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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

3 SEPTEMBER 2015

(19.15 - 20.35)

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

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Hayley James and Myrtle Agutter

### 2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

### 3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Panel agreed the minutes as a true record of the meeting

### 4 PREVENTING INCONTINENCE AMONGST WOMEN OF CHILD BEARING AGE - MERTON CLINICAL COMMISSIONING GROUP RESPONSE TO RECOMMENDATIONS (Agenda Item 4)

Catrina Charlton, Senior Commissioning Manager gave an overview of the report stating that services for urinary incontinence cuts across a number of areas including; planned care, maternity and elderly care. As Merton Clinical Commissioning Group do not commission maternity services, they are working with partners in the South West London collaborative to deliver the recommendations in the task group report. The aim is to develop a unified service specification where continence issues are included and addressed.

A panel member asked for confirmation on the timescales for delivery. The Senior Commissioning Manager reported that it will be implemented during 2016/17 although this needs to be confirmed with the maternity network.

A panel member asked if staff are involved in implementing the task group recommendations and understand the impetus to improve continence services. The Senior Commissioning Manager reported that staff will be responsible for asking patients if they have had the relevant continence checks. A patient survey will provide feedback from this process and ensure that the relevant questions are being asked.

A panel member asked what monitoring, review and evaluation processes will be put in place. The Senior Commissioning Manager said a number of different pathways were responsible for implementing the recommendations.

The Chair asked for lead officers within each of the pathways to report on their work as the Panel would like clarity about what will be achieved and the associated timescales. The Senior Commissioning Manager said the continence service is currently out to tender, MCCG has strengthened the specification for urinary incontinence in light of the task group recommendations.

A panel member asked what success will look like in relation to the proposed changes to the continence service. The Senior Commissioning Manager said the results of the patient survey will be a measure of success. Also when more people come to the service to get help and advice and there is greater awareness about what services are available.

A panel member asked what progress had been made to date. The Senior Commissioning Manager said a foundation for this work has been put in place. The task group report has raised the profile of the issue, the maternity services spec has been developed and shared with the sector.

A panel member asked how MCCG will reach hard to reach groups in regards to continence services. The Senior Commissioning Manager said they will work closely with the public health team to achieve this aim.

Julia Groom, Consultant in Public Health said health visitors will have an important role in talking to people about urinary incontinence. The transfer of health visitors to public health will provide a useful opportunity to ensure these messages are embedded into statutory organisations.

The Senior Commissioning Manager said MCCG will not be able to identify champions within the organisation because of resource issues therefore they will work closely with the public health champions. The Chair queried who will be held to account for this work as this will provide reassurance to the panel that it will be implemented. Senior directors should be asked to report on their progress. The Senior Commissioning Manager agreed to include it within the reporting requirements.

## RESOLVED

The Senior Commissioning Manager to write to the Panel, through the scrutiny officer to confirm timescales for the implementation of the recommendations incontinence task group.

The Senior Commissioning Manager to including incontinence issues within the reporting requirements to the Clinical Reference Group

## 5 TRANSFER OF COMMISSIONING RESPONSIBILITY FOR HEALTHY CHILD 0-5 SERVICES TO PUBLIC HEALTH MERTON (Agenda Item 5)

Julia Groom, Consultant in Public Health gave an overview of the report stating that the transfer of health visiting to the local authority is the final stage of the transfer of responsibilities to public health. This is a great opportunity for the local authority due

to the benefits of early investment in children's services and the long term outcomes it can achieve. This transfer will mean we have an integrated 0-19 healthy child services and there will be no additional financial pressures as a result of the transfer.

A panel member asked if parents will experience a difference in service during the period of change. The Consultant in Public Health said neither service users nor staff will experience a change. The transfer is a result of a national commitment to provide locally focussed services.

A panel member asked if the council will take the opportunity to look at the role of the health visitor to enhance the service. The Consultant in Public Health said it will be an opportunity to look at roles, skills, mobile technology, and possible efficiencies which could increase client facing time.

A panel member asked how we can increase the level of families who receive a new birth visit by 14 days as it currently stands at 80%. The Consultant in Public Health said there will be a financial penalty written into the new contract which will encourage improvement.

A panel member asked for clarification about the specific improvements that can be expected from the integrated 0-19 healthy child system. The Consultant in Public Health said it will be a universal service that will focus on prevention, early intervention for families and support throughout childhood. It will enable the council to signpost people to services and help to reduce isolation. Therefore it will improve support, especially those with a high level of need.

A panel member asked what outreach and support will be provided for those who do not engage with services. The Consultant in Public Health said there is a dedicated health visitor who looks after vulnerable families including those who are homeless and not registered with a GP.

RESOLVED

The panel welcome the transfer of the new functions to public health and hope to see an improvement in performance and more opportunities created for health visitors to increase face to face time with clients.

6 WORK PROGRAMME (Agenda Item 6)

The work programme was noted