

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 11 March 2014

Present:

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

Angela Clayton-Turner, Linda Gabriel, Brian James,
Bebert Longi, Leslie Marks and Lynne Powrie

Also Present:

Councillor Robert Evans, Councillor Peter Fortune and
Councillor Diane Smith

163 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

An Apology was received from Brebner Anderson. Councillor Ruth Bennett submitted an apology as she would need to leave the meeting for a brief period.

164 DECLARATIONS OF INTEREST

Councillor Pauline Tunnicliffe declared that she was a foster carer for the Council.

Councillor Mrs Anne Manning declared that she was a member of the Fostering Panel.

Leslie Marks declared that she had a son in a care home funded by the Council.

Councillor Reg Adams declared that his wife was a member of the Bromley Community Counselling Service.

Brian James declared an interest as a Shared Placement Provider and had a son in a supported living scheme.

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

Three written questions were received from Ms Sue Sulis and these are attached with the answers at Appendix A.

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

No questions were received.

167 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 22ND JANUARY 2014

Officers provided an update on the national mortgage rescue scheme; 10 more cases were completed and the scheme was now closed.

RESOLVED that the minutes of the meeting held on 22nd January 2014 be agreed.

168 WORK PROGRAMME AND MATTERS ARISING

The Committee noted the work programme and matters arising from previous meetings.

The Chairman noted that she had also attended visits to Bertha James Day Centre and to Greenhill Nursing Home.

It was also noted that the Health and Wellbeing Board meeting Scheduled for the 22nd May would be changing as this was the day of the Local and European elections.

RESOLVED that the work programme and matters arising from previous meetings are noted.

169 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

A) THE CARE SERVICES PORTFOLIO BUDGET MONITORING 2013/14

Members considered a report that provided the budget monitoring position for 2013/14 based on activity up to the end of January 2014.

The pressures in the Portfolio were in three main areas, Adult Social Care, Operational Housing and Children's Social Care. The pressures became apparent at the end of the 2012/13 financial year but this trend had continued in 2013/14 with the budget pressures increasing. Although this had been offset by savings in other areas, the full year effect pressures continue to rise. The full year effect stands at £1,757k an increase of £451k from the previous

monitoring. This was in the main due to increases in Assessment and Care Management.

Officers advised that overall the current overspend position was £36k underspent (£1,757k full year effect).

The grant of £285,000 had been fully allocated by the end of January but expenditure was continuing. It was likely that spend would continue against this heading until April and that there would be the need to allocate some of the previous year's winter pressures fund as discussed and agreed previously. He requested therefore that this be brought to the attention of Executive as it would not be possible to bring a paper back before the year end showing the reconciliation.

An additional paper was tabled in relation to the carry forward S256 funding in contingency. Members noted that the Council received NHS Support for Social Care monies as part of S256 agreements during 2010/11 to 2012/13 which had been partly earmarked for invest to save schemes. A balance of £1.937m remained from that period.

As part of the agreement with Bromley PCT (now Bromley CCG) the Council had met its obligations relating to identifying services (NHS/Social Care) within its overall budget.

As part of the wider agenda of integration of health and social care, Members were requested to seek Executive's approval to set aside these monies as an earmarked reserve to support future integration and investment initiatives.

Future release of these monies would require consideration by the Care Services PDS and the approval of the Executive. To allow for this an additional recommendation was proposed to which the Portfolio Holder gave his verbal agreement at the meeting.

The Chairman remarked that at the beginning of the municipal year the Portfolio had a projected overspend of £2m and was pleased to note that this had been "turned around" by officers. She extended her gratitude to them.

RESOLVED that:

- 1. The latest projected underspend of £36k is forecast on the controllable budget, based on information as at January 2014 are noted;**
- 2. The full year effect for 2014/15 of £1.757m in paragraph 3.13 which has increased from the £1,306k previously reported is noted;**
- 3. Note the comments of the Executive Director in paragraph 6.**
- 4. The Portfolio Holder is requested to approve the report**

5. **The Executive is requested to agree to set aside funding of £1.937m in an earmarked reserve as detailed in paragraph 3.17 of the additional paper circulated.**
6. **The latest projected underspend of £36k is forecast on the controllable budget, based on information as at January 2014 are noted;**
7. **the full year effect for 2014/15 of £1.757m in paragraph 3.13 which has increased from the £1,306k previously reported is noted.**

B) CAPITAL PROGRAMME MONITORING Q3 2013/14 & ANNUAL CAPITAL REVIEW 2014 TO 2018

On 12th February 2014, the Executive received a report summarising the current position on capital expenditure and receipts following the 3rd quarter of 2013/14 and presenting for approval the new capital schemes supported by Council Directors in the annual capital review process. The Executive agreed a revised Capital Programme for the five year period 2013/14 to 2017/18.

Officers reported that not all the Payment in Lieu fund would be spent in this financial year as one of the schemes had not developed as quickly as expected.

RESOLVED that the report is noted.

C) NEW NATIONAL ADULT SOCIAL CARE DATA FUNDING - UPDATE ON 2013/14

In July 2013 the Department of Health announced new burden funding to support the development and implementation of new adult social care and financial statutory reporting during the 2013/14 financial year and 2014/15. This authority received a non-ring fenced grant of £59,058 to support the cost of these new statutory requirements.

The Executive also asked that a project update be provided at regular intervals and this report provided the first update, five months into the project.

Currently it was estimated that there would be a reduction of £16,000 in the use of the non-ring fenced grant as it had been possible to absorb some staffing costs into revenue budgets. The next update on progress with this project was due in six months when further details on actual costs would be available.

Members noted the expenditure of £8500 on consultancy fees and officers reported that it was unlikely that the full ten days would be needed.

Officers explained that any underspends within this grant allocation would be returned to the Council's general balance and did not have to be returned to the Department of Health.

An update report would be provided in September.

RESOLVED that

1. **The report is noted.**
2. **The Executive is requested to approve the carry forward of £33,000 of the non-ring fenced grant to 14/15 and agree the return of an estimated underspend of £16,000 back to general balances.**

D) GATEWAY REVIEW OF LEARNING DISABILITY SERVICES

Education, Care & Health Services Commissioning were seeking opportunities to co terminate existing contracts in order to tender groups of similar services; this approach offers significant advantages for the Council including:

- Lower bids resulting from economies of scale
- More efficient use of Council resources
- Tenders that are more attractive for providers

An opportunity to group 5 existing schemes, covering 31 service users with learning disabilities, had been identified. The current value of the 5 schemes was £1,795,182 per annum. With a proposed 5 year contract, the cumulative value of a tender would be £8,975,910.

In order to achieve a suitable group of contracts for tendering, agreement was sought for an exemption from tendering for a limited period to enable 2 existing contracts to co-terminate with 3 other scheme contracts.

Brian James raised concerns that there needed to be a focus on the quality requirements of the tenders and that service users would be consulted in a way that they could understand. He referred to a letter sent to a service user and that he himself had problems understanding so adults with Learning difficulties would not have been able to understand it at all.

The Chairman suggested that a copy of the letter was sent to the Director who would then follow it up. The Portfolio Holder added that he had sympathy with the situation regarding the letter and also reassured Mr James that bringing together contracts in this way would not result in a drop in service.

RESOLVED that

1. **The report is noted.**

2. The Portfolio Holder is requested to agree:

- a) **to co-terminating existing contracts and grouping them together for tendering in order to drive the best possible pricing and;**
- b) **exemption from tendering the following contracts:**
 - i **Swingfield Court to the Avenues Trust for the period 22/6/2014 to 10/1/2015 at a cost of £355,945**
 - ii **Widmore Road to the Avenues trust for the period 19/7/2014 to 10/1/2015 at a cost of £125,370**

in order for them to co-terminate with 3 other schemes and provide a suitable volume for the proposed tender.

- c) **to extend (under existing delegated authority) the Amplio House contract with the Avenues Trust for the period 1/9/2014 to 10/1/2015 at a cost of £177,929**

E) GATEWAY REVIEW OF TENANCY SUPPORT SCHEMES FOR YOUNG PEOPLE

The current contracts for Tenancy Support Services for Young People would end on 30th August 2014. Members considered a report which reviewed the outcomes achieved by the current service, the on-going demand and plans for the future commissioning of these services.

Expenditure on Supporting People Services for young people assisted the Council in meeting its statutory duties under homeless and children in need legislation in a cost effective manner.

The Council had 2 current contracts with One Support; Supported Accommodation and Floating Support, which delivered tenancy support services to young people. The contracts were let by competitive tender in 2011 and were for a period of 2 years with an option to extend for a further year. The option to extend was taken up and the contracts now ended on 30th August 2014. Members noted that there were 59 units spread across 9 schemes.

The programme benefited young people who were leaving care, homeless young people and teenage parents who are assisted whilst living in supported accommodation, in temporary accommodation or in their own tenancies. The programme provided housing related support to assist with the development of key life skills needed to sustain a tenancy and to obtain and manage welfare benefits and could help the smooth transition to independent living for those leaving an institutionalised environment.

A gateway review always included consideration of whether there was a need to continue to provide the service. These tenancy support services were not a statutory requirement, however they were developed to enable the authority to

meet the duty to homeless young people under the Homelessness (Priority Need for Accommodation) (England) Order 2002 (SI 2002/2051), article 3, which includes children aged 16 and 17 within the list of priority groups.

Contract procedure rules required that this tenancy support contract was tendered again, although the current contract had only run for a total of 3 years. The supported accommodation contract was complex and as part of a decision to re-tender the contract it was necessary to consider in detail the impact of a change of provider on service delivery and on the management of the supported accommodation.

Officers had also identified that the complexity of dealing with housing management arrangements with 4 different landlords would further reduce the support time available to young people through the contract. The current provider had made formal agreements and forged relationships with the landlords, all of which would be a drain of time on a new provider. Three of the landlords had confirmed that the properties would remain available to the Council for the purpose of supported housing. The fourth would not commit themselves at this stage. If this landlord chose to withdraw their properties from the scheme this would result in a loss of 21 units, however the Council could contest this decision as considerable public funding was made available for the conversion of these for the purpose of supported housing.

The Chairman requested that officers arrange a visit to two of the schemes; one in the north of the borough and the other in the Orpington area.

RESOLVED that:

- 1. a new contract by negotiation with One Support for a period of 3 years with the potential to extend for a further 2 years be agreed subject to the negotiation of efficiency savings either in the unit price or by a reconfiguration of the service. Authority to take up the option to extend is to be delegated to the Executive Director for Education, Care and Health Services in consultation with the Portfolio Holder.**
- 2. It be agreed that If a competitive tendering exercise is required Members are requested to agree to a short extension for 3 months from 1st September 2014 to 30th November of the current contract with One Support in order to ensure that arrangements between a new provider and the landlords and the staff transferring under TUPE regulations can be managed in an orderly manner. This extension may also enable the Council to procure using the new Supporting People Framework which is currently being developed by Southwark and Lewisham to which the Council will be a party.**
- 3. It be agreed that If the negotiations with One Support are satisfactory the outcome will be reported to Members. If the negotiations are not successful officers will proceed with a**

procurement exercise and will request authority from Members to make a contract award at the appropriate time.

170 LEARNING DISABILITY EMPLOYMENT SUPPORT - CONTRACT AWARD

Officers presented a report concerning the delivery of a supported employment service for adults with a learning disability.

The Shaw Trust currently provided supported employment services to 130 adults with a learning disability. These services were included within the market testing of adult learning disability services that were currently being progressed. A large amount of planning and transitional work was required to ensure service continuity and minimise any potential disruption and anxiety for service users.

The Shaw Trust contract was due to expire on 5th July 2014 and the Portfolio Holder was requested to approve an exemption from tendering for a maximum of 12 months whilst providers took part in the market testing of adult learning disability services:

- Develop understanding of the supported employment services provided by the Shaw Trust
- Decide if they will be continuing with the existing supported employment services and develop transfer arrangements or;
- Develop alternative social businesses within Bromley that service users can transfer to.

The Shaw Trust stated they wished to withdraw from providing supported employment services in Bromley at the end of the contract but were willing to continue to provide the service as long as the Council required, in order to put alternative arrangements in place.

Officers reported that they were unaware as to the reasons why the Shaw Trust no longer wished to continue with the contract, however it was likely that they want to concentrate on other areas. In 2005 when the contract was first let there were very few providers of this type of service but in the nine years since there had been an increase in providers which Bromley would be able to consider.

Brian James raised concerns about the needs of some individuals and it was agreed these would be considered outside of the meeting.

An update report would be provided in 6 months.

RESOLVED that

- 1. the report is noted**

- 2. The Portfolio Holder is requested to agree the exemption from tendering and the award of the contract for supported employment services to the Shaw Trust for a maximum period of 12 months from 6th July 2014 at a cost of £400,330**

171 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The information briefing comprised an update on the Assessment and Care Management.

Officers reported that the actions taken had meant that training had been undertaken and that the LBB Assessment and Care Management staff were now better equipped to make Continuing Health Care (CHC) referrals. It was also noted that more people had been referred to Bromley Clinical Commissioning Group (CCG) for a CHC assessment.

Of the initial 61 people identified as needing assessment some had died or moved out of the borough. Where this had happened efforts were being made to claw back any expenditure Bromley should not have incurred. To date the CCG had accepted responsibility for 15 cases which provide savings of £98k in this financial year and £128k full year effect. This equated to approximately £14k per case.

Officers were monitoring the backlog and were unable to say how many cases would be reviewed until after the cases had been assessed. The problem for the CCG was that they were dealing with the aftermath of the previous assessment process and all CCG's appeared to have this same problem.

RESOLVED that the information briefing is noted.

172 PRUH A&E PERFORMANCE

The Chairman welcomed Paul Donoghue, Assistant Medical Director and Site Lead for Princess Royal University Hospital and Briony Sloper, Deputy Divisional Manager in Trauma, Emergency and Acute Medicine to the meeting.

She asked how the exercise "The Perfect Week" was progressing. Mr Donoghue was pleased to report that they were seeing some positive results and a "coming together" with external partners. The previous Friday had seen 94% of A&E patients dealt with within 4 hours. This had been tougher to reach over the weekend and on the Monday as this was the day that the majority of elective surgery patients were admitted. He explained that there had been lots of de-briefs which had highlighted ideas for improvement and progression, he was grateful to the external partners for their involvement in the exercise. Ms Sloper added that she had seen a rise in staff morale since the exercise had commenced on Friday 7th March. During the exercise it was

demonstrated that staff were able to escalate issues this had been raised previously by staff as an area of concern.

Members asked if there were still difficulties in recruiting staff and were informed that they had been able to appoint at consultant level but had great difficulty recruiting to nursing posts. They had a rolling recruitment process which was now extended to Ireland, Scotland and overseas and this was a joint recruitment drive with the Denmark Hill site. When Kings acquired the PRUH they immediately looked to increase the staff including nurses and porters.

Members asked why there was a problem in recruiting nursing staff. Ms Sloper explained that there were now fewer training places available and that many nurses completed their training and then went abroad. Every trust was trying to recruit at present which caused added pressures. When asked about training their own nurses Ms Sloper explained that they encouraged other staff to take up nursing but this had to be linked to a formal process.

When questioned about the recent maintenance issues that had resulted in problems with the boilers Ms Sloper was pleased to report that this had not resulted in having to close operating theatres. She was unclear as to what had caused the problem but it was being rectified.

When asked about dealing with people who had consumed too much alcohol presenting at A&E and the steps other areas had taken to avoid this Ms Sloper reported that they used the “booze bus” at other sites but in terms of the PRUH A&E it did not have a high level of patients presenting as a result of alcohol. In addition there were cyclical patterns around the type of patients received; during the summer period it was quieter but the number of paediatric cases increased and in the winter it was elderly patients and falls.

The pressure points for the hospital as a whole are on a Monday and Tuesday. A&E is busier, there are a larger number of ambulances waiting and all elective surgery admissions take place. The Trust was looking at all these areas. As well as increasing the number of staff on duty on Mondays and Tuesdays they had also increased staff at the weekends, to include services such as physiotherapy and x-ray staff. In addition staff at the Denmark Hill site covered shifts at the PRUH to share expertise.

The Trust also recognised that some of the delays in discharge were due to waits for medication and were working with the pharmacy to increase opening hours but also to get patient drugs ready for discharge the previous day.

The Vice-chairman asked about the professional standards in the hospital and how the Clinical Decision Unit (CDU) was progressing. Mr Donoghue reported that medical staff were not well engaged and the doctor/manager and doctor/nurse relationships were poor. However “the Perfect Week” and external support from NHS England was helping.

The CDU was being delivered at the end of April, staff had been recruited and the pathways were done. Ms Sloper reported that the Denmark Hill site had a very successful CDU model and that gerontology was the key to making it a success as the unit was able to “turn around” patients in 18 hours with rapid access to clinics, meaning that patients could return home rather than be admitted to await clinic appointments.

Members requested that the outcomes from “The Perfect Week” were circulated to the committee.

Mr Donoghue reported that another area being investigated was looking at the availability of consultants and senior and junior doctors over weekends and at specialties not normally found in a general hospital. The intention was to have specialists available 24/7.

Ms Sloper explained that it is possible to avoid unnecessary hospital admissions for patients with some conditions by giving them good quality preventive and primary care – their illnesses are known as ambulatory care-sensitive conditions. She explained that to achieve this in Bromley there would be a set of recommendations for key conditions including how they should be screened, treated and managed within the community.

Members raised concerns about discharging vulnerable or elderly patients at the weekend without the necessary services in place. Ms Sloper explained that work had taken place with the Red Cross and Age UK who would offer a “settling Service” covering the practical issues such as ensuring the heating is on and that there is food in the home. This service was in place at the Denmark Hill site and working well.

Members asked about the Trust’s plans once the “Perfect Week” exercise was over. Mr Donoghue said that the lessons learned would be implemented; there were some “quick wins” such as allowing the Emergency Department to direct dial out rather than go through the switchboard. Other areas would be improved, including treatment pathways and adherence to agreed standards.

Meetings were taking place with social care and community services to draw up a list of actions. This information would be included in a report on the outcomes which would be presented to the committee in due course.

The Chairman thanked Mr Donoghue and Ms Sloper for attending the meeting and invited the Trust to attend the Health Scrutiny Sub-Committee on the 9th April to share the learning from the “perfect week”.

173 SIX MONTH REVIEW OF PARTNERSHIP FRAMEWORK

The Care Services Portfolio Holder and Education Portfolio Holder jointly commissioned a review of the partnership arrangements that were supported either financially or with other resources by the London Borough Bromley’s Education, Care and Health Services department in June 2012.

The Chairman of the Care Services Policy Development and Scrutiny Committee requested that an update report be brought to the Care Services Policy Development and Scrutiny Committee in March 2014 to review the new framework following implementation.

The partnership framework consisted of four interconnecting strands: Stakeholder Conferences, Virtual service user panel, Service user and carer forums and Task and finish project groups. Alongside these, there are a number of other arrangements which would influence decision making, service development and priorities across the borough. These included groups which were commissioned and facilitated by the borough and its key partner organisations, and also groups and organisations which were self-supported; Bromley Safeguarding Adults Board; Bromley Safeguarding Children Board; Healthwatch Bromley; other service user led bodies and forums; provider forums; and the Voluntary Sector Strategic Network.

Officers provided feedback from the recent Adult Stakeholder Conference. The event was attended by a range of professionals, forum members, strategic partners and statutory partners. Places were also offered to carers although some were unable to attend on the day but were encouraged to feed in their comments using Twitter. A detailed list of attendees is attached to these minutes.

Leslie Marks commented that there appeared to be an assumption that with the withdrawal of funds things would continue as they were. However, the mechanisms that underpinned the existing forums were at risk due to the cuts and that they may disappear as a result.

Members noted that the Children's Services Stakeholder Conference would take place on 27th March 2014.

RESOLVED that the report is noted.

174 TACKLING TROUBLED FAMILIES - OUTCOMES UPDATE

The Tackling Troubled Families project was a Government initiative based on payment by results focusing on local authorities supporting households who were involved in crime and anti-social behaviour (ASB), had children not in school, training or employment an adult on out of work benefits or who caused high cost to the public purse.

LB Bromley worked with 490 families across 3 years. This had attracted revenue income as attachment grant funding to the Council for 163 families in Year 1 totalling £535,200, 245 families in Year 2 totalling £589,600, and 82 families in Year 3 totalling £208,800. Due to the nature of payment by results and the necessity to provide evidence for outcomes for individual families, the final income total for the payment by results element for each year was not set or guaranteed.

The identification of families continues. Bromley are required to identify and turn around 490 families over a 3 year period between 2012 and 2015. To date 442 (90%) families had been identified. This is higher than expected for year 2.

Internal Audit had been integrated into the TTF programme in Bromley and completed an audit of the project in July 2013. This was positive and took place before the first set of outcomes were submitted to the Department of Communities and Local Government (DCLG). They have advised they intend undertaking a further audit sometime in 2014. Ensuring appropriate verification against the criteria was important as in one case a local authority had to claw back a significant number of the outcomes submitted following its audit and were unable to claim their expected payment by results. Within LB Bromley officers had taken a cautious approach to ensure all submissions are valid and would pass audit scrutiny.

Submissions for payment by results were made at times arranged by DCLG. At the end of October 2013, Bromley submitted claims for 52 families. This earned an income of £30,900 as result payments. It was expecting to submit between 80- 100 claims for February /March 2014. Based on the already confirmed 80 families this should provide at least a further £44,800 through payment by results, however this was subject to change due to an increase in families identified and the potential for some families to attract the £800 reward rather than the £700 reward.

The committee asked if it could be provided with anonymised information on one of the families.

RESOLVED that the report is noted.

175 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 listed below as it was 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.

176 CONTRACT AWARD LEARNING DISABILITY DAY CARE

Members considered the contract award for learning Disability Contract and agreed the recommendations.

177 RAPID PRESCRIBING - CONTRACT AWARD

Members considered the award of the contract for Rapid Prescribing and agreed the recommendations.

The Meeting ended at 8.45 pm

Chairman

Questions from Susan Sulis, Secretary, Community Care Protection Group

Q.1 CARE QUALITY COMMISSION FINDINGS OF EXCESSIVE WAITING TIMES AT DEC. 2013 INSPECTION AT THE PRINCESS ROYAL UNIVERSITY HOSPITAL TRUST.

An 88 year-old stroke patient was found waiting 22 hours in A&E, before being admitted for specialist care, and another 10 patients waited more than 12 hours.

LBB and Bromley PCT have always supported plans for closure of in-patient beds.

Does this Committee consider that those were the correct decisions?

LB Bromley Response

The London Borough of Bromley has recognised that for many years the service it's residents receives from the PRUH has been less than we would want to see. However, there is no simple link between waiting times and beds. With good bed management, waiting times would be lower: with poor bed management, they go up. The issue then is one of the management of the patient pathways as much as the numbers of beds. Until we are confident that patient pathways are managed in line with the best hospitals in the country, it remains very hard to form a view of the correct number of beds needed to serve the local population.

Response from Bromley CCG

All agencies are working to avoid patients remaining in A&E longer than 4 hours before being discharged or admitted to a ward. It is unfortunate that there have been occasions recently where patients have spent long time periods in A&E. Where this happens, the hospital ensures that the quality of care given to patients is equivalent to that on a ward, with extra surveillance and care from doctors and nurses. Local commissioners (the CCG) and NHS England review these arrangements and the causes of the situation on a case by case basis.

We need to ensure that we have the right number of beds for the population. Whilst the overall number of beds in a hospital may be correct, the number of specialty beds also needs to be kept under review. The CCG, KCH and London Borough of Bromley are working together to ensure that we have the right balance of services in hospital and out of hospital for the populations we serve, and this includes in patient beds and care outside the acute setting

The Care Quality Commission required that KCH worked to reduce the long waits in A&E and the trust is working to achieve this, particularly ensuring that patients do not wait over 12 hours. As part of this work, the Trust is

implementing improvements to the timeliness of treatment in all parts of the hospital. Other hospitals which have followed this approach have successfully reduced the demand on beds, reduced the time patients wait in A&E as well as how long patients stay in hospital overall whilst at the same time improving patient experience. Good care and good patient experience can be achieved with a reduction in in-patient beds.

Hospitals are only one part of the health and social care system. Hospitals should be used for the periods that people are acutely ill. For many patients longer stays in hospital can have adverse effects. We need to ensure that all parts of our health and social care system work effectively and patients can access them at the right time.

Q. 2 PREMATURE DISCHARGE OF ELDERLY PATIENTS FROM THE PRINCESS ROYAL UNIVERSITY TRUST. (Ref. Min. 151 of 22 Jan 2014 CS PDS Cttee – p.11 on this agenda).

The Minute claims that “Concerns were raised that “some elderly patients were being discharged before they are ready”.

- (a) What are the reasons this is happening?**
- (b) Is it related to shortages of acute and rehabilitation beds?**
- (c) Why aren't these patients referred to Rehabilitation Step-down beds or the Rehabilitation Service?**

Response from Bromley CCG

Thank you for your enquiry and subsequent questions. The CCG is confident that the Trust is working to ensure that all that can be done is being done to maintain levels of patient safety and thus provide a quality service to all. If a poor discharge is reported the Trust is very quick to respond and see that processes are improved. In response to the specific points that you raise, I hope the following responses answer your questions.

a) It is our understanding from Kings College Hospital that full medical assessments and decisions are made whenever a patient is admitted or discharged. Therefore, a qualified clinical decision maker will decide whether a patient who has been admitted is medically fit for discharge.

b) Patient safety is considered of primary importance when deciding that a patient is medically fit for discharge.

c) When a patient meets the criteria for discharge to rehabilitation, this decision is made collaboratively between suitably qualified clinicians, nursing and therapy staff. This is a documented process to ensure patient safety and suitability.

Q.3 MEDICAL REFERRAL “FRESH START PLUS” EXERCISE SESSION CLOSURES:- OUTCOMES FOR PATIENTS.

Three years ago, the Director of Public Health, LBB and Bromley Mytime closed these popular, specialist sessions, held for many years in 7 Leisure Centres. The following year, the sessions at the Priory were closed by Mytime.

What have been the outcomes for the chronically sick and disabled users?

Response from LB Bromley

The Fresh Start Exercise Referral programme, delivered by Bromley Mytime, has been running in Bromley since 1998. Over time the number of referrals have steadily increased. The programme was reviewed in 2011 and new evidence based referral criteria were developed. This ensured that patients who are chronically ill with conditions that could be improved by physical activity had continued access to the programme.

Although the number of venues was reduced, the remaining centres were chosen to ensure that patients from the areas of highest need have access to the programme.

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