

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: Thursday 15 November 2012
Time: 7.15 p.m.
Venue: Committee Rooms B, C and D
Merton Civic Centre, London Road,
Morden SM4 5DX

AGENDA

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2. Apologies for absence	-
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**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

For more information about the work of this and other overview and scrutiny panels, please contact, Stella Akintan, Scrutiny Officer, on 020 8545 3390 or e-mail stella.akintan@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

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Healthier Communities and Older People Overview and Scrutiny Panel Membership

Full Members:

Councillor Suzanne Evans (Chairman)
Councillor Peter McCabe (Vice Chair)
Councillor Margaret Brierly
Councillor Brenda Fraser
Councillor Maurice Groves
Councillor Logie Lohendran
Councillor Dennis Pearce
Councillor Greg Udeh

Substitute Members:

Councillor Laxmi Attawar
Councillor Janice Howard
Councillor Linda Taylor
Councillor Sam Thomas
Co-opted Representatives
Myrtle Agutter
Laura Johnson
Sheila Knight
Barbara Price
Saleem Sheikh

Note 1

Members are reminded of the need to have regard to the items published with this agenda and, where necessary to declare at this meeting any Disclosable Pecuniary Interest (as defined in the The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012) in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Council's Assistant Director of Corporate Governance.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

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Exclusion of Public

To RESOLVE that the public are excluded from the meeting during discussion of the following item on the grounds that it involves the disclosure of exempt information falling within Category 3 of Paragraph 10.4 of Part 4B of the Constitution.

9. Impact of the Cuts in Domiciliary Care - Appendix 103

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY
PANEL

05 SEPTEMBER 2012

7.15pm-8.40pm

PRESENT: Councillors: Suzanne Evans (chair), Margaret Brierly, Brenda Fraser, Maurice Groves, Logie Lohendran, Peter McCabe, Dennis Pearce, Linda Taylor (substitutue) Greg Udeh.
Co-opted members: Myrtle Agutter, Laura Johnson, Sheila Knight, Saleem Sheikh

ALSO PRESENT: Councillor Linda Kirby (Cabinet Member for Adult Social Care and Health) Miles Scott Chief Executive St Georges NHS Healthcare Trust, Trudi Kemp, Director of Strategic Development, Stella Akintan Scrutiny Officer

1 DECLARATIONS OF PECUNIARY INTERESTS

The Chair declared that she is the Chair for Lipoedema UK, a charity that is supported by St Georges Healthcare NHS Trust and St George's University of London. Councillor Maurice Groves declared that he is a board member of Heritage to Health.

2 APOLOGIES FOR ABSENCE

There were apologies of absence from Councillor Margaret Brierly and Barbara Price, co-opted member

3 MINUTES OF THE MEETINGS HELD ON THE 4TH JULY

A panel member highlighted some grammatical errors in the minutes including the incorrect spelling of 'psychiatry' on page 4 and 'meet' instead of 'met' on page 5 following this the minutes were agreed

4 MATTERS ARISING FROM THE MINUTES

A panel member highlighted that as a result of suggestions by this panel South West London and St Georges held a consultation event in Fair Green, Mitcham about their Foundation Trust Proposals.

5 GP FUNDING REVIEW

The Chair reported that this item will be deferred to the November meeting, the

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All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

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previous NHS officer who led this review has recently moved to a new post and his successor was not able to attend this evening

6 ST GEORGES HEALTHCARE NHS TRUST TEN YEAR CORPORATE
STRATEGY

Miles Scott reported that the last four to five years had been very busy for St Georges, patients have benefitted from improved clinical standards in stroke, heart attack care, St Georges is one the top facilities in the country for the latter. The Trust is now an integrated care provider with community services provided to Wandsworth. Although they had a difficult financial past, all debt has now been paid.

Trudi Kemp, gave an overview of the main principles in the ten year corporate strategy.

A panel member asked how the values and principles in the corporate strategy will be translated to staff and how this will be monitored. Miles Scott reported that the principles are set out in plain English so staff at all levels in the organisation will have a clear understanding of what they mean. It will also be included in the induction process, on-going training, appraisals and the awards scheme. Trudi Kemp pointed out that staff themselves developed the values.

A panel member pointed out his concern over the recent events regarding the death of Kane Gorney due to dehydration at St Georges and subsequent findings of poor practice and neglect by hospital staff.

Miles Scott reported that this event has galvanised the whole organisation and people are not in denial about it. Patient surveys indicate that there has been progress. Maternity services were an issue a few years ago and enormous amount of work was done and clinical outcomes and patient experience have improved. Although it is accepted that technical and clinical care is improving faster than patient experience.

Miles Scott highlighted that he recognised that the Panel members are keen to see that the patient experience is highlighted in the survey.

Panel members asked if the corporate strategy would change if the St Georges received Foundation Trust status and what is their future relationship with St Helier hospital

Mile Scott reported that this corporate strategy is part of the Foundation Trust proposal, St Georges is committed to providing high quality health care across south west London. St Georges has an on-going partnership with St Helier that will continue, there are at least 35 consultants who work across both hospitals. In the future there could be more joint working. It is in the interest of St Georges that all health services in south west London are financial viable and of a high clinical standard. St Georges are working with Merton Clinical Commissioning Group to achieve this aim.

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Questions were asked about support for older people and transition of children to adult services, the high turnover of staff and use of agency staff and if there are enough administrative staff to cope with the workload particularly in out-patient services,

Miles Scott reported that older people are a priority in a number of ways including improving orthopaedics and dementia services. In transition services for children, the biggest issue will be facilities, St Georges are developing a new children's ward for children and teenagers. They are trying to reduce the use of agency staff this can be difficult in areas where it is difficult to recruit staff.

Trudi Kemp highlighted that St Georges have done more work with Wandsworth older residents due to having integrated community services. This means that they have one clinical lead and the ethos is on maintaining independence. The strategy recognises that they need to do more work in Merton and this is detailed in the corporate strategy document.

In response to panel questions St Georges reported that they are not making five hundred members of staff redundant, there are no redundancy programmes at the moment, Savings will be made through reducing use of agency staff.

In response to questions about using more healthcare workers rather than nurses it was reported that the NHS has to become more efficient and they are looking at the balance of staff on the wards.

A panel member pointed out that ten years is a long time to implement the corporate strategy, asking: who will be held accountable for it as most of the current senior staff are likely to have left St Georges by then?

Miles Scott reported that the ten year corporate strategy is for staff to aspire to, setting a direction of travel for the organisation. All future senior staff will continue to implement the strategy.

Many panel members thanked St Georges for the excellent personal care they had received while in hospital.

RESOLVED

The Panel would like to emphasise to St George's the importance of making patient experience as a clear feature within the corporate strategy.

7 Merton Link Annual Report

This item was deferred as Barbara Price Chair of Link Merton was unable to attend this meeting

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY
PANEL

17 SEPTEMBER 2012

7.15PM- 9.20PM

PRESENT: Councillors; Suzanne Evans (Chair), Peter McCabe, Margaret Brierly, Brenda Fraser, Maurice Groves, Logie Lohendran,
Co-opted members: Myrtle Agutter, Laura Johnson, Sheila Knight, Barbara Price, Saleem Sheikh

ALSO PRESENT: Mike Bailey, Dr Paul Alford and Rachel Tyndall, NHS South West London

1 DECLARATIONS OF INTEREST

There were no declarations of interest

RESOLUTION

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Greg Udeh and Saleem Sheikh
Co-opted member

3 UPDATE ON THE BETTER SERVICES BETTER VALUE REVIEW OF
HEALTH SERVICES IN SOUTH WEST LONDON

Mike Bailey gave an update of the current position with the Better Services Better Value Review.

The Chair announced that the floor would be opened for members of the public to ask questions for the first 30 minutes of the meeting.

A member of the public commented: Current health services are already over stretched the closure of the A&E and Maternity wards at St Helier will only make things worse

The Better Services Better Value team responded: A safe A&E requires 27 different professionals to be present including a consultant. There needs to be 12 consultants employed in each of the four SW London hospitals only St Georges meets this criteria currently and we cannot have this many consultants at all sites, not least because there are not enough consultants in the workforce. Services are being re-located not closed and there will be investment in the remaining services. We need to separate emergency and planned care as the outcomes show that this is more efficient.

A member of the public asked: Why is Surrey holding up the consultation? This

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process is having a detrimental effect upon the staff at St Helier, Also the Royal College of Midwives are against the closure of maternity services at St Helier

BSBV team responded: Surrey residents are affected by the proposals and need to be included in the consultation. The Royal College of Midwives want specialist care at all of the sites and we cannot deliver this.

A member of the public commented: St Georges had to close it's Maternity ward for 30 hours recently due to capacity issues. There is not enough capacity to cope with hospital closures.

BSBV team responded: It is important not to look at services as they are now as this will change, when this programme is implemented all hospitals have plans for extra capacity.

A member of the public commented: How will you consult and engage with staff about these proposals

BSBV team responded: All hospitals are represented in this process and have been speaking to staff and will continue to do that. The process of engaging with staff will accelerate when the consultation begins.

A member of the public asked: There is a need to make savings of £370 million across South West London, A&E and Maternity is closing and possibly renal services as well, BSBV is all cost led.

BSBV team responded: BSBV is not designed to correct the financial deficit, the primary concern is that services are not good enough. It is estimated that there are 500 deaths per year across south west London because hospitals are not run like seven day a week organisations. We need to increase staff at weekends and this will save lives.

A member of the public asked: How will you recruit more consultants? It takes longer for people to get to St Georges and the ambulance services are already over-stretched.

BSBV team responded: In terms of travel times what is important is the treatment that people receive when they arrive at hospital. For example St Georges is a centre of excellence for stroke and evidence shows that if they are treated at St Georges the effects of stroke are reduced, centralising specialist services saves lives. It is important to note that many people who come to St Helier will stay here

A member of the public commented: Maternity services at St Helier have received significant investment recently. If this unit closes this will have been an incredible

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waste of money and may counteract the savings that you are trying to make.

BSBV team responded: The decision to invest in services was made before Better Services Better Value began.

A senior member of staff at St Helier clarified that BSBV does not have the support of all the clinicians, and maternity at St Helier meets the standards of the Royal College of Midwives; things will not get better because the standards are already good. Also, BSBV started by looking at quality but was driven by finances.

BSBV team responded: St Helier is making the biggest finance loss of all the four south west London hospitals. The majority of clinicians agree with the principals but may disagree on the site. Services at St Helier are very good; we need to make sure all the hospitals are good all the time.

A member of the public commented: This review is focussed on the clinical arguments, the cuts and privatisation has caused the reduction in consultants.

BSBV team responded: The current government settlement for the NHS is broadly flat and has not been cut. However, demand has increased and there is an ageing population. To meet the expectations of the public we must spend money better, this does not represent a real term reduction. Difficult decisions need to be made and some services will receive less funding than others.

The Chair ended this session and gave panel members the opportunity to ask questions.

A panel member asked: There is concern about the length of time that this process is taking. Staff moral at St Helier must have been affected, some will want to leave and people will not apply for jobs at St Helier. Are you closing St Helier by Stealth?

BSBV team responded: The uncertainty around St Helier has been going on for years because of the de-merger and financial situation. The Olympics, London elections and Surrey's increased involvement has all had an impact on the process.

A panel member asked: What are the plans to increase paediatricians, are you working with universities to increase staff?

BSBV is not a magical solution and increasing staff will happen over time. Reliance on junior doctors has to stop. Plans are being developed by St Georges to increase recruitment in areas of need.

A panel member commented: There are a number of building blocks that are being put in place to support BSBV including encouraging people to use 111 numbers.

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Health centres still need to be built and five years is not a long time away

BSBV team responded: Six programmes have been put in place, one per clinical commissioning group. Richmond are developing an end of life programme. Croydon looking at the use of the 111 number, Wandsworth are looking at care in the community. They need to come to fruition and rolled out across south west London. Pressure on A&E is the big issue and it is thought that this can be reduced by 17%.

A panel member asked: Has your modelling accounted for the fact that Epsom may close it's A&E?

BSBV team responded: No this has not been taken into consideration as it is a recent discussion by Surrey PCT. The BSBV team understand that there are no immediate plans to change services at Epsom

The same panel member followed up: 20% of people currently using A&E at St Helier are expected to transfer to Epsom, if the BSBV proposals go ahead. If Epsom closes the whole process has been a waste of time and money.

BSBV team responded: It is Surrey's responsibility to develop plans and consult with the community. BSBV expects the resources to stay the same and is planning for this

A panel member asked: Is this process is a stitch up driven by finances? There were so many fixed points and the outcome was inevitable. Local residents do not see the closure of services as better services. As there is a high turnover of staff in the health sector no will be held accountable for this. How many voices of opposition in the local community would it take for you to abandon these proposals? The panel member predicted that it will lead to worse services in a remote location.

BSBV team responded: This consultation is not a referendum, it is to seek views on the proposals, If people do not agree with them they will need to put forward better options for meeting the needs of people in south west London. We must recognise that services need to change.

PANEL Members QUESTION ON 'NET PRESENT VALUE' AWAITING A RESPONSE FROM BSBV

A panel member asked: It is predicted that the population in London will rise to 8.7 million by 2022. Has your modelling taken into account population growth projections?

BSBV team responded: The current model is based on pre-census data however it includes sensitivities to ensure that the outcome is reasonably robust. The modelling will be done again at the end of the consultation.

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A panel member stated that this is a national plan, taking place across the country, hospitals are reducing from four to three without full consideration given to the needs of the local area. They asked: Why is St Helier closing when the CQC report on the Croydon University Hospital Mayday was damning while St Helier's report was good? This is an enormous waste of money.

BSBV team responded: The BSBV review is about improving service across all hospitals and Croydon will have to come up to standard.

A panel member asked: Did the original scoring panel bring in their own personal views about choosing St Helier over Croydon?

BSBV team responded: The non-financial appraisal was weighted across a range of criteria. In some areas the scoring should have been the same but it wasn't which highlighted that people were bringing their own views into the process. Therefore adjustments were made and St Helier still scored the highest for the planned care centre and overall travel time was less with St Helier as the option

A panel member asked: What support has been given to staff at St Helier and where will the extra capital come from to pay for expansion at the other SW London hospitals?

BSBV team responded: The Chief Executive has been leading on the support for staff at all levels. We want this to come to a conclusion as soon as possible.

Extra capacity for the three acute hospitals will come from borrowing. As they will have extra patients, income will increase and they can borrow against this. Hospitals are limited by how much they can borrow. For example St Georges need £60 million, they are confident that they can borrow this money.

A panel member asked: The public do not know enough about the consultation process. Also, if there has to be an obstetrician present in the maternity unit, are we moving to system where there is interference from consultants and midwives cannot do their job?

BSBV team responded: There are major plans to engage with the public during the consultation process, so far there have been over 100 meetings held in public. Midwives will still be able to fulfil their role, it is recognised that giving birth is a natural physiological process.

What will the £60 million that St Georges borrow be spent on:

AWAITING INFO FROM BSBV Team

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A panel member asked: What would it cost to increase the number of consultants
BSBV team responded: We need at least 12 consultants at St Helier at a cost of
£120,000 per annum , therefore overall cost is £1.2 million

4 UPDATE ON MERTON LINK

This item was deferred until the next meeting