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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

13 NOVEMBER 2013

(19.15 - 21.15)

PRESENT: Councillors Logie Lohendran (in the Chair), Brenda Fraser, Maurice Groves, Peter McCabe, Debbie Shears, Gregory Udeh, Laxmi Attawar, Myrtle Agutter, Sheila Knight and Saleem Sheikh

ALSO PRESENT:

Councillors Linda Kirby

Dr Kay Eilbert (Director of Public Health), Anjan Ghosh (Assistant Director and Consultant in public health), Stella Akintan, Peter Jenkinson (Director of Corporate Affairs, St Georges Healthcare NHS Trust) and Alison Robertson (Chief Nurse, St Georges Healthcare NHS Trust)

### 1. DECLARATIONS OF PECUNIARY INTERESTS (Agenda Item 1)

There were no declarations of pecuniary interests

### 2. APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies for absence were received from Councillor Caroline Cooper-Marbiah

### 3. MINUTES OF THE MEETING HELD ON 17 OCTOBER 2013 (Agenda Item 3)

There were no comments on the minutes of the last meeting.

### 4. MATTER ARISING FROM THE MINUTES (Agenda Item 4)

A panel member said that they had expected to receive more information on the 'Live Well' project from the public health team. The Director for Public Health said that this is a behaviour change project covering the areas of diet, alcohol, exercise and smoking. They are currently negotiating a contract with Merton Voluntary Sector Council to work with community groups.

### 5. MERTON JOINT STRATEGIC NEEDS ASSESSMENT (Agenda Item 7)

The Assistant Director and Consultant in Public Health gave an overview of the main provisions within the Joint Strategic Needs Assessment.

A panel member said that many challenges around HIV have been raised but what is being done to tackle them? The Assistant Director and Consultant in Public Health said that GP's are now testing all new patients for HIV. There is a pan London collaboration on distributing condoms across London. Also the Health Protection Agency and Public Health England are doing lots of work around TB. In response to a question it was reported that the rates of TB are increasing in response to demographics.

A panel member asked if the Clinical Commissioning Groups are looking at the under reporting of diabetes.

The Director said Long term conditions are one of the priorities of the Clinical Commissioning Group. They are looking at early detection, management and the variation between practices.

A panel member asked how old are the datasets and if we are using the latest information? The Assistant Director and Consultant in Public Health said public health uses the most recent data available for the Joint Strategic Needs Assessment.

A panel member asked if spitting is a risk in relation to TB?

The Director for Public Health said that the Health Protection Agency said that it is not a risk unless you are in close contact with the TB germs for six to eight hours.

Councillor Linda Kirby said that she recognises that this is a problem and some council's are using bye-laws to ban it, however enforcement would be difficult. We could put notices up but then some may feel that this degrades the local area.

## 6. UPDATE FROM ST GEORGES NHS TRUST (Agenda Item 5)

Alison Robertson, Chief Nurse gave an overview on the recent work within St Georges, focussing on the Quality Improvement Strategy and Patient Experience.

Peter Jenkinson, The Director of Corporate Affairs reported that an inspection from Care Quality Commission raised some areas of concern. The Trust took this very seriously and an action plan was developed. Significant improvements were found when the Care Quality Commission revisited in August this year.

St Georges will also be one of the first Trust's to go through the Care Quality Commission's new inspection regime. Also the Trust is now in the lowest band of risk across the country for quality of services.

A panel member said they were concerned that there was no additional funding for excess winter deaths yet there is a high incidence of this problem in Merton.

The Chief Nurse reported that the funding is being directed to the areas with the most challenges. They will be working closely with the Clinical Commissioning Group to mitigate the challenges.

A panel member asked about levels of temporary staffing within the Trust, it was reported that there is a policy on the numbers of trained and untrained nurses. This year they have trained one hundred intensive care nurses and managed to retain seventy.

A Panel member asked if the Trust use relatives or carers to help with feeding. The Chief Nurse agreed this was the case they also use volunteers, especially in the older people's wards. However they still believe that feeding and nutrition is the nurse's responsibility.

A panel member asked why the Care Quality Commission had an issue with their record management. The Chief Nurse reported that they had found that some records were not kept securely and were left on Nurse's stations. Also a patient's observation chart was found to be marked incorrectly. Nothing happened as a result of this although it could have put the patient at risk.

A panel member asked about the Care Quality Commission's ratings on management of medicines and care to patients. The Chief Nurse reported that they did not have a consistent process for monitoring temperature on drugs fridges, although the Care Quality Commission were satisfied that there had been no harm to patients. In regards to care to patients, patients in the cancer ward particularly reported low ratings for experience, even though the clinical outcomes were very good. As a result of this an action plan was developed. It was recognised that there was a poor clinical environment. The action plan includes more contact with specialist nurses and training for staff.

A panel member said there is huge variation in service between wards; therefore instant electronic feedback would be helpful.

The Chief Nurse said important signals come from family and friends. A number of changes have been put in place to tackle variation in service between wards including uniforms to make senior staff visible and ensuring that they spend at least half their time supervising the wards. There is also a leadership development programme.

## 7. BUSINESS PLAN UPDATE 2014-2018 (Agenda Item 6)

The Director of Corporate Services said that this report focuses on the capital programme. The main work relevant for this Panel is the replacement of the social care system. In regards to the Medium Term Financial Strategy, the gap is £18 million in 2017-18. The new department savings target is £2.3 million. In years 2014-15 the closing the gap reserve will be used, as the aim is to help departments with these changes. Further proposals will be brought to the scrutiny Panels in January.

A panel member said there is significant increase in the 80 plus age group which will put pressure on the budgets in treating conditions such as dementia and Alzheimer's.

Councillor Linda Kirby said that there is a delicate balancing act in meeting the needs of a range of vulnerable groups.

A panel member said that if domiciliary care is not well resourced this can lead to further costs further down the line.

A panel member asked for reassurance that the new IT system will work. The Director for Corporate Resources reported that the Directors were the joint leads for the projects and all staff will be provided with the necessary training for the system.

A panel member asked about the impact of freezing council tax. The Director of Corporate Services said that there would be an on-going negative impact over time. We need to decide what level would be balanced against the impact on households.

A panel member asked what level of business rates we will be able to retain and what will be the impact of the Community Infrastructure Levy.

The Director of Corporate Resources reported that we will be able to keep 30% of our business rates; the Community Infrastructure levy is likely to be less beneficial than section 106 monies.