

# **ADULT AND COMMUNITY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Minutes of the meeting held on 2 November 2010

## **Present:**

Councillor Judi Ellis (Chairman)  
Councillor Roger Charsley (Vice-Chairman)  
Councillors Ruth Bennett, Peter Fookes,  
William Huntington-Thresher, Diana MacMull,  
Charles Rideout and Diane Smith

Dr Angela Bhan, Angela Clayton-Turner, Leslie Marks and  
Lynne Powrie

## **Also Present:**

Councillor Graham Arthur and Councillor Catherine  
Rideout

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

Apologies were received from Councillor Reg Adams, Mr Richard Lane, Mr Keith Marshall and Mrs Gill Rose.

Councillor William Huntington-Thresher and Councillor Ruth Bennett tendered apologies for lateness.

### **51 DECLARATIONS OF INTEREST**

Councillor Roger Charsley declared a personal interest as a Member of Bromley Autistic Trust and a Member of SLAM. Councillor William Huntington-Thresher declared a personal interest as the Council appointed representative on the Board of Affinity Sutton. In relation to Agenda item 11 (Minute no 64), Mrs Leslie Marks declared a personal interest as a Trustee of Bromley Mind.

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

Questions were received from four Members of the Public and these are attached at **Appendix A**.

**53 MINUTES OF THE MEETING OF ADULT AND COMMUNITY SERVICES PDS COMMITTEE MEETING HELD ON 21 SEPTEMBER 2010**

**RESOLVED** that the minutes of the meeting held on 21<sup>st</sup> September 2010 be agreed.

**54 MATTERS ARISING FROM PREVIOUS MEETINGS  
Report LDCS10191**

The Committee considered a report updating Members on recommendations from previous meetings.

The Chairman reported that the issue of pressure ulcers had been covered in great detail at the Health Care Working Group.

The Committee also requested that Ms Hall provide feedback as to how the issues that had been publicly raised by clinicians had been resolved.

The Committee agreed that it would be helpful to have a written report from the Health Care Working Group. It was also agreed that the link to the Health, Social Care and Housing Partnership Group would be circulated to all Members of the Committee. The Chairman suggested that it would also be helpful to have a diary page outlining all the Partnership meetings that had taken place since the previous meeting.

**RESOLVED** that progress on recommendations be previous meetings be noted.

**55 QUESTIONS TO THE ADULT AND COMMUNITY PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING**

No questions were received.

**56 PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING**

The Committee noted decisions taken by the Portfolio Holder since the last meeting.

**57 PRE-DECISION SCRUTINY OF ADULT AND COMMUNITY PORTFOLIO REPORTS**

The Portfolio Holder informed the Committee that he had recently attended the Adult Information Day which had been a good example of how well internal partnerships could work. The Portfolio Holder had also attended the very successful Diversity Day which had been hosted at the Civic Centre.

Since the last meeting the Portfolio Holder had also attended the Carers AGM and the Mencap AGM.

The Portfolio Holder had recently attended the opening of a supported living scheme for people with learning disabilities in Mottingham. The Landlords Forum had also been a very well attended event.

The week after the meeting the Portfolio Holder would be visiting the 60 Extra Care housing units at Meadow Court, Bromley Common. The Portfolio Holder also reported that funding had now been secured for an additional 60 units.

Finally, the Portfolio Holder highlighted that the Health White Paper was beginning to have an impact and it was suggested that the Committee should receive an update on how the proposals were progressing.

**58            PRE-PAID CARDS FOR DIRECT PAYMENTS RECIPIENTS  
                 Report ACS10064**

The Portfolio Holder introduced a report outlining the proposed development of a pre-paid card in Bromley. The pre-paid card provided an effective mechanism for assisting recipients of Direct Payments in managing their budget and purchasing social care services.

The Portfolio Holder suggested that it would be helpful to have a demonstration of how the cards work and asked that something be provided at the Portfolio Planning Day.

The Programme Manager, Supporting Independence in Bromley (SIB), introduced the report and highlighted that the pre paid cards would assist LBB Officers in tracking and auditing the way in which direct payments were spent. The cards would simplify the auditing process for the Care Management Team.

The Committee explored a number of issues arising from the use of pre-paid cards. A couple of Members expressed concerns regarding the appropriate use of the cards. The Programme Manager, SIB, provided assurances that the auditing process would identify if the cards were being used for inappropriate spending. Paper statements would be issued once a month to help individuals manage their spending and Officers would be able to follow trends in expenditure. Certain elements of the card could be switched off in order to limit the opportunities for individuals to use the card inappropriately. The Programme Manager SIB highlighted that this would have to be managed carefully as there were a number of implications surrounding switching off elements of the card.

Officers confirmed that the pre-paid card would look different from and distinctive to other payment cards that service users may possess.

The Committee explored a number of safeguarding issues and sought assurances that adequate security arrangements were in place to protect

service users. The Programme Manager SIB stressed that the pre-paid cards were similar to standard credit card with a PIN number in that if service users gave their PIN to other people the card could be used. Banks would be insuring the card to protect against possibilities of cloning and fraud. In order to maintain security and safeguard individuals, it would be possible to issue a second card for a relative or carer to use. Any users of the cards would have to sign a standard security agreement that would be in place; this would set out the expected security standards to be adopted and Officers would monitor appropriate use of the card.

The Committee considered the set up arrangements for the cards and Officers confirmed that accounts could be set up in service user's homes. A Member suggested that as an incentive the cards should be provided free of charge. Following discussion, it was suggested that in order to manage the limited resources available sponsorship for the cards could be pursued. Officers agreed that they would investigate this possibility and report back to the Committee.

A Member also raised the issue of the charges for the card. The Director ACS explained that the 1% transaction charge to service users was only for **agreed cash advances**, not for general use of the cards. There was also a 1% charge for providers but this was a standard charge.

A Co-opted Member sought assurances that service users would be given the choice of whether they wanted to use the pre paid cards. The Programme Manager SIB reported that service users would be provided with choice, but that it was hoped that the cards would be the default option for individuals who would struggle to manage money.

The Director ACS stressed that the purpose of the cards was to promote independence and limit bureaucracy.

**RESOLVED that the development of a pre-paid card for use by Direct Payment recipients be agreed.**

**A) ADULT AND COMMUNITY SERVICES PORTFOLIO PLAN MID-YEAR PERFORMANCE REPORT 2010/11  
Report ACS10067**

The Portfolio Holder introduced a report providing the PDS Committee with progress on the Portfolio Plan priorities for 2010 and an outline of the Care Quality Commission (CQC) framework for rating Adult Social Care performance. Development of the 2011/12 Portfolio Plan would commence with the Portfolio Holder's planning conference which was due to be held on 23<sup>rd</sup> November 2010 and information from this event would be incorporated into the draft plan for presentation to the Committee in the spring.

The Portfolio Holder reported to the Committee that targets were largely being met. The outcomes from the mid-year performance review had been positive and the Care Quality Commission had noted good areas of progress.

The Director ACS reported that there had been significant progress on the work around assessments and reviews, an area in which the committee had previously expressed concern. Real improvement had been seen in this area and performance monitoring had proven to be beneficial.

The Chairman acknowledged that there appeared to be an improvement in the speed and quality of assessments and acknowledged that ACS continued to demonstrate to PDS that performance targets were used to good effect to inform and improve the business with managers “owning” performance in their service areas.

The Co-opted Members on the Committee commented that the voluntary services they represented found the targets in place useful and that the annual review of targets helped with negotiations that took place with the Local Authority.

The Committee noted that where the Department had not met targets, it was largely down to circumstances beyond the control of the Local Authority, a clear example of this was the Foyer Scheme.

Members considered services that were provided to people recovering from mental health difficulties. The Committee also considered the services available to individuals on the autistic spectrum. The Director ACS suggested that a detailed report should be presented to the Committee in the new year as the department’s response to the recent guidance from the Department of Health 'Fulfilling and rewarding lives': - guidance for local authorities and NHS organisations to support implementation of the autism strategy.

A Member asked whether grants received by the Department would come to an end and whether this would cause any problems in the delivery of services. The Director ACS reported that there was still uncertainty surrounding what would happen to the grants. Officers suspected that grants were likely to be rolled together and once further information was known Officers would provide a report to Members.

The Portfolio Holder reported that Bromley was a successful Borough in terms of providing employment opportunities for people with learning disabilities. The Entry to Employment Initiative had been Borough-wide and the Portfolio Holder was pleased that the Local Authority had been able to deliver this in partnership with the PCT. The Portfolio Holder also reported that he was disappointed that the Local Authority had missed the target regarding the Foyer Scheme.

**REOLVED that the Portfolio Holder be recommended to note the areas of strength and the areas requiring further improvement.**

**59            HOUSING AND RESIDENTIAL SERVICES 2010/2011**  
**PERFORMANCE REPORT**  
**Report ACS10063**

The Portfolio Holder introduced a half year overview of the performance of Housing and Residential Services against the key objectives and targets for 2010/11, together with a summary of the priorities for the remainder of the year.

The Assistant Director (Housing and Residential Services) and the Head of Housing Need introduced the report and outlined the progress that had been made during the first half of the year.

The Assistant Director (Housing and Residential Services) outlined the work that was being undertaken as part of the Fraud Initiative, funding for this work had been received from the Department for Communities and Local Government. Members were asked to report any tenancies that they were concerned about.

There had been a 30% reduction in the number of available lettings during the first half of the year and there was now London-wide competition for temporary accommodation.

A Members asked whether the Council would be pro-active in managing any rising rents charged by Housing Associations and the Assistant Director (Housing and Residential Services) suggested that Officers present a detailed report to the Committee once further information had been gathered.

Members of the Committee stressed the need to ensure that the housing supply was maximised. The Assistant Director (Housing and Residential Services) reported that 46 empty properties had now been brought back into use through direct action (the target had been 20 properties).

The Committee considered the possibility of bringing some of the properties in Bromley North Village back into use. The Assistant Director (Housing and Residential Services) reported that a mail out had been undertaken a few months before the meeting of the Committee and a very low response had been received. Officers would continue to pursue this.

The Committee were told that the Local Authority ran an initiative which supported people who under-occupy properties to move to smaller properties by providing practical support to them to bid for properties and with the actual moving. The Head of Housing Need agreed to email all Members of the Committee with the half-yearly update setting out statistics surrounding the number of people who have been supported through this initiative.

The Director ACS reported that Officers were reviewing the feasibility of including more work on and investment in bringing back in to use empty properties as part of the Portfolio Plan. The Chairman suggested that it would

be helpful to have a report back to the Committee regardless of the outcome of the feasibility review.

**RESOLVED that the Portfolio Holder be recommended to agree the actions being taken to meet the range of housing duties and needs in Bromley and to deal with increased pressures on the service resulting from the recession.**

**60 BROMLEY HOMESEEKERS - ALLOCATIONS SCHEME  
REVIEW  
Report ACS10068**

The Portfolio Holder introduced a report advising Members of the outcomes of the consultation on the review of the Housing Allocations Scheme and presenting the finalised scheme for consideration.

The Portfolio Holder reported that currently 37% of applications were being received from out of Borough and the new allocation scheme would assist local people making applications

The Head of Housing Need reported that the target for implementation of the new scheme was April 2011 but that this was dependant on having a software development in place. .

Officers explained that with the new policy service users expectations could be better managed and it would be easier to explain the system to users. Currently around 30% of those who submitted applications for housing were not eligible and the new system was designed to improve support and signposting to service users in accessing the housing services and options for which they were eligible and to help meet their housing needs.

The Director ACS confirmed that the process would not be implemented until the Department knew that Auto Banding was working and was able to support the new allocations scheme.

A Member expressed concern regarding the re-banding and the pressure that it could place on the Department. The Head of Housing Needs explained that the new policy was dependant on the automatic banding process to ensure the re-registration and the system ran efficiently and the re-registration process should see quite a number of households not renew their application as they had moved and/or resolved their housing need and not de-registered or no longer wished to pursue the housing register as an option.

The Committee considered the bands that current and ex-Members of the armed forces would be placed in. Officers explained that if there was a housing need they would go though the Housing Options Team if there were medical reasons why they needed housing a medical assessment would be undertaken. It was stressed that they would certainly not be disadvantaged.

The Portfolio Holder thanked Officers for the work they had undertaken throughout the review and for the work that was being undertaken to implement the policy.

**RESOLVED that the Portfolio Holder be recommended to agree the revised draft scheme and note that the adoption will happen following implementation of the necessary amendments to the IT system supporting “Bromley Homeseekers” and that a review will take place in year 2 in order to assess the success of the changes in managing expectations and reducing time assessing applications.**

**A) PROPOSED DEVELOPMENTS FOR INTERMEDIATE CARE SERVICES  
Report ACS10066**

The Portfolio Holder introduced a report seeking agreement to the development of a targeted hospital admission avoidance service and seeking Members’ comments on the proposal to reduce the number of hospital based intermediate care beds.

A Member expressed concern surrounding the increased travel times for the two CARTs teams. Officers provided assurances that the additional time implications of travelling to patients homes had been taken into consideration throughout the development of the proposals.

Dr Angela Bhan highlighted that the proposals were focused on managing patients expectations around the length of stay in hospital and that they should be viewed in the context of re-ablement and giving people independence.

In response to a question, Officers confirmed that services would be provided seven days a week and that the hours of the service were approximately 7am to 7pm. There would be a dedicated Care Manager available at the hospital. Services at Urgent Care Centres would have to be reviewed and GPs would be able to refer directly to the service.

A Member highlighted that without partnership work with other Boroughs, residents of the Borough who attended hospitals in neighbouring Boroughs (for example Lewisham Hospital) would not be covered by the proposals.

Another Co-opted Member highlighted that most people would welcome the chance not to remain in hospital for long periods but sought assurances that there was an acknowledgement that for some people this was not the right approach and they may need to remain in hospital. Officers provide these assurances.

The Portfolio Holder reported that that patients would have to be considered on a case-by-case basis. The Committee acknowledged that the proposals would have to be considered sensitively as closure or reductions in hospital beds could cause anxiety amongst patients.

**RESOLVED that the Portfolio Holder be recommended to agree to the development of a targeted hospital admissions avoidance service and note the launch of a formal consultation by the PCT on the reduction in the number of hospital based intermediate care beds.**

**61 CHANGES TO THE TAXICARD SCHEME AND TFL TAXICARD FUNDING REDISTRIBUTION  
Report ACS10061**

Officers provided an overview of the operation of the Taxicard scheme in Bromley. A higher than anticipated increase in the number of Taxicard trips taken throughout London during 2010/11 had resulted in significant projected overspends of the cumulative Taxicard budget. A number of measures to bring spend within budget had been proposed by London Councils and these would be considered at the Transport and Environment Committee (TEC) on 11<sup>th</sup> November 2010 with a view to implement the approved measures by 1<sup>st</sup> January 2011.

An update to the report was tabled and this outlined further information that had been received from London Councils. The changes that would affect Bromley were highlighted including:

- an increase of 50p in the charge to £2.50;
- ending double swiping for longer trips
- a reduction of £1 in the minimum subsidy to £8.30

Together these changes would result in an increase in cost to the user of between 50p to £1.50.

The Committee was reminded that if no action was taken, the budget for Bromley would be spent by 27<sup>th</sup> February 2011 and no further trips could be taken.

The Portfolio Holder highlighted that this was a TfL pan-London scheme and this meant there were limitations on how it could be operated. The opportunity for the Committee to consider the proposals had been secured by the Portfolio Holder for the Environment who was the Council's representative on London Council's Transport and Environment Committee.

The Chairman noted that London Council's had stated that they planned to use underspends elsewhere to cover overspends.

The Committee considered the impact that the end of double swiping would have on the residents of Bromley. Following discussion the Portfolio Holder was asked to lobby TfL and the London Council's Transport and Environment Committee regarding the ending of double swiping. Members felt that residents of Bromley would be disproportionately affected by this proposals as Bromley was the largest Borough.

**RESOLVED that (1) the Portfolio Holder be recommended to agree to the recommendations from London Councils on measures to offset the projected overspend; namely:**

- **Increase the minimum customer contribution from £2.00 to £2.50**
- **Reduction in maximum borough subsidy by £1 per trip**
- **End double swiping for longer trips.**

**(2) that the Portfolio be asked to lobby TfL and the London Council's Transport and Environment Committee regarding the ending of double swiping**

**62 BUDGET MONITORING 2010/2011  
Report ACS10065**

The Committee considered a report outlining the budget monitoring position for the Adult and Community Portfolio based on expenditure and activity levels up to 31<sup>st</sup> August 2010.

The Portfolio Holder highlighted that at the last meeting an increase in the overspend had been anticipated and this report reflected that increase. The Portfolio Holder expressed hope that the figures for September would demonstrate an improvement in the overspend.

The Committee recognised that it was difficult to reduce costs when more people needing care were coming forward.

**RESOLVED that the Portfolio Holder be recommended to note that a projected overspend of £598,000 is forecast on the controllable budget for the Adult and Community Portfolio as at 31<sup>st</sup> August 2010.**

**63 VERBAL UPDATE FROM THE HEALTH CHECK WORKING GROUP**

The Chairman provided a verbal update from the Health Care Working Group which had met on 28<sup>th</sup> October 2010. The Working Group had been disappointed that the Chief Executive of South London Healthcare NHS Trust had been unable to attend the meeting despite adequate notice, but he would be invited to a future meeting of the Working Group.

The Working Group had asked for clarity between the services provided at A&E and those provided at Urgent Care Centres and Ms Hall had agreed to provide further information to the Working Group.

Ms Hall had provided assurances that the Trust was working towards filling staff vacancies and were looking to attract the highest calibre of staff.

There had been a great deal of discussion surrounding pressure ulcers. Levels of pressure ulcers had been unacceptably high; however the Trust had undertaken work on this issue and in September and October there had been

no instances of grade 4 ulcers. The Trust was now working on grade 3 ulcers. The Chairman reported that the Working Group had asked for information regarding where people who attended hospital with pressure ulcers had come from.

The Working Group was informed about the patient transport service which was currently going through a contract tendering process.

Ms Hall had also provided assurances that the Trust was reviewing food and nutrition across the three sites and the Trust Board had set up a Sub-group to monitor this issue.

The next meeting of the Working Group would take place on Wednesday 1<sup>st</sup> December and London Ambulance Service had been invited to attend.

**64            QUALITY OF DOMICILIARY CARE SERVICES**  
**Report ACS10062**

The Committee received an update on the work undertaken to monitor the quality of domiciliary care services provided in the Borough by internal and external providers.

The Strategic Manager for Procurement and Contract Compliance reported that this was the second report presented to the Committee on domiciliary care services. The Council was constantly monitoring external providers and was seeking to achieve continuous improvement from providers.

The Chairman highlighted that it would have been helpful to have the number of complaints received included in the report rather than the percentages. The Committee were informed that 46 formal complaints had been received but that the Department also collected information on informal complaints that were received over the telephone and resolved on the day of complaint.

The Committee heard that feedback was sought from services users during the contract compliance process and that findings were fed to the Care Quality Commission (CQC) and that the Department would not hesitate to report serious concerns to the CQC.

**RESOLVED that the report be noted.**

**65            WORK PROGRAMME**  
**Report LDCS1092**

The Committee considered its work programme for 2010/2011. Members noted that the Drug Action Team Annual report would be considered at the next meeting in January 2011 and that there would also be an update on the Health White Paper. At the meeting in March 2011 the Committee would receive the presentation given to the Accommodation and Care for Older People Reference Group and the report reviewing services to individuals on the Autistic Spectrum would be considered.

**RESOLVED** that the work programme for 2010/2011 be approved.

**66 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 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.

**67 EXEMPT PORTFOLIO HOLDER DECISIONS TAKEN SINCE  
THE LAST MEETING**

The Committee noted Exempt (Part 2) decisions taken since the last meeting on 21<sup>st</sup> September 2010.

The Meeting ended at 10.05 pm

Chairman

# Minute Annex

Adult and Community PDS Committee 2<sup>nd</sup> November 2010

Questions from Ms Jean Stout, Chairman, Community Care Protection Group

1. The rationale stated in para.1 of this report for the proposal to halve the Orpington Hospital IC beds is 'the recent reviews of ICS'.

Please list:-

- (a) These 'reviews' with author and date;
- (b) The evidence of reduced need supporting this reduction in bed numbers.

*Reply*

(a) *The reviews are:*

*Acute Bed Utilisation and Capacity of Care Nearer to Home in Bromley – Report of Findings, The Balance of Care Group, 2008.*

*The Care Quality Commission (CQC) Annual Performance Assessment for 2008/09 (Outcome 1 – Improved health and well-being) which confirms Bromley's comparative performance against other local authorities and CQC's views on the focus of intermediate care services within Bromley.*

(b) *The evidence is provided in the above documents.*

*The Bed Utilisation survey showed that at the point of admission, 35% of those admitted to Orpington might have received their care in their own home. This compared to just 5% of those admitted to Elmwood.*

*The survey also showed that on the day of care, 70% of service users at Orpington could have received their care in their own home. The comparative figure for Elmwood was 47%. Overall 62% of people within Intermediate care beds on the day of the survey were assessed as suitable to receive intermediate care within their own home.*

2. **Bromley PCT controls admission of patients to the ICS, whether home or bed-based, and the PACE Service. ICS was designated to provide intervention to avoid admission to Acute services, as well as rehabilitation and recovery after Acute Care.**

**Why have more patients not been referred to avoid Acute admissions?**

*Reply*

*Admission to the Intermediate Care service is managed by managers within the Intermediate Care Service, one of whom is a PCT employee and the other an LBB ACS manager. Admissions are subject to service users meeting PCT/LBB agreed criteria.*

*When Intermediate Care services were introduced there was an emphasis on supporting earlier discharge from acute care. Over time Intermediate care has also been seen as useful in providing an intervention that can avoid the need for an acute admission. The balance between admission avoidance and supporting discharge is constantly kept under review and over the last 3 years there has been an increase in the numbers referred to avoid hospital admissions. There was also a significant increase in 2009/10 in the number of people being referred to community based intermediate care supported by the introduction of the PACE service.*

- 3. The 'Bed Utilisation Survey' took place over 1 July day. These results are not a reliable indicator of long-term needs during pressurised periods. BPCT controls the admissions and length of stay of patients in the Unit.**

**Why did they admit and retain patients who did not need the service?**

*Reply*

*The survey does not identify significant numbers of patients who did not need the service at all. Rather, it identifies patients who could have received their service in potential alternative care settings - whether they were currently available or not – instead of residential care settings such as Orpington hospital.*

#### **Questions from Ms Susan Sulis Secretary, Community Care Protection Group**

- 1. Bed-based IC is essential for those patients who lack the home environment, facilities, or support to enable them to undergo rehabilitation.**

**Are members satisfied that the results of the Bed Utilisation Survey over 1 day in summer provides adequate evidence of a permanent major reduction in need?**

*Reply*

*The report does not state that there will be a major reduction in need for Intermediate Care services, but that by further developing and investing in community based intermediate care services, there is a need for fewer intermediate care beds in the whole system. The findings from the Bed Utilisation Survey provide the evidence for this and the CQC Annual Performance Assessment for 2008/09 (Outcome 1 – Improved health and well-being) confirms Bromley's comparative performance against other local authorities.*

2. **The provision of IC beds has enabled Bromley hospitals to reduce A&E waits and large-scale cancellation of elective surgery.**

**With cuts of 25% predicted, are Members confident that closure of 20 NHS IC beds will not risk additional costs for ACS at a time when services are under enormous pressure?**

*Reply*

*The proposals identified in the report will continue to contribute to the reduction in demand for hospital beds by avoiding admissions where possible. The proposed reduction in the number of intermediate care beds will enable additional investment in community based services to allow for any increase in demand for these services.*

*In the challenging financial circumstances that we face in the coming years it will be even more important that the maximum benefit is being achieved for service users from investments in services such as intermediate care.*

3. **Will Members ask for a detailed report with supporting data and future demographic trends, to ensure that a reduction in bed-based IC does not impact adversely on patient care, and contribute to greater pressure and costs for the ACS Homecare Service?**

*Reply*

*Members will expect robust performance monitoring of the reconfigured intermediate care services, including a detailed evaluation of the service and its impacts after 6 months to be presented to the Policy Development and Scrutiny Committee.*

#### **Questions from Mr David Mott**

**Is this Committee aware that elderly patients admitted to PRUH and QEH may be transferred post surgery to QMS if there are bed capacity issues and that there will be no Critical Care Unit at QMS just Critical Care Support?**

*Reply*

*Thank you for your question. The Committee is interested in the issues that you have raised and as you know we have asked the Trust to come to the next meeting on 25<sup>th</sup> January 2011 to provide a health care update, including any issues in relation to post operative care.*

Supplementary Question:

You state in an email sent to me on 29<sup>th</sup> October that the duty of the Trust is to notify this Committee of any service changes they intend to make and that it has fulfilled its duties regarding this.

Can you explain why this Committee was not informed during the verbal update given by the Trust representative at the last PDS meeting of imminent proposed service changes – the closure of A&E and Maternity at Queen Mary's the day after the PDS meeting – this would impact on Bromley patients – medically fit patients would be moved to Queen Mary's from 26<sup>th</sup> October and Ortho-Geriatrics from 27<sup>th</sup> October.

*The Chairman responded that it was unfortunate that the date of the press release was the day after the last meeting (22<sup>nd</sup> September 2010). The Trust had informed the Committee of the proposed changes via the press release that had been issued. The chairman highlighted that the Trust did not have to inform the Committee before it publically issued information. The Committee regularly received press releases and could also received briefings from the Trust as and when necessary.*

**APoH consultation states that Elective Surgery be transferred to QMS in order to separate Planned and Emergency surgery thereby negating cross infection and yet we are now told that only non-complex cases will be dealt with at QMS – can the Committee tell the public how this complies with APoH ?**

*Reply*

*Thank you for your question as you know the Committee is interested in the issues that you have raised and has asked the Trust to report on any service implications in relation to post operative care at the next meeting on 25<sup>th</sup> January 2011. The Health Care Working Group raised these issues with the Trust at its last meeting on 28<sup>th</sup> October 2010 and Ms Jennie Hall agreed to provide a report to this Committee in January 2011 when she next attends.*

Supplementary Question:

In a question I asked at the 27<sup>th</sup> July PDS meeting you stated that Ms Jennie Hall, Director of Nursing, attends every Committee meeting and has made herself available to respond to any issues that may arise that do not form part of the published agenda. I was informed on 29<sup>th</sup> October that Ms Hall would not be attending again until January 2011. Can the committee tell me why the answer you gave me has now changed – I also understand that the Chief Executive of the Trust is obliged to attend at least twice a year – can you tell me how many times he has attended during the last year please?

*The Chairman confirmed that the Chief Executive had not attended a Committee meeting this year but that he had delegated this duty to Ms Jennie Hall. The Chairman agreed that it was important to hear from the Chief*

*Executive, especially as a number of health issues had emerged. The Chairman explained that as there was not a health based issue on the Committees agenda for this meeting Ms Hall had not attended.*

**Will this Committee ensure that the Trust guarantees that beds in the Stroke Unit are 'ring-fenced' solely for Stroke patients and that if there is a capacity crisis and there are available beds on the Stroke Unit they will not be used for emergency or planned admissions, barring, understandably, a major incident?**

*Reply*

*Thank you for your question as you know the Committee is interested in the issues that you have raised and has asked the Trust to report on any service implications in relation to stroke care at the next meeting on 25<sup>th</sup> January 2011.*

*As previously stated as the Committee has no powers to instruct the Trust as to the way in which they chose to deliver services all your questions have been passed to the Trust for them to respond directly to you.*

Supplementary Question:

Your email of 29<sup>th</sup> October states that the remit of this Committee is to hear from the Trust about service implications arising from APoH in relation to post-operative and stroke care. My understanding of the Health and Social Care Act 2001 is that this Committee has much wider powers. Could you please explain to me what these powers are?

*The Chairman responded that the Committee's main health scrutiny powers were*

- To review and scrutinise the planning, provision and operation of health services in the area*
- To require officers of local NHS bodies to attend meetings and answer questions*
- To make reports and recommendations to local NHS bodies and expect a response within 28 days*
- To set up joint health scrutiny committees with other local authorities and delegate powers to another local authority*

Government guidance stated that:

*"It is not the role of committees to performance manage the NHS. Other organisations exist to perform this role."*

*If there was another body set up to deal with formal complaints the committee should not look to duplicate that role and again should not get involved in the day to day activities.*

*The chairman clarified that APOH was an area that the Committee reviewed but the Health Scrutiny Powers were not limited to this as Health Scrutiny had been in existence for longer than the APOH proposals.*

#### **Questions from Mr Tom Williams**

**SLHT is outsourcing to four private providers - we now know that the Rapid Surgical contract was not subject to competitive tendering- were the other three provider contracts subject to competitive tendering?**

*Reply*

*SLHT have not been scheduled to attend this as Ms Hall provided an update to the Committee at its last meeting on 21<sup>st</sup> September and is due to attend the next meeting on 25<sup>th</sup> January 2011.*

*The question has been passed directly to the Trust for them to respond directly to you. SLHT have agreed to outline to the Committee the response that is sent to you at the next meeting on 25<sup>th</sup> January 2011.*