

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 2.00 pm on 15 November 2011

Present:

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Peter Fookes, Julian Grainger,
William Huntington-Thresher, Tom Papworth,
Charles Rideout and Diane Smith

Angela Clayton-Turner, Leslie Marks, Lynne Powrie and
Colin Street

Also Present:

Councillor Robert Evans

5 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

Apologies were received from Councillor Catherine Rideout. Patricia Choppin and Keith Marshall also submitted apologies and Mr Colin Street and Mr Brebner Anderson attended as their respective alternates.

6 DECLARATIONS OF INTEREST

Councillor Diane Smith declared an interest as the LBB representative on the Bromley Healthcare Council of Governors. Mr Brebner Anderson declared an interest as a Community representative on the Bromley Healthcare Council of Governors. Councillor Judi Ellis declared that she was a case worker for Jo Johnson MP and Mr Colin Street declared that he was the Bromley LINK representative on the Orpington Hospital Project Team.

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

Two questions were received from Members of the public and these are attached at **Appendix 1**.

8 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 19 JULY 2011

RESOLVED that the minutes of the meeting held on 19th July 2011 be signed.

9 MATTERS ARISING FROM PREVIOUS MEETINGS
Report RES11131

The Committee considered an update on matters outstanding from the meeting held on 19th July 2011.

RESOLVED that action taken on matters outstanding from the meeting held on 19th July 2011 be noted.

10 PROPOSED CHANGES AT ORPINGTON HOSPITAL

Dr Angela Bhan and Ms Diane Hedges attended the meeting and provided the Committee with an update regarding proposed changes at Orpington Hospital. The presentation was available to view along with the agenda papers on the Council's website.

During discussions a Member highlighted that there appeared to be some cynicism surrounding the processes and asked what action was being taken to add meaning to the engagement process. In response, Dr Angela Bhan highlighted that public meetings were being held to engage local people in the process of developing a vision for the future of Orpington Hospital. At one of the public meetings, a suggestion had been made that independent experts review the engagement process to ensure it was open and fair, and this suggestion was being progressed.

The Committee also considered the issue of the hydrotherapy pool and a Co-opted Member highlighted the strong local support for the pool. Ms Hedges noted that one of the available options was to market the hydrotherapy pool for non-NHS use to generate income.

A Co-opted Member also raised the issue of the sale of the estate. In response Dr Bhan reported that a business case had been submitted to NHS London outlining the use of capital receipts to invest in local health services. The Chief Executive of the NHS South East Cluster had indicated that a robust business case would be considered.

A Member questioned whether the facilities would be available to private providers. Dr Bhan confirmed that as part of the engagement process informal approaches would be made to a range of providers.

The Committee also highlighted the issue of parking and a Member suggested that the health service work in partnership with the Council to lobby Transport for London if any revisions to existing bus services were needed.

Dr Bhan and Ms Hedges highlighted that if substantial changes to services were proposed, a formal consultation period would begin in the New Year. The Chairman requested that if a formal consultation was progressed the Committee meet in January 2012.

11 UPDATE FROM OXLEAS NHS FOUNDATION TRUST

Ms Helen Smith and Mr Iain Dimond from Oxleas NHS Foundation Trust attending the meeting to provide an update on recent changes to the Trust.

- Changes to the configuration of services had taken effect on 3rd October 2011. The changes had been monitored carefully and no complaints arising directly for the changes to services had been received from patients or their families. The transfer of services had gone well and feedback continued to be submitted to the Stakeholder Reference Group, although it was likely that this body would be disbanded in the New Year.
- The Trust was seeking to create a Trust-wide centre of excellence and this would require a reconfiguration of beds.
- Four new volunteer drivers had been recruited in Bromley and as a result of spare capacity they had been able to undertake additional duties.
- The Trust had a small number of empty beds available every day.
- The Trust had recently undergone two Care Quality Commission (CQC) Inspections and feedback had been good.

In response to a question about rates of occupancy, Ms Smith confirmed that the level of across-the-Trust occupancy was around 92% for working adults and much lower for older adults.

A Co-opted Member questioned how patients accessed the volunteer transport service. Ms Smith confirmed that need was assessed on a case-by-case basis and that patients were referred to the transport service by staff.

In response to a question regarding the Triage Ward, Ms Smith acknowledged that the Trust needed to undertake a review of the distribution of in-patient staff.

Mr Dimond reported that the reconfiguration of adult services appeared to be working well and that the Trust had begun to work with GPs around the issue of referrals and the management of a number of conditions. Partnership working with Carers Bromley was continuing and the Trust's network of carer support had grown over the year. The Trust was also developing a more coherent and cohesive approach to encouraging individuals with mental health problems back into work, and the Trust was working with Job Centre Plus and other partners within the Borough to progress this.

The Chairman suggested it would be helpful for the Committee to hear more about the work being undertaken by Oxleas NHS Foundation Trust around employment at the future meeting.

12 UPDATE FROM SOUTH LONDON HEALTHCARE NHS TRUST

Dr Chris Streather had sent his apologies. Ms Avey Bhatia, Deputy Chief Nurse, South London Healthcare NHS Trust attended the meeting to provide the Committee with an update. Ms Bhatia tabled information relating to instances of pressure ulcer, information on dementia services and the Trust's Discharge Action Plan.

In terms of the CQC (Care Quality Commission) Action Plan, the Trust had received an unannounced inspection at the Woolwich site in September 2011. The Trust was also expecting CQC Inspections of the Princess Royal University Hospital (PRUH) and Queen Mary's Sidcup sites in the near future. CQC had visited the PRUH as part of their national Food & Nutrition and Dignity programmes. The Trust had undertaken a great deal of work in these areas and had received favourable reports from the CQC. The CQC had also undertaken a review of maternity services at the Trust. Whilst a few minor concerns had been identified, the overall service was considered to be performing well.

In response to a question from the Chairman, Ms Bhatia reported that the Trust would have to look to increase the capacity of maternity services and there would have to be a capital build in order to do this. Further details of this would be provided to the Committee in the New Year.

13 MODEL OF CARE FOR CANCER SERVICES

Tom Pharaoh, Senior Project Officer, London Health Programmes, provided an overview of the proposals for the model of care for cancer services. The local implications were not yet known and Mr Pharaoh reported that he was happy to attend a future meeting of the Sub-Committee to outline these to the committee. All hospital providers were currently engaged in the process and were working to improve cancer services. The central theory to the model was to ensure that specialist treatments were provided at centres of excellence whilst ensuring easy local access to more common treatments.

Mr Pharaoh acknowledged the need to ensure that hospitals worked with Primary Care to deliver diagnostic training to GPs.

A Member stressed the need to ensure that standardised advice was provided to patients and their families when treatment for cancer was being received.

The Chairman suggested it would be helpful for Mr Pharaoh to attend a future meeting once the local implications of the model were known.

14 BROMLEY LINK: DISCHARGE ARRANGEMENTS AT THE PRINCESS ROYAL UNIVERSITY HOSPITAL

As South London Healthcare Trust's Discharge Action Plan had just been circulated, the Chairman suggested that this issue be carried over to the next

meeting, in January 2012, to allow Bromley LINK to respond to the Action Plan.

RESOLVED that this issue be considered in January 2012.

The Meeting ended at 4.05 pm

Chairman