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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
12 MARCH 2024

(7.20 pm - 9.30 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Andrew Howard and Councillor Simon McGrath

Barry Causer (Public Health Commissioning Manager), Phil Howell (Assistant Director for Strategy and Improvement), Russell Styles (Interim Director, Public Health) and Graham Terry (Assistant Director Adult Social Care)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from

Councillor Eleanor Cox
Councillor Stuart Neaverson
Councillor Slawek Sczcepanski

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Agreed

4 ST HELIER HOSPITAL - UPDATE ON DISREPAIR (Agenda Item 4)

MD St Helier NHS Trust introduced the report. Noting in particular the challenges faced on the St Helier hospital site, much of the fabric of the building is difficult to maintain, we continue to maintain and improve where possible. The pack includes data on investment put into St Helier hospital, which includes a new scanner and refurbishing wards and the ICU. 6 facet survey is underway, which will assess the estate and management of the backlog, and is not expected to deliver any unexpected information or recommendations for works, and plans are in train to address these in the next capital spend plan.

In response to questions it was confirmed that:

- The new hospital is expected to complete in 2030, the plan is to use a standardised template for the build, which will speed up the process and allow some work to be completed off site.

- There are two channels of work, both to maintain the current site and facilities and build the new hospital, a lot of care will continue at St Helier even after the new hospital is completed
- 80% of care will continue at St Helier, so continued investment is essential.

The Cabinet Member brought the committee's attention to a National Audit Office report which cast doubt on the whole programme, and this has never been mentioned in conversations or reporting form the NHS Trust.

In response the MD informed the committee that the role was to focus the organisation was to deliver on the plans as presented, and was not able to comment on the National Audit Office report.

Chair of St Georges and Ste Helier Trust informed the committee that the Board is concerned by the report, and has discussed the issues raised, the aim of the Board is to work within the current plans and ensure that the necessary funds reach the Trust.

There are four categories of backlog risks, the report shows a decreasing volume in estates returns over the last three years, that is the cost in the surveys of bringing it back to 'Condition B', For St Helier, decreasing costs, and a more moderate decrease at Epsom. The data is included to demonstrate that the backlog is cleared in order of priority of risk, not location, and shows that St Helier has received relevant attention.

Work at Epsom has not been at the expense of St Helier patients, it's an integrated service that benefits all patients within the trust.

There have been issues at Epsom, floods, breakdown of electrical machinery, and while these may not be the highest risks, they do need attention. The charts show the general direction of travel, but don't give a complete picture.

The chair drew the Trust's attention to the feeling of residents in the area, whether the feelings of residents reflected the investment or work of the trust was not relevant, the Trust needed to understand the feeling or residents and address those, waiting 6 years for a new hospital did not negate the need to address the concerns of residents and staff.

In response the committee were informed that the funding for capital repairs was a national problem, the overall money given to trusts was not sufficient to do everything that they would like to do. Capital funds are often diverted to prop up every day costs, and the Board would have to prioritise the most important things.

RESOLVED: that the Committee noted the contents of the report.

5 ST HELIER MATERNITY SERVICES (Agenda Item 5)

The Group Chief Nursing Officer introduced the report. Noting that the final report issued highlighted concerns and the impact of the reduced rating applied, and were monitoring impact on the use of St Helier for maternity care, so far there had been no noticeable impact. A lot of work had been undertaken since the inspection to address issues raised in the report, and recent maternity survey rated Epsom and St Helier as no1 in London, which showed the impact of the work undertaken following the inspection.

In response to questions, the Committee were informed that:

- The CQC rating represents an overall view and is based on the risk that something could go wrong, we do have excellent outcomes for mothers and babies, we don't have an excess of stillbirths or identified with care.
- It is not a case of staff not looking to improve the service, that is under constant review, for instance we were triaging, the phone was answered within 3 rings, over 70% of the time, but the CQC wanted a dedicated line, and we have now provided that.
- There were compromises that had to be made, for instance there had been criticism that a curtain with a gap of 3-4 inches between the curtain and the floor was undignified, but if it did reach the floor, it would cause a flood.
- CQC sets a standard for perfection, it won't always be achievable, but feedback shows that mothers are satisfied with the care received.
- There had been an issue around confirmation bias, by varying who checks equipment such an issue should be eliminated.
- On other issues, the equipment had been purchased, but training not completed, the issues were being addressed, but not completed by the time the CQC visited.
- Have strengthened the management oversight, to ensure that highlighted functions are completed satisfactorily.

Cabinet Member highlighted that the CQC reported cited a survey that said 50% of patients were dissatisfied with the service received. This is not what would be expected of a No1 rated maternity service. St George's were in a similar position less than a year ago, and it is concerning that the lessons from that experience across the group. And it is not excusable that on the one day you know the inspectorate coming, things have been missed.

A lot of preparation went into the work before the inspection, and note had been taken from the St George's experience. This work will continue, and that is why the management of the unit and the number of midwifes has received significant investment.

The feedback from CQC on patient feedback was a surprise to the trust, it did not match the feedback they had received directly, and the subsequent survey has provided a different outcome. Work to address the issues highlighted by CQC continued.

RESOLVED – the committee noted the report.

6 HEALTH SERVICES FOR WOMEN (Agenda Item 6)

Deputy Director Merton Health Together introduced the report which highlights the key national strategies and gives attention to specific issues in Merton.

Head of Strategic Commissioning drew attention to information in the report which showed how women are more adversely affected by issues, such as dementia, and proportionately more likely to be caring for those with dementia.

HSC also brough attention to work in VAWG, Safe Merton contributes significantly to work in this area and has been able to secure funding for IRIS training. HSC also noted that Merton has White Ribbon accreditation. There are 26 Ambassadors and Champions across Merton.

Merton has signed up to the Menopause Workplace pledge. Menopause can now be given as a reason for absence, and training is taking place for Merton staff, 150 staff, including 33 managers have already taken the training.

In response to questions the Committee were informed that:

- Screening data can be brought to a future meeting to show distribution across the borough
- Can return with figures on waiting 532 weeks for gynaecological care
- Also on local work in equality to bring data. To a future meeting.
- 5 mandated health checks, we have comparative data that can be brought o committee.
- Screening programmes are commissioned by NHS England, and we can feedback to them that residents don’t feel they are aware
- Every mother is entitled to a health visitor, some may have a universal plus offer. Data can be brought to a future meeting. What groups/ages do get a health visitor, and what timings between visits/use of doctors instead.
- Mobile screening van
- 60% suffer from poor pelvic floor health, to be taken forward

VC Request a women’s health strategy for Merton. 3 for, 3 against, chair’s casting vote, motion falls.

In response, it’s worth giving support to comments made, there is from SW London ICB and commitment around women’s health, and a national strategy outlining 6 actions points, issue of whether to have a Merton specific strategy or to galvanise work around the national strategy.

Need to be clear what asking colleagues to look at, only finite resources, useful for Scrutiny to give some ranges and to give steer to officers in reports and strategic direction going forward.

RESOLVED

Noted.

7 BOWEL AND CANCER SCREENING SCHEDULE (Agenda Item 7)

Screening and Immunisation Lead introduced the report.

In response to questions the committee wre informed that:

- *check tape – not guaranteed to offered in all suregeries
- Data varies across programmes, bowel and cancer screening ethnic minorities are less likely to attend, but there are vulnerable groups, disabilities, mental health, homeless less likely to attend, and those invited for a first time, less likely to attend. Cervical, hard to reach groups and victims and sexual violence, but not correlation for deprived groups, due to lack of data. Women from East Europe/White British Irish and Eastern communtiies, less likely to attend, but may go to home countries for screening.

- Discussions between icb and St George's trust to find a site in merton for mobile screening, equipment is available, but finding a site and capital investment are the remaining barriers. Want the mobile site while waiting for permanent location.

- Crevical screening are invited, if don't attend within 18 weeks, receive a reminder, and also receive texts after letters have been issued. If still not attended, practices will contact again. If after 6 months, still not attended, next invite in 3 years (under 50) after 5 years (over fifty).

- All screening programmes follow a similar process.

- More data to be circulated to committee in due course

- No covid related backlogs since 2022/23.

- Existing backlog relates to people who are being screened and receiving results. Covid backlog was due to getting them in for screening. Everyone seen as soon as possible but not meeting the national target of being seen within 6 weeks. Can send further data to share with the committee.

RESOLVED - noted.

8 WORK PROGRAMME (Agenda Item 8)

Agreed

9 TOPIC SUGGESTIONS 2024-2025 (Agenda Item 9)

Cervical Cancer
Health in Old Age
Dementia and Respite Care
Kidney Disease
Long COVID
Women’s Health
Training for Carers in Mental Health servicing, Community and Youth Centres

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