

Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

6 SEPTEMBER 2022

(7.15 pm - 9.15 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Max Austin, Councillor Caroline Charles, Councillor Eleanor Cox, Councillor Simon McGrath, Councillor Slawek Szczepanski and Councillor Martin Whelton

Keith Burns (Head of Commissioning and Market Development) and Dr Dagmar Zeuner (Director, Public Health), James Blythe, (Managing Director for Epsom and St Helier Hospitals, Jacqueline Totterdell (Group Chief Executive), Mark Creelman (Locality Executive Director)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

No apologies were received.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed as true and accurate record.

Cllr Simon McGrath requested an update on ward boundaries from partners come to the panel. Following the meeting, the Health and Wellbeing Board Partnership Manager confirmed that whilst they are in the process of updating this data, it won't be publicly available until after the HWBB at the end of November.

4 PROPOSALS FOR THE FUTURE OF ROWAN SURGERY (Agenda Item 4)

Firstly, we want to acknowledge that we are not where we would want to be with the GP surgery and acknowledge that there have been years of frustration around possible new builds, so we want to start from a place of acknowledgement.

The current contract with the current provider ends on the 31 October and they've indicated they do not want to continue. Their lead clinical GP served notice of resignation which therefore leaves the practice with no clinical leadership or clinical supervision. Over the last five years we've had four different providers try to make the Rowans work and at the same time we have had a dwindling patient list, which is currently just under five thousand. We are recommending that we disperse the list, shut down that practice, and support people to re-register with surrounding practice. We believe this will ensure these three things:

- better access to primary care
- better continuity of service
- better quality of care

Currently we are running a series of engagement events - one was a face-to-face engagement at New Horizons, we've got another virtual event on the 13th and then a drop in at the practice on Thursday where we can talk to individuals about their concerns and their individual circumstances.

Local practices around Rowan's have all identified that they do have capacity to take additional patients.

If the decision is to proceed with the dispersal, we would write to all patients offering online and in person registration, we'd identify with the practice those that are most vulnerable and support them in re-registering to another practice.

In response to questions from the Panel Members, the Locality Executive Director answered:

In the long term we are fully committed to a new primary care facility incorporating GP services, primary care services alongside community health services such as cervical screening, immunisations, diabetes and postnatal care.

Across the four providers who have covered the surgery in five years, they have struggled financially to make the service viable. They couldn't really afford to run the services because the income they were receiving wasn't enough to generate the workforce to meet the need.

We anticipate this change will bring better access to services and although some people may have further to travel, the benefits to patients in terms of quality and safety will benefit patients overall.

Councillor Fraser commented on her experience of the surgery over many years as well as the need to tackle health inequalities in the borough with actions rather than words. People living in that part of the borough feel that local services are being taken away from them rather than provided for them

The Locality Executive Director responded that the new build is about ensuring that the people of east Merton and the surrounding area have access to quality services.

5 BUILDING YOUR FUTURE HOSPITALS - PROGRAMME UPDATE (Agenda Item 5)

James Blythe, Managing Director for Epsom and St Helier Hospitals, and Jacqueline Totterdell, Group Chief Executive, gave an overview of the report as read.

We have been working as part of the national new hospitals programme to start developing the detailed plans for the hospital and as part of that we are working very closely with Sutton Council in terms of the planning and the

access requirements to the new hospital.

We are also working closely with the NHS, locally in Merton and Sutton and the relevant area of Surrey, to ensure that our plans remain fully aligned with local health and care plans and local strategies tackling the wider health needs of those populations

We had hoped to open the new specialist emergency care hospital in late 2025 or early 2026, however we now know that it will not be ready until 2027 at the earliest.

In response to questions from Panel Members, the Managing Director provided further information.

It is not correct to say that the budget was cut by a £100million – We have never received an instruction that the budget is cut by a hundred million pounds.

The program is looking at collective approaches to procuring and, in some cases, constructing these new hospitals as much as practicable. The intent of which is to offset some of these inflationary pressures and ensure that the taxpayers get good value for money. For example, whether there can be some common design and manufacture elements, whether we can have a single way of designing a hospital room, of how bathrooms fit within the hospital rooms, whether there is a consolidated design for a ward or if digital elements could be designed and purchased on a consolidated basis.

We are very clear about the clinical model and the level of capacity that we need to provide.

There is no clear date in terms of planning applications yet.

There are severe constraints in the overall construction market now and that is one of the reasons we're working really closely with the national program to try and offset that wherever possible, but it would be far too premature to say that we are not susceptible to further delays.

There was very extensive consultation process undertaken with residents which was given very high praise by the consultation institute. There were public meetings, focus groups and surveys, all of which is summarised in the original decision-making business case and consultation outcome.

We have set up a patient panel and we are using that panel to find local service users to engage on specific questions as we continue with the development.

It is important to say that the decision was made by the commissioners for Southwest London and Surrey, and it was based on the needs of the whole catchment and how the whole catchment should be served.

With regards to communication and community engagement, we've continued to put out newsletters, we've got our people's panel and many of the senior staff in the trust and the wider hospital group have continued to attend meetings and give updates. If there's anything that any individual Council or stakeholder wants to suggest that it would be helpful to get an update into, we're very happy to do that and tailoring our communication to what works for a particular local community.

The Group Chief Executive elaborated on the Digital Strategy - one of the proposals is in the early stages of implementing an electronic patient record. At the moment we have a patient administration system which is paper based, so we are in a 2–3-year process to move to digitising all of our notes and having a fully electronic patient record. It is also now possible to get medical equipment that will automatically give your results and critical readings directly into the patient records.

We look at the evidence around health inequalities including what access you have to good housing, education and local health. If the evidence pointed towards local hospitals doing everything, we wouldn't have in London some of the best stroke outcomes in the world and neither would we have some of the best trauma outcomes in the world.

The Cabinet Member brought attention to the fact that on the 15th of June 2022, the Leader of the Council wrote to Sarah Blow with a series of questions which have yet to be answered. The Managing Director agreed to check with the Integrated Care Board to ensure it is responded to.

The element of maternity services that will move to the new site will be the labour ward and the birth centre only. The antenatal and postnatal services will remain on St Helier.

The Panel RESOLVED they would like to receive an update on what is going to be available at the Belmont site so that the wider community can also be informed.

The Chair thanked the NHS representatives for attending the meeting and for facilitating the visit to St Helier.

6 INTEGRATED CARE SYSTEM - GOVERNANCE UPDATE (Agenda Item 6)

Mark Creelman described the Integrated Care System as a partnership of organisations that join up and deliver services that improve outcomes for our residents.

The Integrated Care System splits itself into two governing boards. The Integrated Partnership has health and well-being board chairs, representatives from the voluntary sector, health watch etc. The Integrated Care Board is the NHS part of the of the system.

Following discussions, Mark Creelman committed to bringing an update to the next scrutiny meeting about some of the initiatives, particularly around inequalities, that are being looked at and appearing at the next health and well-being board.

The Chair requested a further update at the next meeting.

7 FUTURE COMMISSIONING OF HOME CARE SERVICES (Agenda Item 7)

Our existing home care contracts have just over two years to run although there are opportunities to end the contract earlier than that if we choose to.

Home care, particularly for older people, is an incredibly important key element of how we respond to social care need and it's a critical component of enabling people to remain in their own homes and communities for as long as possible.

The report summarises the current contractual arrangements, it notes that those current arrangements have generally worked reasonably well, and that the home care market nationally is a very fragile market, particularly in London, but we've managed to maintain capacity and maintain delivery at a local level. However, we are starting to see more and more challenges around that as the workforce issues become greater for providers due to the cost of living and cost of running a business.

The report talks about some of the ways in which we might want to think about a slightly different model for the future and identifies a number of key issues that that we will need to determine before we commence any commissioning process. This is an early opportunity for the Panel to be aware that we will be recommissioning these services at some point in the next two years and that may be something that the Panel would want to consider as we move through that process.

In response to questions,

In relation to the London living wage, the Council isn't yet a London living wage accredited organisation. There is a paper going to Cabinet this month that will seek agreement to become an accredited London living wage Council and that would mean that we could either choose to amend the existing contracts to pay the London living wage or we could do that as part of the recommissioning process. There is a significant financial impact, more than £1million a year, to implement the London living wage.

We are in the process of undertaking a nationally required exercise in relation to determining the fair cost of care and the proposals around that will be going to Cabinet in October, prior to being submitted to the Department of Health and Social Care.

A Member requested an additional recommendation B be added that "it should be made a contractual requirement that care workers be paid, as a minimum, the London Living Wage".

This was seconded and moved to a vote. There were four votes in favour and five against. Motion fell.

A Panel Member moved an amended version of the recommendation of "it should be made a contractual requirement that care workers be paid, as a minimum, the

London Living Wage. This is subject to consideration of the forthcoming Cabinet paper and the full financial implications for the Council”.

This was seconded and moved to a vote. There were five votes in favour and four abstentions. Motion carried.

The Panel RESOLVED that “it should be made a contractual requirement that care workers be paid, as a minimum, the London Living Wage. This is subject to consideration of the forthcoming Cabinet paper and the full financial implications for the Council”

8 WORK PROGRAMME 2022-23 (Agenda Item 8)

The work programme will be discussed at the next meeting.