

Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

28 JUNE 2016

(7.15 pm - 9.10 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Mary Curtin, Councillor Suzanne Grocott,
Councillor Sally Kenny, Saleem Sheikh, Hayley James,
Councillor Laxmi Attawar and Councillor Marsie Skeete
Councillor Stephen Crowe, Councillor Najeeb Latif

ALSO PRESENT: Professor Andrew Rhodes, Acting Medical Director, St Georges University Hospital NHS Foundation Trust , Patrice Beveny, Senior Commissioning Manager, Merton Clinical Commissioning Group Sue Hilyard Director of Commissioning Operations, Merton CCG , Kerry Smith Director of Addaction,. Dagmar Zeuner, Director of Public Health, Stella Akintan Scrutiny Officer

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Councillor Brian Lewis Lavender and Councillor Najeeb Latif attended as a substitute.

Apologies were received from Councillor Abdul Latif and Councillor Stephen Crowe attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed as a true and accurate record.

4 UROGYNAECOLOGY SERVICES AT ST GEORGES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (Agenda Item 4)

Professor Rhodes, Acting Medical Director provided an update on the latest position with the Urogynaecology Clinic which provides services for management of women with pelvic floor dysfunction at St George's University Hospital NHS Foundation Trust. Professor Rhodes reported that feedback from service users and patients and scrutiny panels demonstrated that there is a strong desire to maintain a service in South West London. The St George's Trust Board considered this and decided not to

permanently close the service. Wandsworth Clinical Commissioning Group (CCG) has been tasked with considering what level of service is required and where it will be located.

Panel members asked; if St George's have the money to invest in another service, what is the timetable around the provision of a new service, if the service will be provided by GP's. Professor Rhodes said the commissioners will decide the level of service that is required and provide the associated funding for it. The timetable is unclear but they expect a proposal later this year and if any new provision is agreed upon it is probable this will begin in the new financial year.

A panel member asked if Wandsworth CCG will be taking the final decision even though Merton patients will be affected. Professor Rhodes reported that Wandsworth will be providing the majority of the funding.

A panel member asked what action has been taken to address the concerns raised by patients about the service at Croydon hospital. Professor Rhodes reported that there had been no complaints in the last five to six months. New patients also have the option to go to St Helier, or Kingston hospitals.

A panel member asked if Wandsworth CCG have involved South West London Women's Action Group in the consultation. Professor Rhodes reported representatives from the group regularly attend St George's Board however their involvement with the Wandsworth CCG will need to be confirmed.

RESOLVED

The Chair on behalf of the Panel to write to Wandsworth CCG to ask them to involve South West London Women's Action Group in the decision making process.

5 MERTON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SERVICE (Agenda Item 5)

Patrice Beveny, Senior Commissioning Manager, Merton Clinical Commissioning Group gave an overview of the report stating that Addaction took over the delivery of the contract in 2015. There have been some obstacles as Addaction had more patients than expected due to a miscalculation. As a result they did not have the required level of staffing. A recovery plan was put into place and the service has improved but still need to meet targets on waiting times, recovery times and treatment.

Sue Hilyard Director of Commissioning Operations, Merton CCG said she had inherited a challenging position in January. They are still cautious about advertising as they want to clear the back log and improve service.

Kerry Smith Director of Addaction said they are taking self-referrals and referrals from the community. Addaction attend community events such as the Mitcham Carnival to raise awareness of their services.

Panel members raised concerns about possible high turnover with the use of temporary staff to support people with mental health problems, the cost of the

contract, what happens if people need immediate support. The Director of Addaction reported that Addaction now has a full complement of staff, although temporary staff did commit to the organisation for long periods of time. The panel were informed that the service is on an activity based contract. A referral is assessed to determine the level of need and then prioritised.

RESOLVED

The Improving Access to Psychological Therapies Team agreed to attend the panel in November to provide an update on the progress with the service.

6 PUBLIC HEALTH SAVINGS 2016/17 (Agenda Item 6)

The Director of Public Health reported that the department was required to make in-year savings. The July principles helped to guide difficult decisions by protecting vulnerable children and adults and making efficiencies to protect front line services. Public Health will also work with the Health and Wellbeing Board and departments across the council to embed public health principles.

A panel member asked if the saving for the de-commissioning of the handy man service is a false economy as this service can prevent older people having hazards in the home that can lead to falls. There is also £40,000 surplus in the savings budget.

The Director of Public Health reported that the savings plan is more stringent than target to manage uncertainty, they have also built in a small margin of error. All the services provided by public health team focus on prevention so there could be an impact in the longer term. The team are trying to not be short termed focussed and work in silos but rather look across the system to ensure minimum impact of budget savings. There is also a mop up service for handy man service.

A panel member said Age UK provide a handy man service and had to absorb additional costs following the end of the council service and would therefore like more details about the mop up service. The Director of Public Health agreed to provide details of the alternative to the handyman service

A panel member asked what happened to the substance misuse procurement. The Director of Public Health explained that an attempt to procure a more efficient service has resulted in no bidders coming forward and hence the current contract had to be extended to ensure on-going service delivery. The reason for the unsuccessful procurement with hindsight is that the service specifications for the budget available were probably too ambitious and therefore no bids were received. There has been significant learning from the process and the team is working now with providers and service users to re-design the service model.

A panel member expressed concern about the significant savings in Live-Well re-procurement which will in turn lead to reductions in the smoking services. Again this prevention service is a false economy as it can prevent the onset of other more expensive health conditions other adverse outcomes such as increases in unemployment because of ill health.

The Director of Public Health reported that the current system does not incentivise investment in prevention because the return on investment does not benefit those who invested. For example the NHS will benefit from smoking cessation however the funding for the service is provided from the public health budget of the local authority. The Sustainability and Transformation Plans jointly developed between the NHS and local authorities at a regional level will seek to address this and take a holistic approach across the health system and make it easier for budgets to be pooled and organisations to work together.

A panel member queried the changes to the smoking cessation budget. The Director of Public Health reported that face to face interventions, that are most expensive will be targeted at the most vulnerable. The Public Health team are looking at digital measures and information apps for universal access to the service. There are on-going discussions whether the NHS could include smoking cessation in the long term conditions care pathways.

Councillor Stephen Crowe put forward a motion asking the panel to support the public health budget except for the cuts to the handy man service which he suggested could be funded from the £40,000 savings above target.

Councillors Crowe, Grocott and Latif voted in favour of the motion.

No councillors voted against the motion

Councillors McCabe, Curtin, Kenny Attwar and Skette abstained from the motion.

The motion was carried.

RESOLVED

That officers consider the motion passed by this Panel

That the Director provides more detail on alternatives to the handyman service.

7 DIABETES TASK GROUP (Agenda Item 7)

Task group members were thanked for their work. The Panel look forward to receiving the full report and recommendations.

RESOLVED

The summary of the work was noted by the Panel

8 WORK PROGRAMME REPORT 2016-17 (Agenda Item 8)

The work Programme was agreed.

The Panel agreed that the task group would look loneliness across the age ranges in the context of promoting resilience and independence. Councillors; Grocott, Skeete, Atwar and Kenny agreed to participate in the review.

The Chair informed the Panel that Myrtle Agutter had resigned as co-opted member. The chair led the panel in thanking Myrtle for her extensive contribution over a long period of time.

RESOLVED

The panel agreed to write to Myrtle Agutter to thank her for her contribution to health scrutiny in Merton.

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