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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

5 SEPTEMBER 2024

(7.15 pm - 8.55 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Brenda Fraser, Councillor Michael Paterson, Councillor Franca Ofeimu, Councillor Shuile Syeda, Councillor Tony Reiss and Councillor Thomas Barlow

Russell Styles (Interim Director, Public Health), Phil Howell (Assistant Director for Strategy and Improvement), Councillor Billy Hayes, Councillor Peter McCabe (Cabinet Member for Health and Social Care)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Cllr Simon McGrath, with Cllr Tony Reiss as substitute.
Apologies were received from Cllr Andrew Howard, with Cllr Thomas Barlow as substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Figures in item 6 were incorrect. Correct data will be inputted.

Panel Members confirmed that these were a true and accurate record of the previous meeting.

4 EPSOM & ST HELIER PLANNED CUTS + UPDATE ON DISREPAIR (Agenda Item 4)

James Blythe introduced the report by explaining that there has been an improvement in performance in the emergency department which is defined as patients seen or admitted within 4 hours. However, this remains a challenge as the hospital is busy. As a result, St Helier continues to work closely with agencies such as housing and families to get people out of the hospital when appropriate. It was noted that this challenge is not unique to St Helier. St Helier is also working with Surrey health providers to overcome the issue of patients presenting with mental health conditions.

St Helier is planning to have mostly eliminated waits of over 65 weeks for treatment by the end of September 2024. The majority of long waits are for gynaecology, where the Trust saw a 30% increase in referrals following Covid. Positively, all cancer performance standards were achieved in May 2024 and 86.4% of patients received a diagnosis within 28 days.

James Blythe explained that St Helier and the NHS are in a difficult financial position. St Helier is expecting to report a deficit of £51.7m at the year end, however even this will require 6% gross operational cost savings. This is aimed to be achieved through efficiency rather than just cuts. St Helier are not planning to withdraw services or worsen access to care. For example, recruitment has improved which has saved money as there are less short-term staff members. There are also more mental health bank nurses used rather than agency staff. St Helier are also using private patient sites which can generate income and prevent cuts and savings elsewhere. James Blythe reiterated that not all savings have been found yet and that 6% is a challenging target.

Although the capital budget available is quite small, the intensive therapy unit is being refurbished and will be opening soon. In addition, new steel ceilings are being put in for new ventilation units. There has also been investment into new x ray equipment and refurbishing the lifts. Councillors are invited to visit the site. It was noted that there must be a balance between adding new services and refurbishing existing services.

The government announced on 29/07/2024 that there would be a full review of a hospital building programme. James Blythe stated that St Helier did not know any more about this review than what has been put into the public domain. However, St Helier is targeting 85% of services to stay at St Helier if there is a new hospital built. It was noted that there will be challenges regardless of the outcome of the review and if there is a new hospital built.

Steph Sweeney explained that the Care Quality Commission (CQC) inspected the maternity service in August 2023 and published a report in February 2024. St Helier's overall rating was changed from 'good' to 'requires improvement' while the rating for how safe the maternity services are was changed from 'Good' to 'Inadequate'. The report also published 8 'must do's' as well as lots of 'should do's'.

There are now regular meetings chaired by executives in which a robust action plan is discussed. To address safety and standards there is now a dedicated triage phone line to ensure residents get the correct information. In addition, new doors and blinds were fitted to improve privacy and dignity. Every team was also asked for feedback following the CQC report. Positively, the maternity care at Epsom and St Helier was scored number one in London and within the top ten nationally in the annual CQC patient experience survey.

In response to questions, James Blythe and Steph Sweeney confirmed that:

-The 6% savings refers to running costs.

-Rather than the service getting worse between CQC reviews, St Helier had stood still while expectations had moved forwards. Provisions in place in 2019 judged to good were judged to require improvement in 2023.

- There are a huge number of reasons why discharging patients can be challenging. It could be due to transport or medication etc. However, the biggest challenge is elderly patients with dementia.
- The robust action plan put in place ensures mandatory training and care records are kept consistently up to date.
- The CQC could come back at any time. It will be unannounced. Before than St Helier will ensure training and policies are in place.
- There is bespoke leadership training for ward managers.
- The CQC audit is anonymous, although PALS encouraged residents to provide feedback. It is therefore unknown if feedback from black and ethnic minorities has improved. At a future meeting St Helier could try to provide more data about who have been asked to provide feedback.
- St Helier will provide clarification on why the % of neonatal medical staff to have completed additional training (not part of the CQC's recommendations) has gone down at a future meeting.
- Discussions are being held about current unmet need in regards to where the first community unit should be in southwest London.

Cllr Peter McCabe stated that Merton opposes removing services from St Helier but praised all the staff for their compassion and support.

5 EXECUTIVE DIRECTOR INTRODUCTIONS (Agenda Item 5)

Phil Howell reported that there has been progress on a piece of work to repatriate the social work function of the ending section 75 mental health act back within the local authority. This was agreed in January and is on track to be achieved in October. In addition, the local authority is working towards taking back the brockage function for mental health support.

The mental health trust uses a different system so staff have had 'mosaic' training to record case notes etc. This is important for CQC client level data. The 4-week HR consultation process started in August for mental health staff so it is due to conclude this week. There will be an interim management structure put in place for mental health staff to ensure the caseload in manageable.

Preparations for CQC are ongoing. A local authority peer review was conducted in June and the final report will come to scrutiny in November. This will be helpful for understanding the differential in what is classed as good and needs improvement.

Claire Migale has been appointed as the director of adult social care operations. This was an internal appointment. Ben Gladstone is starting on an interim basis on 09/09/2024 in Phil Howell's role who is leaving the service on 12/09/2024. Interviews for the permanent position start later in September and it is hoped the successful applicant will start in January.

The panel thanked Phil Howell for his large contribution and wished him well for the future.

6 REPORT OF THE HEALTH AND WELLBEING BOARD (Agenda Item 6)

Russell Styles stated that the paper reports on the work delivered by the health and wellbeing board in 2023/2024 which is chaired by cabinet member Cllr Peter McCabe. It includes several areas including the annual public health review, integrated care partnerships, a young inspector review, the tobacco stop smoking review and a sexual health update. It also covers beat the street, right care right person, the borough of sport, active Merton and substance misuse. The report also looks forward, including production of a new annual health report tackling drugs together and production of the health and wellbeing board strategy covering 2025/2030.

Health inequalities need to be tackled as it is viewed as a social good and social justice. Health inequalities are avoidable and systematic. The council also have legal duties to take appropriate steps to improve health inequalities. In addition, health inequalities create economic burden so reducing inequalities carries an economic incentive. A 2010 review estimated health inequalities cost 31 billion pounds lost and up to 20% more in disadvantaged neighbourhoods.

The approach to the new strategy is due to be discussed at the board meeting in October and the consultation including wider partners will run until March 2025. This will consider new approaches for the Merton together plan and include wider partners from the community and voluntary sector. The final strategy will be presented back to the health and wellbeing board in March 2025.

In response to questions,

-Merton do have air quality initiatives which may have been downplayed in the report.

-Diet/obesity is always considered a priority and it can be put on the agenda moving forwards.

7 WORK PROGRAMME (Agenda Item 7)

The next panel is currently scheduled for 31/10/2024. It may be moved to an alternative date if the change is approved by the chief executive and group leaders.

An update on defibrillators in Merton is to be added to the work programme. The London Ambulance service will also be invited.

Panel members requested broader updates on cardiovascular health and mental health rather than reports on specific topics within those areas.

