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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

17 MARCH 2014

(19.15 - 21.30)

**PRESENT:** Councillors Councillor Logie Lohendran (in the Chair), Councillor Richard Chelley, Councillor Caroline Cooper-Marbiah, Councillor Brenda Fraser, Councillor Maurice Groves, Councillor Peter McCabe, Councillor Debbie Shears, Councillor Gregory Udeh, Laura Johnson, Sheila Knight and Saleem Sheikh

**ALSO PRESENT:** Councillors: Margaret Brierly, Iain Dysart, Suzanne Evans, Jeff Hanna and Linda Taylor OBE

Stella Akintan (Scrutiny Officer) and Dr Kay Eilbert (Director of Public Health) Dr Howard Freeman, (Chairman Merton Clinical Commissioning Group), Johan Van Wijgerden, Population Health Practitioner Lead, NHS England

### 1. DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

There were no declarations of pecuniary interests

### 2. APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies for absence were received from Myrtle Agutter and Councillor Linda Kirby

### 3. MINUTES OF THE MEETING HELD ON THE 12 FEBRUARY (Agenda Item 3)

There were no comments on the minutes

### 4. MATTERS ARISING FROM THE MINUTES (Agenda Item 4)

There were no matters arising from the minutes.

### 5. NHS ENGLAND IMMUNISATIONS AND SCREENING IN MERTON (Agenda Item 5)

Panel members asked when more accurate data will be available, are they promoting the need for vaccinations and visiting nurseries, is the programme on target?

The Population Health Practitioner Lead reported that they are starting to see more accurate data, they are on target, they cannot visit all nurseries but do need to engage with establishments who have vulnerable groups.

A panel member said that we need data that relates specifically to Merton, and which looks at the East and West of the borough so we can understand the information in relation to Merton's health inequalities. Furthermore, in regards to the action points on page eleven of the agenda what do they mean and why do they lead to those particular outcomes, and why is there poor performance?

The Population Health Practitioner Lead said that there are plans to publish practice by practice data, this will be available within a year. Poor performance relates to poor data, the way it was handled was not best practice. There is also variation in GP's managing call and recall, we need to support them in systemising the procedure. Panel members asked what was being done to support parents who were concerned about MMR and if single dose injections are available?

The Population Health Practitioner Lead said that parents are given information about the potential side effects of the injection. There are still concerns around the perceived link with autism. There is less concern than five years ago but issues are still there. NHS England do not do single dose injections for MMR.

#### 6. PUBLIC HEALTH TEAM - UPDATE ON THE FIRST YEAR IN THE LOCAL AUTHORITY (Agenda Item 6)

How will you tackle health inequalities which have remained persistent?

The aim will be to stem the increase of health inequalities. We are looking at a broader model of care, and are working on a proposal for a Health Centre for Mitcham.

A panel member said she is pleased that they are working on an alcohol prevention strategy only 40% with mental health problems have NHS health checks. The Director for Public Health said they will be working with GP's to support NHS Health Checks and will be providing them with software to administer the process

#### 7. MERTON CLINICAL COMMISSIONING GROUP - VERBAL UPDATE (Agenda Item 7)

Dr Freeman outlined the details in his presentation and invited questions from panel members.

A panel member asked what happened to the £219 million that was earmarked by the treasury for St Helier hospital. Dr Freeman said that there is a three stage process to agree a loan from the treasury. St Helier had only gone through the first

stage in the process, then its financial situation deteriorated and there was uncertainty created by the Better Services Better Value Review.

Panel members asked how the £78 million that St Helier aims to obtain will be used. Also if the £78 million will be used in addition to the £219 million and what the plans to tackle the most prolific diseases in Merton?

Dr Freeman said the funds will be used for refurbishment and to create single occupancy accommodation.

The £78 million is the total of the treasury capital that is being applied for. Tackling the big diseases is a priority, the review will work with all providers to see what they want to do and decide what will be delivered. They must meet the London Quality Standards, there will be significant change in hospital services across South West London.

A panel member asked when the full strategy will be in place  
Dr Freeman said high level headlines will be in place in June the detail will be worked out over the course of the next year.

A panel member asked if the process needs to be started from scratch given all the information that has already been gathered.  
Dr Freeman said there is already lots of information available which will be used but they will approach the review in a different way.

A panel member asked about the relationship between the Clinical Commissioning Group and South West London and St Georges Mental health Trust.

Dr Freeman said they would support the Trust to move to Foundation Trust status subject to a couple of caveats. The IAPT service will be re-procured. MCCG is focussed on mental health services.

A panel member asked how much BSBV cost, how much is the new helipad at St Georges costing, how the Chair of the MCCG held to account?

Dr Freeman said the Chair is elected by local GP's, He did not know the cost of the helipad however as St Georges is a trauma centre, the helipad is vital. BSBV cost £8.2 million over three years which was 0.2% of the commission's budget.

## 8. DRAFT TASK GROUP REVIEW OF INCONTINENCE AMONGST WOMEN OF CHILD BEARING AGE (Agenda Item 8)

### **Incontinence amongst women of child bearing age.**

Councillor Suzanne Evans, Chair of the task group review invited questions from Panel Members.

A panel member said that report and recommendations seems to focus on after the occurrence with little focus on prevention

Councillor Evans said the report is specifically focussed on women who have had a baby and they will not know about incontinence until after the birth, pelvic floor exercises are offered as a preventative measure but these do not always work. A panel member expressed concern that the report was only focussed on women of child bearing age when older people are the most effected.

Councillor Evans said that the task group had received training from the Centre for Public Scrutiny which advised that better outcomes are achieved from a review if the topic is focussed. The report also highlights that if services are improved for this group it will reduce the likelihood of incontinence in older age.

#### 9. DRAFT TASK GROUP REVIEW ON PHYSICAL ACTIVITY FOR THE FIFTY FIVE PLUS (Agenda Item 9)

##### **Physical Activity amongst the fifty five plus**

Panel members raised a number of issues

We should contact local organisations to find out if their buildings can be used for exercise classes

Those who run exercise classes should have a social gathering at the end

Can we get GP buy-in for this area?

It may be difficult to find measureable targets

Can we offer free swimming for older people?

RESOLVED

It was agreed that the report is should be forwarded to cabinet for agreement

#### 10. SCRUTINY TOPIC SUGGESTIONS FOR THE NEW MUNICIPAL YEAR (Agenda Item 10)

Panel members suggested the following topics:

- Access and waiting times for Child and Adolescent Mental Health Services

- Mental health – support to the mentally ill, we need to be more challenging and questioning.
- Implications of the Care Bill

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