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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

17 MARCH 2015

(19.15 - 20.45)

PRESENT Councillors Councillor Peter McCabe (in the Chair), Councillor Brian Lewis-Lavender, Councillor Pauline Cowper, Councillor Mary Curtin, Councillor Brenda Fraser, Councillor Sally Kenny, Councillor Abdul Latif, Saleem Sheikh and Hayley James

Dr Kay Eilbert (Director of Public Health) and Anjan Ghosh (Assistant Director and Consultant in public health) Stella Akintan (Scrutiny Officer), Dr Louise Wilkinson (Director of the SWL Breast Screening Service), Dr Josephine Ruwende (Consultant in Public Health –Cancer Screening Lead)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Suzanne Grocott and Co-opted members; Myrtle Agutter and Hayley James.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE MEETING HELD ON THE 11 FEBRUARY 2015 (Agenda Item 3)

Minutes were agreed

4 MATTERS ARISING FROM THE MINUTES OF THE 11 FEBRUARY 2015 (Agenda Item 4)

none

5 NHS ENGLAND CANCER SCREENING PROGRAMME - UPDATE (Agenda Item 5)

Dr Wilkinson gave an overview of Breast Screening for women aged 50-70 years. She reported that there are ten screening sites in South West London as women should not be more than thirty minutes away from a screening centre. Uptake of breast screening tends to be lower in inner London and higher in the suburban areas. The South West London uptake rate is 65% which is higher than the average for an outer London area. There is a link between low uptake and people who live in

deprived areas. In South West London a higher level of cancer is detected than in London generally and around 5% of people are called back for further tests.

Dr Ruwende said Bowel and Cervical Cancer is screened in General Practice. The national target is 80% In South West London screening rates have increased from 67% -73% which is above the London average of 70%. There are significant variations between practices. There has been a 5% increase in bowel cancer screening, again with significant Practice variation.

There is lower uptake amongst younger people and those in deprived wards. In terms of improving uptake it was reported that NHS England support providers such as St George's hospital, who text people offering scheduled appointments and send reminder letters. They also work with Age UK and other voluntary organisations to try and improve take up.

Action by individual practices can also have a significant impact. Therefore they are developing a good practice guide for all practices called an 'Uptake and Coverage Strategy'.

A panel member said she tried unsuccessfully to book a test on line and then was not able to re-schedule the appointment. Dr Louise apologised to the councillor for their experience and said the service has now been improved and should be more robust.

A panel member asked if screening within the wider age range results in higher cancer detection rates. Dr Wilkinson said there is an on-going debate in the media about whether screening is effective. A pilot is being run on the effects of screening the wider age range and results will be available from 2020.

A panel member asked the length of time a patient would have to wait between the detection of an abnormality and being seen by a consultant. Dr Ruwende said it would depend on the severity but is likely to be three weeks for breast screening and six weeks for bowel and cervical.

A panel member asked why cervical cancer is on the increase and if this is due to higher levels of screening. Dr Ruwende said this is a trend across the country particularly within the younger ages groups, we are not sure why this is but is likely to decline because the HPV vaccine.

A panel member asked what we are doing to address the link between low uptake of immunisations and deprivation. Dr Wilkinson said Pan London commissioning was having an impact, as well as letters from GP's, texting women, second appointment. In South West London nursing staff go into the practice to help with uptake, they hold health open days, give out information at supermarkets. Incentivising GP's may also help to improve take up.

The Chair said all the information in the report is open interpretation, we need to look at why we are falling short of the target, what are we doing in the East of the borough, are you providing information in different languages? are you using social media to contact young people.? He further stated that he is deeply saddened that we are so far from the national targets. We could reach younger people at the school

gates we need to be creative in our thinking. We need to provide the right material in the right languages.

The Director of Public Health said the public health team try to fill in some of the gaps locally by using community health champions and the health guide, which provides basic information to communities. The team go to locality meetings and challenge GPs with comparative data on take up rates. The Public health team have also developed a set of top tips on the basic things they should be doing to improve uptake of immunisations.

Dr Wilkinson said there is an Early Indications and Management Group and are working with the CCG on a cancer action plan. There is also a pilot with NHS England on providing more support for people who have received the kit but not completed the test.

Dr Ruwende agreed that it s important to meet the national targets although there are many determinants which are outside the scope of their team so they are working with providers to implement good practice which will help in reaching the national targets. A leaflet is provided in a common non English language, although this cannot cover all languages, and will not support those who have low levels of literacy.

A panel member said she found the bowel screening test unpleasant. The Chair said we need to talk to people about the consequences of not doing it. Dr Ruwende said the unpleasantness of the test can put people off, the pilot is looking at ways to support people such as offering gloves.

Resolved

Officers were thanked for their work and for attending the Panel meeting.

6 SOUTH WEST LONDON AND ST GEORGES MENTAL HEALTH TRUST
QUALITY ACCOUNT - TO FOLLOW (Agenda Item 6)

7 QUALITY ACCOUNT - EXECUTIVE REPORT (Agenda Item 6a)

The Service Director for Merton gave an overview of the report which outlined the proposed quality indicators for 2015/16

A panel member asked if their handbook would be available in different languages. The Service Director said they will try and meet requirements within the resources they have available.

A Panel member said he is sitting on a South West London Joint Scrutiny Committee looking at in-patient mental health services and Merton was cited as an example of good practice for community mental health services what is happening to achieve this. The Service Director said we have invested in the home treatment service meaning that we work with people intensively in their own homes.

A panel member asked what support is provided to carers. The Service Director said they use a triangle of care between parents, carers and the service user. They are piloting a project working with young carers to provide respite.

A panel member asked about they are managing a rise in demand as well as budget cuts. The service Director said they could do more if they had more money. The Trust are investing more money in Improving Access to Psychological Therapies services which means that 3,500 more Merton residents are coming into treatment than five years ago. This approach supports early intervention.

A panel member asked what Budget cuts has the service faced. It was reported that much of the funding has moved to the acute sector, the average Clinical Commissioning Group spends 13% of their funding on Mental Health in Merton it is 9.8%. Merton has consistently low funding but positive outcomes.

RESOLVED

The Panel thanked officers for their work and supported the general direction of the Trust but are concerned about how much can be achieved with limited resources.

8 PLANNING THE HEALTHIER COMMUNITIES AND OLDER PEOPLE'S OVERVIEW AND SCRUTINY PANEL'S 2015/16 WORK PROGRAMME (Agenda Item 7)

The Scrutiny Officer introduced the report asking Panel Members to put forward suggestions for the work programme 2015. The following topics were put forward:

Dementia

Facilities in place to keep people fit as they get older
services for people with sickle cell disease

RESOLVED

The scrutiny Officer was asked to include the suggestions in the long list of topics to be discussed at the next meeting in July.