

## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 3.30 pm on 11 June 2015

### Present:

Councillor Judi Ellis (Chairman)  
Councillor Pauline Tunnicliffe (Vice-Chairman)  
Councillors Ruth Bennett, Mary Cooke, Ian Dunn,  
Hannah Gray, Terence Nathan and Stephen Wells

Leslie Marks

### 56 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillors David Jefferys and Charles Rideout, from Linda Gabriel (who was replaced by Leslie Marks), Justine Godbeer and Tia Lovick. Apologies were also subsequently received from Peter Moore.

### 57 DECLARATIONS OF INTEREST

There were no declarations of interest.

### 58 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Three questions for written reply had been received from Susan Sulis – these are attached as appendix 1 to these minutes.

In addition, the Chairman stated that a number of questions had been sent in from the Coppers Cope Area Residents Association about services at the Beckenham Beacon. Although these were submitted after the deadline Dr Angela Bhan had offered to provide an update on the issues raised, and commented as follows -

- Radiology Services should be available at weekends – Diagnostic services were available, although there was some variability on opening times. The CCG was in discussion with Kings.
- Blood Services: an appointment system was needed to reduce waiting – The CCG was starting work with Healthwatch to review phlebotomy services across the borough with the aim of making them more accessible and reducing waiting times. Services at the Beacon had improved in the last year, although more needed to be done.

- Urgent Care Centre Hours should be extended to 10pm – The service was already available 8am to 8pm 7 days a week, but demand for services after 8pm was being reviewed.
- A Fracture Clinic Services was needed – This required hospital back-up.
- Lack of Car Parking – The amount of parking provided was controlled by the planning permission for the site and could not be changed. All former PCT properties were now managed by NHS Property Services.
- Introduction of other services – A one-stop cardiology service was already provided, and discussions were being held about neurology services.

Members commented that more could be done to free up parking spaces if space at the Sainsbury's multi-storey car park was better used.

**59 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 15TH APRIL 2015**

**RESOLVED** that the minutes of the meeting held on 15<sup>th</sup> April 2015 be confirmed.

**60 PRESENTATION FROM MONITOR ON KINGS COLLEGE HOSPITAL TRUST**

The Sub-Committee received a presentation from Mark Turner, London Regional Director of Monitor, on their role and in particular on their work with King's.

The presentation included an overview on the role of Monitor in regulating Foundation Trusts, but then focussed on their involvement with Kings from the acquisition of the PRUH, enhanced monitoring, regulatory escalation and oversight of turnaround. Prior to the acquisition, the PRUH had suffered longstanding financial, operational and quality issues; many improvements had been achieved, but there were still some very challenging areas of performance. In particular, there was a planned deficit for 2015/16 of £65m. Monitor was requiring that Kings develop and implement one and two-year recovery plans, and a five year recovery plan by October 2015. There would be an intense programme of work in the next six months to ensure that plans were robust, to ensure that planned improvements were happening and making an impact and to put in place an appropriate funding package.

The Chairman thanked Mr Turner for his presentation.

## **61 UPDATE FROM KINGS ON THE PRUH IMPROVEMENT PLAN**

The Acting Chief Executive of Kings, Roland Sinker, attended the meeting to update the Sub-Committee. The Chairman reported that the visit to the PRUH and Orpington Hospital had been very useful – Mr Sinker responded that the visit had been appreciated by staff, and also commented that engagement with Monitor had been very constructive.

Mr Sinker gave a presentation covering King's five point plan, performance and finances, the financial challenges in detail and how Members could help King's meet its challenges. The five point plan was –

- Continue to improve the quality of care for patients
- Deliver the one and two-year Monitor financial recovery plans
- Move to operational sustainability, particularly for the PRU Emergency Department (ED)
- Develop the Monitor 5 year plan
- Continue to invest in staff development and innovation

Despite the challenges, there was still an enormous strength within the Trust and great commitment from staff. There had been improvement in some areas such as maternity services at the PRUH, but particular challenges such as availability of medical records and Emergency Department performance, which was a greater challenge than had been anticipated. Infection control was very good for MRSA, but CDifficile was more difficult – partly because of a lack of space for isolating infected patients. He concluded his presentation by stating that both he and Lord Kerslake the Trust Chairman were spending a lot of time engaging with stakeholder, and by reporting that the process for appointing a permanent Chief Executive was underway.

Mr Sinker responded to questions from Members –

- A member was concerned that discharge rates were not good enough – officers confirmed that many of the delays were for patients who were self-funders or who were from outside the borough. Mr Sinker considered that the key to improving discharge was greater involvement with GPs a member commented that GPs said that they were not always informed when people were discharged.
- Asked about the Emergency department, Mr Sinker reported that there was an appreciation of a range of different risks and threats, and of the impact of population growth including an ageing population and a growth in numbers of young people.
- A Member commented that many people, particularly in the gay community, used sexual health services in Greenwich, which might be hiding levels of need in Bromley.

- Asked about whether CQC Inspections might reveal further issues, Mr Sinker responded that he received an escalation report each night and performance information was thoroughly triangulated, so he did not anticipate anything unexpected.

The Chairman thanked Mr Sinker and requested that the Trust provide update information to the Sub-Committee in advance of the next meeting on 4<sup>th</sup> November.

**62**            **WORK PROGRAMME 2015/16**  
                    Report CSD15070

The Sub-Committee noted its work programme for 2015/16. Future meetings would revert to the normal 4.30pm start time.

The Meeting ended at 5.12 pm

Chairman

### HEALTH SCRUTINY SUB-COMMITTEE

#### QUESTIONS FROM MEMBERS OF THE PUBLIC FOR WRITTEN REPLY

From Ms Sue Sulis, Secretary, Community Care Protection Group (*Replies in italics*)

#### **1. BROMLEY COUNCIL'S PUBLIC HEALTH BUDGETS AND EXPENDITURE IN 2013/14; 2014/15; & 2015/16.**

- (a) In 2013/14, what was:-
- (i) The figure for the budget? £12,600,800
  - (ii) The under-spend carried forward? £769k
  - (iii) This under-spend used for in 2014/15? (Please give breakdown)  
*£98k Weight Management, £431k CAMHS, £240k Children's Centres*
- (b) In 2014/15, what was the figure for the budget? £12,953,600
- (c) Was there an under-spend? (If so, how much?) £141k
- (d) What is the Budget for 2015/16? £12,953,600
- (e) Has this been cut? No

#### **2. PROVISION OF ADEQUATE NUTRITION DURING SCHOOL HOLIDAYS FOR BROMLEY CHILDREN ASSESSED AS NEEDING FREE SCHOOL MEALS.** (Ref. Appendix 1 – Answers to CCPG Public Questions to 15<sup>th</sup> April 2015 HSSC)

Adequate nutrition for the thousands of children at risk of malnutrition and food poverty is a Public Health issue. That the majority of children are not at risk is not an excuse to do nothing.

Why does the Director of Public Health not introduce initiatives for provision during school holidays?

*During term time there are free school meals for children in school, and cookery classes offered through Children and Family Centres. The cookery classes aim to support mothers of young children in cooking healthy nutritious meals on a low budget. Although the classes do not run during the school holidays, the skills gained in the cookery classes should help to support adequate nutrition for children at risk of malnutrition.*

*Since September 2014 practical cooking and food education has been compulsory in the new curriculum for pupils up to the end of Key Stage 3. Schools actively involve parents in cooking and gardening clubs. Parents and children learn and develop food knowledge and cookery skills together which can be implemented in the home environment.*

*In addition the Healthy Start scheme provides vouchers directly to families where there are children at risk of malnutrition. A brief description is below.*

#### **Healthy Start scheme**

If you're pregnant or have a child under 4, the Healthy Start scheme can help you buy basic foods like milk or fruit. You will qualify for the Healthy Start scheme if either:

- you're at least 10 weeks pregnant
- you have at least 1 child under 4 years old

In addition, you must be receiving any of the following:

- Income Support
- income-based Jobseeker's Allowance
- Child Tax Credit (but only if your family's annual income is £16,190 or less)
- income-related Employment and Support Allowance
- Working Tax Credit (but only if your family is receiving the 4 week 'run-on' payment)
- You'll also be eligible for the Healthy Start scheme if you're pregnant and under 18, even if you don't receive any benefits.

Working Tax Credit run-on is the payment you receive for a further 4 weeks immediately after you stop qualifying for Working Tax Credit. If you qualify for the scheme you'll be sent vouchers to spend on:

- milk
- fresh fruit and vegetables
- plain frozen fruit and vegetables
- infant formula

You get 1 voucher a week if:

- you're pregnant
- have a child aged between 1 and 4

You get 2 vouchers a week if you have a child under 1.

**3. THE ROLE OF INTERMEDIATE CARE BED PROVISION IN ALLOWING PATIENTS NEEDING REHABILITATION TO BE MOVED OUT OF HOSPITAL ACUTE BEDS, AND BACK TO THEIR HOMES.** (Ref. Min.54 'Winter Pressures – CCG Update). Bromley Care Services are to be congratulated on their ability to avoid delayed discharges at the PRUH.

(a) What role does the provision of Intermediate Care Beds play in this?

*This service is jointly commissioned by the Council and Bromley CCG and provides a holistic service to people who are not yet able to return home but who no longer need acute health interventions. This enables us to provide a multi-disciplinary approach enabling the service user/patient to regain their independence before they go home.*

(b) When will we see a report on the performance of the Intermediate Care contract at Lauriston House on an agenda?

*The service is monitored by the Bromley CCG on behalf of the CCG and the Council at the BHC Contract Management Board. Bromley CCG has recently commissioned consultancy support to review the discharge pathway and rehabilitation provision. Bromley CCG has engaged with the Council as a key partner in the review and transformation process and will share the outcomes of the work at the appropriate forums as it progresses.*