

# 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

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## **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<sup>th</sup> 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

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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 be 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

13<sup>TH</sup> 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 JOSCS, 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](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.