

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY
PANEL

17 APRIL 2013

7.15pm-9.00pm

PRESENT: Councillors: Suzanne Evans (chair), Peter McCabe, Brenda Fraser, Maurice Groves, Logie Lohendran, Dennis Pearce, Linda Taylor, Laxmi Attawar (substitute).

Co-opted members: Myrtle Agutter, Laura Johnson, Sheila Knight, Saleem Sheikh,

Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health, Dr Howard Freeman, Chairman Merton Clinical Commissioning Group, Charlotte Joll, Programme Director Better Services Better Value, David Keppler, Head of Revenue and Benefits, Mark Humphries, Assistant Director Infrastructure & Transactions, Stella Akintan, Scrutiny Officer.

The Chair led on a word of thanks to Councillor Margaret Brierly for her work on the Panel over many years. Councillor Brierly has recently been appointed to the Health and Wellbeing Board and continuing in both roles would constitute a conflict of interest.

1 DECLARATIONS OF INTEREST

Councillor Maurice Groves declared that he is on the Board of Merton Priory Homes

2 APOLOGIES FOR ABSENCE

There were apologies for absence from Councillor Greg Udeh

3 MINUTES OF THE MEETING HELD ON THE 12 FEBRUARY

The minutes were agreed

4 MATTERS ARISING FROM THE MINUTES

A panel member referred to a discussion in the previous meeting where the Director for Community and Housing said that the council had decided not to include people from mental health hospitals in the re-ablement grant. The panel members felt that this decision has led to more pressure on in-patient beds and does not address the parity between physical and mental health. Another panel member agreed with this view and said that people are discharged too early from mental hospitals because of

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pressure.

The Chair said this issue could be put forward as a suggestion for a scrutiny review.

5 MERTON LINK FINAL UPDATE

This item was deferred

6 COSTS FOR BETTER SERVICES BETTER VALUE REVIEW

Dr Howard Freeman reported that the proposals from the review would be going out to public consultation shortly. It is hoped that the consultation will begin from May or June and the final decision will be made by January 2014.

A panel member said that there is already a lot of opposition to the review and we hope that this is a genuine consultation and the proposals will be withdrawn if there is sufficient opposition to it.

Dr Freeman said that the final decision would be taken by a committee of all Clinical Commissioning Groups in south west London and Surrey Downs. The CCG's will take a decision based on the views of all the stakeholders. This is not a vote but the decision will be in the best interests of all the people who live in the area.

Panel members asked what it would take for it to be shelved and what percentage of opposition to the proposals could have an impact on the outcome?

Dr Freeman said the decision would be based on a balanced view of all the evidence reviewed by all the CCG's who were leading the programme.

A panel member asked how, the high costs of the better services better value review can be justified in a time of cuts to services?

A panel member said that they felt that the review has a pre-determined outcome based on a decision by someone in a senior position. Therefore the whole exercise is a farce. Some members of the south west London joint scrutiny committee expressed this view from the early stages. We are going through the motions and have spent

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many hours scrutinising the proposals and it is all a waste of time.

Dr Freeman said that he absolutely refutes this view. He would not chair the local committee of CCG's if he thought that there was a pre-determined outcome. The committee of CCG's will have due regard to the facts and the input from stakeholders.

A panel member asked which views are most important between the public or other stakeholders.

Dr Freeman said that the views of both stakeholders and the public are equally important.

Many panel members felt that the views of public and patients should carry more weight.

A panel member asked how will we know if there have been improvements and that we have better services?

Dr Freeman said there is a clear measure of success; currently five hundred patients die unnecessarily every year in London. The implementation of Better Services Better Value will lead to an additional £750,000 investment to improve services

A panel member asked why a third of the review budget is being spent on external consultants and what is the daily rate at which they are paid?

The BSBV Programme Director reported that lots of specialist advice is needed for the review, for example on the transport and travel modelling, equality impact assessment report, this expertise does not exist in NHS therefore they must buy it in. People want proper consultation, it costs money to reach out to different groups and translating information into different languages. The NHS follows best practice guidelines.

The NHS ensure that they get the best value for money in employing consultants, they go through a best practice procurement process and they are scrutinised for value for money. The Programme Director said she did not have the daily rate information to hand. Dr Freeman reported that the external consultants are not employed as individual consultants but rather services from consultation organisations, therefore a daily rate figure may not be helpful.

At the request of the Chair the MCCG colleagues agreed to provide a daily rate figure within two weeks

Panel members asked why there are costs for media engagement training and communications staff and what are non pay costs?

The Programme Director reported that the review is clinically lead therefore staff need training in giving presentations and dealing with the public etc, non pay costs include meeting rooms, printing and one off costs.

A panel member said that given that five hundred lives are lost every year how can

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the clinicians justify the proposal to close St Helier when the evidence shows it is performing to a higher standard than the Mayday Hospital?

Dr Freeman reported that none of the hospitals in south west London meet all of the required minimum standards. While it is accepted that the Care Quality Commission found some poor standards of care at Croydon University Hospital. The purpose of BSBV is to ensure that all services meet the required standard.

Councillor Peter McCabe asked for the minute to show that he wished to make a prediction about the Better Services Review. He believes that St Helier hospital will lose its Accident and Emergency and Maternity departments. This gives more weight to the suggestion that this is a predetermined outcome. If this is not the outcome Cllr McCabe will apologise.

Cllr McCabe also said that process is financially driven and in two or three years it will be found that we can no longer afford to fully implement the BSBV proposals.

Dr Freeman said that there is no pre-determined outcome and would not chair the committee if there was. This process can be judged by reducing the number of people who currently die unnecessarily. We can also look at how we have delivered in the past; there has been clear improvements following the changes to stroke and trauma and heart attack services.

A Panel member said that stroke and trauma services had improved but A&E and Maternity are different. It was felt that the BSBV team had already revealed their preferences during previous consultations and this was the concern about the general direction of this review.

Dr Freeman said that he did not have a preconceived view about the review and he would not be the only one making the final decision.

A panel member pointed out that that there was a concern that the infrastructure was not in place for these proposed changes, we have seen that with the 111 roll out. We are concerned that those who go to A&E will be admitted.

A panel member expressed concern about the level of influence that consultants could wield over new contracts.

Dr Freeman reported that there is a new hospital consultant contract which ensures that all consultants have a clear job plan which reflects the needs of the service in which they are employed.

RESOLVED

That the Better Services Better Value Team provide details of the daily rate paid to consultants.

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7 COMMUNITY AND HOUSING LEVELS OF DEBT

A panel member said that the level of debt now stood at £5.99 million and how does this compare with last year and what percentage of the overall budget is debt?

David Keppler the Head of Revenues and Benefits said that the debt had increased by £1 million. Some of this is historical debt, we have raised £20 million in invoices, collected 81% so there is £5.5 million outstanding at the end of the year.

A panel member said the council could take drastic action which he doubts most members of this panel would want; we need to reflect on what action we need to take, for example we can put charges against people's homes, without forcing them to sell.

The Head of Revenue and Benefits reported that at the end of the financial year £3.6 million invoices were issued. We have £390,000 on deferred payments, £200,000 on deputyship, £200,000 on probate, £120,000 on reinstatement plans. £1.3 million is active debt that we are trying to secure in some way or make payments. About a third of the debt is secured against property.

A panel member asked why we are owed money by the NHS.

The Head of Revenue and Benefits reported that this is around £400,000 and the council has been writing to them to encourage payments although they are not always the fastest to respond.

A panel member pointed out that the council is vigorous when pursuing residents for payment, it should be the same for the NHS and private companies.

The Head of Revenue and Benefits said the department would review the policy for recovering debt from companies.

Panel members asked if we can charge interest on debt and why we write off debt, how much has been written off and how rigorously we pursue debt before writing it off.

The Head of Revenue and Benefits reported that it can be uneconomical to recover or we cannot trace debtor, will confirm figure of written off debt. For council tax we use bailiffs or attachment of earnings we have debt from 7-8 years ago that we are still pursuing. Housing benefit can be very difficult to collect.

RESOLUTION

The Panel recommend that Revenues and Benefits to develop a clear policy on collecting debt from companies and large public sector organisations.

The Head of Revenue and Benefits agreed to provide the following information to

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the Panel:

- Recent figures on written off debt
- How much debt from private sector contracts
- A breakdown of what the adult education debt relates to
- Breakdown of Library debt

8 SAFEGUARDING OLDER PEOPLE TASK GROUP – Department Action Plan

The Panel would like an updated version of the action plan to the next Panel meeting. The department should clarify if a new member of staff has been appointed.

9 PLANNING THE PANEL'S 2012/14 WORK PROGRAMME

Some panel members felt the review of mental health services, commissioned by the former Merton link should be a priority for the work programme

Merton Residents Healthcare Forum residents asked the panel to look at commissioning.

Councillor Suzanne Evans announced that she had resigned as Chair of this panel and this would be her last meeting. Councillor Peter McCabe, Vice Chair thanked her for all her work saying that she had been a credit to herself and the council.