

SCRUTINY COMMITTEE

12 July 2017 at 7.00 pm

MEMBERS: Councillor Pathumal Ali (Chair), Councillor Edward Joyce (Vice-Chair) and Councillors Chris Williams, Nick Emmerson and Doug Hunt

1. APOLOGIES FOR ABSENCE AND NOTIFICATIONS OF SUBSTITUTES

Apologies were received from Councillors McManus, Burstow, Morton and Bartolucci. Councillors Garratt and Gordon attended as substitutes.

2. MINUTES OF THE LAST MEETING

The minutes of the meeting held on 8 February 2017 were agreed and signed as a correct record of the meeting.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. ST RAPHAEL'S HOSPICE

Cllr Williams reported back to the committee in his role as 'buddy' following his visit to the hospice on 21 March and met with the CEO who introduced him to the site and the staff, including two volunteers. He explained a detailed history of the hospice and the pressures that it was under.

- Financial constraints could have an impact on other health service providers to provide effective care to local residents, and if the hospice is unable to continue to provide the services it currently does, then those patients will need to be cared for by NHS services or not at all.
- The hospice had an overall £3.8 million expenditure, with £1.6million coming from NHS, and with other funding from elsewhere there was a £900k overspend.
- Volunteer input was extremely valuable, and the value of the hospice to the community could not be replicated by other service providers.

Councillor Ali re-stated the arrangements for 'buddies' where members of the Scrutiny committee are linked-up with to various health services as part of their role.

5. HEALTHWATCH UPDATE

Peter Flavell and David Williams attended to present the Sutton Healthwatch 'Inpatient Care Report'. Following the release of the report, Epsom and St Helier NHS Trust (ESTH) had hosted an event with Sutton Healthwatch to maintain their relationship and demonstrate that they valued their work and intended to take on the recommendations.

Councillor Garratt asked whether there were unfilled posts where there was a perceived lack of nurses, or whether they may be a disparity in how many nurses the Trust believed that they needed at night time, and that which the patients expected. David Williams responded that in some instances nurses were docked out of sight of the wards they were on duty for, and Peter Flavell added that at the times they were visiting, the number of nurses matched the chart which displayed how many were expected.

Scrutiny Committee
12 July 2017

Councillor Gordon raised concern that research may have missed out carers who did not formally consider themselves as carers as they were looking after relatives. Peter Flavell clarified that they did try to speak to people visiting patients and those that they considered as 'friends, relatives and carers'.

Councillor Joyce raised concern that the responses to question 17 indicated that responders had not been given the opportunity to feedback or raise concerns about the care they were receiving. Peter Flavell replied that he was aware ESTH were procuring an improved system to obtain feedback from service users, so the answer to that question may improve.

Councillor Garratt asked how the 'noise at night' response compared to other hospitals. Peter Flavell responded that the majority of noise was a result of patients with dementia calling out for help so it would be difficult to address. He added that some hospitals had moved patients calling out to single rooms instead of bays/wards and provided earplugs to assist patients, and that reducing stress reduces number of people calling out so other hospitals had made an effort to decorate those wards in a less clinical fashion with homely and familiar historical decor.

Councillor Gordon asked if Healthwatch had mainly spoken to patients who speak in English, and whether there was a provision to speak with patients for whom English is not their first language. David Williams responded that it was a matter of limited resources, however that they did have some expertise in language amongst their volunteers, and that often carers could provide translation. He admitted that sadly it was likely that they were unable to reach out to everybody, however Peter Flavell added that he could not remember a time that they wanted to speak to a patient but were not able to.

6. ST GEORGE'S MENTAL HEALTH TRUST

David Bradley (Chief Executive, St George's NHS Mental Health Trust) and Dr Mark Potter (Medical Director, St George's NHS Mental Health Trust) attended to present the progress report for the South West London and St George's Mental Health Trust. The update included:

- Following the CQC report, had achieved 'good' status and were hoping to achieve 'outstanding' status
- Selling some of the land at Springfield to be redeveloped with 850 units of housing on-site to build 2 new hospitals, one on the existing at Springfield site and one at Tolworth hospital.
- The move to service line management - they used to organise their management in terms of boroughs (each of the 5 boroughs covered by the trust) and were now organised in clinical lines headed by a Clinical Director (Acute and Urgent Care, Cognition and Mental Health in Ageing, Community, Forensic, Specialist and National, Child and Adolescent Mental Health)

Councillor Joyce asked what impact the new allocation of beds by need rather than by borough would have on Sutton residents. Dr Potter responded that although there were no longer designated borough wards, they aim to admit patients into the most convenient location for them and try not to move them around unless necessary, and that the advantages of this change outweighed the disadvantages. David Bradley added that anyone that needed admission would be admitted, and that following an increase in demand for beds some people elsewhere in the UK had been sent away from their local areas to be admitted to hospitals, which would not happen in South West London. Following an additional question from Councillor Gordon, David Bradley confirmed that the configuration

had moved from 11 beds allocated for Sutton residents to 140 acute adult beds which were no longer broken down by borough.

Councillor Hunt asked if there had been any issues or difficulties since the implementation of the new service line management structure? Dr Potter responded that the advantages outweighed the disadvantages and that the structure allowed consistency across the board. He added that a disadvantage was that they would need to work hard to maintain the link with the local boroughs, and had designated people within each service line which are linked to each borough.

Councillor Nick Emmerson asked whether mental health issues were trending upwards or downwards and whether they would have enough beds by 2024. Dr Potter responded that there had been an increase in diagnosis, possibly due to increased awareness, and that there were other services being put to use such as IAPT (Improving Access to Psychological Therapies). David Bradley added that they feel that that have the right number and in addition there was space for another ward that could be used if necessary in the future.

7. ORDER OF ITEMS

Councillor Ali clarified that information for the 'Engagement on the future of Epsom and St Helier' item was received too close to the Committee meeting and so the engagement item would be taken as information only and the Committee would consider setting up a separate engagement session at some point during the consultation period ahead of the next Scrutiny Committee meeting on 18 October 2017. Item 8 was taken ahead of Item 7, as such items were considered as follows in the minutes.

8. EPSOM AND ST HELIER NHS TRUST - UPDATES

Councillor Ali informed Daniel Elkeles that going forward the committee would like to look at 2 key issues based on the Trust's statement of actions for their 'Priorities for Quality Improvement 2017/18' at each meeting as well as a general overview of the main highlights and challenges.

The main updates from Daniel Elkeles were:

- The strengths, development areas and risk areas on p69 of the agenda pack.
- Vacancy rate had gone up because of the increased establishment, for example they used to outsource radiography but decided to bring it in-house and recruit their own radiographers which they were in the process of doing.
- Of the 350 actions from the CQC report, 300 had been completed and most of the remaining actions related to the estate which cannot be resolved without a huge change. They expected that the CQC may come back in the third quarter of the year for a full hospital inspection, unannounced. They were confident that the overall rating would go from 'requires improvement' to 'good'

Councillor Emmerson asked why the staff turnover was so high, at 15%. Daniel Elkeles responded that it was tricky to quantify as they had increased the establishment and recruited lots of new staff recently, increasing the turnover. He added that they had gained 350 additional staff and although people did come and go they were attracting some excellent individual staff and that almost the entire student intake from St George's and Kingston medical schools chose to work at Epsom and St Helier.

Councillor Joyce asked how the Trust was meeting targets to reduce MRSA and E.Coli. Charlotte Hall responded that last year they had 6 cases of MRSA and that this year they had 1. She attributed this to staff being conscious about washing hands and changing

Scrutiny Committee
12 July 2017

aprons and isolating anybody who develops it, and referred to new guidance about E.Coli meaning they would work closely with community providers, as the infection is often brought in with people using a catheter at home.

9. ENGAGEMENT ON THE FUTURE OF EPSOM AND ST HELIER

A video was played, which can be viewed at the following link:

<https://www.youtube.com/watch?v=0sNTZEUTUeY>

Daniel Elkeles (Chief Executive of ESTH) introduced his colleagues Dr James Marsh and Charlotte Hall, Chief Nurse. Councillors asked questions to clarify what parts of the land at the Sutton Hospital and St Helier sites were being considered in the scenarios outlined, whose permission they were waiting for to announce the engagement, and what the intentions were for the £3-400 million that the Trust wanted to bid for.

Daniel Elkeles, Charlotte Hall and Dr Marsh responded that they had been awaiting permission from Sutton CCG, Surrey Downs CCG, Merton CCG, SW London STP, Surrey heartlands STP, NHS England and NHS Improvement before they could release this engagement documentation ("Epsom & St Helier 2020-2030"). In response to the other questions, it was confirmed that various combinations of land were open to consideration as well as various combinations of locations for services. They added that the aim was to improve services across the board and to create the first new big hospital in over a decade.

Councillors raised concerns that if the schemes did not go to plan there may be a possibility that the physical site of St Helier might be lost, and that it could result in the dismantling of services. Daniel Elkeles informed the committee that they had worked very hard to secure the funding to make St Helier hospital fit for purpose and that by 2020 they will have spent nearly £50m doing up the front part (A, B and C block). He added that under the plans for the bid 85% of patients who currently use St Helier would continue, under some of the schemes this would increase to over 100% of the current figure.

Daniel Elkeles said they were planning to have an outline case in October following the conclusion of this engagement phase. Emerging ideas would be taken to the Trust Board, the 3 CCGs and the regulators with the thinking that they would have 1 plan to then take forward around summer 2018 with full public consultation in the autumn.

Councillors sought confirmation that the engagement would be sufficient.

10. SUSTAINABILITY AND TRANSFORMATION PLAN (STP) AND NHS SUTTON CCG

Dr Chris Elliott (Chief Clinical officer at Sutton CCG) gave a presentation to the committee on the South West London Sustainability and Transformation Plan. The key points from the presentation were:

- The STP was mandated roughly 18 months ago
- Governance is made of commissioners, providers and local authorities - so it does not have a statutory basis as authority is delegated by constituent bodies.
- An overview of Sutton's role and the contribution of the above governance in Sutton, in particular the development of a Sutton Local Transformation Board (SLTB).
- There are now 4 LTBs in the SW London STP area based around the acute providers (Kingston/Richmond; Sutton; Croydon; Merton/Wandsworth)
- Chief executives of CCG, EstH, StG MH, and Sutton Council were meeting regularly to discuss how best to progress it.

- They wanted genuine public engagement as residents know best what they want.
- The 3 pillars for Sutton, as indicated in the presentation slides.
- There was no timetable for formal public consultation at present as no significant service changes were proposed however this may change as a result of the ESTH 2020-2030 engagement.
- NHS England want there to be a single Accountable Officer across SW London, at present Sarah Blow is the Accountable Officer for Kingston/Richmond and Merton/Wandsworth and from April 2018 she will also become Accountable Officer of Sutton CCG.

Councillor Emmerson asked for an update on the situation regarding GP surgeries in Worcester Park, and Dr Elliott responded that the Commissioners of healthcare for Sutton at the time of the closure of the last GP surgery had put funding into Manor Drive surgery (Kingston) to support residents in the area and that there are some general practices in the North Cheam area, at least 4 within a mile of the centre of Worcester Park. He added that there had been discussion of a new site and no issue with it being built but they were not sure if the funding was available.

Following a question from Councillor Ali, Dr Elliott clarified that not every borough covered by the SW London STP would have a LTB, but only the 4 which have acute Trusts.

Councillor Ali commented that they had only received the presentation the day before committee and Dr Elliott confirmed that he would be happy to come back and to answer emails in the meantime.

11. ANY URGENT BUSINESS

There was no urgent business.

The meeting ended at 9.27 pm

Chair:

Date: