

## **Strategic Theme Questions**

### **Public Health**

#### **S1) Councillor Peter McCabe to the Cabinet Member for Health and Adult Social Care**

Can the Cabinet Member confirm the process for the appointment of specialist and diagnostic services at the new Nelson Centre?

#### **Reply**

I have contacted the local NHS and been sent the following response to your question:

“The competitive tendering for the provision of specialist consultation and diagnostic services at the Nelson Local Care Centre have been undertaken in accordance with EU procurement law. The CCG commissioned procurement expertise through the South London Commissioning Support Unit (CSU) to provide guidance and assurance of the procurement process. In addition, the MCCG Governing Body Independent Nurse representative attended all stages of the procurement process to provide assurance to the Governing Body that due process has been followed.

It was considered that due to the nature of the service, the estimated contract value and in keeping with the EU principles, that the tender opportunity should be widely advertised. These adverts were placed on the Supply2Health website and on the Official Journal for the European Union website on the 14th March 2014.

The procurement process used was a restricted procedure which is a two stage process allowing the CCG to issue a Pre-Qualification Questionnaire in order to draw up a short list of suitably qualified parties. Four PQQs were submitted and all four met the required criteria and were shortlisted to move forward to the next stage of the procurement process.

The Invitation to Tender (ITT) was published electronically on the Bravo Portal to all bidders on 28th May 2014. Prior to this the CCG had held a bidders day on the 21st May setting out their visions and expectations of the services to be delivered at the Nelson. The procurement advisers also emphasised the process and the timelines for the submission of the returned tenders.

The ITT pack included:

- Details for the return of the submissions along with details of the evaluation criteria and how these had been weighted and would be scored.
- The clinical service specifications detailing the services that the successful bidder would be required to deliver;
- The questions/information that the bidder was required to answer/provide in their submission; and
- Further information about the Nelson e.g. building layout, ICT systems, equipment, estate cost etc. that would assist the bidders in producing their submissions.

At all stages of the process information was supplied to all bidders at the same time via the Bravo Portal.

All four shortlisted parties submitted their tender return on 7th July 2014. A full compliance check was undertaken by the procurement team prior to the issue of the submissions to the evaluation team.

On 16th July all bidders were invited to present their submissions to the evaluation team. Each bidder provided a short presentation followed by a question and answer.

As part of the evaluation process site visits were organised (17th and 18th July) with each bidder to allow them to showcase their services. These visits were overseen by the procurement advisers to ensure probity and equal treatment of all bidders.

Moderation and adjudication meetings were held on the 9th July 2014 and 6th & 14th August 2014. These meetings allowed the subject matter experts (evaluation panel) to discuss the submissions, highlight areas of concerns and generate clarifications for the bidders that the panel needed in order to arrive at a consensus score for the bidders.

The evaluation has now concluded and the final recommendation report is being drafted for consideration and decision by the MCCG Governing Body on 25th September 2014. Following the decision to award the contract a statutory 2 week standstill period will be in place to allow for any challenges to be made against the decision. Once this period has expired and any challenges, if received and have not been upheld, then the announcement of the preferred bidder will be made public.”

**Supplementary:**

Is the cabinet member as concerned as I am that between April and December of last year, the BBC reported, that 70% of NHS contracts were being put out to the private sector. Does she agree that the priority should be meeting patient need, not generating profits for shareholders?

**Reply:**

Thank you for your supplementary question. I can understand a profit element is required and your concern. I'll pass this on to the officer concerned.

**S2) Councillor Gilli Lewis-Lavender to the Leader of the Council:**

Will the Leader please let me have sight of the document, on which he based a large part of his election campaign, that states that the Government intends to close St Helier Hospital?

## **Reply**

Cllr Lewis-Lavender is very well aware of the attempts to close St Helier hospital's A&E, maternity and related services under the Better Services Better Value programme. I believe all of the relevant documentation and detailed plans are still online on the South West London NHS website. Since those proposals were stopped following a successful campaign by local residents, the new five year plan being proposed for health services in South West London – available on the Merton CCG website, which I am sure the Councillor is fully aware – outlines plans to “change the way we deliver services” and suggests A&E units are downgraded by “the introduction of two levels of emergency departments (Major Emergency Centre and Emergency Centre)”. Perhaps Cllr Lewis-Lavender does not realise what this means but local residents fully understand that this is yet again another attempt to downgrade our local hospital.

I recently wrote to the Secretary of State for Health, Jeremy Hunt, asking him to remove the chair of Merton CCG from his post in the light of these continued efforts to downgrade St Helier hospital. Regrettably, the Secretary of State has refused to do this, in yet another example of how little this government cares about our local hospital.

## **Supplementary:**

Would the Leader agree that the information that has been tabled in the reply was not accurately relayed to residents in the recent local elections? Many residents were lead to believe that the hospital was going to be closed completely.

## **Response:**

I have here the Hansard Parliamentary Debates which I will leave for her. I will refer her to column 148 to column 156, 10<sup>th</sup> March 2014. This sets out the concerns of the Member of Parliament for Mitcham and Morden Siobhain McDonagh, in a debate with the Jane Ellison MP the relevant minister and Paul Burstow and a number of others. All the arguments that we used, were the arguments used by Siobhain McDonagh used as recorded within and have come from Hansard.

## **S3) Councillor Joan Henry to the Cabinet Member for Environmental Cleanliness and Parking**

The cleanliness of our local environment is important to residents' sense of wellbeing which is a key determinant of good health. Can the Cabinet Member update us on the success or otherwise of the litter enforcement pilot in our town centres?

## **Reply**

The litter enforcement pilot has been operating since April 2014. This pilot has increased our enforcement capacity by 100% and has enabled the targeting of littering in our town centres. A six week exercise took place at the end of April 2014 until the first week in June where offenders were warned about litter dropping, each offender at the time was issued a zero rated ticket and warned about the offence. As from the 2nd June 2014 all fixed penalty notices issued are for £75 fines. Between 2 June 2014 and 1

September 2014 we issued 1759 FPNs for littering. The presence and action of these officers has ensured that people know that Merton takes littering seriously and have a zero tolerance approach to those that drop litter. We have also noted the increase in use of the Councils chewing gum/butt bins. The initial pilot was scheduled to run for six months with an option to extend, an evaluation of the first six months is now being completed.

**Supplementary:**

Can the cabinet member update us on whether there are any further plans to roll out this approach in other areas?

**Reply:**

It has been successful, in the 6 months in which the pilot scheme has been operating is up in October, so then we will look at that and see how successful it has been and what more we can do. Your question whether there are any plans to roll this out in other areas, I'm not sure whether you mean geographically or enforcement, I'd like to think both. Certainly we've been in parks and I'd like to move that on to other areas, town centres and green spaces, but certainly I'd like to move to other areas of enforcement as well. There was a question earlier regarding dog control laws, maybe that's something to look at as well, but it will depend on feasibility.

**S4) Councillor Najeeb Latif to the Cabinet Member for Adult Social Care and Health:**

How do the most recently published figures for life expectancy in the east of the borough compare with previous figures for life expectancy, both across Merton as a whole and specifically in the east of the borough? Please provide figures broken down both by ward and by specific town centre areas.

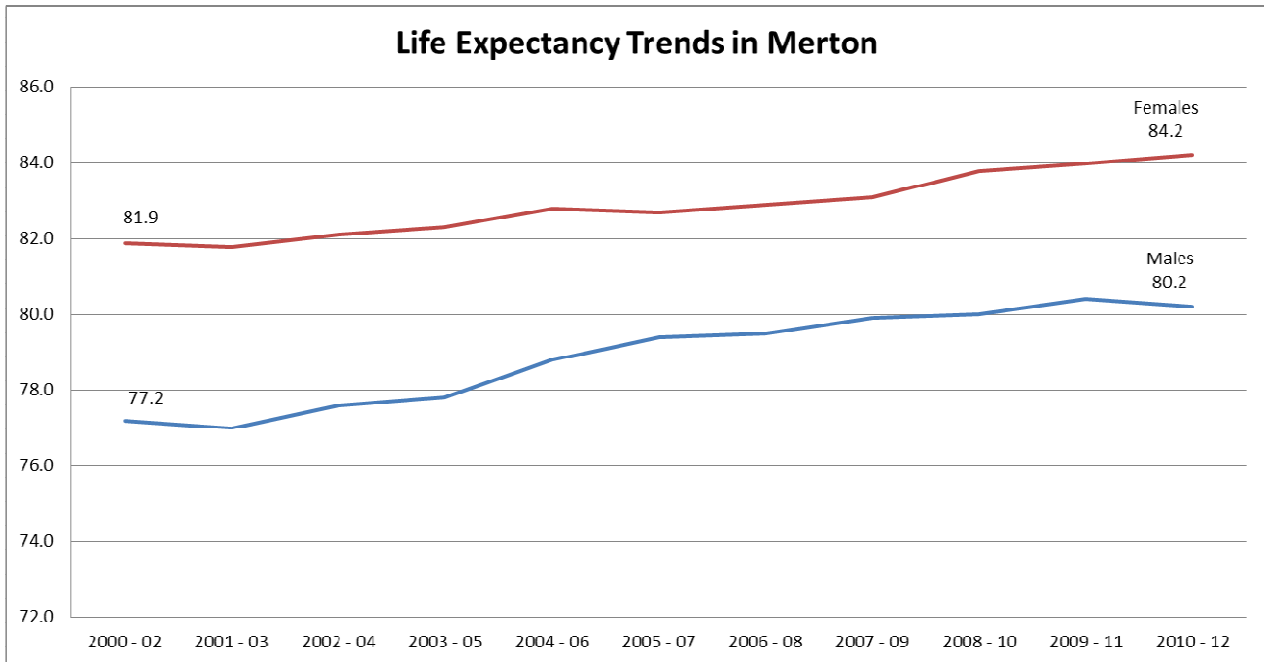
**Reply**

Please find attached a graph setting out the trend in life expectancy from 2000-2002 to 2010-2012. Across the borough life expectancy has gone up. For males life expectancy has increased from 77.2 years to 80.2 (an increase of 3 years) and for females from 81.9 to 84.2 (an increase of 2.3 years).

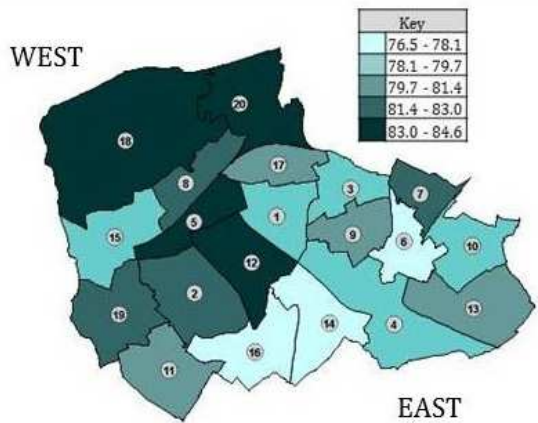
In the east of the borough specifically, I am pleased to report that life expectancy has also increased over this time period. I have included maps to show life expectancy in each of the twenty wards in Merton, clearly showing that life expectancy has increased in almost all of the eastern wards. Nonetheless, there is still a life expectancy gap between the east and west of the borough, although there has been some reduction in the gap for women in particular. The gap for men between the more deprived and less deprived areas is 8.5 years (an increase of around half of a year from 2009-2011) and for women the gap is 4.9 years (a decrease of a little over 1 year from 2009-2011).

However, changes in life expectancy need to be measured over significant periods of time so any changes need to be fully embedded and sustained before success can be measured.

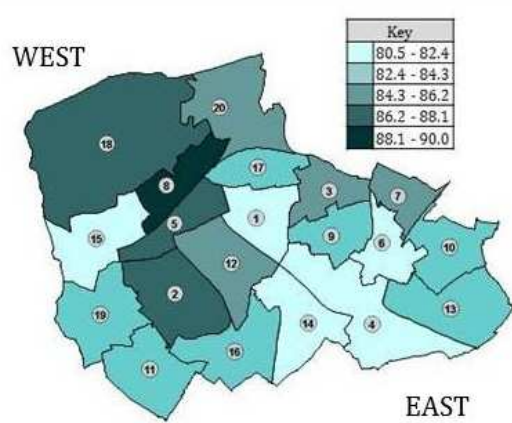
## Life Expectancy in Merton



**Life Expectancy at Birth by Ward: Males**  
Source: Local Health



**Life Expectancy at Birth by Ward: Females**  
Source: Local Health



LEGEND					
1	Abbey	6	Figge's Marsh	11	Lower Morden
2	Cannon Hill	7	Graveney	12	Merton Park
3	Colliers Wood	8	Hillside	13	Pollards Hill
4	Cricket Green	9	Lavender Fields	14	Ravensbury
5	Dundonald	10	Longthornton	15	Raynes Park
16	St. Helier	17	Trinity	18	Village
19	West Barnes	20	Wimbledon Park		

Supplementary

Given the council's new public health responsibilities, what practical measures will the cabinet member intend to make to tackle significantly lower life expectancy in the east of the borough?

**Reply**

I can say that the Council is working with the CCG to build a health centre in the East part of the borough and that should help and be able to tackle that.

**S5) Councillor Sally Kenny to the Cabinet Member for Health and Adult Social Care**

Can the Cabinet Member confirm whether Merton has the right amount of GPs for the number of residents we have, particularly bearing in mind our ageing population?

**Reply**

The local NHS has confirmed that the national average list population per whole time GP is circa 1,600 - 1,800 but does vary due to the nature of the population served by the practice.

Unfortunately NHS England are unable to provide figures for Merton so I am unable to confirm with them whether Merton has the right amount for GPs for the number of residents we have.

However, NHS England state that the number of GPs is only one factor in looking at the provision and quality of primary medical services - in some areas Merton practices exceed national averages but in other areas such as patient satisfaction there is work to be undertaken to improve the performance. They have provided some data which I attached in relation to local targets. (Appendix A)

**Supplementary:**

Does the cabinet member agree with me that it is incredible that NHS England cannot tell us whether or not we have the right number of GPs in the borough. Might this explain why local residents are telling me that they often find it difficult to get appointment when they need one.

**Response:**

I agree and share the concern, as I do too would want to know and I think it important information to know and it should be on our agenda to look at, to see as to whether there is enough GPs in the area. In Colliers Wood, we know our residents are having problems getting appointments to see their GPs. It is an issue that needs to be looked at and as I said I share that concern

**S6) Councillor Charlie Chirico to the Cabinet Member for Children's Services:**

It is reported that there are around 20,000 cases of Female Genital Mutilation (FGM) every year in the UK with communities from those countries where FGM is particularly prevalent most at risk. Given the difficulties in getting victims to speak out about FGM, can the Cabinet Member tell me what type of active programmes the council currently operates in Merton's schools and how these are improving monitoring of this important issue locally?

It is reported that there are around 20,000 cases of Female Genital Mutilation (FGM) every year in the UK with communities from those countries where FGM is particularly prevalent most at risk. Given the difficulties in getting victims to speak out about FGM, can the Cabinet Member tell me what type of active programmes the council currently operates in Merton's schools and how these are improving monitoring of this important issue locally?

### **Reply**

While we have no evidence that the prevalence of Female Genital Mutilation is high in Merton it is clear from evidence that this practice is an area for concern for some children within the community and it has been reviewed by Merton Safeguarding Children Board (MSCB).

The MSCB has identified this as a main topic for awareness raising and equipping professionals working with young people, including schools, with knowledge and skills to intervene appropriately. The Board follows national guidance through awareness raising via posters & leaflets and the provision of resource packs for professionals including school based staff. This is supported by twice yearly multi-agency training sessions. The training ensures the legislative framework alongside national and local guidance is understood by professionals in the local children's workforce.

### **Supplementary:**

I think it's fair to say that it is not just an issue in our borough but one that's across London as well. So what as a Council are we doing to kick start FGM referrals from front line professionals like school nurses, teachers or the equivalent and the victims themselves, to tackle the issue and the surrounding hurdles ?

### **Response:**

Thank you for raising this subject which is a barbaric practice and is absolutely shocking and needs addressing, which we are in sensible and sensitive terms. We have been actually working for some time to identify those who may be at risk. You are absolutely right that we need to have schools, health visitors and everybody that girls come into contact with to make them aware and that everyone is receiving training on the frontline etc. Only last week the Head of Education was in touch with every school in the borough to alert them to girls who might be returning from countries where this practice is a custom. In every case and every area of safeguarding our children we have to be ever vigilant, we can never be complacent, that we have everything in place to address it. We are absolutely determined that we will keep an eye on this. As we are all school governors, we need to bring this up at school governors' meetings, make sure that it is on the agenda for discussion in schools and if there are any areas of concern, please let us know about it.





## S7) Councillor Peter McCabe to the Cabinet Member for Health and Adult Social Care

Can the Cabinet Member provide up to date data on each of the GP practices in Merton as to whether they are achieving their targets in terms of waiting times for appointments?

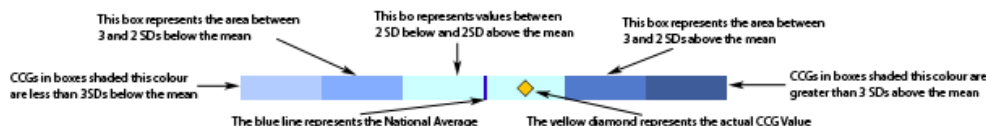
### Reply

According to the local NHS there are currently no targets for waiting times, with contracts requiring practices to meet the reasonable needs of their population. They have however furnished me with the latest GP patient survey results for Merton practices which I have attached) and you will see the variation between practices in patients satisfaction over a range of indicators. The Area Team and the CCG will need to address this variation.

### DISPLAYING DATA FOR 08R - NHS Merton CCG

For help with the chart values, hover the mouse over the value

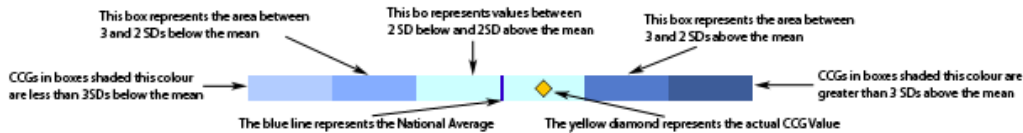
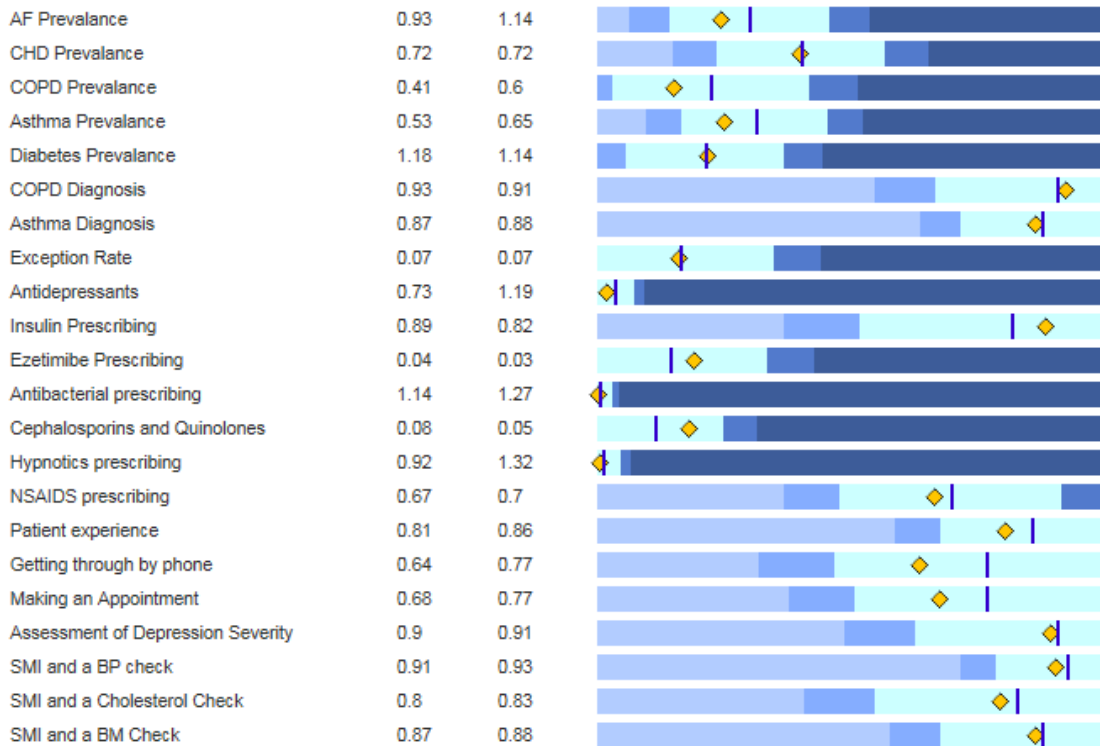
Indicator Name	Group	England	Chart
Cancer Admissions	0.16	0.13	
Two Week Wait	0.49	0.49	
Emergency Admissions	70.48	89.78	
A+E Attendances	302.2	315.86	
CHD Admissions	0.08	0.08	
Asthma Admissions	0.02	0.02	
Diabetes Admissions	0.02	0.02	
COPD Admissions	0.12	0.12	
Dementia Admissions	0.11	0.06	
ACS Admissions	0.01	0.01	
Diabetes BP monitoring	0.73	0.73	
AF on anticoagulation	0.79	0.83	
Cervical Smears	0.8	0.82	
Diabetes Cholesterol monitoring	0.8	0.81	
Diabetes HbA1C monitoring	0.72	0.75	
CHD cholesterol monitoring	0.78	0.8	
Health checks for mental illness	0.88	0.88	
Flu Vaccination (Over 65s)	0.66	0.73	
Flu Vaccination (at risk)	0.47	0.53	
Diabetes Retinal Screening	0.9	0.91	
AF Prevalance	0.93	1.14	



Merton CCG: Latest information on primary care performance

## DISPLAYING DATA FOR 08R - NHS Merton CCG

For help with the chart values, hover the mouse over the value



### Supplementary:

This is the biggest problem that my constituents are reporting that they cannot get an appointment with their GP. Does the cabinet member agree that this chart is more confusing than enlightening and was she as disturbed as me to hear that the Health Scrutiny Panel, following the Tories reorganisation of the NHS, this information is not monitored at local level. Isn't this a disgrace?

### Response:

What I will do is to ask the officers to look into this to see whether we can simplify the information and look at it in more detail.

### S8) Councillor David Simpson to the Cabinet Member for Environmental Sustainability and Regeneration:

Has the Cabinet Member heard of the 'Cycle Safety Shield'? Will he be recommending that this or similar equipment is added to the council's fleet of vehicles in order to safeguard health and protect the public from unnecessary accidents?

### **Reply**

The cycle safety shield is a commercially available product designed to warn drivers of the presence of cyclists, motorcyclists and pedestrians. The system was looked at, as part of our cycle awareness project, this year. No decision has yet been made on its implementation. The cost of the system is circa £3000 per vehicle.

The principle cycle awareness / safety system is FORS. This system, which is endorsed by Transport for London, requires a number of initiatives to be undertaken in order to attain accreditation. This is the standard that The LB Merton is currently working toward. This system is more comprehensive than the cycle shield product in that it covers a number of areas. These include additional signage on the vehicles, increased driver training / awareness regarding cyclists and other vulnerable road users, a comprehensive audit of the operating and professional standards of the vehicle operator, requirements regarding the professional qualifications of the staff employed within the operations area, increased driver training with regard to vehicle loading, operation, safety checks and vehicle condition. (Full list of requirements is available)

It is anticipated that LBM will attain FORS accreditation by December 2014.

It may be that the Cycle Safety Shield system could be incorporated as part of the FORS accreditation process which is why the system was demonstrated to us. We are not considering implementing it as we seek bronze accreditation but will give further consideration when we seek silver.

Currently our large vehicles are fitted with reversing aided cameras, reverse beepers, all round visibility mirrors (6 mirrors per LGV vehicle) and we have low cabs with bigger windows allowing the driver better visibility of the road.

### **Supplementary:**

Given the failure of the borough to get funding from the mini Holland scheme, would he acknowledge that it is even more important that we achieve the minimum bronze accreditation and confirm that officers would be given every encouragement and resource so to do that by the end of this year? How about giving cyclists a real bonus and going for gold in 2015 to help further reduce injuries and deaths on the roads in London?

### **Response:**

It is very important that we achieve bronze by December 2014. My belief is that it is officers have ever resources and encouragement to do so. It very important that we achieve safety, circumstances and an environment of safety for cyclists and that must include heavy Lorries and the way they inter react with cyclists.

In respect of the mini Holland scheme which is a separate matter; We were one of the short listed boroughs, and as such we're still within the programme. I have had a recent

meeting with Andrew Gilligan, who has been through those elements of our bid that he wants to take forward. They will include a scheme in Wimbledon town centre, one in Raynes Park and cycle routes from Wandsworth through to Merton. We are looking at different funding pots for those schemes, but they add up to quite a significant programme. So we have put in an initial bid for Wimbledon town centre, which we will want to refine and if that proves successful we will want great consultation with ward members and residents. Where possible we will be looking at choices, on how can we deliver those objectives. Overall I believe that within 18 months to 2 years we should have significantly improved cycle facilities in the borough, through the hard and detailed work of Merton Council and such funding the TFL can provide

### **S9) Councillor Marsie Skeete to the Cabinet Member for Children's Services**

What action is being taken to improve the take up of childhood immunisation in Merton?

#### **Reply**

Childhood immunisations are the responsibility of NHS England and Public Health England. The local Director of Public Health (DPH) must assure that a robust system is in place to deliver childhood immunisations.

A catch-up campaign for MMR was run across London by PHE in the summer of 2013. This resulted in some increased immunisation coverage for the at risk unimmunised children within that cohort.

During 2013-14, LBM Healthier Communities and Older People Overview and Scrutiny invited PHE, at the request of the DPH, to provide a report on childhood immunisations for Merton. The report highlighted progress on ensuring the quality of GP practice level data, a reason frequently given for poor performance. Immunisation rates did improve as a result of this exercise.

Merton CCG recently appointed a Clinical Director Children and Maternity, who includes childhood immunisations in her portfolio. She is reviewing a plan developed in 2013 by Public Health and the Merton CCG to address low levels of immunisations in Merton. Development of a service specification for the provider for data returns to PHE has improved data returns from practices and all practices now upload immunisation data electronically. Practices were visited in April 2014 to check that they have robust internal systems and processes and manage defaulters systematically and remove children who had moved out of the area and registered at another GP practice.

PH staff attend each of the three monthly GP practice locality meetings to share performance data on childhood immunisations, among other things and to stimulate discussion among GPs to share experience of those practices that achieve higher levels of immunisations.

A seasonal flu training session focused on targeting both adults and children to improve flu vaccine coverage in at risk children and those aged 2-4 years as well as routine childhood immunisations.

**Supplementary:**

As a member of the scrutiny immunisation task group, I am particularly interested in the work to date, and thus would she update us on how she is engaging with hard to reach communities together on uptake of child immunisation?

**Response:**

It is difficult to engage with all the different communities with different ethnic backgrounds, as they have different ways of engaging. I hope that she will be satisfied with the answer that in general terms we are addressing in a way that we haven't be able to in the past as we as the Council have only taking over responsibilities for public health just over a year ago. What I would like to say is something that you and many of my colleagues would not have known, I run a ladies liaison group up at the Mosque up the road. One of the issues that I have been addressing for some time is the uptake of general health for particularly ladies with young children, who were not aware of how to pick up such health support. Because of the work involved by Children's Centres, and with the Mosque, I am having some leaflets printed about immunisation in Urdu, and these are being distributed to residents who's English is not their first language.

This page is intentionally left blank