

**HEALTH AND WELL BEING SCRUTINY COMMITTEE****5 March 2009 at 7.30 pm**

**MEMBERS:** Councillor Stuart Gordon-Bullock (Chair), Councillor Jayne McCoy (Vice-Chair) and Councillors Sheila Andrews, Dave Callaghan, Abigail Lock, Jonathan Pritchard, Roger Thistle and Misdaq Zaidi

**SPECIAL ADVISORS:** Samantha Edwards (Sutton Centre for Independent Living and Learning), Ted Gates (Sutton Centre for Voluntary Service), Carol Jacques (Mental Health), Mavis Peart (People with Learning Disabilities in the Borough) and Mr Roy Prytherch (Sutton Local Involvement Network)

**ABSENT:** Councillors Cliff Carter and Joan Hartfield

**214. APOLOGIES FOR ABSENCE AND SUBSTITUTES**

Apologies were received from Councillors Cliff Carter and Joan Hartfield and Special Advisor, Marian Harper.

Councillor Abigail Lock left the meeting at 19.55pm so was in attendance for item 4 on the agenda – Aggression and Safeguarding of staff and clients.

Councillor Misdaq Zaidi left the meeting at 21.05pm and was in attendance for items 1-5 as listed on the agenda.

**215. MINUTES OF THE PREVIOUS MEETING**

The Minutes of the meeting held on 8 January 2009 were agreed as a correct record and signed by the Chair.

**216. GP PROVISION**

Paul Burstow, Member of Parliament for Sutton and Cheam, and Dr Harper attended for this item.

Paul Burstow MP explained that he would provide anecdotal evidence obtained from his mailbag and would provide the initial findings of the survey with Hamptons Residents Association.

He endorsed the impression given at the previous meeting, of this committee, that the south and west of the borough was a health wasteland. The problem had been growing for the last five years and was exacerbated by development in the area, which was not exclusive to Hamptons. St James' had offered £200K, using health service formulas, to under-set figures, which showed that the health service was under-valued and under-funded.

He had met with resident representatives on the Hamptons and as a result had sent out a consultation, nearly two weeks ago. There had been a limited response so far, but based on these responses 7 out of 10 residents had to travel further than one mile for a GP. The national average travelling distance was 0.88 miles and the Sutton average was 0.52 miles. Two households have appealed to the PCT for GP placement and there were other instances of households being refused places as the Hampton's was considered out of the GPs area.

This was considered to be a problem for Worcester Park as a whole and not just for the Hampton's development and also not just for GP provision but for dentists

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too. GPs had expressed ongoing concerns regarding their premises either being old and unfit for purpose or being unable to expand practices. There had been a few complaints coming from other parts of the constituency i.e. Cheam but the main volumes of complaints were from Worcester Park. It was suggested that a more central area, for example one of the empty units in Central Road, would make an ideal GP practice.

Paul Burstow MP suggested that on another agenda item, long term conditions, that looking at the pathways of care for Gypsies would be a useful exercise.

The Chair explained that Stephen Waring, BHCH Programme Director, would be visiting this committee in the future and representations would be made to him.

Dr Harper, a member of the Local Medical Committee (LMC) which covered Wandsworth, Sutton and Merton, explained that he practiced in Wimbledon but was aware that there was a provision gap at Worcester Park and that it bordered with other council areas. He explained that the PCT has a statutory obligation to consult with the LMC on GP matters and that the PCT had a finite budget for new premises or redeveloping old ones.

In response to member queries Dr Harper explained:

- Whilst patients tended to prefer lone practitioners, because they were guaranteed continuous care, there was a political drive to have larger practices and that continuous professional development was easier at larger practices.
- That the Director of Public Health provided GPs with annual population data.
- That GPs felt they were not supported the way in which they used to be and that the PCT do not provide training as previously.
- That there used to be local fora which the PCT were looking to revive.
- That he was unaware of any problem regarding GPs sharing health data and would question the evidence this committee received, at the previous meeting, as information requested was not patient identifiable.
- GPs felt supported by the current appraisal system but were concerned about the new system of licensing and validation being introduced. The concern was that the system would be less constructive and more about policing.
- That central government had ruled there would be 1000 general practitioners with special interest (GPSI) provided, but there had been no information on where, what or how these would work. There was some confusion about the roles as many of his GP colleagues worked in hospitals and provided specialist care in the community but were not known as GPSI's. Dr Harper was not convinced that using GPSI would be more cost effective than using a specialist.

**Resolved:** (i) That the committee had concerns about:

- GP provision in the south and west of the borough, and
- the future appraisal process for GPs.

(ii) To thank Paul Burstow MP and Dr Ian Harper for attending.

(iii) To note the interim report of the committee.

## **217. AGGRESSION AND SAFEGUARDING OF STAFF AND CLIENTS**

Simon Latham, Executive Head Community Living, explained that periodic audits of practice within groups are reported to Adult Social Services and Housing (ASSH) Management Team, Executive Heads and Strategic Director.

Progress made from 2006 to 2008 included:

- Managers and teams were aware of the need to have appropriate risk assessments and policies in place, especially for front line staff.
- There had been a rise in teams having personal safety procedures in place from 25% to 57%. Whilst it was recognised that this was not a figure to be proud of it did indicate that things were improving.
- Client handling assessments had risen from 83% in 2006 to 100% in 2008.

- 33 managers in ASSH had been accredited through the Institute of Safety and Health (IOSH) 4-day course. There had been a demonstrable link with taking this training and taking practical steps back at the office to improve health and safety.

He also advised the committee that whilst ASSH provide services they more frequently commissioned services and therefore, in taking this forward, the committee may wish to look at how providers provide evidence of their health and safety procedures. The Chair agreed that the committee should take an interest in what commissioned providers have in place. Samantha Edwards reported that three managers at Sutton Centre for Independent Learning and Living (SCILL) had done training through this IOSH training.

In response to member questions Simon Latham reported that:

- The corporate warning system (CWS) should be available to councillors but would have to confirm this with members before the next meeting of this committee. The Chair pointed out that members would only be able to access this from a council computer and that members did not know who would be attending their surgeries beforehand. Simon Latham explained that officers were looking into improving this situation.
- That training for staff dealt with handling of challenging behaviours and diffusing potential situations. External providers also had access to the same training. The Chair stated that he had attended a one-day course, on how to handle difficult people which had been of use. He also suggested that a one-day course could be formed for councillors and suggested that all councillors should attend.
- That in some roles health and safety training was mandatory.
- That the figures given in the report focused on adults
- That Simon Latham would look into SCILL staff having access to CWS as they were reliant on care workers informing them that they should travel in pairs.

**Resolved:** (i) To request that the Executive Head of Community Living:

- Investigates the best way forward for councillors and partners could have access to the Corporate Warning System.
- Provide a report back, to the October meeting of this committee, on how contractors are required and met health and safety needs.
- Provide members with a note on lessons learned and give reassurance that managers were putting risk assessment in place.

(ii) To thank Simon Latham for attending and giving his report.

## 218. PRIMARY CARE TRUST - ANNUAL PLAN

Stephen Evans, Executive Director for Sutton, highlighted a couple of points from his report which was circulated with the agenda. He stressed that within the NHS there was much standardisation for improvement to services and that there was to be a major change for the PCT in its separation of commissioning and provision.

He tabled copies of his presentation which covered the following aspects and explained that this was work in progress and not the final plans which would be considered by the PCT Board on 19<sup>th</sup> March:

### Key Finances

- Income for 2008/09 was £563m
- Growth received for 2009/10 was £29m

Key calls on resources included:

- £4.5m to NHS London (contribution to historic debts)

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- £5.2m to recognise growth in activity (need to recognise year on year growth of patients)
- £11.1m inflation
- £7.3m estimated cost pressure on new pricing methodology

New Investments

- £260k community stroke service
- £700k talking therapies
- £500k long term conditions
- £250k neuro rehabilitation team
- £600k intermediate care
- £150k physiotherapy
- £450k end of life care
- £500k choosing health
- £400k Chlamydia screening
- £700k maternity services
- £200k assisted conception
- £110k phlebotomy
- £145k teenage pregnancy
- £250k obesity services (children)
- £150k disabled children
- £475k dentistry
- £300k ambulance services

Efficiency/Effectiveness/VFM schemes under consideration

The PCT were seeking £10m efficiencies, in addition to community services delivering 3% cost Improvement Plan.

Ideas for consideration included:

- Case managers in hospital to reduce length of stay beyond the norm.
- Review re-admissions.
- Review and reduce headquarter costs.
- Reduce admissions from people with long term conditions through alternatives and increased support.
- Unbundle tariffs to commission more cost effectively.
- Review processes for continuing care and other placements.
- Review urgent care pathways (A&E) to provide alternatives.
- Review referral patterns and reduce variation.

Proposals for strategic investment

- Stroke – increase therapists £275k
- Mental Health – dementia services £150k
- Diabetes – patient education £25k
- Older people – fracture services/falls service £190k
- Coronary heart disease – vascular prevention programme £200k
- Health improvement – smoking and breast feeding initiatives £175k

The Chair asked if it would be appropriate to have a S75 Agreement with emergency plans for pandemic flu?

Dr Adi Cooper, Strategic Director for Adult Social Services and Housing (ASSH), explained that the PCT would take the lead in such an event, that there is an emergency plan that the council were involved in testing and developing. A S75 Agreement would probably not be appropriate in the case of pandemic flu as it delegates power from one authority to another and in this case the two authorities would need to work together.

She went on to explain that she was a member of a multi agency forum, as well as being the lead for Sutton and Merton, which looks at how social care planning is

developed. The recent inclement weather had tested their ability to deal with untoward circumstances.

In response to a member query regarding impact of efficiency savings Adi Cooper explained that she attended an Executive Joint Commissioning Group, made up of senior officers with the PCT, which looks at how to monitor the impacts of efficiency savings together. They had a lot of data and were looking for emerging patterns but there were no worrying signs to date. This was being continually developed and reviewed as part of the improvement agenda.

Councillor Roger Thistle suggested that emergency planning should be a future scrutiny topic as he would like reassurance that the right people, at all levels, were talking to each other and wanted to know where the risks lie for the Council.

In response to member questions Stephen Evans explained that:

- New investments were to be taken out of the overall budget of £563m and all were new money to the relevant services in receipt.
- It was estimated that there were £10m of services unfunded so the PCT needed to make efficiency savings to cover this gap.
- Incentives were being introduced into the contract with St Helier NHS Trust for referring patients to the stop smoking services.
- He was unable to give absolutes regarding the efficiency savings and timescales as the Board would make the decision.
- Prices for commissioned services were set nationally and there was a different pricing structure set this year. A specialised service such as the renal contract has a local pricing structure due to its speciality.
- That the PCT agree with both the St Helier and SW London and St George's Trusts on how their mixed sex accommodation was to be reduced. Both Trusts had policies and programmes in place for reducing care in mixed sex accommodation. However, there were some areas where mixed sex was necessary for the provision of the service i.e. Intensive Care. Bids had been made to NHS London for capital costs to improve the situation.
- The Trusts would provide more urgent care for military personnel, although in Sutton and Merton, the issue was more likely to relate to veterans as there were no local barracks or bases. Military personnel were not given clinical priority but after that they were given priority.
- He was unable to explain the areas covered by the Operating Plan local priority relation to mental health but would provide these to the committee.

**Resolved:** (i) To request a joint PCT and Council report on financial risks.

(ii) To request that joint emergency planning is put on the workplan as a future scrutiny topic.

(iii) To request that Stephen Evans provides details on:

- local priorities in relation to mental health, and
- the amount of the bids to NHS London for mixed sex accommodation.

(iv) To thank Stephen Evans and Adi Cooper for their reports.

## **219. MANAGEMENT OF LONG TERM CONDITIONS**

Members thanked officers for a very good research paper and were shocked by some of the incident figures contained within it.

Wolfie Smith, on secondment to the Department of Health, explained that mixed perceptions of how people were received by medical professionals was very much down to their expectations. She also explained that the navigator role was to be written into contracts. These roles would assist people in navigating their way to receiving the information required when necessary. It did not appear that Sutton was any different from anywhere else with regards to the findings in the research paper. There appeared to be a fear on behalf of the provider that if they were to

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give details of everything that was available that they would be inundated with people that did not have the level of need that was catered for.

Samantha Edwards spoke of her frustration that the local authority commission the Information Service, based at SCILL, but that staff have to keep reminding the council that it was there. She also described a new project that would be working with volunteers called 'Information Journeymen'. There was also the Direct Payments system that could have helped one of the people within the research paper and there was a need to encourage professionals to remember services that were available and to encourage their use. It was stated that the £13.50 per hour as listed in 9.2 of the paper did not go to the gym but was probably payment towards a care package.

Councillor Roger Thistle stated surprise that there was no mention of the Citizens Advice Bureau in the paper and also that there was a higher incidence of the use of the internet to gain information than elsewhere.

**Resolved:** (i) That the committee would be interested to look at long term conditions that were onset before the age of 65 years.

(ii) That the committee were minded to look at this topic in a general way rather than at a specific condition.

(ii) To request that officers provide further information on:

- Information regarding the psychological effect of those that have lost their employment because of their long term condition.
- More details of the figures contained within 4.6 of the research paper.
- Case studies

## **220. REFERENCES FROM OTHER COMMITTEES OR COUNCIL BODIES**

There were no references to discuss.

## **221. UPDATES FROM OTHER JOINT COMMITTEES**

### **a) Merton, Sutton and Surrey Joint Health Scrutiny Committee**

**Resolved:** (i) To note that the meeting arranged for March had been deferred and a new date was being arranged.

### **b) Tier 4 Joint Scrutiny Committee**

Councillor Jayne McCoy reported that the consultation was due to start on 20 April 2009 and end on 4 July 2009. The committee hoped to see the consultation document before it went out. Four focus groups were being arranged and stakeholders would be invited to take part in these. The committee would also not meet again until after the consultation.

**Resolved:** (i) To request that the Belmont ward councillors receive a copy of the consultation document.

## **222. ANY URGENT BUSINESS**

### **Breast Screening Services**

The Chair explained that he had received notice that the breast screening service was to be moved to the Robin Hood Lane Centre.

**Resolved:** (i) To request that the Primary Care Trust attend a future meeting to explain the changes and impacts of those changes.

## **223. COMMITTEE WORKPLAN**

**Resolved:** (i) To note the workplan.

(ii) To request that the Sutton LINK give a presentation to the July meeting of this committee.

(iii) To invite officers to explain the successor to the PARIS IT system at the July meeting of this committee.

**224. DATE OF NEXT MEETING**

**Resolved:** (i) To note that the next meeting would be held on 7 May 2009, 7.30pm, Civic Offices, Sutton.

The meeting ended at 9.45 pm

Chair: .....

Date: .....

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