

# Merton Council

## Healthier Communities and Older People Overview and Scrutiny Panel



Date: Wednesday 25 January 2012  
Time: 7.15 p.m.  
Venue: Committee Rooms D and E  
Merton Civic Centre, London Road,  
Morden SM4 5DX

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### AGENDA

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- |    |  |        |
|----|--|--------|
| 1. | Declarations of interest (See Note 1)  | -      |
|    | Councillors and co-opted members must declare if they have a personal or prejudicial interest in any of the items on this agenda at the start of the meeting, or as soon as the interest becomes apparent to them. |        |
| 2. | Apologies for absence  | -      |
| 3. | Minutes of the meetings held on 2 November (special meeting) and 16 November 2011  | 3<br>7 |
| 4. | Matters arising from the minutes   | -      |
| 5. | Business Plan: 2012-16 – Update  | 13     |
| 6. | Work Programme 2011/12   | 59     |

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**This is a public meeting – members of the public are very welcome to attend.  
The meeting room will be open to members of the public from 7.00 p.m.**

For more information about the work of this and other overview and scrutiny panels, please contact, Stella Akintan, Scrutiny Officer, on 020 8545 3390 or e-mail [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

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## Healthier Communities and Older People Overview and Scrutiny Panel Membership

### Full Members:

Councillor Suzanne Evans (Chairman)  
Councillor Peter McCabe (Vice Chair)  
Councillor Margaret Brierly  
Councillor Brenda Fraser  
Councillor Maurice Groves  
Councillor Logie Lohendran  
Councillor Sam Thomas  
Councillor Greg Udeh

### Substitute Members:

Councillor Nick Draper  
Councillor Janice Howard  
Councillor Oonagh Moulton  
Councillor Dennis Pearce  
Co-opted Representatives  
Myrtle Agutter  
Sheila Knight  
Saleem Sheikh

### Note 1: Declarations of interest

Councillors and co-opted members who have a personal or prejudicial interest in relation to any item on this agenda are asked to complete a declaration form and hand it to the Democratic Services Officer. Forms, together with a summary of guidance on making declarations of interest, will be available around the meeting table. If further clarification is needed members are advised to refer to "The Code of Conduct – Guide for members May 2007" issued by Standards for England, which will be available at the meeting if needed.

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### *What is Overview and Scrutiny?*

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on [scrutiny@merton.gov.uk](mailto:scrutiny@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny).

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY  
PANEL

02 NOVEMBER 2011

7.15pm-9.30pm

PRESENT: Councillors: Suzanne Evans (Chairing), Margaret Brierly, Brenda Fraser, Maurice Groves, Logie Lohendran, Dennis Pearce (substitute) Sam Thomas, Greg Udeh.

Co-opted members: Myrtle Agutter, Sheila Knight, Saleem Sheikh

ALSO PRESENT: Councillor Linda Kirby (Cabinet Member for Adult Social Care and Health) Dr Val Day Interim Director of Public Health, Lynne Bainbridge, Chief Executive Age UK, Merton. Steve Nottage Environmental Health (housing) manager. Stella Akintan Scrutiny Officer

Apologies for absence were received from: Councillor Peter McCabe

1 EXCESS WINTER DEATHS IN MERTON

The Chair thanked everyone for attending the meeting. She invited each of the speakers to talk about what work that they are doing to prevent excess winter deaths and how the Council might improve services.

Dr Val Day reported that she had attended the Panel in September to discuss this issue, and that since then updated information had become available. She informed the panel that those with lower respiratory conditions are at greatest risk from excess winter deaths, and that figures for excess winter deaths in Merton are eight or nine deaths a year above the national average. Many excess winter deaths are preventable. The government has just published a cold winter plan which sets out actions that should be taken at the local level, but Dr Day needed more time to digest this.

Myrtle Agutter reported that four years ago Merton Seniors Forum recognised there is growing problem with fuel poverty in the borough especially among pensioners on low income. Although the Council has helped people claim benefits they are entitled to, fuel poverty has been exacerbated by cuts in winter fuel payments and the increase in fuel costs. People also have difficulty in understanding energy bill tariffs, and many residents in Merton who are home owners cannot afford to update their heating appliances. Myrtle Agutter suggested the Council committed to raising awareness of the help that is available and promote simple ideas to keep warm. She further highlighted the Greater London Forum campaign to end fuel poverty by restoring the winter fuel payment and encouraging energy companies to provide a

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simple billing system. Merton Seniors Forum will be hosting four sessions in libraries across the borough next week to raise awareness of all issues raised, and have produced a booklet which gives simple advice including useful numbers. This has been sent to 2000 residents across the borough.

Lynne Bainbridge, Chief Executive of Age UK, Merton felt we need to develop simple and straightforward information and advice, including the need for people with chronic conditions to have the right temperatures in their homes. The cost of fuel means many people will only heat one room in the home, but it is dangerous to go from hot to cold rooms, as might then happen at bedtime. Issues around income are of most concern; older people may not eat properly as they pay higher fuel costs or try to save more in times of economic downturn.

She claimed there have been missed opportunities in Merton. Although there has been some good work around flu jabs, electric blanket testing, she stated we need a winter plan working with all the statutory partners and linking in private landlords, and energy campaigns to develop one message. The Council also need to keep a focus on the very vulnerable but also roll out messages to all groups about the importance of warming a house through, keeping active, and switching energy suppliers. The services provided by different agencies can be included in Winter Plan - for example Age UK provide a snow clearing service.

Steve Nottage, Environmental Health (Housing) manager reported that keeping warm is the biggest hazard in the home. He circulated a sheet highlighting the current schemes that are running. There is means tested money available to help people keep warm and insulate their homes. The government has also asked energy companies to provide money for insulation and fuel poverty. Steve Nottage reported that he chairs the Health and Warmth Partnership. Work includes co-ordinating activities across partners who include: officers' voluntary groups, energy groups and Merton Priory Homes. They have developed an affordable warm action plan with the aim to abolish fuel poverty by 2012. Energy prices mean that fuel poverty is now higher than in 2006.

The chair highlighted that the main points emerging from all the comments made by guests was that we need a winter plan for Merton that will consist of one, unified message from all partners on how to keep warm and healthy in winter; how to cut fuel bills, and how to get access to financial and practical help from the Council, energy companies, and the voluntary sector.

A panel expressed concern that some companies are exploiting the opportunities that are available to carry out this work on behalf of the council. Steve Nottage reported that he works closely with trading standards to avoid this. Effort is made to avoid cold calling, people are written to and once agreement is reached a visit is made.

Val Day reported that this is a good time to come together to talk about preventing

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excess winter deaths, as since the last meeting of the Panel a small amount of money was given to Merton Seniors Forum for their work on this issue, and leaflet have been distributed to GP surgeries. This issue was also raised at the Merton Commissioning Group, the Head of Access and Assessment at the council pointed out the importance of her staff recognising winter warmth issues. If we work together we can may good progress by next winter.

A panel member pointed out that Councillors have their own delivery networks and could distribute information. ynnne Brainbridge pointed out that short term measures are important – for example Age UK Merton provides emergency heaters for people who are housebound and small grants for clothing and heating.

Following the discussion the Panel agreed to make recommendations to Cabinet on how to reduce excess winter deaths in Merton:-

### RESOLUTION

The Panel agreed to send the following recommendations to cabinet:

1. That the council, Age UK Merton, Merton Seniors Forum, and NHS partners work together to produce a joint publication that provides consistent messages around keeping warm during cold weather. The publication should include the following information:
  - What fuel saving grants are available and how to apply for them
  - How to minimise fuel bills while still keeping warm
  - What help is offered by the Council, NHS and voluntary sector organisations
  - Health information on flu jabs, respiratory disease, etc
  - How to access weather alert information
  - Other useful contact details

This leaflet is to be ready for distribution by the NHS, Council and voluntary sector in autumn 2012, with a progress report to health scrutiny in April 2012

2. That Agencies will work together to identify the most vulnerable people in the borough and ensure they are alerted when cold spells of weather are expected, and advised how to keep warm and given relevant helpline numbers
3. That the energy saving schemes that are currently concentrated in the south

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of the borough will be rolled out across the whole of Merton and support the broad range of residents who may be facing fuel poverty, including those who are owner occupiers.

4. That Public Health colleagues, in partnership with local organisations, will develop a Winter Plan for Merton. This will bring all agencies together to tackle excess winter deaths. The Winter Plan should address issues including benefits take up, how to reach seldom heard groups, and identify innovative ways to reach the community such as through pharmacists, hairdressers, home carer teams and the carers, neighbours and families of older and vulnerable people.
  
5. That the Council considers supporting the Greater London Forum Campaign to end Fuel Poverty.

The meeting ended at 9.30pm

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PANEL

16 NOVEMBER 2011

6.30pm-9.35pm

- PRESENT: Councillors: Suzanne Evans (Charing), Peter McCabe, Margaret Brierly, Brenda Fraser, Maurice Groves, Logie Lohendran, Sam Thomas, Greg Udeh
- Co-opted Members: Myrtle Agutter, Sheila Knight, Saleem Sheikh
- Mike Scott, Chief Executive, St Georges Healthcare NHS Trust. Jane Holland, Patient representative, Geoff Cloud, Consultant Clinical Lead for the service, Director of Estates and Facilities, Adrian McCloud Project Manager.
- South West London Chairs in respect of Item six: Councillors; Burstow (Sutton) , Usher,(Wandsworth) Thompson (Kingston) , Howlett, (Wandsworth)
- Margaret Dangoor Health Co-optee, Richmond
- ALSO PRESENT: Councillor Linda Kirby, Councillor Mark Allison,

There were no apologies for absence.

1 DECLARATIONS OF INTEREST

Councillor Mary Burstow declared an interest in respect of item six, as her husband is a health minister.

2 APOLOGIES FOR ABSENCE

There were no apologies for absence

3 MINUTES OF THE MEETING HELD ON 7 SEPTEMBER

The minutes of the 7<sup>th</sup> September were agreed

4 MATTERS ARISING FROM THE MINUTES There were no matters arising from the minutes

CHAIR'S ANNOUNCEMENT

Councillor Suzanne Evans welcomed Laura Johnson back to the committee as a general co-optee. Councillor Evans stated that Laura Johnson had asked to be co-opted onto the panel as a general co-optee, following the end of her role as a co-opted LINK representative, and that panel Councillors had agreed through email communication that they were willing to invite Laura Johnson to return to the Panel.



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### 5 BUDGET AND BUDGET OPTIONS 2012-2016

Caroline Holland, Director of Finance and Resources provided the Panel with some context to the budget decision making thus far. The Panel were asked to indicate which recommendations they were able to support.

The Chair asked why adult social care is being targeted for such large scale cuts – bigger than in any other department in percentage terms - and how this is being accounted for given the vulnerability of residents' affected.

Caroline Holland said that Cabinet decisions were based on service reviews looking at 15% and 30% cuts across all areas. There will be a rolling programme of savings over the next three years.

Helen Cook, Head of Access and Assessment pointed out that the majority of cuts will affect third party providers, followed by residential, domiciliary care, staffing then grant funding to the voluntary sector. All options will have an impact and risk of deliverability. The options put forward will mean that the department can deliver the service at low impact to customers.

The panel had a discussion about the savings at level one. A panel member highlighted the importance of incorporating preventative work to limit the need to provide services at the critical and substantial stage, and it was confirmed that this would continue to be a priority. A panel member asked if the DFG grant will be cut by the government. It was reported that it is unlikely that the grant would be cut but it may become means tested in the future. Panel members felt that all the proposed cuts to services were regrettable; however in light of the current financial climate, it was agreed to accept all the savings at level one

A panel member asked how we could ensure that high quality services are maintained in our contracts with providers. Helen Cook answered that service quality is included in contract specifications. There is also a wider pool of people to analyse contracts. The Council uses CM2000 software, which tracks whether care workers have turned up for their shifts. Helen Cook highlighted she looks forward to implementing the use lay assessors to check quality.

A panel member expressed concern that if providers are able to absorb a 15% cut in their service this could mean either that they were not providing a good service in the past or will not be able to meet our requirements in the future.

Helen Cook reported that most domiciliary care companies already pay minimum wage to their staff, so it is likely that these cuts will affect the profit margin of these companies. The contract also stipulates the amount of time that must be given to training and time spent with client, so this cannot be reduced. There has been a good response to the tender process, which indicates that providers feel that they are able to provide this service despite the cuts.

A Panel member asked if we can increase monitoring and evaluation of our domiciliary care service. Helen Cook reported that the department did not put forward major cuts to their staffing budgets to protect customers and ensure that important



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activities such as monitoring can continue.

Both the Cabinet member, and the Chair on behalf of the panel, expressed concern that care workers are already poorly paid, a situation that is regrettable. However, as Helen Cook had said, numerous providers had already expressed an interest in tendering for the new contracts at the proposed price, and the Panel agreed to accept saving in domiciliary care fees subject to a progress report in September 2012.

The panel would like more information on how reducing costs in high value placements will impact on one-to-one support provided to individuals

A Panel member expressed concern that if the council transfer costs to host boroughs for supported living this could leave the council open to legal challenge. Helen Cook reported that this could be a possibility but the council will negotiate terms with the local authorities that this relates to.

The panel would like more information about the proposed changes to the telecare services including who it will affect and how it will be a substitute for staffing

The panel would like more information on de-registration of residential care and how other local authorities have dealt with this

RESOLVED

The Panel would like further information on the following areas at their next meeting in January:

How reducing costs in high value placements will impact on one to one support provided to individuals (Level 2 item 5)

proposed changes to the telecare services including who it will affect and how it will be a substitute for staffing (level 2 item 6)

De-registration of residential care and how other local authorities have dealt with this (Level 3 item 1)

The Panel would like a report on impact of cut of domiciliary care fees to the Panel in September 2012 (level 2 item 2)

6 St Georges NHS Healthcare Trust Neurorehabilitation Services

The Director of Estates and Facilities, outlined the proposals in the report.

Jane Holland attended the meeting as a patient representative and reported that she had spent seven months at St Georges after an illness then was transferred to the Wolfson. Jane felt in good hands at the Wolfson in terms of patient care but found that the building is in poor decorative order and inadequate.

A panel member asked Jane Holland if she would have benefited from earlier

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rehabilitative treatment, and she confirmed that she would have benefitted.

It was asked what would be the cost of maintaining the current configuration and what capital benefit will be realised from selling the real estate.

The Director of Estates and Facilities reported that It would cost in the region of £14-15 million to refurbish the current Wolfson site. A business case was submitted to NHS London but it was declined. It will cost £2.5 million just to deal with basic maintenance. He would not be drawn on expected sale prices, saying the market will determine the level of profit from the real estate.

Officers were asked about the timescales for the move and if this project will provide financial benefits to the NHS in reducing the length of the pathway.

It was report that the aim is to re-locate in January/ February. It will take 18-24 months to re-build at Roehampton and then services will move. In terms of pathways, these changes will mean reduced stay in hospital. There is likely to be a 5-10% benefit for commissioning, as there is a move to provide some services within the same commissioning envelope. At the moment commissioners are currently paying twice for the same patient.

When asked if there will be additional capacity if further beds are needed in ten to fifteen years time, it was reported that there would be flexibility to increase or decrease beds.

Dr Geoff Cloud was asked if former patients had been consulted on the proposed changes. He reported that a wide range of consultation events had been held including with Headway the Brain injury charity, former patients such as Jane Holland who addressed the meeting earlier as well as the voluntary sector and local LINKs.

A panel member was concerned that in a few years time that NHS officers may decided to integrate the two sites as the current major review of health services in South West London Better Services Better Value was calling for bigger units, while this proposal is saying that smaller units are better. It was also pointed out that Queen Mary hospital is difficult to get to.

Mike Scott Chief Executive answered that these plans have specific approval of the St Georges Trust board and there is no plans to change these proposals and opt for larger sites.

Dr Geoff Cloud reported that clinical need would mean it's not clinically viable to integrate the two sites. It is not clinically safe to continue to provide the service at the Wolfson and this is the only unit of its kind in South West London.

Dr Cloud stated that access to Queen Mary is an important issue that needs to be addressed. Although Queen Mary has good parking facilities, links between the two sites could be a problem and there is some discussion about providing a minibus service between the two sites.

A panel member asked about the bed occupancy and turn over rate at the Wolfson

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and if there is any bed blocking.

It was reported that the occupancy at the Wolfson is at 95% with an average stay of three months. There is no bed blocking because they work closely with community services to agree an estimated date of discharge.

It was asked why there is such a rush to do the consultation which would end just two days before Christmas

It was reported that there are a number of competing bidders for the Queen Mary space although this project currently has preference. Also they don't want to spend more money on the Wolfson that constantly requires maintenance.

Adrian McCourt reported that the consultation process would involve pre-consultation with GP's, Commissioners, patients, working with clinical staff.

The consultation document is ready for public and patient meetings with GP's LINKs twitter and facebook.

A panel member asked what level of consultation would be considered adequate

Adrian Mc Court reported that they had recently held an event with 25 or 26 people at short notice and this was considered a success. It will be judged by the type of comments received

Mike Scott, Chief Executive reported that the board will want to see that key stakeholders have been included. This consultation will not be based on population size. Feedback will be from people who have association with this specialised service.

NHS officers were asked to ensure that they approach each of the SW London boroughs to discuss consultations to ensure that key people are included.

It was asked that the consultation should contain a fair reflection of journey times. We should encourage good public transport and take into account the needs of relatives.

### RESOLVED

That Access to Queen Mary hospital for all residents in South West London is taken into account and clearly outlined in the consultation process. The proposal to set up a mini bus service between St Georges and Queen Mary site is welcomed.

That NHS St Georges Neuro rehabilitation team consult with each of the South West London Boroughs to identify key groups to be included in the consultation.

That the Panel and South West London Chairs (Croydon were not present) support the reduced consultation period of four weeks

## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

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7 Work Programme 2011/12

The Chair provided an update on the position regarding Merton LINK, the first public meetings took place on 31 October. A second meeting will look at the work plan for the LINK and the proposals for Local HealthWatch. Consultation with a range of groups to collect evidence from patients and service users about what the priorities for the LINK should be is taking place

The recruitment process for a new chair will begin shortly. This will be a formal recruitment process with an advertisement and job description being published, then an application and interview process.

MVSC had submitted some proposals for a new governance structure that were discussed at a meeting of INVOLVE. Following a meeting we had with Malcolm Alexander from the National Association of Link Members (NALM) There has been suggested some amendments and these are currently being considered by the host. These include a process for recruiting LINK representatives for formal structures like the Panel and the Health and Well-Being board.

Laura Johnson emphasised the importance of the chair being independent of both the council and the host authority and highlighting that the LINK should be democratic with as much public involvement as possible.

THE MEETING ENDED AT 9.35pm