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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

2 JULY 2015

(19.15 - 21.25)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Mary Curtin,
Councillor Brenda Fraser, Councillor Sally Kenny,
Hayley James, Councillor Laxmi Attawar and
Councillor Michael Bull

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies of absence were received from Councillor Suzanne Grocott

2 DECLARATION OF PECUNIARY INTERESTS (Agenda Item 2)

none

3 MINUTES OF THE MEETING HELD ON 17 MARCH 2015 (Agenda Item 3)

The minutes were agreed as a true record of the meeting

4 UPDATE FROM EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST (Agenda Item 4)

Daniel Elkeles, Chief Executive of Epsom and St Helier University Hospitals NHS Trust gave an overview of the report highlighting that St Helier was the only hospital in the country to achieve their targets on accident and emergency. However improvements need to be made in infection control as seven people were affected. The Trust had a financial surplus through selling land, in reality this masks a small deficit. The Trust is addressing a number of challenges:

Staffing – there are currently five hundred vacancies. This is largely due to the uncertainty surrounding the future of the hospitals. In response the Trust has developed a five year strategy, guaranteeing that the hospitals will remain open for the next five years. This has provided the required reassurance and the Trust has been able to recruit people through open days.

Variability of care – standards of care can fluctuate based on the time of day and between the different hospitals. Evenings and weekends can be particularly problematic.

Quality of the Estate – the low quality of the estate is a significant problem affecting the quality of care. Many of the departments are not situated in the correct place causing clinicians to have to travel across the sites. An extra £1million is spent on

some services due to the poor quality of the estate these include; cleaning, maintenance and energy costs.

Daniel Elkeles paid tribute to the staff at the Trust who provide an excellent service often in difficult circumstances. This was demonstrated when St Helier remained fully functional during an IT failure.

The Trust will begin engagement with the local community over the summer to determine what people would like to see in a new hospital. A panel member asked how the Trust will raise the money for a new hospital. Daniel Elkeles reported that it is still early in the process however the only way is by a loan from the government and the Trust will need to develop a business case.

A panel member asked how the Trust will reduce infection rates. Daniel Elkeles reported it can be tackled through improved practice such as improving catheter use and ensuring everyone has clean hands. Other causes relate to the old crumbling buildings which makes the environment more susceptible to infections.

A panel member said that people want a new hospital but will be concerned about where it is located. It was added that every local campaign had been to keep the hospital on the current site and there would be strong resistance to moving it. Lisa Thomson Director of Communications said the purpose of the community engagement exercise would be to find out people's priorities for a 21st century hospital. The comments from the community will help to shape the options for the future of the hospital.

A panel member asked if one part of the estate has specific problems with infections. Daniel Elkeles reported that infections are not located within any specific area, but are caused by a number of reasons including; not having enough single rooms, the beds are too close together, and the fabric of the hospitals are difficult to maintain.

A Panel member congratulated the Trust on their commitment to St Helier and the estate. However there is great concern over the recent incident where the national press reported that consultants were overheard talking about future plans to create a super hospital in Sutton to replace Epsom and St Helier. Were the consultants paid for their work after the incident? Daniel Elkeles said they were embarrassed by the incident and understand that it could damage trust with the local community. The conversation that was reported did not reflect the discussions that took place in the hospital. The Trust took legal advice and the contract was re-negotiated to a substantially reduced amount. The level of the reduction cannot be disclosed due to commercial sensitivity but the consultants were paid around £93-97,000.

A panel member asked if there is a secret plan to close St Helier hospital Daniel Elkeles responded that this is not the case.

A panel member said they had a strong impression that the Better Services Better Value Review had a pre-determined outcome and as a result the local community had little faith in the proposals for hospital services. There is also anecdotal

evidence that some people feel their voice doesn't count and the decisions about St Helier will be based on the influence of the rich and powerful.

Daniel Elkeles said everyone in the catchment area is equally important. The Trust motto is 'Great care to every patient every day'. The Better Services Better Value review was a commissioners report and it was not supported by the providers.

A panel member asked if it was possible to take forward previous proposals to build a new hospital opposite the current St Helier site. Daniel Elkeles said the proposed site is metropolitan open land, therefore it is possibility and could be a cheaper option but the various options need to be modelled.

A panel member highlighted that millions of pounds have already been spent investigating possible land for a new hospital. The Trust is urged to make use of this information rather than spend more money on consultants. Daniel Elkeles said the all the historical information is available and will inform the review.

Lisa Thomson informed the Panel that the feedback from the community is scheduled for the October Board meeting but the Trust will need to work in conjunction with other reviews happening across the NHS in Southwest London.

RESOLVED

The Trust were thanked for their work and will be invited to a future panel meeting to provide an update on their discussions with the community

5 MERTON MENTAL HEALTH STEP DOWN ACCOMMODATION (Agenda Item 5)

Mark Clenaghan, Head of Operations, South West London and St George's Mental Health Trust gave an overview of the report stating that 7,000 Merton residents are treated for a mental health issue, 250 will go into hospital, 30 require accommodation for a short period after the acute phase has been treated; this is what is currently being reviewed. The Norfolk Lodge accommodation is owned by a private landlord. The current accommodation doesn't meet the required quality standards. It is not suitable for mixed gender accommodation and does not have en-suite bathrooms.

Mark Clenaghan reported that eighteen months ago the proposal for Norfolk Lodge included a reduction in service; this is no longer the case the plans are now for a re-provision of the service.

A panel member asked what will happen to residents if the new provision is not ready by September. Mark Clenaghan said interim arrangements are being put in place including block or individual placements.

Panel members asked if the quality will be maintained and if existing residents will be required to move out of Merton. Caroline Farrar, Assistant Director of Commissioning and Planning said people may be required to move just outside the borders but not

long distances away from the borough as this could have a detrimental impact upon their rehabilitation.

The Chair said this issue was brought to the panel two years ago when a proposal was developed to close Norfolk Lodge, without consultation with those affected. These concerns about lack of consultation remain, the Clinical Commissioning Group and the Mental Health Trust were aware of break clause in the accommodation contract, as well as the condition of the building. Despite this, the consultation process was not conducted in a timely fashion. Notice to end the lease was given in March but there is no alternative provision in place and people may suffer as a consequence. There are concerns that the voluntary sector may not have been sufficiently consulted to ensure they have the resources to support this work, also it is not clear if the ring-fenced funding is set at the level that it should be.

Mark Clenaghan said Norfolk Lodge has been part of two wide ranging reviews, but the momentum was not been built as it should have been. Approximately £650,000 has been ring fenced for step down mental health services which will provide more services than the current provision with Norfolk Lodge as there will be more value for money from the private sector.

The Chair accepted a question from Laura Johnson, Rethink Mental Health.

Laura Johnson said the closure of Norfolk Lodge has come as a shock, Rethink were invited to an informal working party in April. There is a cut in beds from eleven to six or seven. People in Norfolk Lodge have complex needs for example a service user can have autism and schizophrenia. Norfolk Lodge provides good assessment of need. There has already been a cut in acute beds for mental health patients from 140 to 126-128.

The tender for the new provision went into the Wimbledon Guardian today and although it has been accepted that interim placements will be found there are concerns about where they will be. Norfolk Lodge has run successfully for seventeen years without complaints from the wider community which is evidence of its success.

Mark Clenaghan said they will be working with a range of providers, service users and carers to find suitable placements.

RESOLVED

The Panel were concerned that MCCG and the Mental Health Trust has already served notice to end the lease at Norfolk Lodge. It is important they work closely with service users to agree interim arrangements. There must be full consultation on the long term plans for step down accommodation. Also there needs to be clarification on what level of provision will be available for this service.

RESOLVED

The Panel agreed to look at the prevention agenda and impact of the cuts in adult social care at the next meeting. The Panel agreed to prioritise the list of suggested topics and the Scrutiny officer will collate this information and develop a draft work programme to be agreed at the next meeting