Scrutiny Health & Social Care Sub-Committee

Meeting held on Tuesday, 18 December 2018 at 6.30 pm in Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillors Sherwan Chowdhury (Chair), Councillor Andy Stranack (Vice-Chair), Pat Clouder, Andrew Pelling and Scott Roche

Apologies: Councillor Toni Letts

PART A

42/18 Minutes of the Previous Meeting

The minutes of the meeting held on 20 November 2018 were agreed as an accurate record.

The Chair confirmed to the Sub-Committee that following the previous meeting a letter had been sent to King's College Hospital NHS Trust to register the concerns of the Sub-Committee regarding the closure of the Community Dental Service in New Addington.

The Director of Public Health advised the Sub-Committee that the Trust should have informed her prior to any change being made to the service, which had not been the case. As such she was rigorously investigating how this had happened and also looking to investigate options with the Trust for the re-provision of the service in the local area.

43/18 Disclosure of Interests

There was none.

44/18 Urgent Business (if any)

The Chair advised the Sub-Committee that he had agreed to allow the progress report from the South London and Maudsley NHS Foundation Trust to be considered as an urgent item to ensure that the update was provided in line with the Sub-Committee's recommended timeframe set at their meeting on 28 September 2018.

45/18 South London & Maudsley NHS Foundation Trust - Progress Report

Beverley Murphy, the Director of Nursing at SLaM and Doctor Faisil Sethi, the Interim Service Director for the Croydon Executive Team of SLaM, were in attendance at the meeting to provide an update on the actions being implemented in response to the findings from a Care Quality Commission (CQC) inspection earlier in the year.

From the presentation the following information was noted:-

- An overview of the management structure for the team responsible for inpatient and community services in Croydon and Behavioural & Development Psychiatry (BDP) was provided. SLaM provided reassurance to the Sub-Committee that the right team was now in place to deliver improvement going forward.

- An Action Plan had been developed which focussed upon achieving the 'must do' recommendations within the CQC report. This included achieving a consistent standard of care across the organisation with work also needed to address concerns regarding the Ward Directorates.

- Weekly meetings chaired by the Chief Executive of SLaM had been set up to account for the implementation of the Flow Plan which had been created to improve the flow of patients through the service to discharge. The short term results had been encouraging with a reduction in the amount of people waiting in A&E, but it was essential to ensure that this good work continued moving forward.

- A Delivery Board chaired by the Director of Nursing, which met once a fortnight, had been set up to provide oversight of the improvement plans being delivered as a result of the CQC inspection. There were six improvement plans in place, each with actions relating to their respective areas. The plan for Croydon included 194 separate actions which varied from the straight forward to multi layered, detailed actions. The Delivery Board focussed its attention upon those actions that were not on track.

- From the 194 actions set out within the improvement plan for Croydon, highlights included having the Directorate Senior Management Team in place, continuous improvement around the recruitment and retention of a high quality and skilled workforce, continued improvement to address issues relating to patient flow and continued improvement in mental health transfers from emergency departments.

Following the presentation, members of the Sub-Committee were given the opportunity to question the representatives from SLaM. The first question concerned how SLaM commissioned services, with it confirmed that this would depend on the type of service being commissioned. Forensic and neurodevelopmental services would be commissioned on a regional or national level by NHS England, while others would be on a more local Croydon basis.

In response to a question concerning how data for mental health assessments was tracked, it was confirmed that daily reports were prepared for the Executive Management team. This information was also regularly reported to both the Board and the Quality Committee.

There was a concern raised that the work to improve patient flow was too management focussed and as such it was question whether improvements were being cascaded to frontline staff. It was confirmed that this was an important issue for SLaM with mechanisms being put in place to engage staff in the process. The new management structure had given clinical leadership more of a voice and a clearly defined role. Other changes included Matrons only working from one site and overseeing a smaller number of wards. Ward Manager posts had also been created to improve the oversight of improvements.

In relation to the 194 improvement actions for Croydon, the methodology being used to determine whether they were achievable or not was questioned. It was confirmed that the Quality Portfolio Board had approved a measurement strategy which accounted for the difference that would be made if all the actions were implemented. This took into account a range of factors including the length of patient stay, the use of restraint, staff turnover and staff satisfaction. All of which would be used as indicators of overall improvement.

In response to a question about how the objectives had been defined, it was advised that they had been identified following engagement with senior leaders in the organisation, partners and regulators, with both clinical and regulatory reasons for the four priority areas.

Regarding patient flow, it was questioned how the number of mental health assessments being cancelled could be reduced. It was advised that the reasons for cancellation varied, with some out of the organisations hands, such as needing police support for an assessment. However SLaM did have control over patient flow and would cancel an assessment if there were no beds available. By implementing the flow plan, it would improve the capacity of the service, reducing the need for cancellations as a result.

It was questioned how SLaM would go about achieving its targets for patient discharges per week. It was advised that Trust were aware that there were cases of people occupying beds that no longer needed to be there and needed to move on. At the time of the meeting the discharge rate was 56 patients per week and an average discharge rate of between 50 to 55 patients per week was needed to manage capacity.

A request was made for the complete list of 194 actions relating to Croydon to be shared with the Sub-Committee, which was agreed. It was also agreed to invite SLaM back to a future meeting to provide a further update on their improvement plans.

The Chairman thanked the representatives for attending the meeting and answering the questions of the Sub-Committee.

Conclusions

Following the discussion of this item, the Sub-Committee reached the following conclusions:

1. The Sub-Committee welcomed the progress made to date against the 194 actions in the Improvement Plan for Croydon and requested that a full list of the actions be shared with Members.

2. The Sub-Committee welcomed the fact that SLaM had moved to a geographical structure, but had a concern that the new approach was management lead and did not present enough opportunities for clinical input.

3. It was agreed to invite SLaM to a future meeting of the Sub-Committee to present a further update on the progress made with the improvement plan.

4. It was also agreed that the Croydon Clinical Commission Group would be invited to the same meeting as SLaM to allow for a joint discussion on commissioning and outputs for the borough.

46/18 **Winter Preparedness 2018-2019**

The Sub-Committee had invited representatives from the Clinical Commissioning Group (CCG) and the Croydon Health Service (CHS) along with representation from the Adult Social Care team from the Council to the meeting to provide an update on their preparations for the winter period. The following people were in attendance for this item:-

- Andrew Eyre – Accountable Officer for the CCG
- Stephen Warren – Director of Commissioning for the CCG
- Matthew Kershaw – Chief Executive for CHS
- Paul Richards - Head of Adult Mental Health Substance Misuse for Croydon Council

During the introduction to the report it was emphasised that plan for winter had very much focused on whole system working with a view to keeping people well and out of Accident & Emergency (A&E) where possible. The plan had been developed jointly by the CCG, CHS and the Social Care team at the Council. A key challenge to the delivery of the plan was the need to manage an increasing demand for services and as such it focused on the following areas:

- Strengthen Governance arrangements.
- Developing and delivering out of hospital initiatives.
- Working to improve capacity within services through the improved maintenance of patient flow.
- The launch of the new A&E facility at Croydon University Hospital.

Work to date on the plan included:-

- The recommissioning of urgent care services through the provision of three GP hubs, including the GP Extended Access Hub to provide additional appointments.

- Continued work on patient education to direct away from A&E towards more appropriate services such as GPs and pharmacists.

- The Winter Communications Plan included a Flu Campaign which raised awareness of the Flu Vaccination programme, with a particular focus on vulnerable groups and frontline NHS staff.

- The new Emergency Department opened on 2 December 2019 and was already delivering benefits such as improved ambulance handover times and improved escalation capacity and flexibility within the service.

- Mental Health Initiatives included multi-agency discharge events focussed on reducing the length of stay in the Emergency Department, with additional beds for mental health patients commissioned with the East London Foundation Trust.

Key challenges to the delivery of the plan were:

- The recruitment and retention of the staff, which remained a problem across London, particularly in paediatric care. However there had been an improvement since September with a reduction in the number of unfilled shifts in the Emergency Department.

- Patient discharge continued to be an issue, with work underway to improve discharge processes including enhancing the discharge team through the recruitment of a single manager working across the health service and social care service to improve the focus on discharge.

- There was a continued focus on long stay patients, with ‘stranded’ patients remaining a significant challenge. There were also a significant amount of patients from other boroughs which increased the complexity when discharging

- The Council had been given funding of £1.4m to assist with winter pressures including the delayed transfer of care, market stabilisations and LIFE demand.

- There was further opportunity to develop the GP Huddles which arranged for practices to meet with partners to discuss the care provision for those patients with complex needs.

Following the introduction of the item, the Sub-Committee were given the opportunity to question the representatives. The first question related to demand management and the savings made through educating patients to self-care where possible rather than using urgent services. In response it was confirmed that A&E attendance was stabilising through work with the GP

Hubs, but it was difficult to quantify the number of potential patients choosing to self-care. Intervention at an early stage provided a number of benefits including allowing people to remain well and independent. It also allowed the service to focus urgent care upon those who required it the most.

It was noted that demand management was difficult to predict and as such it was questioned how the risk of misdiagnosis was managed. It was advised that there was always the risk of misdiagnosis, but GPs would always refer patients to specialist services if they were not able to make a diagnosis themselves.

In response to a question about prescriptions and an increased expectation for savings to be delivered through patients paying for some medicines that would have previously been prescribed, it was highlighted that GPs had the clinical freedom to prescribe as needed.

It was noted that during spells of cold weather there was often a spike in the number of injuries relating to falls and as such it was questioned whether the health service was in position to cope with demand. It was advised that the spike in injuries was normally manageable, but there was an important differential between those people who were generally well suffering a fall and those with wider health issues. Work was being undertaken through community nurses and GPs to raise awareness of the need to take extra care.

It was questioned what could be done to improve the take up of the Flu Vaccination Programme, to which it was advised that a lot of the work to raise awareness would be carried out through GPs surgeries and other community based services. Other areas that could be targeted included care homes and the vaccination of frontline NHS staff, which was optional, but strongly recommended. It was noted that there was a need to shift the public perception on vaccinations which could often be negative.

In response to a question about bed occupancy rates, it was noted that it was currently at a high level, with some days approaching 100% capacity, which increased the challenge of ensuring flow through the system. There was an aim to reduce bed occupancy to below 90% to ensure there was greater flexibility within the system.

In regard to more vulnerable, elderly patients, it was questioned where they could be discharged to and how this was monitored. It was advised that discharge rates were monitored on a daily basis, with a list of patients who needed additional support being overseen by the integrated discharge team. There were a number of reasons that caused a delay in discharging a patient including the availability of care home places and the need for home adaptations to be installed.

As there was increasing pressure to improve discharge rates, it was questioned whether this had led to an increase in readmissions. It was confirmed that readmissions tended to fluctuate, particularly at this time of year. There were instances when people were discharged too early, but this was monitored and would be picked up if there was a significant issue.

As it was noted that the Winter Communications Plan was targeted at the South West London area rather than a local, Croydon level, it was questioned how any such communication would help patients negotiate through health service pathways locally. It was advised that the campaign had been designed to address the needs of each borough. It was agreed that further detail on the Winter Communication Plan would be shared with the Sub-Committee outside of the meetings.

From the perspective of the Croydon University Hospital it was noted that a strength of the Emergency Department was that it was well known and easy to access. As such it was important to direct people when first attending, with the first point of contact being a Screening Nurse to guide patients to the most appropriate service for their needs.

At a previous meeting of the Sub-Committee it had been noted that it could often be difficult for the street homeless to access services, as such it was questioned what support was available. It was highlighted that there was a big campaign underway to reassert that the homeless had a right to register with GPs, with the provision of a card to confirm this. It was also stated that entry into the health service for homeless people should be no different to others patients, but it was acknowledged that there could be additional difficulties around discharge when the patient did not have a home.

In response to concerns about the available capacity within the Emergency Department to meet demand and how much flex was available, it was confirmed that the service was currently using about half its flex capacity, but there was also an additional flex ward that could be deployed as needed. It was also highlighted that extended hours for GP Hubs were in operation with extra capacity available, with patients referred to the Hubs from their existing practices.

As it had been noted that additional capacity for mental health patients had been commissioned with the East London Foundation Trust, it was questioned how long the additional capacity was available and what support was being provided for relatives wanting to visit patients. It was confirmed that the additional capacity would be in place until the end of March 2019 to manage the current demand and provide the opportunity to reduce occupancy levels. It was also confirmed that there was support in place to ensure relatives were able to travel to visit patients.

In response to a question about why the length of bed stay was so long, it was confirmed that at present the numbers were high, but the department had the capacity to manage 70 patients for over 21 days, if the number of patients rose above this it would become more challenging to manage demand. It was highlighted that the average length of stay for non-elective surgery was under five days.

It was noted that at present a lower than expected number of patients were going through GP Huddles and as such it was questioned whether this was due to patients having to go through their GPs for referral. It was advised that Huddles were something the CCG would like promote further as they had

been shown to be effective. There now needed to be an expansion of scope to encourage other healthcare professionals to refer patients who were eligible.

As it was noted that there was 10,000 additional minutes available for appointments with GPs in the borough, it was questioned how this had been allocated. In response it was confirmed that the additional capacity was being provided at the GP Hubs.

In response to a question about the Red Bag Scheme it was confirmed that it had been based upon a similar scheme operated in Sutton and was targeted at care homes and would deliver savings through improving the preparation of people when being admitted to hospital.

It was questioned what would happen if the Emergency Department was at 100% capacity and a major incident occurred. It was advised that should this occur, then there was a mechanism in place to increase patient discharge.

In response to a question about the waiting times in the Emergency Department it was advised that this would depend on the level of care needed, with urgent care performance being good. For minor injuries, most patients were seen within four hours and discharged the same day.

Regarding ambulance conveyancing at the new Emergency Department it was confirmed that this was sometimes higher than it should be, but this could be down to ambulance staff wanting to test the new service.

It was confirmed that facilities for mental health patients had been improved within the Emergency Department with separate rooms for adults and children.

The Chairman thanked the representatives for attending the meeting and answering the questions of the Sub-Committee.

Conclusions

Following the discussion of this item, the Sub-Committee reached the following conclusions:

1. The Sub Committee were concerned to note that the Emergency Department was operating at near 100% of its capacity, when there had not been any flu outbreaks or bad weather and as such questioned how prepared they were to meet any increase in demand?

2. The Sub-Committee were also concerned about the guidance provided to GPs on prescription costs and discretionary prescribing, as it was felt that this may lead to some patients not getting the medicine they required.

3. The Sub-Committee were concerned that the Winter Communication Plan had been developed on a South West London level and as such questioned whether it would be more effective on a local Croydon level.

4. The Sub-Committee welcomed the approach of using a multi-service discharge team and agreed that it would like to receive further information about this approach.

5. The Sub-Committee agreed that it would be important to have a follow-up report on Winter Preparedness in March to find out whether it had been effectively managed.

Recommendations

1. That the GPs Collaborative be invited to a future meeting to provide further information on discretionary prescribing.

2. That representatives from the interagency Discharge Team be invited to a future meeting to provide further information on their work.

3. That the representative from the CCG, CHS and the Social Care team be invited back to the meeting of the Sub-Committee in March to provide an update on the delivery of their Winter Plans.

47/18 **Healthwatch Croydon**

Gordon Kay, the Manager of Healthwatch Croydon provided an update for the Committee on their recent activities. It was confirmed that application period for new members of the Board had recently closed, with the selection process underway. It was hoped that the new Board Members would be in place by the end of January to begin business planning for April. Mr Kay thanked those Members who had helped to raise awareness of the vacancies.

48/18 **South West London and Surrey Joint Health Overview and Scrutiny Committee**

The Vice-Chair provided an update on a recent meeting of the South West London and Surrey Joint Health Overview and Scrutiny Committee, at which the review on the future of Accident & Emergency and Maternity services at Epsom, St Helier and Sutton Hospitals was considered. A key concern for Croydon would be the closure of these services at St Helier Hospital, as projections had indicated that this would significantly increase demand at the Croydon University Hospital.

The Chairman also provided an update from the meeting of the Pan London Joint Health Overview and Scrutiny Committee Forum, which had met recently. The discussion at the meeting had focused on the ongoing issues around staffing in the NHS across London, with an emphasis on looking at new ways for different organisations to work together.

49/18 **Exclusion of the Press and Public**

This motion was not needed.

The meeting ended at 8.55 pm

Signed: .....

Date: .....