

Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

5 SEPTEMBER 2023

(7.15 pm - 9.20 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 Joan Henry, Councillor Simon McGrath and Councillor Slawek Szczepanski

Octavia Lamb (Policy and Scrutiny Manager) and Graham Terry (Assistant Director Adult Social Care), Mark Creelman (Place Executive - Merton & Wandsworth), Graham Terry (Interim Assistant Director, Adult Social Care), Dr Ganaseratnam, Dr Worthington, Lola Kareem (Young Inspector), Kezziah Hallam (Participation and Engagement Worker)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies received from John Morgan, Executive Director of Adult Social Care, Integrated Care and Public Health, with Graham Terry, Assistant Director, standing in.

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 of the previous meeting were approved.

Councillor McGrath asked about page 5 visit to St Helier and update on consultant's report commissioned by Cabinet on St Helier. Chair responded that the visit has not yet taken place and will get back on the report. Councillor McCabe said the report is in its final stages and will be circulated shortly.

The Chair welcomed the Young Inspector, Lola Kareem, to the meeting.

4 SW LONDON PRIMARY CARE STRATEGY (Agenda Item 4)

Mark Creelman introduced the report and introduced Dr Worthington and Dr Ganaseratnam. He drew particular attention to the pillars of Access, Prevention, Continuity of Care and Multidisciplinary Teams, all under the umbrella of tackling Health Inequalities. Dr Ganaseratnam spoke on evolving ways of capturing data. Dr Worthington spoke on cloud-based telephony services and the rollout to all practices,

and also that practices are focussing on care navigation roles because they recognise that not everyone can be digital. Dr G talked about Primary Care Networks including proactive care plans for people in care homes. Award-winning social prescribing service in Merton – expanding it into children and young people. SW London investment fund – Inequalities and Innovation – funding for piloting new ideas and improving sustainability. Dr W talked about Integrated Neighbourhood Teams. Want to use Merton pilot new ways of working.

Councillor Attawar asked about GP appointments and how difficult it is. Are GP practices still operating under Covid rules? MC responded that the data we receive now shows that we provide more appts than we did before Covid. Combination of face to face and online. We want to get to a standard where there are multiple routes of access and take specific examples that are brought to us and learn from them. Dr G confirmed surgeries are not operating under Covid rules, and according to the data over 90% of appts are being made available for within two weeks (which meets national targets), and 40-50% on same day. We are always working to understand needs and demand, and Primary Care Networks listen to the experience of patients and surgeries. Dr W said we also need to consider wider Primary Care Team and making sure patients are also accessing eg Community Pharmacists. Merton benchmarks quite well on GP appts. MC says there is need to communicate options to patients more clearly.

Councillor Gould said that she has residents who have had a 2 or 3 week wait for appointments for their children. Is there any prioritisation for GP appts? What is Merton Health Limited? MC responded that the data might be slightly misleading as they have gone up so we need to refine to reflect this. In terms of children and young people can we please look into this incident offline as that is unacceptable. Planned appts are valuable too. Merton Health is the federation of all our GP practices – a mechanism to work at scale and to respond eg during Covid. It is not technically an NHS organisation, but neither are GP practices, but it does hold NHS contracts.

Lola Kareem asked about the app – not being able to book another appt when you already have one. She also asked about pharmacy closures impacting on access to healthcare for young people. MC confirms it is about using GPs and pharmacists, not one or the other. Need to map any gaps there are in delivering through pharmacists. He will take away the question on the app, but he does know it is always being developed and improved. LK confirmed it is difficult to use for people with disabilities. MC will feed this back. Dr G responded about integrated access and doctors working to understand patients' needs.

Councillor Szczepanski asked what the cohorts are identified by the PCNs. MC will have to take that away and get the list and circulate to the panel.

Councillor Henry asked about access to appointments and whether GP practices share appointments. Dr G said there are 3 types of appointment: 1. An appt at a specific practice for patients registered there; 2. A shared appt capacity at PCN level; 3. Borough level capacity provided by the federation for evenings, weekends and bank holidays.

Councillor Austin asked about health inequalities – can you share a little bit more on the detail about what the story is about health inequalities in Merton, and how are you measuring what is being done to reduce? MC responded that as well as the Joint Strategic Needs Assessment Data (borough level, deprivation) they use, there is also “Core 20 plus 5” which measures the 20% of the population that are most likely to need intervention. From this, broadly those with a BME background are more likely to

have poor health outcomes, as are PCNs in deprived areas in the East of the borough. There is also learning from Covid. Dr G talked about an evolving dashboard provided by SW London. Trying to link up data sets.

Councillor Cox asked about measuring missed appointments and about signposting to other options. Dr G agrees we need to make health system more accessible hence care navigation training. This is part of signposting different pathways. MC said we are on a journey with data, including looking at missed appts. Important to have system where people can also self-manage their healthcare with support. Aiming to build a directory of services and information for the people of Merton. Dr W said anecdotally there are far fewer non-attendances than there has been and each practice will have a policy about non-attendance because sometimes it will be due to a vulnerability in the patient. If children miss appts there is a safeguarding process that is followed up.

Councillor Charles asked about Integrated Neighbourhood Teams, but there also needs to be a place for very vulnerable people to have dedicated professionals and not a high turnover of different faces. MC agreed that continuity of care and continuity of contact is very important so key to find the balance. Dr G talked about this within role of Care Coordinators.

Councillor McGrath asked about Merton Health Limited and about how Merton healthcare contracts with NHS services and how that works. Dr G responded that MHL is converting to a community interest company. MC said that MHL has a good CQC rating. It is bound by all contracting and procurement rules.

The Chair talked about the difficulty in being able to book GP appts and asked what is being done to help the community. Can we have a monthly update on the practices and whether improvements are happening? MC we will take the improvement challenge away with us and we recognise that digital is not the way for everyone to access services. There are workforce capacity challenges. Regarding secondary care appts for cancer patients. Strikes have had a significant impact on these appts. There are plans in place particularly around critical care. Will work with officers to get monthly reports. Dr W responded that as a GP she always works for patients first and foremost. Practices can raise quality alerts around things like 4 missed appts in a row. Asked for clarity on what data would be of use to bring to the panel monthly. Councillor Austin for publicly digestible information about healthcare to communicate to his community forums. MC welcomed this.

Graham Terry talked about Adult Social Care and the Integrated Neighbourhood Teams relationship and opportunities, and the success of social prescribing.

Councillor McCabe asked if complaints can be made on behalf of patients. Dr G talked about challenges in access and the importance of us all working together. MC added that all the work on the Strategy is underpinned by engagement with communities which needs to be an ongoing dialogue. If people aren't able to complain directly to GP they can go to the ICB who will advocate on their behalf too. Dr W confirmed that someone else can complain on a patient's behalf as long as they have consent. Please do raise concerns with practices. All complaints are recorded and themes explored.

- 5 UPDATE ON PRIMARY CARE SERVICES IN: MITCHAM WELL-BEING HUB AT THE WILSON, ROWANS SURGERY AND COLLIERS WOOD SURGERY (Agenda Item 5)

Mark Creelman introduced the report, paying specific attention to the rise in the cost of building materials and therefore the challenged finances and finding value for money, and therefore how the projects are being prioritised. NHS is committed to all these projects but need to prove value for money at every stage of the process.

The Chair expressed deep concern especially around the delay to The Wilson and the impact on health services for the east of the borough. MC acknowledged this.

Councillor Attawar expressed disappointment about installing a third floor at Colliers Wood despite it having been previously successfully challenged. MC confirmed it has not been agreed, it is just one of the options that has been proposed.

Councillor Gould asked for the committee to receive monthly updates on the progress of these projects rather than only ever 6 months at a time. MC agreed and said they have committed already to give monthly updates to the Leader and Cabinet Member and other stakeholders. Councillor Gould also asked that breast cancer screening facilities be included in the plans for the Wilson. MC confirmed that the process for breast cancer screening coming to Merton is continuing including deciding where the best location would be (incl the Wilson in this).

Councillor Henry asked about the budget for the Rowan Surgery site. MC clarified that the funding mechanism are different across different sites. The Wilson is capital funding. With the other two the developer is putting the capital in and then the services are revenue. Key is working with the PCN about what services can be delivered from there. Decision on services will ascertain where the money comes from.

Councillor McGrath asked about the decision making around the Nelson, historically. MC is unaware of how the Nelson was funded.

Councillor McCabe expressed concern that colleagues in the east of the borough are being continually let down and frustrated. In his role he is very clear with the NHS that any talk around tackling health inequalities will only be judged by actual action. MC responded in acknowledgement of this frustration. Concern also around conflicting demands for finances nationally due to the RAAC issue.

6 WORK PROGRAMME (Agenda Item 6)

Chair requests to add in monthly reports and also to invite NHS colleagues back to the January meeting.

Councillor McGrath requested that the consultants' report on St Helier be added to the next meeting. On the update to St George's could we request they also include information on maternity services.

Councillor Henry requested the visit to St Helier be followed up.