Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

17 MARCH 2016

(7.15 pm - 9.35 pm)

PRESENT

Councillors Councillor Peter McCabe (in the Chair),

Councillor Brian Lewis-Lavender, Councillor Brenda Fraser,

Councillor Suzanne Grocott, Councillor Sally Kenny,

Myrtle Agutter, Saleem Sheikh, Councillor Michael Bull and

Councillor John Dehaney

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Mary Curtin and Councillor Laxmi Atwar

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed.

4 EPSOM AND ST HELIER UNIVERSITY HOSPITAL NHS TRUST - VERBAL UPDATE (Agenda Item 4)

Daniel Elkeles, Chief Executive, said there have been a number of reviews of Epsom and St Helier over the last fifteen years, many of which called for the closure of St Helier. The Trust has since been able to provide reassurance to staff that that the hospital will remain open for the next five years. The Trust has recently been successful in a recruitment drive for nurses. Epsom and St Helier is now one of the ten worst estates in the country. Half a billion pounds will be needed to replace the estate.

In regards to the timetable for the next stage of the consultation it is hoped to have a developed an option for a preferred site by June. A consultation event is being held on the 19th March to discuss the criteria for developing the options.

A panel member asked how the Trust will improve it's services in the community and what the timescale will be. The Chief Executive reported that the Estates Strategy is for 2020. A new building will mean less money tied up in building maintenance costs. Staff will need to be trained to support people in the community. Doctors will need to think differently and help to invest and support people in the community to prevent expensive in-patient care.

A panel member asked what provision is being put in place when a home environment is not suitable for the care of a sick person. Dr James Marsh, Joint Medical Director reported that each case will be dealt with on its own merit, and alternatives such as community hospitals will be available for those who are unable to manage at home.

A panel member asked if the future of St Helier can be secured. The Chief Executive said they are working to secure the future of St Helier. They will develop a financial case for the costs needed for the infrastructure. There are a number of options and will be consulting with community on developing the criteria for the options.

A panel member asked for clarification about the current financial situation at Epsom and St Helier and how will the new estate be funded. The Chief Executive was reminded that the community will continue to defend A&E and maternity services at St Helier hospital. The Chief Executive said the Trust will be able to access private sector funding. The Trust currently is facing a deficit of £25-30 million over the next two years. The cost of maintaining the buildings is contributing to the deficit. The Trust will not be able to break even within the current buildings.

Panel members asked if departments could be closed if the Trust is not able to secure funding and the timescale for the new hospital being built.

The Chief Executive said if funding is not secured there is a risk it could have a significant impact on the hospital. In regards to the timescale there are a number of steps in the process, any of which could be delayed. If all runs smoothly the hospital could be ready by 2021. However, this date is very optimistic.

RESOLVED

The Trust were thanked for their attendance and asked to keep the Panel up to date with the progress of this work.

5 MAKING MERTON A DEMENTIA FRIENDLY BOROUGH (Agenda Item 5)

Nicola Nadanakumaran, who was on work experience at Merton Council from November to February, gave an overview of the report. Ms Nadanakumaran stated that Dementia can have a significant impact upon those who experience it including withdrawal from everyday life. People from black and minority ethnic communities are more likely than their white counterparts to be affected by dementia. Recommendations for making Merton more dementia friendly included; local organisations such as Transport for London, to train staff in dementia awareness.

Daisy Tate Specialist Dementia Nurse for East Merton, said their role is a model of good practice. They help to identify and support those who are often missed and not diagnosed. They support GP's and work with people who have been diagnosed to improve social inclusion and support their well-being.

They train professionals including physiotherapists, occupational therapists, district nurses. They offer dementia friends training to council staff, centre court, and the Tandem centre. The aim is for everyone to commit to an action to improve dementia.

The Borough Engagement Manager from Transport for London (TfL) shared the work that the organisation is using to support customers with dementia. He report that TfL use the Haringey checklist. This includes clear signage, contrasting colours for signage and providing staff assistance. The aim is to increase the confidence of the travelling public. All bus drivers are trained in raising awareness of hidden illnesses.

The Consultant in Public Health reported that there is a steering group which includes membership from public health and Merton Clinical Commissioning Group are developing a local dementia strategy. The Senior Public Health Principal said the public health team have conducted wide range engagement to develop the needs assessment and determine what to include in the dementia strategy.

The Cabinet Member for Adult Social Care and Health said she is championing this issue and will continue to encourage councillors to complete the dementia friendly training. It is also important that young people are included in dementia work both in terms of diagnosis and as carers. Anne Reid, Dementia Nurse reported that the dementia hub has a young person's support group.

A panel member asked for an overview on how the dementia services fit together. The Consultant in Public Health reported that the work of the steering group has helped to raise diagnosis rates. The steering group was also focussed on setting up the dementia hub, which was funded by adult social care. Primary and community care also play a big role in the work of the hub.

A panel member asked the from Transport for London to outline how they support people with dementia on the underground as there seems to be a reduction in station assistants.

The Borough Engagement Manager reported that the closure of ticket offices will lead to more station assistants however there are a number of challenges including budget cuts alongside population growth. Transport for London also support local projects, so are working on the development of Morden Town Centre.

A panel member said the hub is a very good service which we are very fortunate to have in the borough. However there are concerns about the future of funding as well as accessibility as the Hub is a long walk from the nearest bus stop. This presents a challenge for people with disabilities as travel costs can be expensive. An example was given of a lady with physical disabilities who pays £50 each time she attends the Hub.

RESOLVED

The Panel asked the dementia steering group to consider ways to make Merton dementia friendly and report back to the Panel in six months. The Panel would like details on specific projects with associated timescales.

6 WORK PROGRAMME (Agenda Item 6)

The Panel resolved to consider the public health budget at the next meeting and look at the impact of recent task groups.

