

**SCRUTINY COMMITTEE****8 February 2017 at 7.00 pm**

**MEMBERS:** Councillor Pathumal Ali (Chair), Councillor Edward Joyce (Vice-Chair) and Councillors Chris Williams, Mary Burstow, David Bartolucci, Nick Emmerson, Doug Hunt, Patrick McManus, Ali Mirhashem and Callum Morton

**21. APOLOGIES FOR ABSENCE AND NOTIFICATIONS OF SUBSTITUTES**

Peter Flavell from Healthwatch sent apologies for item 5 on the agenda.

**22. MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 2 November 2016 were agreed and signed as a correct record.

**23. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**24. CHAIR'S Q&A**

Councillor Wendy Mathys attended to respond to questions in her role as Chair of Children, Families and Education Committee. The questions and answers are set out as an appendix to the minutes.

Councillor Ali informed the Committee that as a large number of questions had been received, any questions that were not reached would be answered in writing and published as part of the appendix to the minutes.

**25. HEALTHWATCH UPDATE**

David Williams, Chair of Healthwatch Sutton introduced the Healthwatch report on 'Caring for People with Dementia'. He informed the Committee that it had been a difficult report that had uncovered some disturbing realisations and had produced more recommendations than any other report. He raised concern that some of the recommendations would not be received well or acted on by the relevant sources, in spite of Healthwatch's efforts to follow up recommendations. He confirmed that Healthwatch would work with anybody involved in order to help them.

Councillor Ali thanked the volunteers involved in researching and writing the report. The Committee discussed what could be done in Sutton, and David Williams said that he would encourage Sutton as an authority and large employers to become champions in supporting sufferers and reducing the stigma surrounding recognising it in its early stages.

Following a question from Councillor McManus, David Williams confirmed that there was not a known cause of dementia and its alleged connection to pollution was not covered in the paper but there was a study last year that demonstrates that it may be possible to test what illnesses people are likely to be prone to earlier on in life. Councillors Bartolucci and Williams raised concerns about reductions in mental health budgets and the greater amount of reported incidents of dementia.

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Councillor Burstow proposed that Scrutiny Committee recommended that the report should be considered by Council or be distributed to all members as it was important that all Councillors read it. The Committee agreed.

Councillor Mirhashem asked whether the rate of incidence of Dementia in Sutton was similar to elsewhere in the country and David Williams informed the Committee that some areas have a greater level of elderly residents/care homes so may be more likely to report more incidence, he felt that Sutton should focus on 'upskilling' the people working in care homes to look out for the early signs of it.

Councillor Ali asked whether the report had uncovered any particular equalities aspects of caring for people with dementia, and how Healthwatch planned to engage with minorities and grassroot communities. David Williams responded that Healthwatch had received some money last year which they intended to use for grassroots engagement. From their research papers, Healthwatch had found that some groups prefer to keep to themselves and do not welcome the help of outsiders, and they hoped that by having champions that are already part of communities they would be able to spread the message via trusted members of communities.

**RESOLVED:** The committee agreed to suggest that the Healthwatch report be considered by Council and agreed to revisit the topic in a year's time.

[post-meeting note: It was confirmed that an electronic version of the report would be distributed to all Councillors via the Members Information Bulletin]

**26. EPSOM AND ST HELIER NHS TRUST**

Daniel Elkeles, Chief Executive of the Epsom and St Helier NHS Trust attended to discuss the Quality and Performance report, in particular:

- Mortality rates were lower and the Trust continued to improve on Health and Safety.
- The Trust had achieved Q3 cancer targets
- Their A&E remained the best performing trust in London and County Surrey, as the only Trust achieving above government standards. He informed the Committee that present figures were lower than in the report at 91.5% meeting the four hour waiting time target.
- Daniel Elkeles offered his thanks to the Council as Social Services had been very responsive in recent months
- The Trust would be allowed a £15m deficit this financial year, and the deficit had decreased since the report was submitted.

Councillor Mirhashem raised concerns about the information provided, as the contents of the reports received from ESTH NHS Trust had reduced compared with what has been provided previously, he felt that the first two pages were not very informative and that the stakeholder letter did not contain information relevant to Scrutiny Committee. Daniel Elkeles offered to produce specific reports to scrutinise certain aspects at the Committee's request. He also informed the Committee that the Trust had started putting a lot more information in the public domain on their website and had no issue with being transparent.

Councillor Burstow expressed similar concerns and asked what problems the Trust were facing, particularly with regards to the building. Daniel Elkeles confirmed that the building was in a terrible state of repair and that the 'Backlog Critical Maintenance' Bill for St Helier was at £80m. He felt that the successes outweighed the issues and directed the Committee to the negative issues outlined in the report:

- The Trust have a massive deficit
- They did not achieve the 6 week diagnostic standard

- They did not achieve the 18 week target for referral to treatment
- Infection control was poor

Councillor McManus asked how many of the problems would be solved by improving the building and what 'Save St Helier' meant to the Trust. Daniel Elkeles responded that a lot of the Trust's downfalls were related to the poor state of the building and that they had found it hard to recruit staff when there was a possibility of closure. Mr Elkeles felt that if the Trust were able to prove that they could deliver excellent services then they would be more likely to receive the Capital funding to improve the building, which would help to keep Epsom and St Helier open.

Following a question regarding the Action Points that had arisen from the CQC inspection in 2016, Daniel Elkeles updated the Committee that 230 of the 364 actions had been completed and that the Board had set a target to complete them all by the end of the financial year. He informed the Committee that the Trust expected that the CQC may return in Q1 of the year. Mr Elkeles considered that should the remaining unactioned points all be related to the environment, it could be possible that doing well in all the other areas may result in improved inroads into the infrastructure issues and gaining some funding.

Following a question from Councillor Williams regarding the success of the A&E targets, Daniel Elkeles responded that the Trust had a better decision-making triage at the beginning of the visits to establish who needs to be seen and urgently with a series of GPs for more minor problems and Consultants available for referrals from GPs early on in the process, reducing the number of admittances. He also credited a multi-disciplinary team that meets each morning to discuss which patients can be sent home, and what support they would need, a nursing home vanguard who assist with discharging people early, and a 'care closer to home' ward to assist people with being able to get home and reduce their stay.

Cllr Mirhashem followed up the question to ask whether resources had been pooled from other departments to maintain standards and whether there was a shift towards specialising in A&E care. Daniel Elkeles confirmed that a lot of areas had been pooled, and that there was attention on A&E versus planned care. He cited the Orthopedic unit as an example of where care had been separated out to provide a better service and informed the Committee that Epsom and St Helier were becoming a single hospital working on two sites as opposed to two separate hospitals, with more critical services at St Helier and more planned care at Epsom, and less duplicated services.

Councillor Ali thanked the Trust for inviting the Committee to their Quality Accounts meeting however stated that the invitation was given at very short notice making it difficult to attend, and that they did not have any of the paperwork in order to comment. Daniel Elkeles apologised and confirmed that he would endeavor to avoid this occurring in the future.

## **27. SUTTON CCG**

Paul Sarfaty (Vice Chair of the Primary Care Commissioning Committee) introduced the Primary Care Commissioning Committee and explained that When Primary Care Trusts ceased to exist in March 2013, responsibility for primary care in Sutton went to NHS England initially until April 2015 when responsibility was shared with the CCG, until April 2016 when sole responsibility moved to the CCG. He explained that the Chair and Vice Chair of the Commissioning Committee (PCCC) were lay members, and that the Sutton PCCC would be appointing a third lay member.

Siân Hopkinson (Associate Director of Primary Care) presented the slides available in the agenda pack. The presentation covered the engagement activities from stakeholder groups, the drivers for change behind the the Primary Care Strategy (PCS), and the top four priorities of the strategy which were:

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- Sustainability
- Healthy Communities
- New Ways of Working
- Improved Access and Experience

The strategy was not yet signed-off , with work underway on an implementation plan , this is scheduled to go to the Governing Board meeting in March for final agreement.

Paul Sarfaty clarified that MDT (referred to on page 52) stood for multi-disciplinary teams.

Following a comment from Councillor Ali, Siân Hopkinson confirmed that the PCS was similar to the Sustainability and Transformation Plan (STP) because part of the strategy was based around how to deliver the goals of the STP; the 17 London specifications for primary care and the GP forward-view following on from the 5 year forward-view, to consider how to deliver the vision and the transferral of funding into primary care.

Councillor Burstow asked how people would be encouraged to visit pharmacists before GPs and Siân Hopkinson confirmed that publicising was part of the strategy via the Communications team, and following national guidelines.

Following concerns raised by Councillor Emmerson, Paul Sarfaty responded that finding premises in Worcester Park was an issue and that they were investigating the Worcester Park Arms site for both Sutton and Kingston residents. He informed the committee that the North Cheam area was also on the radar as lacking premises and that they believed that it would be effective to focus on forming a large practice on Robin Hood Lane. Siân Hopkinson commented that the CCG sees Community Pharmacy as a necessary part of the health community however that responsibility for it fell to NHS England.

Councillor Williams asked how the CCG envisaged changing people's behaviour towards using the provisions and technology encouraged in the PCS. Paul Sarfaty admitted that there was a cohort of very elderly people that would not be easily reached however that increased confidence in using technology should develop naturally as the generation that are entering the later stages of life now are much more IT-savvy. Siân Hopkinson responded that the idea was to provide people with options rather than preventing them from phoning or asking to be seen in a surgery. She informed the Committee that they had been running a series of programmes in order to educate patients about their medical conditions and equipment, and carers about the conditions of those they care for, which provided an opportunity to inform people about changes to healthcare and the related technology.

**28. SUSTAINABILITY AND TRANSFORMATION PLAN**

Councillor Ali reported that following the South West London Joint Health Overview and Scrutiny Committee (SWL JHOSC), which was held on 18 January and included Councillors representing 6 boroughs, it was unclear on the aims of the STP and how the South West London CCG intended to engage with residents. Councillors at the SWL JHOSC were able to question the Clinicians and Communications associates taking the lead and confirmed that they hoped to publish the Plan for formal consultation in Autumn.

Councillor Ali informed the Committee that she had attended one of a number of events planned to discuss the STP in Sutton on 1 February 2017, where there were 6 discussion tables. She was disappointed that the advertisement of the event had not been forthcoming and that although attendees had to register on Eventbrite, it was undersubscribed and amongst those that did attend there was little diversity and a lot of familiar faces. She confirmed that she would feed back to their Communications lead and hoped to see improved engagement with residents and communities that ought to be consulted.

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David Williams added that the Chair of the South West London CCG opened the meeting by emphasising that nothing had been decided and was at the very beginning of consultation and as such it was unclear how they intended to reach a finalised Plan to consult on by autumn. David Williams believed that there needed to be adequate structure in place outside of hospitals before the plans to close hospitals could be acted on.

Councillor Ali confirmed that the progress of the STP would be brought back to future meetings of the Committee.

**29. ANY URGENT BUSINESS**

**Chair's Q&A - Appendix to the minutes**

The meeting ended at 9.29 pm

Chair: .....

Date: .....

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