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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

25 SEPTEMBER 2013

(19.15 - 21.30)

PRESENT: Councillors Logie Lohendran (in the Chair), Richard Chellew, Caroline Cooper-Marbiah, Brenda Fraser, Maurice Groves, Peter McCabe, Debbie Shears, Gregory Udeh, Myrtle Agutter, Laura Johnson, Sheila Knight and Saleem Sheikh

ALSO PRESENT: Simon Williams (Director, Community & Housing Department) and Adam Doyle, Director of Commissioning and Planning, Merton Clinical Commissioning Group, Laurence Mascarenhas, Merton Clinical Commissioning Group, Barbara Price, Merton Healthwatch Stella Akintan, Scrutiny Officer.

1 DECLARATIONS OF INTEREST (Agenda Item 1)

Maurice Groves declared that he is a board member of Merton Priory Homes

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies for absence were received from Councillor Linda Kirby

3 MINUTES OF THE MEETING HELD ON 3 JULY 2013 (Agenda Item 3)

The minutes of these meetings were agreed. The Vice chair Councillor Peter McCabe said he received a letter from the London Borough of Wandsworth in regards to the Joint Overview and Scrutiny Review on NHS Croydon finances stating that they had referred the report to the Public Accounts Select Committee. He asked for the panel to endorse this letter. This was supported in principle and it was agreed that the letter would be circulated to Panel members.

4 HEALTHWATCH MERTON UPDATE (Agenda Item 9)

Barbara Price gave an overview of the main activities carried out by Healthwatch Merton since it was established in April this year.

A panel member asked how they will recruit volunteers as other Healthwatch bodies in South West London are membership organisations. Also, how does Healthwatch Merton communicate with individuals?

Barbara Price reported that all Healthwatch organisations are different, Health watch Merton send newsletters to interested individuals. There is a reference group looking at how to involve people. A number of workshops and public meetings have also been held.

A panel member said that accountability within Healthwatch Merton is important and this Panel should monitor the progress.

The Director agreed that the Panel could receive information on how the contract with Healthwatch is working. We should focus on outcomes ensuring they are prioritising important issues and reaching out to the community.

RESOLVED

That the Director of Community and Housing give a six monthly update on Healthwatch to this Panel.

5 NORFOLK LODGE (Agenda Item 4)

Adam Doyle gave an overview of the main provisions within the committee report, saying that his team had just embarked on a large scale review of Mental Health. Norfolk Lodge will remain open for the time being while this review takes place. No decision has been taken about the future of Norfolk Lodge as this will be determined by the outcome of review.

A panel member asked how long the review will take and what arrangements will be made for the patients currently using Norfolk Lodge.

Adam Doyle reported that the review will be done in conjunction with the commissioning cycle 2014-2015. The mental health review will begin after Christmas. There are a number of options for current patients including facilities in and out of Merton.

A panel member said she has visited Norfolk Lodge twice and many patients with schizophrenia are resident there. Jupiter ward at Springfield Hospital which is designated for Merton patients is overcrowded. Any proposal to close Norfolk Lodge is short-sighted because this facility is a stepping stone to help people re-integrate into the community and without it they could revert to expensive in-patient facilities. It is important that MCCG provide statistics to support their proposals including the number of revolving door patients.

Adam Doyle agreed that all data needs to be looked at as at the moment the case for change is hard to see.

Mark Clenaghan reported that Norfolk Lodge is valuable as an intermediate step down from acute wards, however it is an aged facility. The Trust will work with MCCG to look at the best needs of the patients.

A panel member asked if any patients had to move as part of the initial proposal to close Norfolk Lodge.

Adam Doyle reported that three patients were moved on, they were satisfied with their placements and are doing well.

A panel member asked Merton CCG to put their proposals regarding Norfolk Lodge and the mental health services generally in writing to provide further re-assurances to this panel. Adam Doyle said he would be happy to do this.

Panel members asked questions regarding; the through put of patients per year, how many people in Norfolk Lodge at any one time., what radius around Merton are people re-located to.

Mark Clenaghan reported that two years ago there were 40 patients in the last year there were 25-30 highlighting that this service is not static but meeting a dynamic need.

Adam Doyle said he recognises that where people are based is important all placements were agreed in conjunction with the client.

RESOLVED

Adam Doyle to write to the Panel to provide reassurances about the future of Norfolk Lodge.

Adam Doyle to attend a future meeting of this panel to provide an update on their review of mental health services

6 ADULT SOCIAL CARE BUDGET 2013-14 (Agenda Item 5)

The Director for Community and Housing explained that this report provided an update of how the social care budget is invested in the six areas of the use of resources analysis, as this was what had been requested. He added that he was happy to provide an update on the in year financial position if that was what the panel wanted.

A panel member said they would like more detail about where the budget pressures are.

The Director reported that the panel could receive the budget monitoring report which goes to cabinet. He also updated the panel that last year we had an underspend of 1% of the total budget if one discounted one off adjustments. At present an overspend is forecast for this year which will be mitigated by transfer health funding. There is an underspend on the staff budget. There is pressure on older people and learning disabilities budgets. Some savings are harder to deliver than expected, in line with risks which had been reported to the panel before.

The Director informed the panel that income is volatile however it still looks like forecast income is coming in on budget .

A panel member said that there will be a savings risk if providers are asked to make endless unachievable savings. The director reported that there is £700,000 at high

risk of non-delivery. The department is working with providers and has been honest to say this is a high risk savings programme

RESOLVED

That the Panel will receive the monitoring reports which go to Cabinet.

**7 ADULT SOCIAL CARE PERFORMANCE AUGUST SUMMARY REPORT
(Agenda Item 6)**

A panel member highlighted that on indicator E47 numbers are stagnating at the same time that BME people in the borough are increasing

The Director reported that this could be a quirk in numbers, however it is being taken seriously and action will include ensuring the community know that services are available.

A panel member asked about D40 which is amber. The Director reported that this is due to lack of staff, time pressures and increase in safeguarding

A panel member asked about indicator SP273 and why is this list going up? The Director said this is due to the large numbers on waiting list because of volume, the key issue is the maximum waiting time rather than the number on the list, and this was under control.

A panel member said that if there is underperformance we need to do things differently. However the overall picture is encouraging and would like to thank staff for their hard work.

RESOLVED

That key providing explanatory information will accompany the future performance indicators report to this panel.

8 INTEGRATED CARE (Agenda Item 7)

The Director gave an overview of the report saying that health liaison workers had been organised into the new locality teams.

A panel member asked if new staff will be recruited? The Director reported that there would be no new staff but current staff will work differently.

A panel member wished to extend her congratulations to all staff for getting this up and running. We also need to recognise that it will take time for this process to embed

A panel member asked if this is re-ablement and if we are saving money and getting as much out of this as GP's?

The Director reported that this is pro-active case management, with staff working together to assess need and help people to stay in the community. A saving of £800,000 needs to be realised from the re-ablement budget.

9 HEALTH AND WELLBEING BOARD, HEALTHWATCH MERTON AND HEALTH SCRUTINY DRAFT PROTOCOL (Agenda Item 8)

A panel member referred to Page 26 of the protocol and was concerned that Healthwatch can 'refer' issues to scrutiny and health scrutiny can 'make requests' to Healthwatch.

The Director said that both scrutiny and Healthwatch are free to accept or decline requests as they see fit and the wording of the protocol will be amended to reflect this.

A panel member expressed concern that there may be a conflict of interest with the Healthwatch and MVSC representative on the health and wellbeing Board as they effectively represent the same organisation. Another panel asked for transparency and to clarify that that MVSC represent the voluntary sector and not Healthwatch Merton.

The Director said he will take these concerns back to the Health and Wellbeing Board.

10 SAFEGUARDING CASES IN MERTON (Agenda Item 10)

This item was considered under the council's confidentiality procedures.