

Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

9 FEBRUARY 2016

(7.15 pm - 9.15 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Mary Curtin, Councillor Brenda Fraser,
Councillor Suzanne Grocott, Councillor Sally Kenny,
Myrtle Agutter, Saleem Sheikh, Councillor Laxmi Attawar
Councillor Michael Bull and Councillor Abdul Latif.

ALSO PRESENT: Caroline Cooper-Marbiah

Barry Causer Public Health Commissioning Manager , Dr
Dagmar Zeuner, Director of Public Health and Stella Akintan
Scrutiny Officer

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Brian Lewis-Lavender and Hayley James.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

A panel member pointed out that the reference to Cabinet contained more detail than was discussed at the meeting. The Chair said officers had to align the Panel's comments with the relevant council savings.

RESOLVED

The minutes were agreed as a true record of the meeting

4 IMPROVING PHYSICAL ACTIVITY FOR THE 55 PLUS AGE GROUP (Agenda Item 4)

The Director of Public Health gave an overview of the report stating that physical activity is good for physical and mental health and helps to prevent long term conditions and has a positive impact on conditions such as dementia. We need to convey important messages such as, it is never too late to get more physically active and that even a little activity leads to gains in health.

Merton has developed a self assessment tool which benchmarks how the borough is performing against the latest evidence on how to get more people physically active and

showed good progress in a number of areas. The Director said they would welcome support from the panel to make a bid to Sport England for some funding that can be used to identify local priorities and to provide more opportunities for Merton residents to be more active.

A panel member said they are part of a local organisation providing a range of services to the local community including physical activity and queried why it is so difficult to get funding for physical activity. The Director of Public Health said funding is a big challenge; we need to also use our existing resources more effectively by linking up different projects and signposting people between services.

A panel member asked what practical steps are being taken to improve physical activity for the fifty five plus age group. The Public Health Commissioning Manager reported that the NHS health checks programme is a prevention programme that supports residents between 40 and 74 years of age and includes a discussion and signposting onto physical activity programmes. So far over one thousand people have benefitted from the programme.

A panel member asked how we engage with the voluntary sector. The Public Health Commissioning Manager said we work with the voluntary sector in a number of programmes including the Befriending scheme and the Exercise for Life programme.

A panel member asked if we are conducting education programmes. The Director of Public Health said education is important but it is also essential to provide opportunities for people to engage with physical activity so we will be working with the community to find out their needs.

A panel member queried the effectiveness of the NHS health check programme based on their personal experience. Although they met the criteria they were not contacted and had to make their own appointment. This is a cause for concern as many members of the community may not be proactive in this regard. The Public Health Commissioning Manager said it is a five year rolling programme and feasible that those towards the end of the programme have not yet been contacted. The public health team have taken up figures by each GP practice and would be able to monitor the success of the programme.

A panel member was concerned that the council are withdrawing funding from community organisations that provide essential preventive services including physical activity exercises. They queried if there is any NHS funding to provide services for physical activity. The Director of Public Health said they are working closely with the NHS through the Health and Wellbeing Board and are looking at ways to use resources effectively to make them go further.

RESOLVED

The Panel thanked officers for their work and would like an update in six months with details of progress in each area.

5 UROGYNAECOLOGY SERVICES AT ST GEORGE'S UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (Agenda Item 5)

Professor Andrew Rhodes, Chair of the Children's, Women's Diagnostics Therapies and Critical Care Division, gave an overview of the report stating that they suspended the Urogynaeology services in June last year as there were concerns about the safe running of the service. A consultation was conducted with patients and staff and this is still on-going and they are still actively listening to all views. A proposed decision will be taken to the Trust Board in March.

Professor Rhodes apologised on behalf of the Trust for the consultation. They recognise mistakes have been made and many lessons have been learnt from the process which will inform future consultations.

The purpose of the current consultation is to determine if the service should be re-configured, re-opened or closed. They need to address if there is safe provision for the nine hundred patients, it was agreed that they should be referred to Croydon because they have the required expertise, people had the option to go to other areas if they wanted to.

The Chair allowed the following speakers to address the panel;

Barbara Bohanna - lead of the women's campaign group which includes 22 Merton patients

In June people were informed that the service would be discontinued. The consultation was carried out in a shambolic way as the decision to end it was already taken before the consultation began. People had five days to respond to the consultation. People felt demeaned especially as phone calls were not answered or responded to. Patients were discharged back to their GP and they were deprived of the service. One patient who was dealing with incontinence had to take her three children on the bus to access the service at Croydon hospital.

Stephanie McPherson -Sulaman

The campaign has received 26,000 signatures to keep the service open. People were given five days to respond to the consultation. It has also come to light that the service is over subscribed at Croydon so people are being referred to Purley hospital which is an even further travelling distance for most people. The Clinic at Croydon was set up in an emergency and is next to a Sexually Transmitted Infection clinic, which is inappropriate. Councillors are called upon to ask St George's to keep the clinic open.

A panel member asked if Croydon has the capacity for patients and if specialist staff the run the Urogynaecology Clinic. Professor Rhodes said Croydon is well placed to run the service and is the only Trust in the sub region with a quality stamp accreditation.

A panel member asked why the consultant post was not re-advertised if the Trust was unable to appoint the first time and would like clarification about who has been involved in the decision making process. Professor Rhodes said there has been a problem with the service and a difficulty in recruiting quality staff. The Trust was advised by an external colleague that the service was not safe. Attempts have been made to recruit but this will remain difficult until the long term future of the service has been determined.

A panel member asked if the Trust were satisfied that the consultation was run to an acceptable standard and the legal requirements were met. Given that a standard consultation is 28 days and the panel were informed that people had five days to respond. Professor Rhodes said the lawyers were happy with the consultation and had advised that the Trust were not required to carry out a public consultation.

A Panel member asked if the concerns about the safety of the clinic were a sudden incident. Professor Rhodes said the concerns were raised as result of a number of sickness and behavioural issues. There was an attempt to create a team structure and the clinical lead from Croydon joined the team on a temporary basis, when they left, the service became

unviable. The Trust then began discussions with Croydon to create care for patients in another environment.

A panel member asked if the changes to the clinic are financially driven. Professor Rhodes said the Trust is facing financial challenges but the decision on this clinic is based upon safety concerns.

A panel member asked what factors would influence the Trust's decision to keep the service open. Professor Rhodes said factors will include if it is viable, how quickly it can get up and running, how well does it fit within the structure of the hospital as well as cost effectiveness.

A panel member queried the proportion of patients who are being referred to Purley hospital from Croydon and the number of people who are being referred to a GP. Professor Rhodes said he was unaware of the referrals to Purley and will find out and report back to the panel. One of the concerns for the service was that too many people were being followed up within the service rather than through their GP.

The chair queried the proximity to the STD clinic. The professor said it was the first he had heard of it and will look into it.

The chair said the panel will accept the Trust's apology for failure to consult however the confidence in the organisation has been undermined.

The chair set out a resolution which was unanimously supported by the Panel;

RESOLVED

The Panel are dissatisfied with the consultation into the closure of the Urogynaecological clinic. Specifically with the length of time that people had to respond which gave the impression that a decision had been made and the Trust were simply going through the motions.

The Healthier Communities and Older People Overview and Scrutiny Panel ask St Georges to re-open the Urogynaecology clinic for local people as a priority.

6 WORK PROGRAMME (Agenda Item 6)

The work programme was noted.