

Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

20 JUNE 2023

(7.15 pm - 9.40 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Caroline Charles, Councillor Eleanor Cox and Councillor Slawek Szczepanski

Phil Howell (Assistant Director for Strategy and Improvement) and John Morgan (Executive Director, Adult Social Care, Integrated Care and Public Health)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Cllr Simon McGrath (with Cllr Tony Reiss as substitute), Cllr Joan Henry (with Cllr Sheri-Ann Bhim as substitute), and Cllr Max Austin (with Cllr Michael Paterson as substitute).

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Panel Members confirmed that these are a true and accurate record of the previous meeting.

The Chair reminded NHS colleagues that under the Health and Care Act 2022, Health Scrutiny Committees, such as this one, have the power make reports and recommendations to NHS bodies and receive a response within 28 days.

4 ADULT IMMUNISATIONS IN MERTON (Agenda Item 4)

The Chair welcomed NHS Representatives, Susan Elden, Rylan Grocock and Eleanor Walker-Todd. An overview of the adult immunisations available was given to the Panel.

The PPP vaccination protects against pneumococcal infection. These infections can lead to pneumonia, blood poisoning and meningitis. All adults over the age of 65 and those with long-term conditions are eligible for this vaccination.

The second adult vaccination available is shingles. This is caused by reactivation of the chickenpox virus and the vaccine helps to reduce severity of the disease. This vaccine is available on the NHS to adults from 70 to 79 years of age.

The third vaccination that's available is a flu vaccination which is a seasonal vaccination that we offer every year to those aged 65 and above and also to those with long-term conditions again this helps reduce the spread of flu within the population and also reduces the severity efficiency of the disease
Currently London performs lower than the national average across all of our immunisation programs. Some of the reasons for this is that London has a highly mobile population, a large migrant population, and areas of high deprivation.

There are also marked differences in uptake across the vaccination programs between groups, and these tend to mirror patterns seen in inequalities for wider health outcomes.

In terms of the flu vaccine, overall uptake in Merton is similar to the rest of London, it's slightly higher than Southwest London for those aged 65 and above and similar to Southwest London for those with long-term conditions. Referring to the chart on page 13, uptake of flu also varies significantly by ethnicity.

PPV uptake in Merton is 65% which is slightly lower than the London average. Shingles uptake is only 33% in Merton, which is lower than the London and Southwest London average.

We are laser focused on coverage and equity and we do need to work more with communities directly around awareness, and on the equity front we need to be thinking about those pockets of deprivation and working much more closely with our integrated care board colleagues and the Local Authority on how we can work within the populations where that uptake is low.

In response to questions from Panel Members, further information was given:

Asylum Seekers are included within the immunisation programmes, and all can access those and there is heavy outreach done within those communities locally and across the region.

With regards to languages, we have completed a language audit regionally, looking at what we already had that was translated and then where the gaps were. We collated that information and sent that back to UK HSA who produce those materials.

In terms of ethnicity - 'white other' is specific group that is really challenging because we don't have the data breakdown on who is included within that and so we work very closely with our local authorities but also with our integrated care boards to understand what white other communities look like.

National and Regional immunisation strategies are very near to being published.

The Chair thanked the NHS Representatives for their attendance and requested they return to a future meeting with an update and more data to see how things are progressing.

Dr Josephine Ruwende (Consultant in Public Health and the Cancer Screening Public Health Lead for NHS London) gave an update on cervical and bowel cancer screening in London and Merton.

NHS England are responsible for directly commissioning screening and immunisation services and our priorities relate to ensuring that these services are of high quality, and they meet national quality and performance standards. We also lead on transformation of these programs including changes to the eligibility criteria, introduction of new immunisations and new screening tests and increasingly we want to focus on improving the populations health outcomes.

One of the things that we will be focusing on over the next 18 months is eliminating cervical cancer through a combination of increasing cervical screening coverage and HPV immunisation.

Bowel cancer screening is offered to men and women, and it's done via an at home test kit.

Merton is above the London average for bowel cancer screening coverage.

In terms of the work that we are doing to improve uptake and to reduce health inequalities in both programs,

- We want to expand the bowel cancer screening program to offer it to people from age 50.
- Keen to introduce home testing/self-testing for cervical screening
- Make marketing communication an integral part of the NHS England core offer because of the success of our campaigns and we know that they can be very effective in terms of reaching people from different languages using different channels
- We are currently working on developing pathways into cancer screening for people experiencing homelessness.

In response to questions:

- We offer both screening programs to people with severe mental illness and forensic secure units across London.
- We commission a specialist cervical screening service for victims of sexual violence.
- Our cervical cancer screening campaign, which we ran last year, featured specific messaging targeting transgender and non-binary people via their community platforms. Transgender people who change their sex to male will not be invited automatically to screening so there has been an associated piece of work over the past three to five years, working with primary care, to ensure that they either invite themselves or the GP surgery invites their transgender and non-binary patients to screening.

The Chair thanked Dr Jo Ruwende for attending and answering questions.

6 ESTATE CHALLENGES AT ST HELIER HOSPITAL (Agenda Item 6)

The Chair invited James Blythe (Managing Director for Epsom and St Helier), and Andrew Asbury (Group Chief Infrastructure, Facilities and Environment Officer) to update to the panel on the estate challenges.

James Blythe talked the Panel through the slides.

Testament to the work of the Estates team and of our clinical teams that we have a CQC Good rating in the context of these very significant challenges.

We're developing several strategies, including a Group Sustainability Strategy to help us achieve NHS Net Zero target, and a Group Estate Strategy which will bring together our plans for the estate for the next five to ten years.

Since 2020, approximately £30million has been spent specifically on addressing some of these estates challenges and we are planning on spending another £7-8million this year.

The Building Your Future Hospitals program is the reconfiguration of Epsom & St Helier to consolidate six major acute services into a new specialist emergency care hospital based in Sutton. This is part of the Government's new hospitals program.

In response to questions from Panel Members, the Managing Director for Epsom & St Helier stated:

- Following the Secretary of State commitment that the 'Building Your Future Hospitals' programme will "now proceed and be fully funded" and it will be delivered by 2030, we can now proceed with enabling works.
- We believe the presentation given supplies all the information requested from Members, including the impact of disrepair on patients, staff, and safety.
- Outline business case approval has not yet been given – We need to discuss the future configuration and phasing with the national New Hospitals Programme.
- New configuration allows us to bring 24/7 urgent treatment and there is evidence the consolidation of acute services improves quality and patient experience. We will keep urgent treatment centres at St Helier and at Epsom and at the specialist emergency care hospital.
- Aim to keep 85% of patient contact at St Helier. For older people typically they will have a significant number of outpatient services.
- Capital Estates Plan reviewed yearly.
- The board recently approved a green plan for Epsom & St Helier and are therefore in the process of establishing a group sustainability team to help with the plans across all our sites to deliver Net Zero.
- Covid pandemic showed how important ventilation, space, single room numbers and modern ward configuration are.

7 WORK PROGRAMME - TO FOLLOW (Agenda Item 7)

The Executive Director for Adult Social Care, Integrated Care and Public Health updated the Panel on what was agreed at the topic workshop discussion.

All the topics put forward for the coming year were agreed except for vaping and substance misuse. Topics agreed were:

St Helier updates - Request that James Blythe and his colleagues return with updates on the status of the planned new build and capital repairs to the St Helier building. It was requested that a further update is presented near the end of the year (six months after tonight).

The Panel would like to undertake several visits to St Helier hospital to look at the state of disrepair.

Men's and women's health - The focus for women will include the menopause, gynaecological health, and breast cancer, with a focus on prevention, as well as younger people and how they are prepared for the menopause.

The focus for men will be on prostate cancer, heart health and possibly one other topic such as bowel cancer which was just discussed just now and again looking at prevention, treatment, and the rates of testing for that client group.

Wilson Wellbeing Hub and the Rowans and Collier's Wood GP surgery - Report to specifically cover the timeline for delivering those services and what the clinical models will be. There was also request from our young inspector around the Wilson Wellbeing Hub, around how the service is linked to Children's Mental Health Services and what services will be available to young people.

Adult Social Care's Home Care contract - We provide eight and a half thousand hours of home care a week to approximately 1500 people a year in Merton, at a cost of between £10-12million. We are going through a procurement exercise now to implement a new model in October, and it was agreed that model would be looked at in the new year.

Carers Strategy 2021-2026 - we've got a high number of informal carers in Merton that provide a huge amount of unpaid care to their neighbours, friends and loved ones and the panel agreed they would like to scrutinise the strategy.

Task group - a look at the Care Quality Assurance preparedness now that adult social care is part of the quality assurance regime.

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