospitals currently provide some urgent stroke care** across Kent and Medway.

But we are **not consistently meeting national quality standards** or delivering best practice care.

How well people recover is affected by speed and quality of treatment

# Current challenges – our case for change

**Specialist stroke resources are spread too thinly** and most hospitals do not meet national standards and best practice ways of working.

**24/7 access is not consistently available** for consultants, brain scans and clot busting drugs

One in three stroke patients are **not getting brain scans** in recommended time after arriving at hospital

**Only 1/3 of the stroke consultants** needed to deliver a best practice service in all hospitals

Half of appropriate patients **not getting clot busting drugs** in recommended time after arriving at hospital

**Only one unit seeing enough stroke patients** for staff to maintain and develop expertise (recommended minimum of 500 stroke patients per year)

# Hyper acute stroke units in action

Run 24 hours a day, 7 days a week

Always have access to a stroke consultant, including daily consultant ward rounds

Able to do brain scans and give clot-busting drugs within 2 hours of calling an ambulance, round the clock

Staffed by teams of stroke specialist doctors, nurses and therapists

Inpatient care for first 72 hours is on the hyper acute unit, follow up care is also on specialist acute stroke unit

# Benefits of change

**Consolidating urgent stroke services would help deliver consistently high-quality care regardless of where people live or when a stroke/TIA occurs**

- a reduction in deaths from stroke
- fewer people living with long-term disability following a stroke
- fewer people losing their independence and being admitted to nursing/care homes following a stroke
- shorter stays in hospital
- fewer vacancies within the stroke services and less turnover of staff
- improved experiences for patients and staff through best practice care delivered in specialist units 24 hours a day, seven days a week.

# How did we choose the shortlist of options?

**We looked a number of different areas to decide which options to shortlist. These areas were discussed with a wide range of stakeholders including patients and the public**

Quality of care for all

Access to care for all

Workforce

Ability to deliver

Affordability and value for money

# Options for consultation

We are consulting on

- The proposed move to a new way of delivering urgent stroke care
- The development of three sites into new stroke units
- A shortlist of deliverable three-site options

| Option | Hospitals |
|---|---|
| A | Darent Valley \| Medway Maritime \| William Harvey |
| B | Darent Valley \| Maidstone \| William Harvey |
| C | Maidstone \| Medway Maritime \| William Harvey |
| D | Tunbridge Wells \| Medway Maritime \| William Harvey |
| E | Darent Valley \| Tunbridge Wells \| William Harvey |

- Options are not ranked in order of preference.
- A preferred option will be agreed after consultation.
- Urgent stroke services would **not be available at other hospitals** in Kent and Medway.

# Comparison of options

| | | A<br>Darent Valley, Medway, William Harvey | B<br>Darent Valley, Maidstone, William Harvey | C<br>Maidstone, Medway, William Harvey | D<br>Tunbridge Wells, Medway, William Harvey | E<br>Darent Valley, Tunbridge Wells, William Harvey |
|---|---|---|---|---|---|---|
| Hospital site locations | | | | | | |
| Population within 45 mins by ambulance | | 91.0% | 91.3% | 91.3% | 92% | 91.9% |
| Population within 60 mins by ambulance | | 99.9% | 99.9% | 99.9% | 99.9% | 99.9% |
| Capital investment | | £30.82m | £36.29m | £37.86m | £35.95m | £30.63m |
| Extra stroke doctors needed | In K&M | 8 | 8 | 8 | 8 | 8 |
| | Outside K&M | 0 | 0 | 2 | 2 | 0 |

# Concerns

Since starting the Stroke Review in 2014, we have been talking to staff, patients, the public and wider stakeholders. Issues already raised include:

## Is three the right number

**Why not have a hyper acute stroke unit at every hospital?**

**Why not centralise everything on one site?**

## Travel times

**Can ambulances get people to a hyper acute stroke unit fast enough?**

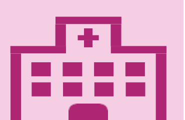
**Can relatives and carers visit easily?**

## Recruitment & retention

**Can we recruit enough staff for the proposed changes?**

**Will staff be willing to move to new locations?**

## Impact on other hospitals



**Will sites that lose stroke services suffer?**

**Are hospitals outside Kent and Medway affected?**

# Our questions to you

- Do you think the reasons for change are justified?
- Do you agree with the proposal for three hyper acute stroke units?
- Do you think the proposed changes will improve access and the quality of care for stroke patients?
- What do you think about the way we have chosen the options for consultation?
- How would you rank the proposed options?
- Is there anything else we should consider?

# Giving your views

- Read more about the proposed changes
  Visit www.kentandmedway.nhs.uk/stroke
  for more information including:
  - pre-consultation business case
  - travel time modelling
  - options evaluation process
  - integrated impact assessment and more

- When you are ready to respond

  Complete the consultation questionnaire online, by post or by phone

## Contact us

**Email:** km.stroke@nhs.net

**Telephone:** 0300 7906796

**Post:** FREEPOST Kent and Medway NHS

The deadline for all responses is midnight on the 13th of April 2018