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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

3 SEPTEMBER 2014

(19.15 - 21.00)

### PRESENT

Councillors Councillor Peter McCabe (in the Chair),  
Councillor Brian Lewis-Lavender, Councillor Pauline Cowper,  
Councillor Mary Curtin, Councillor Brenda Fraser,  
Councillor Suzanne Grocott, Councillor Sally Kenny and  
Councillor Abdul Latif

Dr Kay Eilbert (Director of Public Health) and Simon Williams  
(Director, Community & Housing Department) Stella Akintan  
(Scrutiny Officer)

Councillor Caroline Cooper-Marbiah (Cabinet Member for Adult  
Social Care and Health) , Councillor Joan Henry ,Councillor Gilli  
Lewis-Lavender, Councillor Marsie Skeete.

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

There were no declarations of pecuniary interests

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

There were no apologies for absence

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

The chair asked for the minutes to be amended regarding the questions he directed to Dr Freeman. Cllr McCabe had asked if Merton had contributed to the helipad recently purchased by St Georges NHS Trust. The second question related to the election of the Chair of Merton Clinical Commissioning Group (MCCG), Councillor McCabe has asked if local people had a mechanism to remove the Chair of the Clinical Commissioning Group if they did not feel they were doing a good job.

Councillor McCabe also sought to clarify if the results of the election of the CCG Chair were on the website, to ensure openness and transparency and that the public could access this information.

The Director for Commissioning and Planning said that there had been contributions to the helipad from Merton Council, St Georges and two other partners he would find the details and report back to the Panel.

In regards to the election of the Chair to MCCG, the Director reported that the election process had taken place when the Board was in shadow form and he was not aware that information was placed on the website at that stage.

The Director for Commissioning and Planning said that check the details for publishing the results of the MCCG election and report back to the Panel.

A panel member asked about the length of the term of office for the Chair of the Clinical Commissioning Group. It was reported that it is two years from authorisation so the next election would be in 2015/16.

#### ACTION

That the Director of Commissioning and Planning to provide details on financial contributions to the Helipad and if details of the election of the Chair of the CCG would go on their website.

#### 4 MATTERS ARISING FROM THE MINUTES ON THE 17 MARCH (Agenda Item 4)

There were no matters arising from the minutes

#### 5 MERTON CLINICAL COMMISSIONING GROUP - PRIORITIES AND CHALLENGES FOR 2014/15 (Agenda Item 5)

The Director of Commissioning and Planning gave an overview of the report

A panel member asked if the bids for the Nelson and Mitcham hospital will be closed or be made public knowledge?

The Director for Commissioning and Planning reported that they have to adhere to procurement guidance so there are some things they can and some they cannot share. The aim to be as open and transparent as possible as far as procurement guidance will allow.

A panel member asked if there will be a privatisation of this service? The Director for Commissioning and Planning reported that he is not able to answer that question at this stage, however the successful bidder will have to demonstrate a strong track record and strong local record.

A Panel member said there had been considerable criticism of health statistics so are they relied upon for direction of travel?

The Director for Commissioning and Planning said that they use a wide variety of information to inform decision making. There are some areas that data could be stronger such as mental health and community services.

A panel asked what information was taken into account when developing the Mitcham project. The Director for Commissioning and Planning reported that a new

health needs assessment was conducted which provided robust and detailed information. Site availability is being developed from an original list of ten possible locations of which five have made a shortlist. There will be an event in October for local people to have input and the Mitcham Project will score the final bids.

A panel member asked if length of time to get a GP appointment is one of the key performance indicators and if we can tell on a practice by practice basis how long people have to wait to see a GP and are we confident that we have enough GP surgeries in Merton?

In Merton we have just about the right number of GPs, although there are different views depending on what formula is used. The Director for Commissioning and Planning said that NHS England commission GP services, the clinical commissioning group has a support and improvement role. They are doing co-commissioning with NHS England which will give a better understanding of the issue. They also receive yearly data from NHS England on GP appointments.

An issue in Merton is that many GP's are in the older age bracket or are approaching retirement age therefore we need good succession planning.

ACTION: Panel to ask NHS England for data on waiting times for a GP appointment.

## 6 PUBLIC HEALTH IN MERTON - PRIORITIES AND CHALLENGES (Agenda Item 6)

The Director of public health gave an overview of the report

A panel member asked when specific dates will be attached to the work programme and more information about the proactive GP practice model.

The Director of Public Health reported that the yearly plan is a summary and a rolling programme however an indication of timescales can be provided for the panel.

The Director of Public Health said there is a Proactive GP practice pilot project in East Merton to tackle health inequalities by looking at prevention, early detection with the aims of reducing smoking and chronic obstructive pulmonary disease rates. GP's are being asked to refer people to the Live Well service. It is hoped to involve the nine GP services that make up the East Merton locality in the pilot.

A panel member asked how we capture illnesses before they become long term conditions.

The Director of Public Health said health champions will play an important role in supporting people and referring them to services so that disease can be managed early when it can either be cured or managed.

A panel member asked what GP's will do in this pilot that they are not already doing?

The Director of Public Health said that the aim is to improve services with no additional money. They hope to use a range of techniques to motivate service providers and support to improve management of chronic obstructive pulmonary disease.

The Director of Public Health asked the panel to disregard appendix three as it was included by mistake.

A panel member asked what the future ring fence for public health will be.

The Director of Public Health reported we do not know what this will be yet. A panel member suggested that Public Health team has an opportunity to demonstrate the impact and benefit of the service now so that their budget will not be reduced in future years.

## 7 ADULT SOCIAL CARE IN MERTON (Agenda Item 7)

The Director for Community and Housing gave an overview of the report.

A panel member asked what monitoring takes place and how do we ensure that the public are vetted and people are given good care.

The Director for Community and Housing said that the contracts include quality standards which requires that staff are vetted and trained. The procurement team monitor contracts with providers as well look at Care Quality Commission Reports. CM2000 software ensures people turn up and spend designated time with providers. We also rely on customer feedback.

A panel member asked how we deal with dissatisfaction and how we make relatives aware of ways to give feedback.

The Director for Community and Housing said we work with providers to resolve issues. We inform all new customers of the complaints procedure. We do an annual survey of all users of homecare and of all carers known to us. The new Care Act will give us enhanced duties concerning carers.

A panel member asked why only 4% of spend was allocated to prevention.

The Director for Community and Housing explained that as adult social care is a statutory service nearly all funding has to go to supporting people who have a right to support. Another issue is that there is not clear evidence that prevention actually prevents expenditure on statutory services. However the council wishes to continue to invest in prevention as long as it can see this prevention or delay in customers needing statutory services.

A panel member asked if we will lose money if we have to fund deferred payments.

The Director for Community and Housing said that the council already operates a scheme of this nature and does not anticipate any significant extra cost pressures, other than managing the cash flow if the scheme expands. The main risk is that the new guidance needs to enable councils to place a charge on properties, this is being addressed in national discussions.

## 8 WORK PROGRAMME 2014/15 (Agenda Item 8)

The Panel agreed the following:

To conduct a scrutiny review of diabetes

The Panel thanked the former co-opted members for their work and agreed to conduct an open and transparent recruitment process for new co-opted members.

Scrutiny officer to circulate the list of topics in the draft work programme for Panel members to prioritise

A further discussion on the work programme will take place at the next meeting

Councillor Suzanne Grocott was nominated as the Panel representative for Performance Monitoring

Budget scrutiny will remain the responsibility of all panel members

Panel Members were informed that St Georges Hospital has invited the Panel to visit the hospital as they are keen to strengthen their links with scrutiny. Councillor Caroline Cooper-Marbiah confirmed that she had met with St Georges and felt that the Panel would benefit from a visit. Panel members agreed to consider this invitation when they had determined their priorities for the year ahead.

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