

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 10.00 am on 16 February 2012

### **Present:**

Councillor Judi Ellis (Chairman)  
Councillor Roger Charsley (Vice-Chairman)  
Councillors Ruth Bennett, Peter Fookes, Julian Grainger,  
William Huntington-Thresher and Diane Smith

Brebner Anderson, Peter Buckland, Angela Clayton-Turner, Lynne Powrie and Colin Streete

### **Also Present:**

Dr Robert Aldridge, Diane Hedges and Dr Nada Lemic

#### **15 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS**

Apologies for Absence were received from Councillors Charles Rideout, Catherine Rideout and Tom Papworth and also from Brian James and Leslie Marks. Angela Clayton-Turner gave apologies that she would have to leave the meeting early

#### **16 DECLARATIONS OF INTEREST**

Councillor Judi Ellis declared that her father had dementia and was resident in a care home in Bromley. Councillor Diane Smith declared she was on the board of Governors for Bromley healthcare. Brebner Anderson declared he was on the board of Governors for Bromley healthcare. Angela Clayton-Turner declared that she had a relative in a Mission Care home. Colin Streete declared an interest as a Member of the Orpington Hospital Project Board.

#### **17 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

Three written questions were received from Ms Sue Sulis. The questions and answers are appended to these minutes.

#### **18 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 15th NOVEMBER 2011**

**RESOLVED** that the minutes of the meeting held on 15<sup>th</sup> November 2011 be agreed.

## **19 MATTERS ARISING FROM PREVIOUS MEETINGS**

Members raised concerns at the timing of the Health Scrutiny Sub Committee meetings as it was difficult for some members to attend day time meetings. It was suggested that some meetings were held in the evening or that the meetings started at 9am or 4pm so that working members only needed to take a half day off work.

The Chairman explained that daytime meetings were agreed and set out in the Terms of Reference but asked officers to investigate the possibility of having these meetings at different times.

## **20 STROKE SERVICES IN BROMLEY**

This report provides an outline of stroke services in Bromley and the issues that currently impact on the delivery of best care. The report also highlights steps taken to map stroke services in Bromley and how we may deliver against the recommendations made by the 2010 CQC Review of Stroke Services in South East London. Various stakeholder groups have been involved with this project and we would like to thank the South London Cardiac and Stroke Network in their support of this piece of work.

A Stroke Pathway mapping Event had been held in Bromley in November 2011 and it was intended to hold another event in April.

Members asked about the single access point and where this was based. Dr Lemic explained that GP's referred to this service either by phone or online but the service was physically based in Bassett's House.

She then explained that one of the areas for stroke prevention was the 5 yearly checks offered to all patients aged between 45 and 75 years. This had already helped to reduce to reduce stroke numbers. In terms of rates of incidence of stroke and heart disease Bromley was doing quite well when measured against the National Averages.

Members then asked about education of patients and their carers as this was not mentioned the report. It was explained that it did not appear in the report as it was not a priority and there was a large amount of other information that needed to be included. However education was ongoing by medical practitioners and was supported by TV campaigns.

Members queried whether the neurological discharge programme was linked to the general early discharge programme. Dr Lemic responded that it was not at present linked but they were looking to build a business case for the future. The stroke unit now had 18 beds and was full. It was agreed that treating patients in the specialised unit was the best way for patients. There was concern that if the neurological team took on all the stroke cases then some long term neurological cases could be missed. It was agreed that this

was one of the concerns and would be considered when deciding on the early discharge programme for stroke patients.

In light of the early discharge members queries what support there would be for carers. They were reassured that the service was intended to do some work with carers and there was a lot of public involvement in developing the service.

Members noted the priority areas that have been identified through this work which were essentially around prevention and post-stroke rehabilitation and that the following will need to be achieved to improve stroke care in Bromley:

1. Improve access to TIA services and education around its management in primary care
2. Improve education and management of risk factors in stroke
3. Deliver an Early Supported Discharge Service (ESD) that can integrate within existing services
4. Better manage referrals to community services through a single point access referral service
5. Develop an effective model for delivering 6-monthly post-stroke reviews

**RESOLVED that the report is noted and the recommendations are supported.**

## **21 DEMENTIA NEEDS ASSESSMENT**

The dementia health needs assessment aims to assess current and future health needs of adults with dementia in order to inform future commissioning. By describing the national and local context for this work; providing information on the prevalence of dementia in adults; examining the size and severity of health issues and inequalities within the area to provide an assessment of needs; examining current service utilisation and identify unmet needs; consulting with key stakeholders including carers to obtain a wide range of views on local needs; and making recommendations for further action to improve care and outcomes for individuals with dementia.

The report was informed by work with patients, carers, statutory, voluntary and health service sectors from a wide range of services in Bromley. The partnerships formed would continue as the needs assessment was finalised and turned into a full strategy based on local and national guidelines.

It was recognised that as the age of the population increased the prevalence of dementia also increased for patients over the age of 65. Bromley was

currently in line with the national average with over 4000 patients with dementia.

For the needs assessment three groups had been considered; young onset (under 65 years of age), those with learning difficulties who were at a higher risk of developing dementia and black and ethnic minority groups who may have different needs due to their background and culture.

Members noted the priorities in the report and in particular that a process was needed to ensure all individuals were offered a social needs assessment after that having to request on or be specifically referred for a review.

Members raised concerns about everyone receiving a social needs assessment given that there were over 4000 dementia sufferers in Bromley. It was agreed that this was a contentious point but was one of the item raised at the workshop.

Members congratulated Dr Aldridge and Dr Lemic on the report. Mrs Clayton-Turner drew attention to 2 documents that members may find useful.

(ATTACH LINKS)

Members listed other areas where they would like to see research for dementia: Employment issues, importance of liaison for sufferers, support programmes, early diagnosis and support after diagnosis. Colleagues from the Health Authority agreed but this would have to be a separate piece of work.

**RESOLVED that the report is noted and that further developments with the dementia strategy in line with national policy are supported.**

## **22 ORPINGTON HEALTH SERVICES PROJECT**

Members considered a report with the Orpington Health Services Project and plans for further public engagement on the proposals.

Public events and drop in sessions had been held and were well attended. All the questions were displayed on the website with answers. Detailed work was underway

Detailed work was underway in analysing the finances underpinning the proposals. Further information is needed to determine the appropriate recommendations for the future of the Dermatology hub and the Hydrotherapy pool. The Equality Impact Assessment (EQIA) supporting this project had been developed and highlighted considerations needed in making any future decisions around hydrotherapy.

At the meeting on 15<sup>th</sup> November 2011 the Health Scrutiny Sub Committee had considered Orpington Hospital and that the necessary services to meet local needs for Orpington had been an unresolved issue since "A Picture of

Health' which left around half the building as unused once elective care moved off-site. Resolution for Orpington Hospital was one of the stipulations from the Independent Reconfiguration Panel feedback. SLHT has served notice to Commissioners that it will not provide services at Orpington Hospital in their current configuration after April 2012.

An Orpington Project team had been established including the full range of Stakeholders (5 members of public drawn from voluntary sector LINK patient groups and League of Friends), GPs, Staff side, SLHT Clinicians and public health. The group covered both the Commissioner and Hospital ownership issues (SLHT) and had:

- Undertaken a needs assessment
- Identified the services required to meet needs
- Calculated the space requirement to deliver care
- Undertaken an option appraisal on the best site to deliver the new model of care and are currently completing the financials.

The group have explored the services needed to deliver the needs assessment and considered whether to make no changes, delivering the service through a dispersal model or creating a health and well being facility to co-locate services. The emerging preferences were to retain a local set of services.

Members asked if any of the private hospitals had been approached to see if they wanted to take over the building. It was explained that there had not been much interest from the private sector and that to invite people to look at the facilities would be contentious.

The fiancés were taking longer due to an in depth investigation taking place. It was suggested that council officers may be able to help with the preparing the fiancés, a suggestion that was welcomed by the Health Authority.

Members raised concerns about services being relocated to the PRUH as there were public transport issues. There were very few buses that actually entered the hospital site which caused accessibility problems for some patients. It was explained that as part of the project a transport working group was established but it proved difficult to influence TfL to allocate routes to the hospital as Health need was not part of their consideration.

The timelines for the project was for the relevant figures to be ready and available by the end of March.

If some of the services had to be put through a consultation this could cause a 2 to 3 month delay. The decision on whether public consultation would be needed rested with a joint project team which combined the SLHT and PCT.

**RESOLVED that:**

**The report is noted and the review is endorsed.**

**To note that the ongoing work to reach recommendations and potential options for engagement and consultation are being explored.**

**23 BROMLEY LINK RESPONSE TO SOUTH EAST LONDON  
ACTION PLAN**

The South London Action plan had been considered at the previous meeting but due to time constraints the response from Bromley LINK was not considered.

Mr Colin Streete represented Bromley LINK. He was unhappy with the progress by the SLHT. He circulated copies of the minutes from the previous three meetings and pointed out that there was a high degree of absenteeism from the trust which meant that issues could not be progressed. As a consequence none of the recommendations had been completed.

He reported that there were still difficulties with regard to the discharge lounge. Many patients waited in the lounge for 3+ hours. This was mostly due to the delays in receiving their medications from the hospital pharmacy. As the wait for medications was so long most patients did not call relatives to collect them until after they had their medications which caused a further delay.

Members did not understand the delay and felt that patients could be given prescriptions to get their medications off site. However Mr Streete advised that hospitals were not allowed to issue prescriptions. In addition medication from the on site pharmacy was free of charge therefore patients would be reluctant to use an outside chemist where they would have to pay.

One member raised concerns about the dosset boxes for people in extra care housing. They were not getting the boxes with was causing problems. It was agreed that discussions were needed with Jenny Hall. This item would be put on the next agenda for next Adult and Community Services Policy Development and Scrutiny Committee.

**24 NHS SOUTH EAST LONDON - BROMLEY INTERMEDIATE  
CARE CONSULTATION**

NHS South East London was undertaking a consultation on Intermediate care on behalf the London Borough of Bromley.

Patients, carers and local people were being consulted on proposed improvements to the Intermediate Care service in Bromley.

Views and feedback were important. Members of the committee were encouraged to submit their views through the following link:

<http://www.selondon.nhs.uk/bromleyintermediatecare>

Following the consultation a full report would be submitted to the sub-committee.

The Meeting ended at 12.17 pm

Chairman