

# Open Agenda

## 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 1 February 2016 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

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### **PRESENT:**

Councillor Rezina Chowdhury  
Councillor Ross Downing  
Councillor Jacqui Dyer  
Councillor Judith Ellis  
Councillor Alan Hall  
Councillor James Hunt  
Councillor Averil Lekau  
Councillor Rebecca Lury  
Councillor Matthew Morrow  
Councillor John Muldoon  
Councillor Bill Williams

### **OTHER MEMBERS PRESENT:**

#### **OFFICER PARTNER SUPPORT:**

& Mark Easton, Programme Director OHSEL  
Dr Jonty Heaversedge, Clinical Chair, NHS Southwark Clinical Commissioning Group  
Annabel Burn, Chief Officer, NHS Greenwich Clinical Commissioning Group  
Julie Timbrell, scrutiny project manager

### **1. APOLOGIES**

Councillor Hannah Gray sent her apologies.

### **1. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

### **3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Councillors Alan Hall & John Muldoon declared that they both are elected governors at South London and Maudsley Foundation Trust (SLaM).

Councillor Judith Ellis declared that her daughter works at South London and

Maudsley Foundation Trust (SLaM and she a governor at Oxleas NHS Foundation Trust.

Councillor Rezina Chowdhury declared she works for Public Health England.

Councillor James Hunt Cllr James Hunt declared his wife is an employee of Dartford and Gravesham NHS Trust at Queen Mary's Hospital.

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

**5. TERMS OF REFERENCE**

**RESOLVED**

The committee agreed to delete the second sentence under point 13 of the Terms of Reference; the amended version was agreed.

**6. OUR HEALTHIER SOUTH EAST LONDON PROGRAMME**

6.1 The Our Healthier South East London (OHSEL) briefing was presented by Mark Easton, Programme Director OHSEL; Dr Jonty Heaversedge, Clinical Chair, NHS Southwark Clinical Commissioning Group; and Annabel Burn, Chief Officer, NHS Greenwich Clinical Commissioning Group.

6.2 The OHSEL team briefly summarised the OHSEL work programme work on the six identified strands: Cancer, Maternity, Community Based Care, Urgent & Emergency Care, Children & Young People and Planned Care, followed by Mental Health, as the committee had requested this as an additional area.

6.3 The presentations were followed by a question & answer session with the committee and a discussion, which are summarised below.

**Cancer**

6.4 Officers were asked how the move of people to the Queens Mary's Hospital and Guy's Hospital for cancer care would impact locally and if it was well received. The OHSEL team responded that Guy's & St Thomas' Foundation Trust have said this would be helpful as they would be able to treat people earlier.

6.5 A member asked how GPs are being helped to better diagnose. OHSEL said that they are developing a training programme to see what good looks like. This will look at what is working well on programmes like bowel screening. They are also trying to prevent cancer occurring.

- 6.6 A member of the public voiced concerns about raising issues with practice receptionists and doctors, and whether there was sufficient confidentiality and expertise. Officers spoke about training that enabled better identification of early symptoms, such as a coughs and lung cancer.
- 6.7 Officers were asked about the extent of consultation with carers and service users. Officers reported that consultation with cancer survivors had identified that an unexplained symptom could make someone very anxious and that a quick scan would be very helpful to alleviate concerns. Dr Jonty Heaversedge said that increasingly cancer is a long term condition, and as such survivors need good support from GPs who are able to know how to escalate.
- 6.8 The committee asked about prevention. The OHSEL team said that over 50% of cancer is not preventable , however a significant amount of cancer cases could be prevented and OHSEL are working on stopping smoking , exercise , obesity , nutrition etc. . Officers were then asked about tackling cancer that is not preventable and the OHSEL team responded that genetics does play a part and our major hospitals are looking at this and the NHS is improving its rapid diagnosis & scans. A member commented that sometimes there are delays from diagnosis to scans and then treatment. Dr Jonty Heaversedge agreed this is a problem and there are delays in the pathway, that the treatments centres proposed are designed to address this, as often the delay is originating from a local hospital referring to a specialist centre.

### **Maternity**

- 6.9 The OHSEL team gave a brief presentation that highlighted the rising birth rates across South East London and the need for a step change to increase clinical standards. One of the standards is for an obstruction to be on call 24 hours; however South East London does not yet meet this standard.
- 6.10 Members asked if there will be a consultation on this programme. The OHSEL team responded this strand does not need it , however they have been asking about midwifery standards , which are met , and consultant care, which as not.
- 6.11 A member commented that the a maternity unit serving Bexley residents was abolished due to falling birth rates during Picture of Health, the previous NHS reorganisation plan.
- 6.12 There was a discussion about low risk units being able to access more specialised emergency services. Dr Jonty Heaversedge pointed out that having a consultant on site was expensive; however not having expert care could result in a disabled child - so there are personal, social and financial costs in not having this expertise there.
- 6.13 A member asked if the OHSEL have done a survey of midwives to look at

ages. OHSEL team responded that it is quite polarised - South East London have young people and older people. There is particularly an issue of retention as people are going to outer areas when starting a family. A member commented that she had heard midwives and other health professional are finding it difficult to access training to return to work after a child or career break. The OHSEL team commented that they will take that back; return to work has not featured as an issue so that is helpful feedback.

- 6.14 The committee raised the need for good communication and care for mothers to be a priority. Members said that Mental Health always needs to be considered, and continuity of care is very important.

### **Community Care**

- 6.15 The OHSEL team said that they are planning to bring proposals on Local Care Networks to individual scrutiny committees. Annabel Burn said that Community Care will be threaded through most presentations, but also part of the programme.

- 6.16 There was a discussion about sharing patient information. Dr Jonty Heaversedge said this can be vital. There are various arrangements to connect care in Greenwich and a different arrangement for Lambeth and Southwark. Member said in the Princess Royal University Hospital (PRUH) there is problem with sharing with Kings College Hospital, which is concerning as both hospital are run by the same Foundation Trust. The member added that there are also problems sharing information with doctors. Members sought clarification on when the IT solutions between King's and the PRUH will be solved; it was pointed out that this gets raised at stakeholder meeting and there are reports that the sockets have been installed awaiting implementation, yet still paper is being used. Professor Moxham, of King's, commented, from the audience, that PRUH was recently taken over by King's and this will be rapidly sorted out, however members responded that the PRUH was acquired three years ago, and they would like to see more progress. The OHSEL team promised to take this away and respond formally.

- 6.17 A member reported that health care assistants with additional skills have been commissioned to do more work with patients on their priorities and navigating the system - and making use of all the voluntary sector, which is very rich. The OHSEL commended this work and said that a programme working with older Southwark and Lambeth residents, SLIC, is considering this programme.

- 6.18 Members requested more information on the requirement that all CCGs do a Sustainability and Transformation Plan.

- 6.19 The OHSEL team were asked about improving discharge from hospitals. The team responded that better consistency across the whole South East

London area could really help with this as there can be very local arrangements which can create confusion. They said that they need to work very locally to respect the community aspect but also get standardisation.

- 6.20 A member raised concerns with housing and commented that often NHS knowledge is quite poor, and this needed to improve so patients get better so adaptations, which are done faster. The OHSEL team commented that the health assistant navigators in Greenwich identified that housing is an issue and the CCGs have started to invite both housing and psychologists to our partnership meetings.

### **Urgent & Emergency Care**

- 6.21 The OHSEL team commented that they will need to go through a process of assessing the present arrangements; however the OHSEL team reported that they think the South East London are will need to keep all the existing capacity. There will be a designation process.

- 6.22 A member raised concerns about standardisation, and potential loss of service. She reported that a local A & E was lost in the previous South East London reorganisation: Picture of Health. The local Urgent Care centre stays open late and is very busy. OHSEL commented that some Urgent Care services are at the higher end of use, and it is services at a lower end that might change their designation.

- 6.23 A member commented that ovarian cancer is diagnosed often late, at A&E, and asked what services are in place to get better diagnosis. . Dr Jonty Heaversedge commented that this is a condition that we are seeking improvement in early diagnosis; an A& E diagnosis is often late and not ideal.

- 6.24 Clarification was requested on how an Urgent Care centre is designated. OHSEL offered to send more information and explained that the confusion about whether a centre is an Urgent or Emergency Care centre is something the OHSEL team are trying to solve. They recommended a website: "Health Help Now "[<http://southeastlondon.healthhelpnow-nhs.net/>] that signposts to the right place.

### **Children & Young People**

- 6.25 A member commented that there can be a five to sixth month wait for a child or young person to see a consultant at CAMHS; and asked if there will be an improvement. OHSEL team said that there are more resources being allocated.

- 6.26 The OHSEL were asked to explain what role pharmacies will play. They responded that the OHSEL will be investing more - pharmacists are very well trained.

6.27 The OHSEL said that Hippo department allows a better experience, but they are looking at who gets better outcomes to learn and standardise. PRUH is planning to develop a children's service. The OHSEL are looking at places, location and who admits the most. Members asked if this information could be fed back.

6.28 The OHSEL team reported that the vast majority of children are well - and they are looking at schools and wellbeing to improve and sustain this.

### **Planned Care**

6.29 OHSEL team opened the discussion by explaining that they are looking at the South West London Elective Orthopaedic Centre (SWLEOC) [<http://www.eoc.nhs.uk/> ] The OHSEL programme are looking at commissioning one, possibly two centres . The team reported that when they spoke to stakeholders they could see the merits - but there was concern about travel.

6.30 A member commented on the standardisation of procedures.

6.31 A member commented that this is very relevant to the current orthopaedic service being delivered at Orpington Hospital by King's College Hospital Foundation Trust, which is aiming for a 24/7 care as a through put, and one reason for this is that elective care is something that generates money. She commented that is also worth bearing in mind that some procedures and patients are at not straight forward, and so will need emergency facilities; however some providers want only day cases. In addition the funding stream would be hard to take away from King's College Hospital Foundation Trust without consequences.

6.32 Members also commented that lots of older people would not be able to travel easily.

6.33 The OHSEL were asked if Queen Mary's Hospital has been thought about as possible location. They responded that is could be - this has not been decided yet.

6.34 Members commented that they are pleased that more than one location is being considered.

### **Mental Health**

6.35 The OHSEL team commented that this is not an actual strand as they consider that Mental Health can best be delivered at a local level.

6.36 Members asked if the OHSEL will be looking at the detail in at Mental Health at a local level. The team responded that some will be looked at the

CCG level, and other times Mental Health will be embedded in programme strands e.g. Planned Care.

- 6.37 Committee members commented that they could not quite understand why Mental Health does not have its own strand. A member said that OHSEL could, for example, look at the training needed to diagnose a condition at the South East London level
- 6.38 Annabel Burn responded that there is a lot of work being developed at a borough level and the OHSEL do also have a psychologists and psychiatrists on our wider decision making bodies so they can help in understanding the Mental Health issues. This means that they can advise on issues like how does travel impact on wellbeing. She added that the public helps us to do that too, as they are not compartmentalised.
- 6.39 A member said that she is concerned that in a prior presentation on the OHSEL programme wellbeing had not been mentioned, until queried.
- 6.40 There was a further discussion on examples of local Mental Health provision, and the merits of looking at this a South East London level or at borough level. Annabel Burn gave the example of local suicide prevention, where it would not be helpful to discuss the work at sub-regional level. She added, however, that if there were issues that need to be decided at a cross borough level then this could be considered, and explained that she had a wider strategic role working on Mental Health working across a number of different boroughs.

## **RESOLVED**

The committee requested:

- A briefing paper on the London Quality Standards.
- An update on the sharing of information between Princess Royal University Hospital and Kings College Hospital and progress towards introducing a paperless system
- A response to concerns that midwives and other health professional are finding it difficult to access training to return work, after a career break.

## **7. WORKPLAN**

### **RESOLVED**

The committee will look at:

1. OHSEL consultation process for all 6 strands, including any engagement process that has led to a conclusion that a full consultation exercise is not needed.
2. Emergency & Urgent Care designation outcomes.
3. Planned care options.
4. Mental health options.
5. Sustainability & Transformation Plan (STP).

The next meeting will be held before the pre-election period starts on 21 March for the Greater London Assembly (GLA) and London Mayor. It will be on the STP, overall consultation and mental health. After the GLA elections on 5 May the following meeting will be on Urgent and Emergency Care designation and Planned Care options.

## **8. PART B - CLOSED BUSINESS**

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

### **10. EXCLUSION OF PRESS AND PUBLIC**