

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.30 pm on 14 October 2013

Present:

Councillor Pauline Tunnicliffe (Chairman)

Councillors Reg Adams, Ruth Bennett, Roger Charsley, John Getgood, David Jefferys, Mrs Anne Manning, Catherine Rideout and Charles Rideout

Brebner Anderson, Angela Clayton-Turner, Linda Gabriel, Brian James, Leslie Marks and Lynne Powrie

Also Present:

Councillor Robert Evans and Councillor Diane Smith

10 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Getgood and Councillor Fookes acted as his alternate.

11 DECLARATIONS OF INTEREST

Councillor Adams declared an interest as his wife worked for Bromley Community Counselling.

Councillor Diane Smith declared an interest as a member of the Board of Bromley Healthcare.

Brebner Anderson declared an interest as a Governor of Bromley Healthcare.

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

No questions were received.

13 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 14th February 2013

The minutes of the meeting held on 14th February were agreed subject to some minor typing amendments and adding Councillor Diane Smith to the list of attendees.

RESOLVED that the minutes of the meeting held on 14th February 2013 were agreed.

14 MATTERS ARISING FROM PREVIOUS MEETINGS

The Chairman had requested that the Terms of Reference for the committee be circulated.

15 Briefing Presentations

A) Public Health England - Priorities and Challenges

Members received a presentation from Dr. Marilena Korkodilos Public Health England (London). The Slides for this presentation are attached at Appendix A.

Members noted there was considerable work being undertaken by both Public Health England and Public Health Bromley and questioned how this would impact on Bromley.

In terms of Diabetes the diabetes audit was ongoing and this informed Bromley of the different levels and groups of patients

Obesity patients were being profiled and to develop more specialised interventions. This was linked to Kings and was an opportunity for Bromley to become a leader in this field.

For Obesity Members requested a breakdown on the numbers of adult's and children and also a detailed breakdown on the costs of prescribing and clinics for smoking cessation.

B) Public Health Locally - Responding to National and Local Priorities

The Committee received a presentation from Dr Nada Lemic, Public Health, London Borough of Bromley.

Members discussed the presentation. For emotional health it was envisaged this would involve Oxleas in terms of preventing mental illness. Dr Lemic was due to meet with the Directors shortly.

For reducing childhood obesity the programme was to educate families. Children would be weighed in Reception and year 6 and where weight was an issue families would be offered to support for weight reduction.

Data would be collated would be shared with schools and joint working would be undertaken to look at ideas to try and reduce childhood obesity.

Members asked about plans for dementia sufferers and their carers. Dr Lemic explained there would be a separate area for Carers support. As the numbers of dementia sufferers was rising work had been undertaken between the NHS and the CCG.

In response to a question Dr Lemic explained that Public Health offered played a support and advisory role to the Public Health Teams. There was a difference between the local and national priorities. In terms of direction Public Health England did not have control over Local Public Health.

C) NHS England - Priorities and Challenges

The Committee received a presentation from Colin Bradbury. Questions for this presentation and the presentation on NHS Bromley were taken together.

Members raised concerns that numbers attending outpatients clinics had declined and this may be that the clinics have moved.

Officers explained that the aim was to provide out patient services locally but in some instances they were provide centrally with Kings being the route for services. Other London hospitals were also used for different specialism. One area of thought was that local GP's also specialise in one area and not all practices would offer every service. However it was noted that this concept would be alien to GP practices and would need careful planning.

Members were aware that in relation to older people discharge did not have a good reputation. However the NHS was now funded to deliver social care and discussions at Health and Well being and officer level would determine how best to accommodate these needs within the budgetary constraints. In addition Bromley needed to work with NHS England to ensure the best use of services.

Members requested the percentage of patients in Bromley suffering with dementia. Officers would distribute this information to members. When considering Proactive Management and Integrated Services for the Elderly (PROmise) the goal was to be able to identify and manage cases in the community. Have a joint liaison with psychiatric services to identify those that are admitted to hospital and to undertake preventative work in the community.

Members requested information on the steps that would be taken if the CCG was found to be under performing. In response they were told that if the CCG was experiencing challenges NHS had a system in place to support it.

Members discussed the confusion around which number the public should use for medical advice, to avoid dialling 999. The status of the 111 service was also queried and officers agreed to provide briefing papers on the current status.

Officers reported that the CCG was developing an urgent care centre. This would be a new contract and would work differently to the current service. In January 2014 some of the current staff at Kings would move across to work in the Urgent care centre.

It was also explained that there was a duty to develop general practice. The CCG had had the ability to commission some services from GP practices.

Bromley health care was sub contracting GP's to provide diabetic care overseen by a senior consultant at Kings. Better control would reduce the instances of renal, heart and eye problems and therefore GP's were being requested to identify patients before they needed hospital care.

Members asked officers how all the new ventures would be communicated to residents, it was explained that it will be publicised but only once the problems at the PRUH had been addressed.

Members also highlighted that some staff at the PRUH did not feel they were being kept up to date with developments. Mr Merriman explained that as they were now employed by Kings they would receive an induction.

D) NHS in Bromley - Priorities and Challenges

Dr Angela Bhan, Accountable officer Bromley CCG gave a presentation to members. Questions for this presentation were taken with questions for the presentation on NHS England and are recorded under the previous agenda item.

E) Improving Quality at the princess Royal University Hospital And the Accident and Emergency Department

The committee received a presentation from Mike Marrinan, Executive Medical Director Kings College Hospital NHS Foundation Trust.

Members welcomed the proposals for development of Bromley services but wanted clarification as to how these developments would be communicated to the public.

In response they were informed that the developments would be publicised once the emergency pathways and the problems at the PRUH had been addressed.

Members also highlighted that some staff at the PRUH did not feel well informed about the changes. They were advised that now they were employed by Kings they would receive an induction.

F) Mortality Rates

This presentation was combined with the presentation on Orpington hospital and Improving Quality at the Princess Royal University Hospital and the accident and Emergency Department.

G) Orpington Hospital Update

This presentation was considered with the presentation on Mortality rates and Improving Quality at the Princess Royal University Hospital and the accident and Emergency Department.

16 Future Work Programme Items following on from the presentations

If Members had any items which they wished to bring to the Committee these should be directed to the Chairman to forward to officers.

17 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**

18 CONTRACT AWARD INTERMEDIATE CARE

The committee considered a report on the contract award for intermediate beds. It agreed the recommendations.

The Meeting ended at 6.56 pm

Chairman