

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 4 December 2012

Present:

Councillor Judi Ellis (Chairman)
Councillor Catherine Rideout (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Roger Charsley,
John Getgood, David Jefferys, Mrs Anne Manning and
Charles Rideout

Brebner Anderson, Angela Clayton-Turner, Maureen
Falloon, Angela Harris, Brian James and Leslie Marks

Also Present:

Councillor Graham Arthur, Councillor Stephen Carr,
Councillor Robert Evans, Councillor Sarah Phillips,
Councillor Colin Smith and Councillor Diane Smith

37 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Lynne Powrie - Maureen Falloon attended as her alternate.

38 DECLARATIONS OF INTEREST

The following declarations of personal interest were made:

- Brebner Anderson as a member of Bromley Healthcare Board
- Councillor Judi Ellis declared that her father had dementia and was resident in a care home in Bromley.
- Angela Clayton-Turner declared that her husband was in a Bromley Care Home.
- Leslie Marks declared that she had a son in a care home.

39 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

3 written questions were received from members of the public and these are attached at Appendix 1.

**40 QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER
FROM MEMBERS OF THE PUBLIC AND COUNCILLORS
ATTENDING THE MEETING**

No questions had been received.

**41 MINUTES OF THE MEETING OF CARE SERVICES PDS
COMMITTEE MEETING HELD ON 4TH SEPTEMBER 2012**

Three amendments were noted:

- Minute 19 – Brian James had tendered his apologies.
- Minute 20 – Angela Clayton-Turner had declared an interest as her husband was in a Bromley care home.
- Minute 32 – Council Motion – Membership of Housing Working Party – should read Councillor Catherine Rideout not Charles.

RESOLVED that the minutes from the meeting held on 4th September 2012 be agreed, subject to the amendments outlined above.

**42 CARE SERVICES PDS WORK PROGRAMME AND MATTERS
ARISING REPORT**

Report CS12055

The Committee considered its Work Programme for 2012/13 and progress on the matters arising from previous meetings.

**43 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO
REPORTS**

The Committee considered the following reports for pre-decision scrutiny on matters where the Care Services Portfolio Holder was minded to take decisions.

**A) REVIEW OF SERVICES FOR CHILDREN AND YOUNG PEOPLE
WITH MENTAL NEEDS**

In April 2012 the Children and Young Peoples Portfolio Holder agreed that the contract for services for children and young people with mental health needs (CAMHS) commissioned by the Council from Oxleas NHS Foundation Trust would be extended until 31st March 2013 to sustain provision whilst a review of CAMHS was undertaken. In order to identify what was required in the future a gateway review of CAMHS services commissioned by the Council had been undertaken to consider the services in detail.

The report made recommendations for the future focus of CAMHS, the allocation of resources and for the extension of current contracts to the end of March 2014 to enable the reconfigured service model to be specified and tendered.

Although the review was carried out in consultation with the Clinical Commissioning Group (CCG), it primarily focused on services funded by the Council, driven partly by the timescales for the Council's current contracts, two of which would end in March 2013. However it was clear that it would be detrimental to the wider CAMHS agenda for the Council to unilaterally change the focus of its commissioning in isolation from the funding and services commissioned by the CCG.

The CCG had indicated that it supported the findings of the review and acknowledged that any new service model needed to take into account the impact on and linkages between all of the tiers of service. It was therefore proposed that during 2013 the Council and the CCG would jointly develop the new service model in detail and agree respective funding streams and that the new services be procured in readiness for implementation in April 2014.

Of the three current Council contracts, two were due to end in March 2013 with the other due to end in March 2014. Subject to agreement of the proposals it was recommended that the timescales for all three contracts be aligned. Therefore, authorisation was sought from the Portfolio Holder to:

- extend the contract with Oxleas Trust for the provision of CAMHS for one year until March 31st 2014
- extend the contract with Bromley Y for the provision of Counselling services for one year until March 31st 2014

The proposal to extend the two contracts due to end on the 31/3/2013 would have no financial implications as they would be contained within existing resources. This would allow officers sufficient time to procure a more comprehensive service model.

Officers would work with existing providers in the next few months to identify the potential for savings in 2013/14 and explained that if time was taken to develop the service it should build a robust model which will meet future needs.

A co-opted member commented that he was aware of case where there had not been engagement with parents – the Chairman invited him to provide the details to officers so that these could be followed up.

RESOLVED that the recommendations be supported and the Portfolio Holder be requested to:

- (1) Endorse that the focus of the Council's expenditure should be on strengthening early intervention and prevention services as set**

out in paragraphs 3.9 and 3.10 of the report and that the Council will work with the Clinical Commissioning group during 2013 to develop and procure the new service model for CAMHS;

- (2) Approve an extension of one year, in line with Contract Procedure Rule 23.7.3, to the contract held with Oxleas NHS Foundation Trust for the provision of Child and Adolescent Mental Health Services, with a revised contract end date of 31st March 2014.
 - (3) Approve an extension of one year, in line with Contract Procedure Rule 23.7.3, to the contract held with Bromley Y for the provision of Counselling Services to Children & Young People, with a revised contract end date of 31st March 2014.
 - (4) Approve the commencement of tendering for a comprehensive CAMHS service based on the proposed model detailed in this report, with service delivery for the newly tendered service to commence from 1st April 2014.
- B) DRAFT TENANCY STRATEGY 2013-15**

Report SC12046

Officers sought approval for the draft Tenancy Strategy for 2013 – 15, attached at Appendix 1 to the report. In line with the requirements of the Localism Act 2011, the draft strategy set out the Council's approach to tenure reform in the social housing sector and outlined the objectives to be taken into account by social housing landlords as they formulated their own tenancy policies.

A number of changes to legislation, regulatory frameworks and funding mechanisms had occurred recently that impacted both on how existing affordable housing was managed and how it was delivered.

This proposal fulfilled the requirements of the Localism Act 2011 for local authorities to have a tenancy strategy agreed by 15 January 2013, setting out matters to which individual Registered Providers (housing associations) in the area must have regard when setting their own policies in relation to:

- The kind of tenancies they would grant.
- Where they granted tenancies for a fixed term, the length of those terms.
- The circumstances under which they would grant tenancies of a particular type.
- The circumstances under which a tenancy may or may not be re-issued at the end of the fixed term in the same property or in a different property.

The strategy also reconfirmed the council's position in relation to:

- The application of the affordable rent tenure.
- Discharging the Council's homelessness duty into the private rented sector.

The allocations scheme which defined the process for allocating affordable housing in Bromley through the common housing register and nominations agreement with all stock holding RPs in the area was reviewed and updated in December 2011 in advance of the forthcoming Localism Act. It would now be reviewed independently of the tenancy strategy to ensure that it reflected any changes introduced as a result of the Localism Act and relevant government guidance.

Within the above framework the tenancy strategy had been developed with the following objectives:-

- Making best use of the available housing stock for those that most needed it, for as long as they needed it, including reducing overcrowding, tackling under-occupation, and making best use of adapted housing for those with a disability.
- Offering tenancies which were in the best interest of the individual household.
- Protecting and providing stability for vulnerable people and promote independence.
- Promoting economic activity and not disincentivise work.
- Encouraging the development of new affordable housing.
- Increasing local and customer accountability for the use of affordable and social housing.
- Promoting sustainable communities.

Officers explained that the strategy should have a positive effect on the waiting list and that they had consulted with Housing Associations (HA) who were keen on the changes.

Members noted a number of incidents where exceptions might need to be made such as foster carers who needed to keep rooms available for possible placements and those that had adaptations to their property. Officers confirmed this was an area of concern and that options were being considered as how to minimise the impact for specific groups which are currently being identified. The Director added that this issue had been raised at ministerial level.

RESOVED that

- (1) The report be noted.**
- (2) The Portfolio Holder be requested to approve the final draft of the tenancy strategy.**

C) CAPITAL PROGRAMME - 2ND QUARTER MONITORING 2012/13

Report RES12180

On 24th October 2012, the Executive had received the 2nd quarterly capital monitoring report for 2012/13 and agreed a revised Capital Programme for the four year period 2012/13 to 2015/16. The report highlighted, in paragraphs 3.1 to 3.3, the changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio and also highlighted, in Appendix B, progress on schemes in the 2012/13 programme. The revised programme for this portfolio was set out in Appendix A.

RESOLVED that the Portfolio Holder be asked to confirm the changes agreed by the Executive in October.

**44 SOUTH LONDON HEALTHCARE TRUST - TRUST
ADMINISTRATOR - PRESENTATION**

The Trust Special Administrator (TSA), Matthew Kershaw, had been due to attend the Committee. Due to "double booking" he was unable to attend and Dr Angela Bhan attended in his place. The Chairman and the Committee expressed their disapproval at the absence of Mr Kershaw.

The Leader of the Council, Councillor Stephen Carr, addressed the Committee. He felt it was "inappropriate" that Mr Kershaw was not at the meeting and that he should be in attendance. He had written to Mr Kershaw to advise him that his attendance was required and had received confirmation that he would be present. Councillor Carr had also asked for an extension to the consultation period as the effect of the consultation would be far reaching and there had not been sufficient time for the Local Authority to consider it. This view was shared by the Committee. Dr Bhan agreed to convey to Mr Kershaw the Committee's disappointment.

Members then made a number of comments and asked questions to which Dr Bhan responded. These were as follows:

- *Ward Councillors for Beckenham and Penge were concerned that a public meeting had not been organised in the Beckenham/Penge area; they felt that their residents had been disadvantaged by this, and that more time should have been allowed for the consultation, especially as the scope of the review was more wide ranging than expected.*

In response Dr Bhan said that the legal requirement was to hold one meeting but there had actually been 14 meetings. However she accepted that there had not been a meeting in Beckenham and she was happy to take back any comments. The consultation had to follow a legal timetable which the TSA could not alter. There would be further opportunities for dialogue after the end of formal consultation.

- *In relation to the Beckenham Beacon (the Beacon), many residents used this facility rather than the Princess Royal University Hospital (PRUH). Had consideration been given to how people travelled and where they came from?*

The Clinical Commissioning Group's (CCG) intention was to continue to use the Beacon. The South London Healthcare Trust (SLHT) had underutilised this site and there was capacity to include other services. Further work was needed to consider which services could be provided at the Beacon.

- *The changes to GP services meant that, at some practices, it was increasingly more difficult to obtain an appointment, with many practices using telephone consultations.*

The CCG were aware of this problem and agreed that access needed to be improved; this was mentioned in one of the appendices attached to Mr Kershaw's report. GPs were doing more consultations by telephone, and in some cases this was justified.

- *Whilst it was recognised that Lewisham Hospital would still retain an urgent care centre the public may not understand this and would be more likely to attend the A&E department at the PRUH. The parking at the hospital was currently insufficient and would not be able to support further demand.*

There had been some modelling undertaken in relation to patient travel. Most patients who needed A&E in the Lewisham area would probably go towards the London Hospitals such as King's and St Thomas's. The urgent care centre would remain at Lewisham and it was anticipated that 80% of current patients would still go there. However, there were space issues at the PRUH and the CCG was aware of these.

- *Due to the closure of the Hydrotherapy pool at Queen Mary's it had been suggested that these patients be treated using physiotherapy but there were concerns that this would not be as beneficial as hydrotherapy.*

Arrangements would be made for those patients that benefitted from this treatment to be able to continue.

- *The closure of the emergency eye treatment centre at Queen Mary's would mean that the nearest eye emergency centre would be at Moorfield's. It was felt this was unsatisfactory.*

The CCG recognised that this service was needed and would be addressing this.

- *It was noted in the report that the lease of the Beacon was currently costing the Trust £1.7m p.a. Members asked about the original business case and whether whoever took over the space vacated by the Trust would still be required to take on these costs.*

When the business case was originally made for the Beacon it was based on using the whole site, but perhaps did not take account of changes in healthcare provision. However it was envisaged that new providers would make more effective use of the building, attracting more payments with the intention that the site pay for itself.

- *There was concern that the report was superficial and did not take account of acutely ill patients having a range of complex health and care needs. Locating services in large specialist units improved quality, but this had to be balanced against excessive travel times. Some services had to be moved away from hospital settings.*

Mr Kershaw had asked for all CCGs to inform him of their plans. It was acknowledged there would be a need to manage individuals. There was an ageing population in Bromley and it was anticipated there would need to be more effective community based care, where a range of specialists would work around each patient. Discussions were currently underway with providers. This approach was aimed at reducing the need for hospital admissions. However it was not a substitute for hospital admission if that was in the best interests of the patient.

- *Would services in the community be in place before changes were made to hospital services?*

The changes would not all be implemented on 1st April – it was accepted that there would have to be double-running of services.

- *There was concern that not enough had been done to inform the public about the different ways to access services other than through A&E, and whether to dial 111 or 999.*

It was accepted that this was an issue. The quality of primary care was variable, but efforts were being made to bring all GP practices up to a high standard.

- *Would the Paediatric unit still be maintained at Queen Mary's hospital?*

All the services at Queen Mary's would be reviewed but the unit was still currently in place. GPs should be able to treat many sick children but there needed to be a range of systems in place for sick children.

- *The proposed changes would have an impact on London Ambulance Service (LAS) response times. There may be a need for ambulances to travel longer distances. In the case of non-blue light transfers the patient could be travelling for some considerable time and would be subject to traffic delays.*

The LAS had been involved in the production of the report and they were aware of the greater travel times that might be involved. Non-blue light cases may be able to go to another unit rather than A&E. These issues would be included in the health impact assessment.

- *Older people would welcome anything that improved the patient experience. However, if the aim was to provide more community based care these people would require additional social care and this was not contained in the report.*

It was reported that Mr Kershaw was conscious that the community based approach would impact on additional need for social care and the Local Authority had been involved in the workshops. There had been more input from Bromley than the other Boroughs affected by the proposals. It was better to try to keep people in their own homes and maintain their independence; the Portfolio Holder had taken this approach in his Portfolio Plan.

- *Older people would worry that, with a static income but other costs rising, they would not be able to fund care. What additional funding would be available?*

There was a fixed amount of funding available to improve the quality of care and promote independence.

- *Bromley had a good provision for community care but the concern was that people would not understand urgent care centres or would bypass their GPs and go elsewhere for care. If Lewisham Hospital became an urgent care centre it was unlikely people would still go there - they would still want to go to A&E. The Local Authority would not be able to pick up the deficit so it was wary. There was real concern as the report did not state that GPs would be expected to do more and care would become more community based - the finances would need to be in place.*

Some things would be introduced gradually over the 3 year period so there was time to consider the funding. However discussions were taking place with GPs and they would not just be expected to take on more and more.

- *Lewisham Hospital was well-served by public transport and served a growing population in Beckenham/Penge. Would there be the bed capacity at the PRUH when Lewisham A&E closed? The PRUH was already over capacity and would not have the capacity to take on the patients that Lewisham reported they admitted from A&E.*

Some work on capacity had been undertaken but it was not contained in the report. It had been shared with a number of people. It may be included in the next part of the report but Dr Bhan would check this.

- *Would there still be paediatric assessment services at the Lewisham urgent care centre?*

The focus of discussion was on A&E and maternity services, so Dr Bhan was not sure of the answer to this, but she confirmed that the intention was for Lewisham to expand its provision of elective procedures. She confirmed that there was evidence and modelling behind the report, and would ask whether this could be made available.

- *The report did not appear to address issues of public access – what weight was given to this?*

This would be covered in the health impact assessment, which would particularly address the needs of vulnerable groups. This assessment would be published.

- *The TSA was effectively asking the Government to provide massive funding to deal with the Trust's debts – it would surely be expecting efficiencies in return, but the report did not cover how the way the Trust worked would be changed to strip out management costs and become more efficient. The Chairman added that the Council was more interested in service delivery, and needed to ensure that the services provided were not second rate.*

Dr Bhan confirmed that there was no intention that services would be second rate, and no suggestion that this was what "out of hospital care" meant.

- *Although there had been improvements in Bromley, community care services were not perfect. Everything needed to be in place before the hospital proposals were implemented and it was not clear that these services were in place in other boroughs. The timetable to achieve these changes was tight, and depended on co-operation from GP practices, which were effectively independent businesses.*

Dr Bhan summed up saying that it had been useful to have such a full discussion. She explained that they would have to put new changes in place before removing the old services so there would be a degree of overlap to ensure continuity. The whole health and care system needed to work across the area before full implementation. She recognised the need for GP practices to change and the strength of the challenge ahead, but the opportunity to implement major changes needed to be taken.

The Chairman recognised that there was a three year programme to reduce the deficit, and commented that the public needed to be reassured that there would be capacity in the system and that the quality of services would be

improved. Comments would be submitted to the TSA based on the Committee's minutes. The Chairman thanked Dr Bhan for attending the meeting.

45 MOTION REFERRED FROM COUNCIL - HOSPITAL SERVICES

Report RES123205

At the meeting of Council held on 12th November 2012 the following motion was moved Councillor by John Getgood and seconded by Councillor Kathy Bance:

"This council welcomes the positive and helpful recommendations of the Special Administrator to deal with the financial problems associated with the South London Health Trust in his initial report published on 29th October 2012.

However, this Council is deeply concerned that the proposals to close Orpington Hospital, the Lewisham A&E and Maternity units and to withdraw services from the Beckenham Beacon will be harmful to the standards of health care for people living in Bromley.

This council calls on the Leader of the Council and the Chief Executive to respond to the consultation by drawing attention to these concerns and to approach the four Members of Parliament representing the Borough to present a united response to the Special Administrator on the recommendations he will finally make to the Secretary of State for Health."

The Leader of the Council confirmed that he had written to local MPs and the Trust Special Administrator after the Council meeting.

RESOLVED that the motion be noted.

46 BUDGET MONITORING 2012/13

Report CS12039

Members considered the budget monitoring position for 2012/13 based on activity up to the end of September 2012.

Forecasts based on the latest activity available showed an overspend of £531,000 on Bed & Breakfast accommodation for 2012/13 after the use of grant funding that was carried forward from 2011/12 of £453,000. The projected full year cost pressures were £1,047,000 and this sum had been included in the four year financial forecast for 2013/14. The number of B&B placements was currently fairly stable averaging at around 326 for the last few months although without the "invest to save" initiatives the numbers would have been 446.

The Chairman expressed disappointment that, due to overspending in other areas, the Health Authority had not been able to support the Admissions Avoidance Service as had been agreed. Consequently, despite it reducing the numbers of admissions, the service had been closed.

RESOLVED that:

- (1) The projected under spend of 1,935k, based on information as at September 2012, be noted.**
- (2) The Portfolio Holder be requested to approve the report.

47 EDUCATION AND CARE SERVICES DEBTORS REPORT 2012

Members considered the current level of Education and Care Services (ECS) debt and the action being taken in order to reduce the level of long-term debt.

One co-opted member asked if the invoices sent to adults with learning difficulties (LD) were a standard invoice as they were not easy to understand. Officers confirmed that there was a standard invoice, but would consider ways to make it easier for people with LD to understand.

Officers explained that the team were very proactive and a relatively small amount of debt had to be written off.

This report would be submitted on an annual basis.

RESOLVED that:

- (1) The current level of debt over a year old owing to ECS and action being undertaken to reduce this sum be noted.**
- (2) Further reports be submitted on an annual basis.**

48 CARE SERVICES PORTFOLIO PLAN MID YEAR PERFORMANCE REPORT 2012/13

This report provided Members with the final Care Services Portfolio Plan for 2012/13 (Appendix 2) together with the most recent update on progress against the Quarter two Care Services aims contained within the Plan.

The portfolio framework and plan were developed over a period of time in consultation with senior officers and the Portfolio Holder and the framework was agreed at the June Care Services PDS meeting.

Good progress was reported at the end of Quarter two with the update highlighting the work undertaken to achieve the portfolio aims. The summary showed that of the 34 aims due to be reported at this point in the year, 20 were on target (rated green) 13 were likely to be achieved by the end of the year (rated amber) and 1 was unlikely to be achieved (rated red).

The Plan detailed the seven priority outcomes and supporting aims for the Care Services Portfolio. Of these, Outcome three was a jointly held aim with the Education Portfolio and Outcomes four to nine related solely to Care Services. Outcomes one and two related to the Education Portfolio and therefore did not form part of this report.

Members asked for clarification on a number of points:

- Outcome 3 – Disability focussed youth club: The numbers for the usage of the Hawes Down Centre disability focussed youth club appeared to be low at 15-20 per session. Officers would clarify the actual figures.
- Outcome 4 – New foster carers: A Co-opted Member asked whether the figure of 16 new foster carers recruited since April 2012 was those recruited to provide placements for children with complex needs, who were particularly needed, or all foster carers generally. It was probably the latter, but this would be checked.
- Outcome 5 - Looked after Children (LAC) placements: Any child away from placement for 24 hours was, by legal definition, counted as a move. The Chairman felt that a note for clarification should be added to the plan.
- Outcome 5 - LAC dental and medical checks and immunisation plans: Members commented that the percentages seemed quite low; it was noted that there were sometimes problems with establishing whether children coming into care had been immunised.
- Outcome 5 - Healthy Schools Initiative: Officers clarified that this referred to all schools including academies and independent schools. Members requested clarification on the numbers of school nurses - officers would provide this information outside of the meeting. The Chairman suggested that this aim should be flagged as red rather than amber.
- Outcome 8 - Carers Assessments: It was explained that the aim was to encourage carers to have an assessment in their own right, rather than just as part of the assessment of the person they cared for.
- Outcomes 6, 7, 8 & 9 - Self funders: Members asked if it was possible to identify “self funders” for domiciliary care. The Director explained that the Council did not have the resources to gather this information and many self-funders would object to being included on council lists.

RESOLVED that the report be noted

**49 HOUSING SERVICES MID-YEAR PERFORMANCE REPORT
 2012/13**

Report CS12045

Officers presented a report which provided an overview of the half year performance of Housing Needs and Housing Development & Strategy against the key objectives and targets for 2012/13. The Chairman noted that 14 under-occupiers had moved – this did not appear to be many, but this had taken a lot of “hand holding”. She wanted to ensure this continued and that funding was available to support it.

An update report would be brought back to the Committee in the New Year.

RESOLVED that:

- (1) The performance against the key objectives and targets in the 2012/13 Portfolio Plan and work plan for these service areas be noted.**
- (2) The comments on the priorities for the remainder of the year, as set out in paragraph 3.4 of the report, in response to the drivers set out from paragraph 3.3, be noted.

50 MENTAL HEALTH STRATEGY UPDATE (WITH ACTION PLAN)

Officers presented the finalised Strategy for Mental Wellbeing in Bromley following consultation on the draft. The Joint Strategy for Mental Wellbeing in Bromley 2012-2015 had developed the priorities for the next three years for mental health services following consideration of a wide range of evidence and views. These included an assessment of need, a review of national advice and consultation with stakeholders, including users and carers.

Members expressed concern at the wording at the beginning of paragraph 2.1 - this was standard wording but the Chairman felt that as this was a Bromley document it ought to be reviewed.

Brian James asked about references to people with Learning Difficulties as he could only find one in the strategy. Officers explained that they were considered under the review and remodelling of CAMHS. The Chairman felt that awareness of services for people with learning difficulties needed to be mentioned in the strategy and asked that a further sentence be added. She was aware that this group was covered in the Mental Health Needs Assessment but felt it would be helpful for the Committee to have a link to the assessment added to the strategy. Similar concerns were raised about the lack of references to substance abuse, and officers confirmed that this was an overarching strategy with various other strategies sitting below it containing the detail.

One member raised a couple of other concerns, that the strategy should include opportunities for voluntary work as well as employment and that there

should be support for people who were wrongly assessed as being fit for work. Officers explained that the point about volunteering opportunities was covered and that there were a range of support services available through GPs and Oxleas.

RESOLVED that the report be noted

51 CITIZENS ADVICE BUREAUX - CHANGES

Report CS12048

Members considered a report which outlined the current arrangements for the provision of general advice and information services provided by Bromley Citizens Advice Bureau (CAB). The report provided Members with an update on the service following a reduction in funding and changes from traditional 'open door' services to a model of service based on outreach provision, telephone and web access. Members requested this information at a previous meeting.

Until June 2012 Bromley CAB had provided services from three bureaux, Orpington, Bromley Town (based in Community House) and Penge. The Orpington bureau closed in June 2012. In its place Bromley CAB established three outreach centres in the Orpington area: Cotmandene Centre, Hope Church and The Priory School. These were in addition to an existing outreach venue in Biggin Hill. Overall, the changes identified had not resulted in a reduction of service.

The Penge bureau was due to close in March 2013. Bromley CAB was actively negotiating for outreach venues within the Penge area as they had in Orpington which would enable easy access for members of the public. The success of outreach services in Penge would be closely monitored by Education and Care Services. A Member suggested that the wider geography of the Penge area needed to be considered in seeking outreach locations – another local Member confirmed that ward councillors had been involved in this process.

Members requested a further report on CAB services and the provision of information and advice more generally at a future meeting; the Chairman suggested that this should be in June or July 2013.

RESOLVED that the current level of service provided by Bromley Citizens Advice Bureau following the implementation of changes to the service model agreed at the Executive meeting held on 14 December 2011 be noted.

52 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

Four reports had been circulated for Members' information - there were no questions on the briefing.

**53 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE
LOCAL GOVERNMENT (ACCESS TO INFORMATION)
(VARIATION) ORDER 2006, AND THE FREEDOM OF
INFORMATION ACT 2000**

RESOLVED that the Press and public be excluded during consideration of the items of business referred to below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

**The following summaries
refer to matters
involving exempt information**

**54 CONTRACTUAL ARRANGEMENTS FOR SERVICES FOR
PEOPLE WITH LEARNING DISABILITIES AT LANCASTER
HOUSE AND GOLDSMITHS CLOSE, BIGGIN HILL**

Report CS12057

The Portfolio Holder considered this report and approved the recommendations.

APPENDIX ONE

The Meeting ended at 9.54 pm

Chairman

Minute Annex

Appendix 1

3. QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Questions from Susan Sulis, Secretary, Community Care Protection Group.

- 1. FLAWED PUBLIC CONSULTATION ON THE SOUTH LONDON HEALTHCARE TRUST SPECIAL ADMINISTRATOR'S PROPOSALS FOR RE-ORGANISING S.E. LONDON'S HOSPITAL SERVICES.**
(Agenda item 9).

The CCPG has made repeated requests for hard and enlarged copies of the Full Consultation Document (which contains the Questionnaire) to the TSA between 30th October and 12th November, without response.

- (a) Will the Committee ask the TSA to extend the Consultation process, and ensure that full copies of the document are available?

Reply -

This issue has been formally raised with the TSA by the Council. Unfortunately, the timeline is laid-down by Parliament and as this is the first case that has been through this process it is unlikely that the legislative timetable can or will be changed.

2. EFFECTS ON BROMLEY RESIDENTS OF PROPOSED CLOSURE OF LEWISHAM HOSPITAL'S A&E DEPARTMENT.

S.E. London PCTs recently wrote to local GPs, requesting that they refrain from sending their patients to A&E departments because they were all full.

- (a) If Lewisham's A&E and ICU is closed, this will impact adversely on Bromley residents. How many additional patients will be sent to Princess Royal University Hospital?

Reply -

We are aware that a significant proportion of patients who attend EDs could in fact be seen by the general practitioner, but they choose to not attend their GP or they have difficulty getting an appointment. There is research literature available to show this happens in many areas. The Public Health Department in Bromley has, over the last year, done audits in QEH and PRUH ED which show that about a third of patients could have been seen in general practice. Accordingly, earlier this year, the Cluster Director of Primary Care very reasonably wrote to practices at an unexpectedly busy time, reminding them that they should be seeing their patients in the practice whenever this is possible. We should be using EDs for the patients that need to be seen there, and other patients should be managed in the community.

Initial modelling by the Trust Special Administrator, Lewisham Healthcare Trust and Lewisham CCG suggests that the majority of patients will not be using facilities at the PRUH. Current patient flows and previously undertaken patient questionnaires indicate that most residents of Lewisham would use Kings and St Thomas's, if there was not an admitting Emergency Department (ED) at Lewisham.

Lewisham Hospital has undertaken an assessment of how patients use the ED and it is believed that 70-80% of patients that currently use the ED at Lewisham could still attend as normal and be managed within the borough. The majority of the remaining patients will probably attend Kings ED, though some may well attend QEH and PRUH, especially if they live in the Downham area.

A relatively small number of patients (when compared with all who attend EDs) are obviously brought into EDs by ambulance and, for these patients'; the ambulance will of course take the patient to the nearest ED. Again, this is not expected to be a large number for each site.

There is building work currently under way at both sites (PRUH and QEH) to expand capacity in both departments.

In addition to this, all boroughs are planning to put in place significant services out of hospital, including the strengthening of general practice. In Bromley, we have seen a growth in the proportion of patients seen in the Urgent Care Centre (UCC). This time last year, about 30% of patients going to the ED

would have been seen in the UCC. It is now over 40%. All six CCGs are committed to working with the NHS Commissioning Board and general practices to improve access to primary care, as part of the TSA Community Based Care work stream

3. EFFECTS ON BROMLEY RESIDENTS OF PROPOSED HOSPITAL CLOSURES AND CUTS IN SERVICES. (Ref. OTSA Appendix 1, Community Based Care Strategy for SE London).

The proposed withdrawal of hospital services is to be replaced by the PCT's Joint 'Community Based Care Strategy', but this is repeatedly described as an 'aspiration'. It does not exist.

- (a) How will the Council, already struggling with massive cuts in its budget, cope with these additional requirements for care services?

Reply -

The Council welcomes the increased emphasis on community based care and will work with the CCG to help reconfigure and recommission community services across the borough for both children and adults. The TSA draft recommendations document is clear that transitional support will be needed and it is important that the resources required will be provided to both the CCG and to the Council to make this happen.

There is already considerable evidence to show that between the local authority and the CCG (and providers of health services), we are able to deliver community based care. Examples include:

- the virtual ward pilot in Crown Meadow where social care and community services are delivered together
- Musculoskeletal services in the community – better patient satisfaction for physiotherapy with waiting times reduced from over 6 months to 6 weeks and weekend and evening and early morning clinics
- COPD services – more cost effective services out in the community – reduced death rates and now reduced re-admissions to hospital
- Leg ulcer clinic – for severe leg ulcers, average healing times have reduced from over 20 weeks to 5 weeks
- reducing unnecessary emergency admissions to hospital – Bromley has the third lowest rate in London and Greenwich has the lowest rate in the country
- Urgent Care Centre – from seeing 30% of all ED patients to now seeing over 40% and we are in the middle of procuring a service

where an even higher proportion can be seen. This will reduce A&E waiting times and ensure a better, speedier service for all patients

We need to deliver more such services at scale and pace and are aware of the challenges but more than able to meet them if we work in partnership to so do.