Public Document Pack

Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 November 2013
Time: 7.15 pm
Venue: Committee rooms B, C & D - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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 telephone 020 8545 3390 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Logie Lohendran (Chairman)
Richard Chellew
Caroline Cooper-Marbiah
Brenda Fraser
Maurice Groves
Peter McCabe (Vice-Chair)
Debbie Shears
Gregory Patrick Udeh

Substitute Members:
Laxmi Attawar
John Dehaney
Gilli Lewis-Lavender
Suzanne Grocott

Co-opted Representatives
Myrtle Agutter
Laura Johnson
Sheila Knight
Saleem Sheikh

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

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. Alternatively, visit www.merton.gov.uk/scrutiny

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY COMMITTEE
17 OCTOBER 2013

7.15pm-9.15pm

PRESENT:	Councillors: Logie Lohendran (Chair), Peter McCabe (Vice Chair), Richard Chellew, John Dehaney, Brenda Fraser, Maurice Groves, Debbie Shears and Greg Udeh. Co-opted members: Myrtle Agutter, Laura Johnson, Sheila Knight, Saleem Sheikh,
ALSO PRESENT:	Councillor Linda Kirby, Councillor Suzanne Evans, Dr Kay Eilbert, Director of Public Health, Annalise Elliot, Head of Safer Merton. Matthew Hopkins, Chief Executive, Epsom and St Helier University Trust, Peter Davies , Director of Strategy & Business Development, Epsom & St Helier University Hospitals NHS Trust. Tim Wilkins, Epsom and St Helier University Trust. Stella Akintan, Scrutiny Officer.

1 DECLARATIONS OF PECUNIARY INTEREST

There were no declarations of pecuniary interest

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Caroline Cooper Marbiah

3 MINUTES OF THE MEETINGS HELD ON 25 SEPTEMBER

The Scrutiny officer reported that Councillor Suzanne Evans highlighted that she was present at the last meeting and this should be recorded in the minutes.

A panel member asked if there had been any decisions on Norfolk Lodge. The scrutiny officer said that the Panel were emailed a letter from the Clinical Commissioning Group giving reassurance that no decision had been made on Norfolk Lodge pending a review of mental health services.

A panel member expressed concern that they had not received a minute of the confidential safeguarding discussion. The scrutiny officer reported that a response to the questions raised in the discussion would be circulated to councillors by email.

4 EXTENSION OF ALCOHOL PATHWAYS TO INCREASE PREVENTION

Dr Kay Eilbert, Director of Public Health gave an overview of the presentation

A panel member asked how public health can be used to tackle alcohol abuse problems when it is not one of the reasons for objecting to a licensing application.

The Director of Public Health reported that they will provide a map of licensing outlets overlaid with alcohol hotspots to help the licensing committee review new applications in light of these hotspots. The Head of Safer Merton reported that community safety is a reason for challenging a licensing application.

A panel member asked if we are ensuring that those retailers who sell to underage young people are being reprimanded.

The Head of Safer Merton said that trading standards use police cadets to attempt to buy alcohol (and other age preclusive goods) if the transaction takes place then the council/police take further action.

It was asked how many had been prosecuted over the last twelve months?

The Head of Safer Merton said that the local authority seek to warn and educate people in the first instance, prosecutions are used in more serious cases. Trading standards will be asked to provide the panel with information on the numbers of individuals / organisations has been prosecuted and/or warned.

A panel member asked for more detail on the work to support BME communities

The Director of Public Health said that we have the 'Live Well' project which provides information on smoking, alcohol, diet, exercise. The project is currently being re-commissioned and will include health champions who will be representatives from the BME and hard to reach groups who will be able to access their community and signpost people to the relevant services.

The Head of Safer Merton said that having specific 'ethnic' organisations undertaking outreach (within the drug and alcohol services) was an approach that was proving successful. For example within the Polish community.

A panel member asked what the alcohol action zone pilot will involve. The Director for Public Health reported that we are still awaiting more details but it is likely to be local freedoms to develop innovative approached to alcohol issues.

A panel member said many of these programmes have been around for a long time, is there any evidence that they actually work?

The Director of Public Health said the smoking has been the greatest public health success over the last 50-60 years. Part of the success is due to individual lifestyle change and a large part involved making smoking more difficult through higher taxes. The council is also looking at its own levers to reduce the availability of alcohol.

A panel member asked if we are training council staff as well as the fire service to talk to local people about smoking cessation and alcohol services. Also, how many

people will be trained?

The Director said there is an ambition to embed training for council frontline staff, as well as external front line staff. A more detailed action plan will come to this Panel in due course.

A panel member asked if friends and carers will have the opportunity to refer people that they are concerned about to alcohol support services?

The Director reported that all innovative approaches would be considered, although there may be issues with confidentiality. The Head of Safer Merton reported that there are helplines for friends/family, success is based on people recognising their problem and seeking help.

A panel member said that if we have limited resources they should be targeted at young people and schools.

RESOLVED

Panel to receive a detailed action plan on alcohol prevention programmes when it is available

Panel to receive statistics on how many businesses/ individuals who have been warned or prosecuted about selling alcohol to people who are under age.

5 SUTTON HOSPITAL SERVICE CHANGES

The Chief Executive of Epsom and St Helier University Trust told the panel that there are still major financial issues at the Trust. Overall they are looking at consolidation across its three main sites to improve patient care and financial efficiency.

The Project Director at Epsom and St Helier gave an overview of the presentation highlighting that this proposal is about transferring services not closing them. Sutton Hospital caters for 10% patients across the Trust, half of the buildings are empty. Nine out of ten Merton patients will be closer to their treatment.

A panel member asked for more information on the impact of parking, what will happen to the Sutton site? How much is it worth and where will the money go?

The Project Director at Epsom and St Helier reported that there has been more detailed work on parking than may be apparent from the presentation. They have looked at staff travel patterns, travel distances and looked at how many spaces are needed. It was found that one hundred spaces are needed at St Helier and fifty at Epsom. At St Helier they are looking at a decked car park, subject to planning permission. The Trust are also looking at other modes of transport for staff such as cycling as well as flexible working arrangements.

There is more focus on getting services right before looking at the future of the site. The long term plan is to come off the site completely and discussions will be held

with relevant partners on the plans.

Relocating services will deliver around £3.6 million annual savings. This money could make a significant dent in the deficit. There will be discussions with the NHS hierarchy about leasing or selling the land depending on if they can retain the land receipts.

A panel member asked how this programme is impacted by Better Services Better Value?

The Chief Executive said that If Better Services Better Value changes come about they will be implemented in 2018. The Trust has to continue with business as usual in the mean time, these consolidation proposals are about improving patient experience and staff satisfaction.

A panel member asked if the Trust is looking at shared services across the Trust. The Chief Executive reported that a conversation is being held about this.

A panel member asked if the proposals will impact upon waiting times and if there will be more clinics? It would be useful if the Panel could receive updates on these issues.

The Trust said that they are focussed on improving waiting times, there will be more clinicians in one place which will hopefully improve waiting times and access.

A panel member pointed out that there had not been an adequate explanation of anticipated difficulties.

The Project Director at Epsom and St Helier said that the document provided was the case for change which did not outline the risk assessment. Difficulties include the issues around travel and the need to be smarter about the use of space. The Trust will share details of the risk assessment at future meetings

A panel member said they support initiatives that saves the services at St Helier. In 2010 there was an offer of £219 million for the re-development of St Helier, £6 million has been spent decanting, what is the current situation with this money?

The Chief Executive reported that the Treasury has said no funds can be released until Better Services Better Value has concluded, given that there has been a number of delays the outline business case is now out of date and a new one will be need to be produced before further monies are released.

RESOLVED

The Panel agreed that the proposals did not constitute a substantial variation in services.

The Panel would like further updates on the proposals including figures on waiting times and impact of any increased travel times

The Chair asked Councillor Linda Kirby as Chair of the Health and Wellbeing Board to give an update of their last meeting on the 1st October.

Councillor Kirby reported that the Health and Wellbeing Board is progressing well, Merton's strong partnership working is a particular strength. Cllr Kirby also expressed thanks to all those who had been involved in the recent Peer review the outcomes from this will be available shortly.

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 13th November 2013

Agenda item: 5

Wards: ALL

Subject: St Georges Healthcare NHS Trust - Update on Trust Developments

Lead officer: Peter Jenkinson, Director of Corporate Affairs. St Georges NHS Healthcare Trust

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That Panel members comment on the presentation by St Georges on the latest developments within the Trust.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The Chief Executive and Senior Officers from St Georges NHS Healthcare Trust will give a presentation on the latest developments in the Trust.

2 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

2.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2013/14

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

6.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8 CRIME AND DISORDER IMPLICATIONS

8.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

11 BACKGROUND PAPERS

11.1.

St George's Healthcare NHS
NHS Trust

St. George's – update on trust developments

Presentation to Merton Health Scrutiny Panel
13 November 2013

Miles Scott, Chief Executive
Alison Robertson, Chief Nurse
Peter Jenkinson, Director of Corporate Affairs

Contents

- Quality improvement strategy
- Care Quality Commission inspections
- Planning for Winter/emergency care
- Future developments – plans for major service and capital developments
- Foundation Trust application

Quality Improvement Strategy 2012 – 2017

Approved by the Trust board November 2012

Why do we need a quality Improvement Strategy ?

- Refreshed trust strategy: 10 year vision, underpinned by a series of principles, one of which is to focus on quality and drive continuous improvement.
- Increasing focus on NHS to deliver quality (rather than quantity)
- Increasingly demanding targets for quality of care.
- Poor quality costs.
- Feedback from patients, service users and stakeholders.
- Local drivers for change – CCG, health and Well Being Boards, London Quality and Safety programme, BSBV.
- Post Francis – Keogh Review, Berwick Report, Cavendish Review, Hart/Clwyd review (not yet published).

So what does this mean ?

- St George's has much to be proud of, we deliver a range of services that are comparable against national or international best practice standards.

- We have a developing patient safety programme but there is more work to do to become a learning organisation that is prepared to challenge poor practice in order to increase our reliability and reduce inconsistency.

- We are building a strong foundation to improve our patient and service users experience and can demonstrate that a relentless focus on this can deliver results, such as in our maternity services. However, again it is too inconsistent and we want to continue to demonstrate continual improvement in this domain of quality. Caring for patients is our core business and we need to make sure that staff strongly focus on every aspect of the experience of the care and services they provide to ensure that our patients report a high patient experience.

- This means that we need to overlay our quality improvement strategy on a strong organisational culture with all our staff taking responsibility, not only for what they do but for what others do.

What is our approach?

Our quality improvement strategy will be underpinned by three supporting domains:-

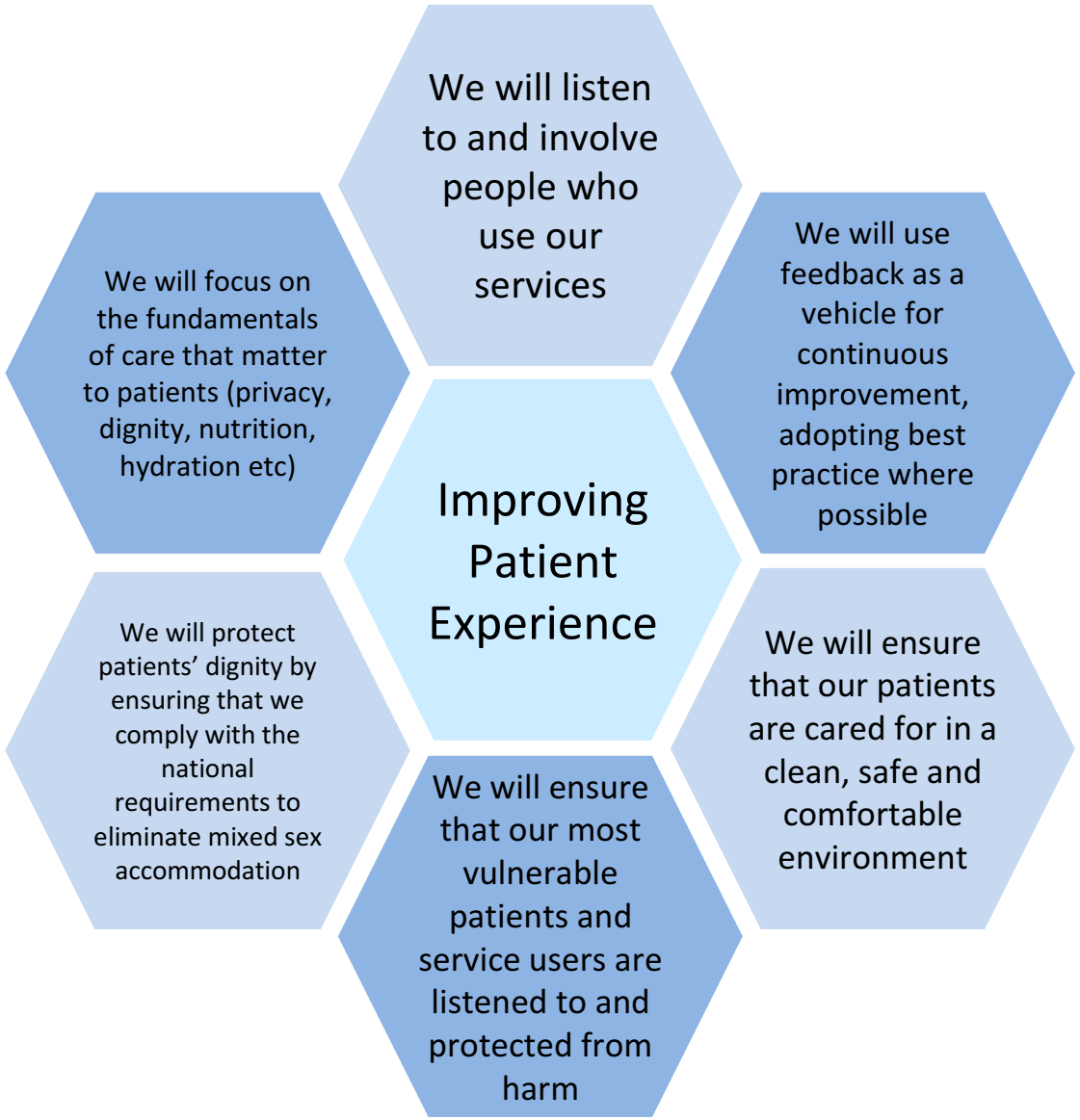
Patient safety
-Will I feel safe?
-Will I be protected from avoidable harm?

Patient experience
- Will I feel cared for?
- Will I be treated with compassion, dignity and respect in a clean, safe and well managed environment?

Patient outcomes
-How will my clinical procedure be carried out?
-What will its results be?
-What about my quality of life after treatment?

Our strategy has been converted into an implementation plan and is monitored by the Quality and Risk Committee (sub committee of trust board).

Improving Patient Experience – our commitment to patients



How ?

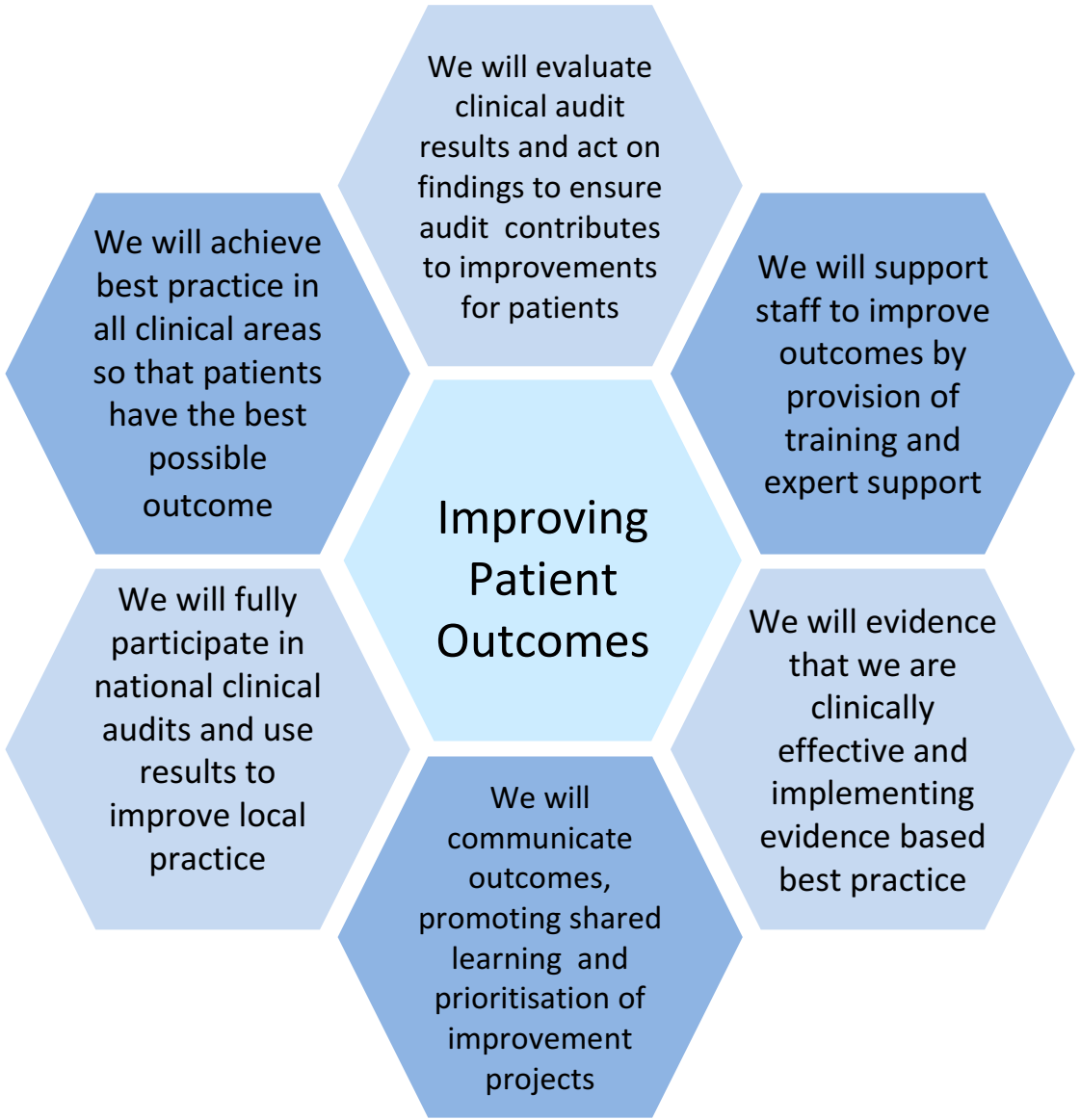
- Programme of cleaning and environmental inspections.
- Continue to promote and champion the 'Protected Mealtime' initiative. Ensure that those who require help at mealtimes are clearly identified and properly supported.
- Raise awareness and understanding to improve the care of patients with Dementia ('Butterfly Scheme')
- Increased our resource to support the care of people with learning difficulties (one part time to two full time posts)
- Focus on gathering and using feedback to make improvements.

Improving Patient Safety – our commitment to patients

How ?

- Established a network of clinical governance leads across all care groups, with clear leadership across all disciplines.
- Supporting awareness, understanding and compliance with our new handover policy.
- Regular staff safety forum – led by Chief Nurse and Medical Director, use of a serious incident as a case study to highlight key safety messages and promote Executive visibility.
- Safe Staffing tool to monitor safety on a daily basis.
- Trustwide taskforce to support pressure ulcer prevention and reduce the incidence of healthcare acquired pressure ulcers.

Improving Patient Outcomes – our commitment to patients



How ?

- Continue to maintain lower than expected mortality rates and investigate any areas that prompt an alert.
- Better evidence our support/compliance with NICE Guidance.
- Increase uptake of training to improve the audit skills of our staff.
- Ensure our clinical audit strategy is aligned to the national requirement for clinical audit as well as supporting trust objectives.

Who is responsible ?

- Sarah Wilton: Non Executive Director chairs the Quality and Risk Committee

- Prof. Alison Robertson: Chief Nurse/Director of Operations leads the patient experience and patient safety domains. Also Director of Infection Prevention and Control.

- Dr Ros Given Wilson: Medical Director leads the patient outcomes domain

- Peter Jenkinson: Director of Corporate Affairs leads on Quality governance

Care Quality Commission Inspections

- 2-day inspection in January 2013
- Identified 6 areas of non-compliance in which action was required. Of these 6 areas, 3 were considered by the CQC to have a minor impact on patients and services and 3 were considered to have a moderate impact.
- Improvement programme followed, including full implementation of the agreed action plan arising from the CQC's inspection

- Follow-up inspection of the St George's Hospital site, 15-17 August.
- Total of 15 inspectors, mix of CQC inspectors and clinical specialists, and experts by experience.
- Included evening and weekend visits.
- Revisited the areas and outcomes covered in the January inspection plus some others – total of 21 wards or departments.
- The inspection was carried out using the same inspection methodology as used in January. 8 outcomes were tested.

St George's Healthcare NHS
NHS Trust

Care Quality Commission Inspections

- Final report issued to the trust 23 October (not yet published by the CQC)
- Compliance with five standards and non-compliance in three, all of which judged to have 'minor' impact on patients.
- An action plan to address the remaining areas of non-compliance will be returned to the CQC by their deadline of 6th November.

Key points

Four outcomes judged to be non-compliant in January were compliant in the August inspection:

- Respecting & involving people who use services
- Care & welfare of people who use services
- Meeting nutritional needs
- Cleanliness & infection control

Two outcomes were not re-assessed by the CQC:

- Safeguarding people who use services
- Supporting workers

Two new outcomes were included in the August inspection

- Management of medicines
- Assessing & monitoring the quality of service provision

Two outcomes were judged as non-compliant in both the January and August inspections (the issues giving rise to non-compliance in August were different in nature and the area of the trust in which they were identified:

- Staffing
- Records

St George's Healthcare NHS
NHS Trust

Care Quality Commission Inspections

Table 1

CQC Outcome	Topic	January 2013		August 2013		
		Compliance	Impact	Compliance	Impact	Issue identified
1	Respecting & involving people who use services	✗	moderate	✓	n/a	
4	Care & welfare of people who use services	✗	moderate	✓	n/a	
5	Meeting nutritional needs	✗	minor	✓	n/a	
7	Safeguarding people who use services from abuse	✓	n/a			
8	Cleanliness and infection control	✗	moderate	✓	n/a	
9	Management of medicines			✗	minor	Lack of monitoring of min/max temperatures of drugs fridges
13	Staffing	✗	minor	✗	minor	Staffing levels on Trevor Howell ward & day unit
14	Supporting workers	✓	n/a			
16	Assessing & monitoring the quality of service provision			✓	n/a	
21	Records	✗	minor	✗	minor	Incomplete record keeping on Brodie & Caroline wards

St George's Healthcare NHS
NHS Trust

Care Quality Commission Inspections

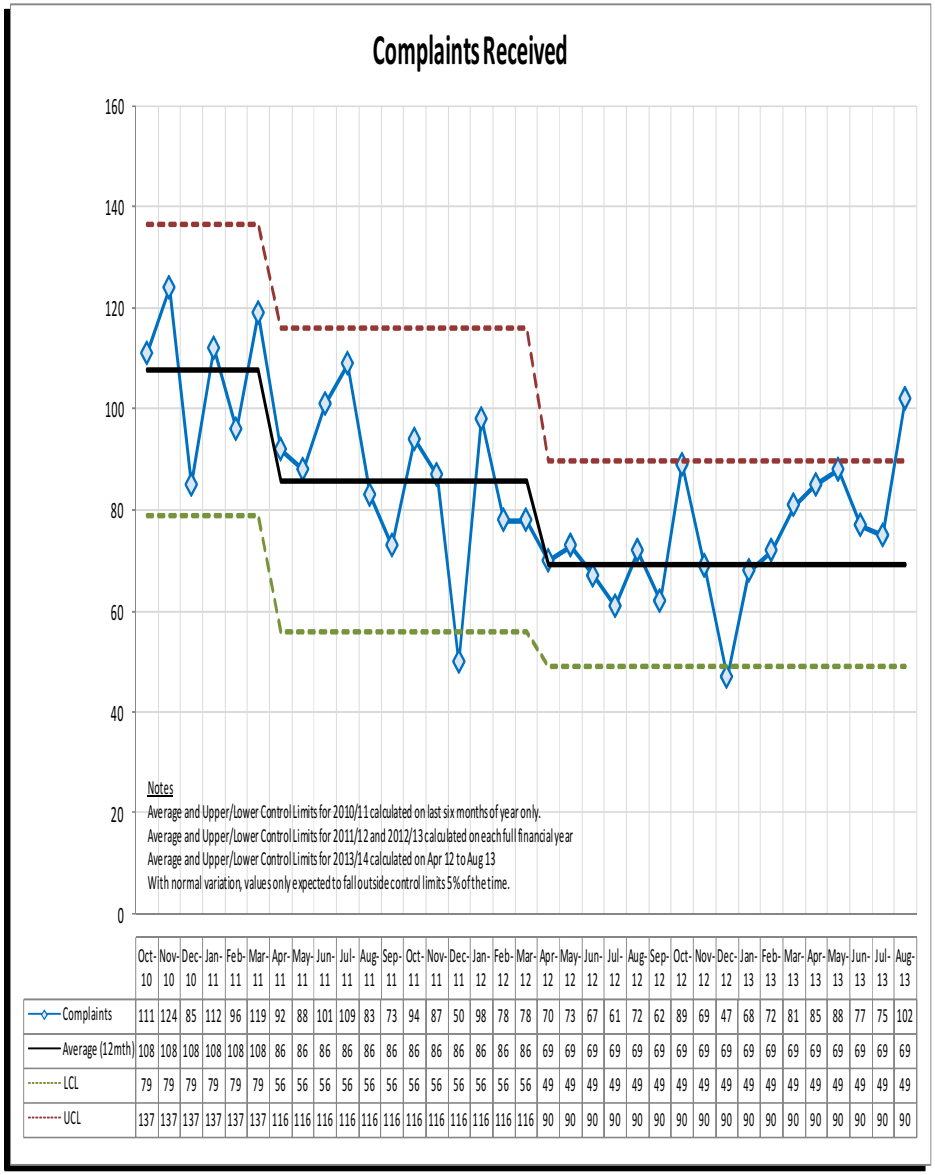
- New 'Chief Inspector' Inspection to follow in Q4 of 13/14 (wave 2) – due to being an aspirant foundation trust.
- New inspection regime will mirror Ofsted approach in rating the quality of care in Hospitals as:
  - Outstanding
  - Good
  - Requires Improvement
  - Inadequate
- Need to achieve a rating of 'good' or 'outstanding' to progress into the Monitor phase of the FT pipeline.

- Publication of CQC's new intelligent monitoring data in October showed the trust to be in band 6 (lowest risk).

TDA Clinical Quality review visit

- Visit 7-Aug-13
- Part of its quality assurance in the FT application process
- Five teams from the NTDA (2 people per team)
- Staff focus groups, visits to clinical areas, meetings with key senior staff,
- St. George's and Queen Mary's Hospital sites visited and focus groups with community staff which were held at the St. John's Centre in Battersea.
- Purpose was for the NTDA to fill in information gaps regarding the Trust (e.g. in relation to mortality monitoring), and to provide feedback to the Trust that may be helpful in preparation for the CQC visit.
- Feedback was positive overall - confirmed that they would have been able to recommend to the NTDA Board that the Trust was ready to be referred to Monitor on the basis of the visit.

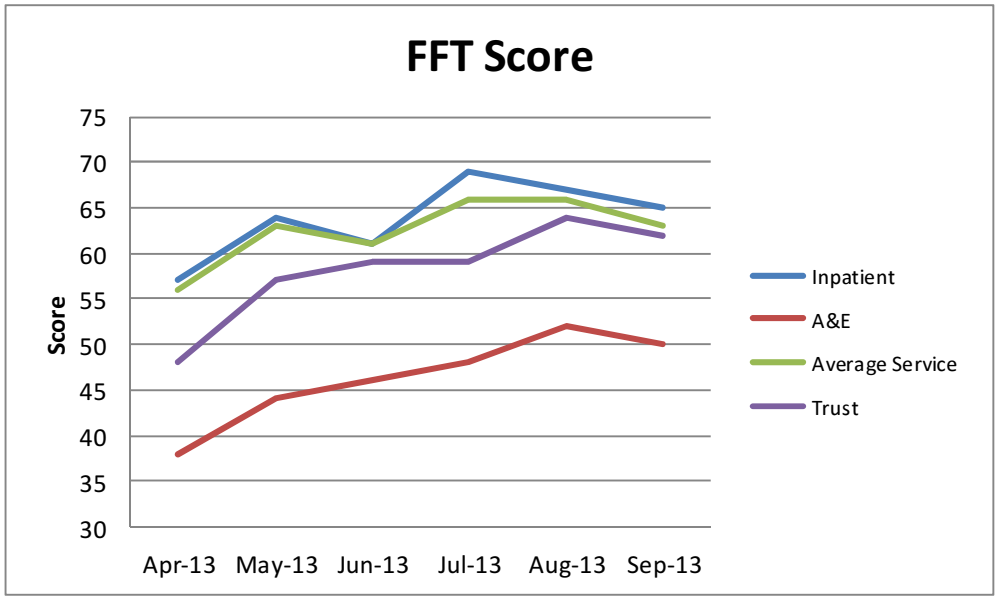
Complaints

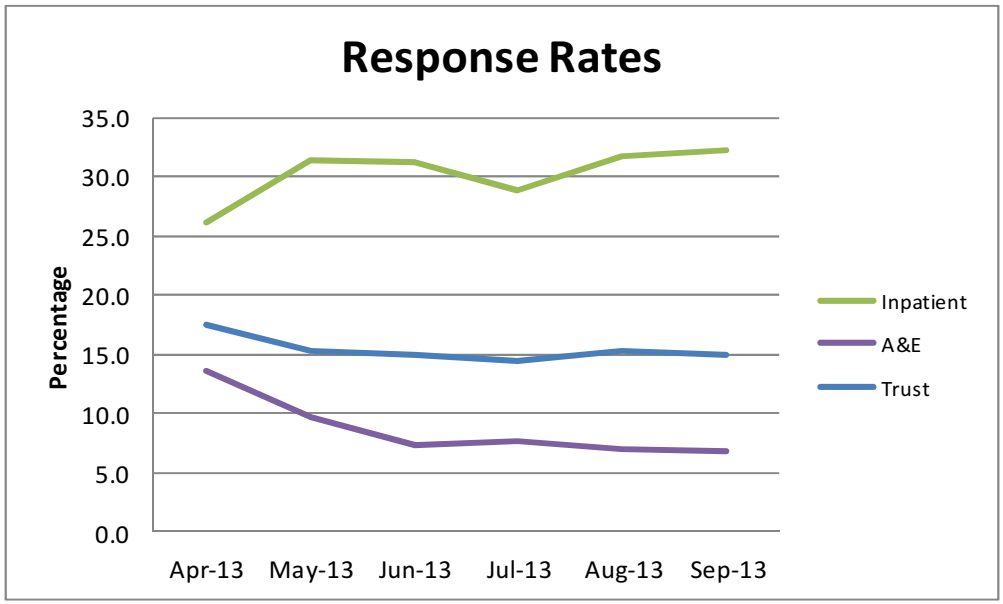


	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
Complaints	111	124	85	112	96	119	92	88	101	109	83	73	94	87	50	98	78	78	70	73	67	61	72	62	89	69	47	68	72	81	85	88	77	75	102
Average (12mth)	108	108	108	108	108	108	86	86	86	86	86	86	86	86	86	86	86	86	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69	69
LCL	79	79	79	79	79	79	56	56	56	56	56	56	56	56	56	56	56	56	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49
UCL	137	137	137	137	137	137	116	116	116	116	116	116	116	116	116	116	116	116	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90

- 20% reduction overall from previous year
- PALS saw contacts increased but concerns decreased
- Biggest increase was in "care" = medical care, from 10 in Q1 to 46 in Q4
- This year Q1 increase – August considerable but back on track
- Now using SPC's
- Performance re: response times struggling
- but 3 day acknowledgement better
- Themes – communication, waiting/delays, attitude, multiple moves
- Outcomes good, experience less so - similar to NIPS and Cancer survey
- Actions match themes
- Some hotpots – aware & monitoring
- Increase in good news/thank you letters
- New processes more streamlined
- Plans – RAG rating report, satisfaction survey, benchmark when Clewyd/Hart published

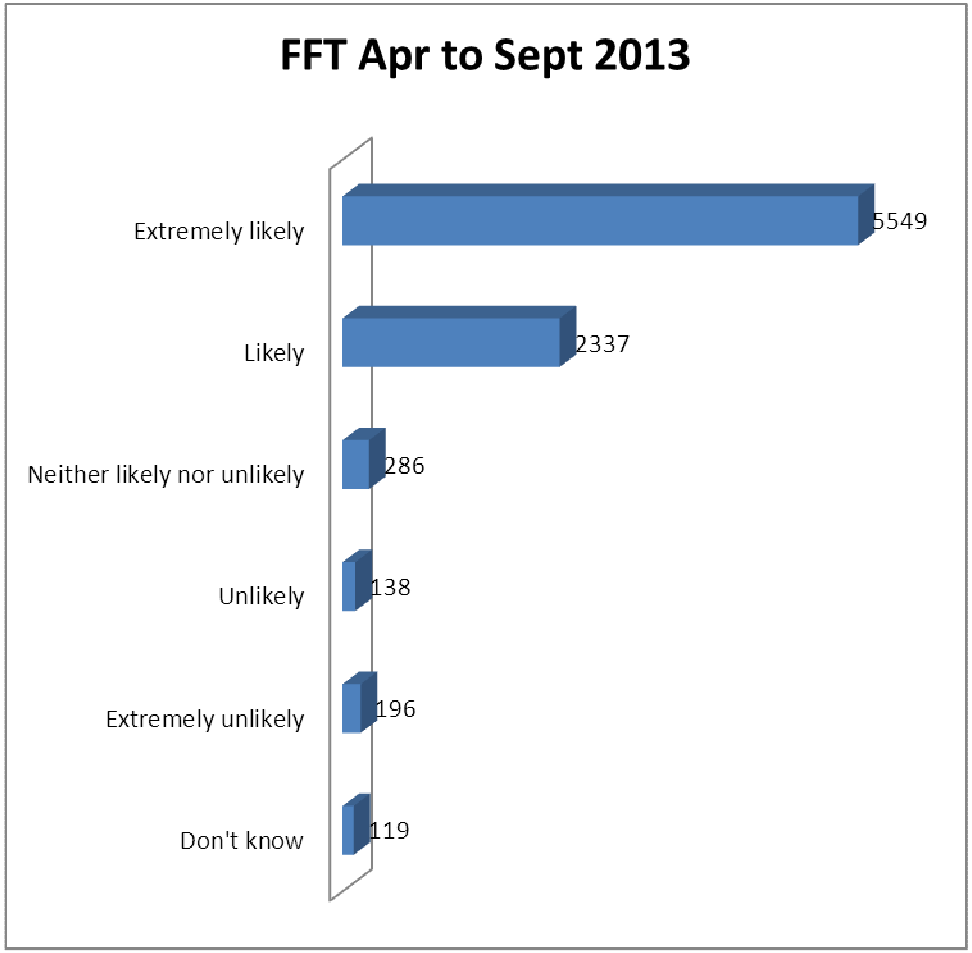
Friends and Family Test





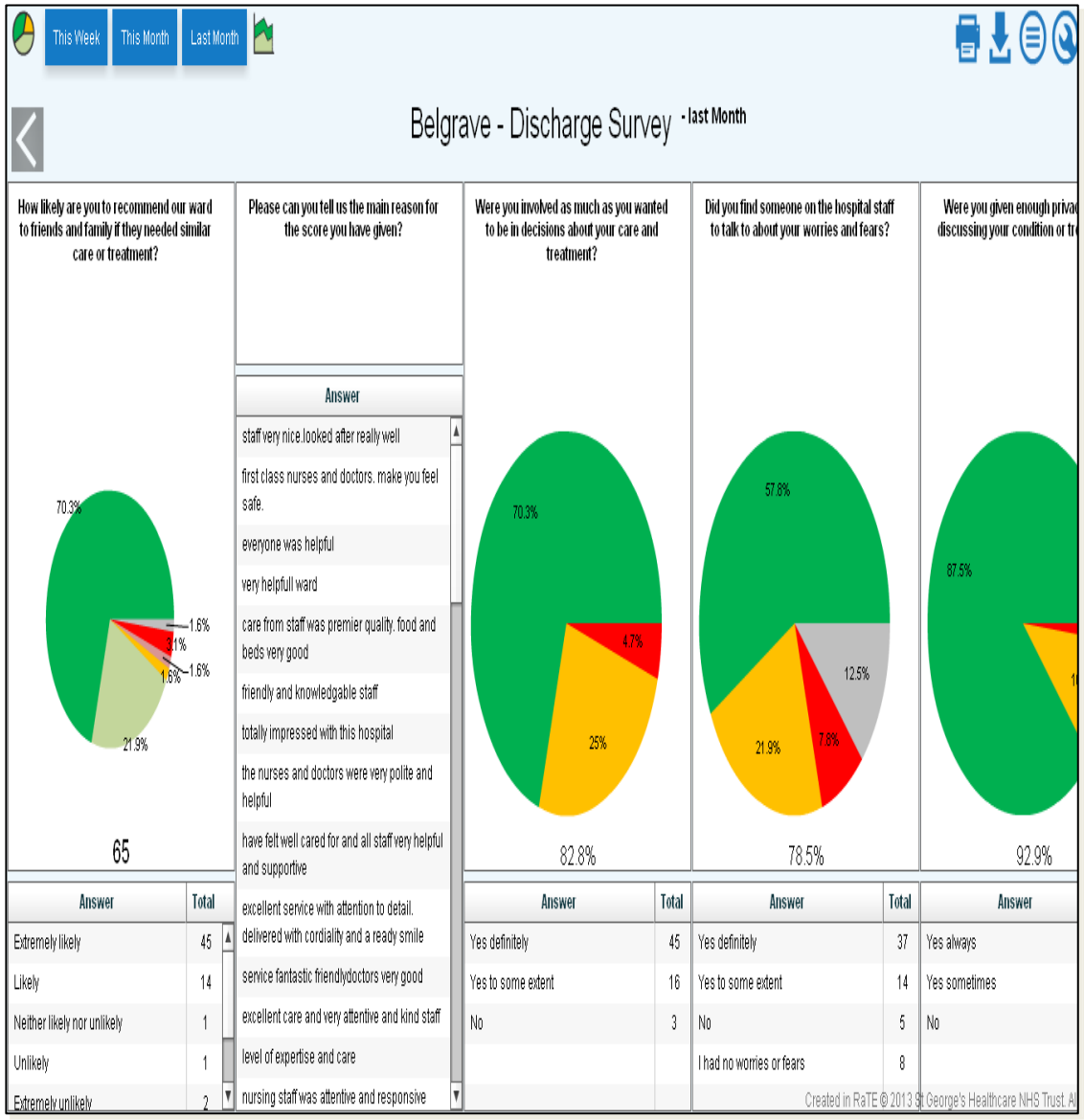
- Well embedded
- Apr to Sept 8,625 surveys
- Overall very positive
- Improving Net Promoter scores
- Average service score good
- Response rates good generally but A&E a significant challenge
- A variety of methods used, mostly tablets
- Volunteers and patient reps
- Qualitative text feedback
- Some confusion re: question as other answers don't always match "extremely unlikely" rating

FFT breakdown

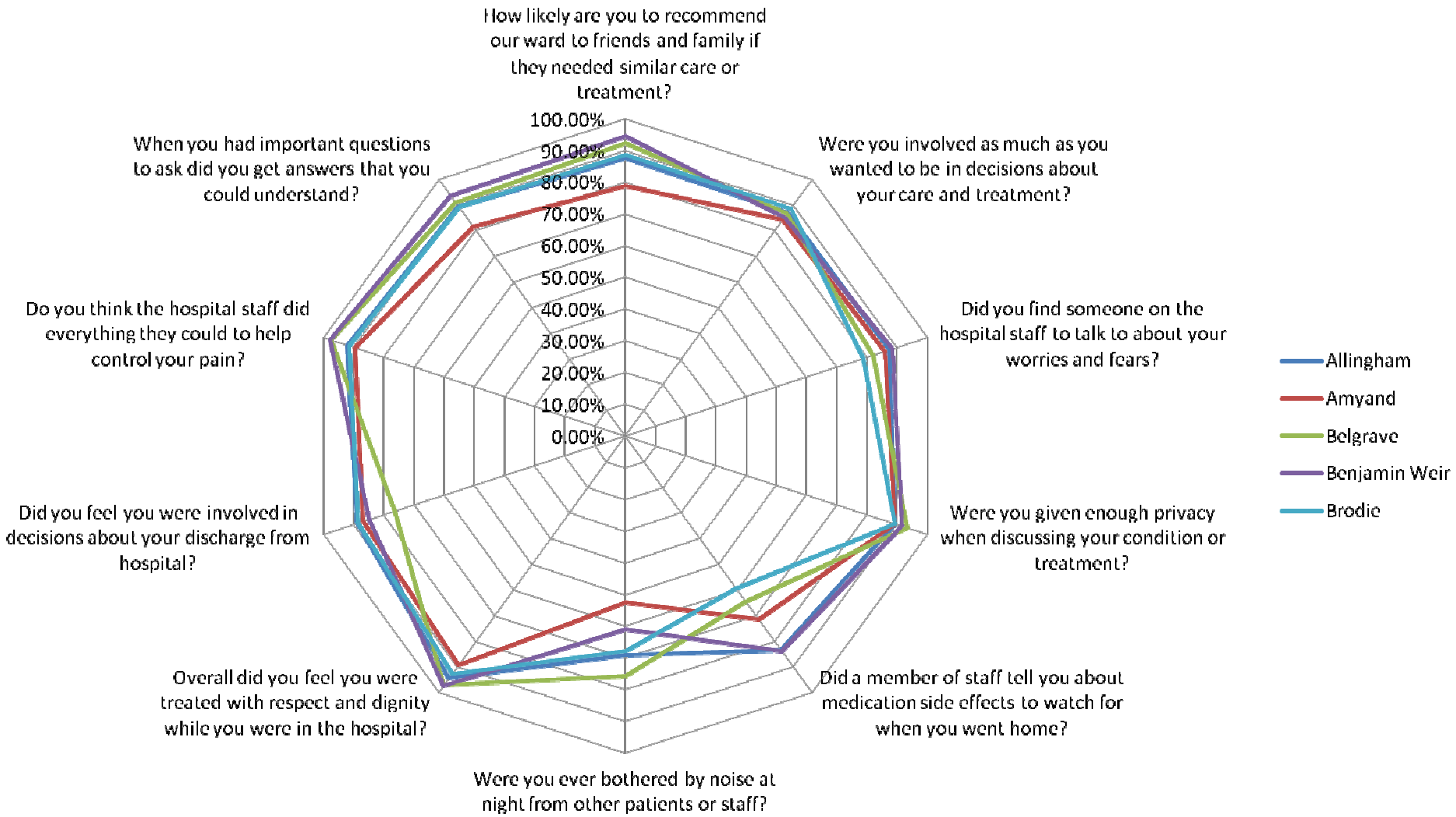


- The whole picture
- Overall generally very positive
- Some extremely unlikely ratings – majority A&E (waiting) and small numbers elsewhere (attitude, information and noise)
- Important to look at other patient feedback to triangulate
- Displayed in clinical areas
- Local ownership
- Board reporting and other committees

Other Patient Feedback



- Bespoke Real Time Experience (RaTE) system
- 9 other questions & demographics
- Important to review with FFT
- Reasons given
- Intranet page & public facing
- Part of divisional performance review
- Thematic review
- Actions & learning at local level to drive quality improvments


How likely are you to recommend our ward to friends and family if they needed similar care or treatment?
Were you involved as much as you wanted to be in decisions about your care and treatment?
Did you find someone on the hospital staff to talk to about your worries and fears?
Were you given enough privacy when discussing your condition or treatment?
Did a member of staff tell you about medication side effects to watch for when you went home?
Were you ever bothered by noise at night from other patients or staff?
Overall did you feel you were treated with respect and dignity while you were in the hospital?
Did you feel you were involved in decisions about your discharge from hospital?
Do you think the hospital staff did everything they could to help control your pain?
When you had important questions to ask did you get answers that you could understand?
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Allingham
Amyand
Belgrave
Benjamin Weir
Brodie

Cancer Patient Experience

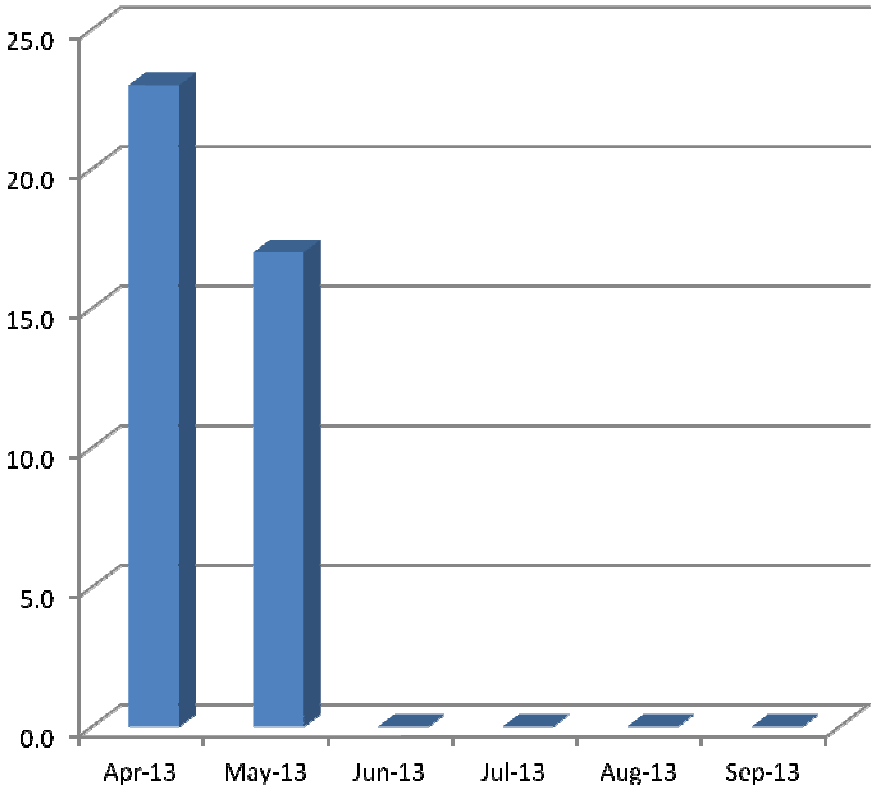
The results of the 2012/13 National Cancer Patient experience Survey which focussed on patients receiving treatment at St. George's from September to November 2012 were published in August.

Overall the ratings for Cancer patients in England, including St George's, are high. Having said that 9 London Hospitals (including StGH) are in the bottom 10 for patient experience nationally, although it should be acknowledged that the range of results are very narrow.

We all agree we can do better

- Refurbishing outpatient clinic (opened October).
- Reviewing all written information given to patients for all cancer types.
- Reviewing how we inform patients about support available to them and their carers.
- Promoting the McMillian information and Support Centre and Increasing the availability of information in wards and clinics.
- Establishing a dedicated 'cancer patient helpline' telephone service.
- Implementing a new training programme to improve communication skills.
- Establishing a patient volunteer programme to help in busy clinics.
- Establishing patient workshops to help highlight communication issues and how they can be improved.

Minimising Mixed Sex Accommodation

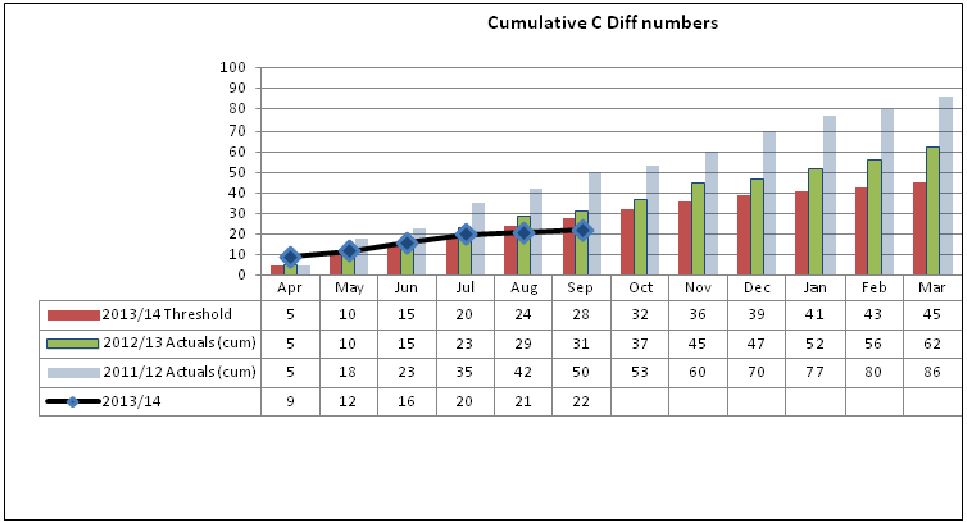


- 3 adult ITUs
- HASU
- Clinically appropriate
- Other ICNARC data positive
- Nationally differences in data collection
- Supported by CCG
- NTDA plans to change reporting nationally
- Other feedback positive re P&D

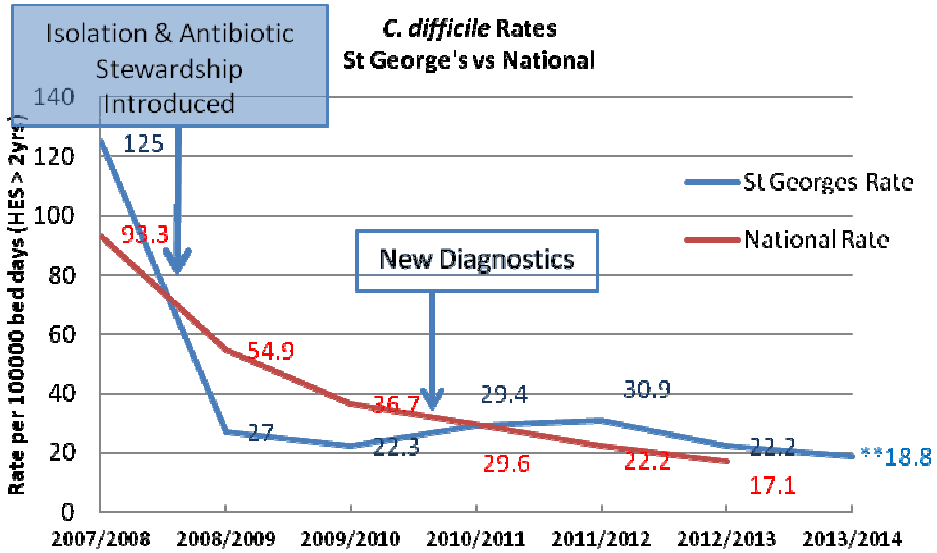
C Difficile Infections

St George's Healthcare NHS Trust: Quality Improvement strategy

Performance : 1 C Diff cases in September 2013
Year to date total of 22 vs trajectory of 28



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 Threshold	5	10	15	20	24	28	32	36	39	41	43	45
2012/13 Actuals (cum)	5	10	15	23	29	31	37	45	47	52	56	62
2011/12 Actuals (cum)	5	18	23	35	42	50	53	60	70	77	80	86
2013/14	9	12	16	20	21	22						



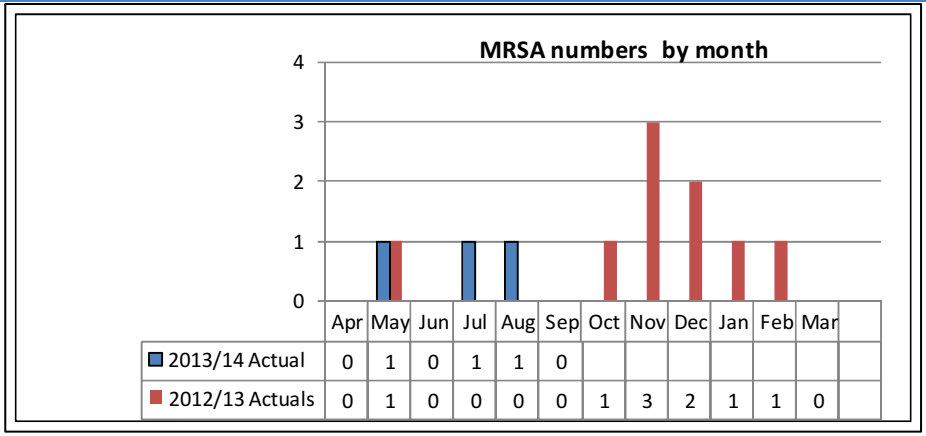
Actions

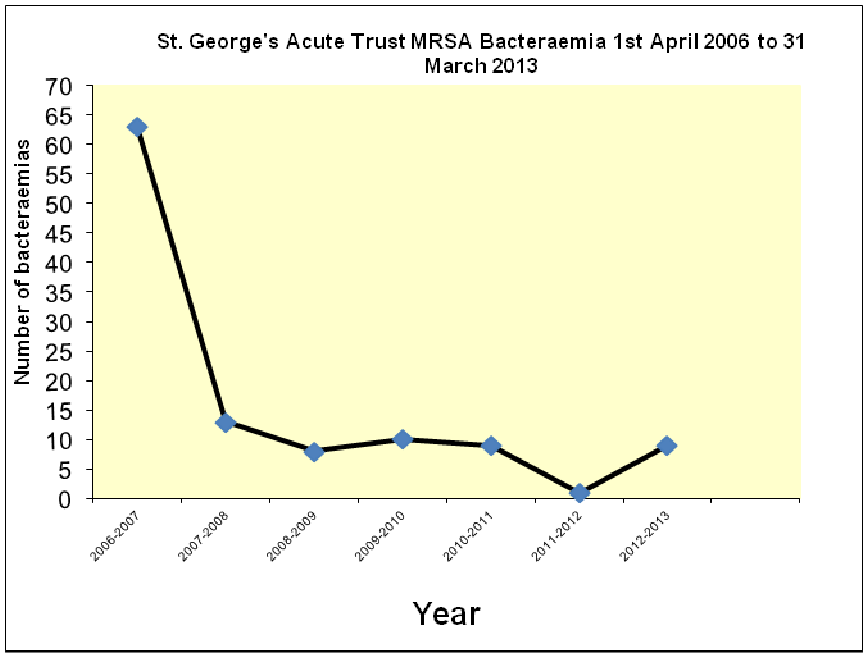
- Lowest level *of C. difficile* ever in this trust.
- Estimated annualised rate of 18.8 per 100 000 bed days.
- How did we get here?
- Antimicrobial Stewardship Program.
- Diarrhoea Protocol with assurance of clinical review.
- Prompt isolation of diarrhoea cases
- *C. difficile* ward rounds.
- Improved diagnostics.
- Introduction of fidaxomicin for treatment of disease.
- Use of molecular diagnostic techniques to identify and isolate carriers.
- Routine ribotyping of all C. diffs in hospital - no evidence of ongoing transmission.
- Root Cause analyses to identify and address modifiable causes.
- Learning from other trusts.

MRSA Infections

St George's Healthcare NHS Trust: Quality Improvement strategy

Performance





Actions

Since 2006 there has been a dramatic decrease in MRSA but numbers have remained relatively static for past 5 years.

Core Strategies to reduce MRSA BSI

- Screening
- Decolonisation
- Isolation
- Hand Hygiene
- IV line Care
- Wound Care
- Antimicrobial Stewardship

Recent initiatives to maintain and improve practice of core strategies

- Improving line care: education, training, promotion, policy, documentation, surveillance. E.g. FRED campaign. IV line care rounds, cannulation packs, trust wide audits.
- Improve Blood Culture Competencies – medical and nursing staff.
- Improve Root Cause Analysis Tool

Our performance: SHMI + HSMR

Oversight of both measures by the trust Mortality Monitoring Group (MMG)

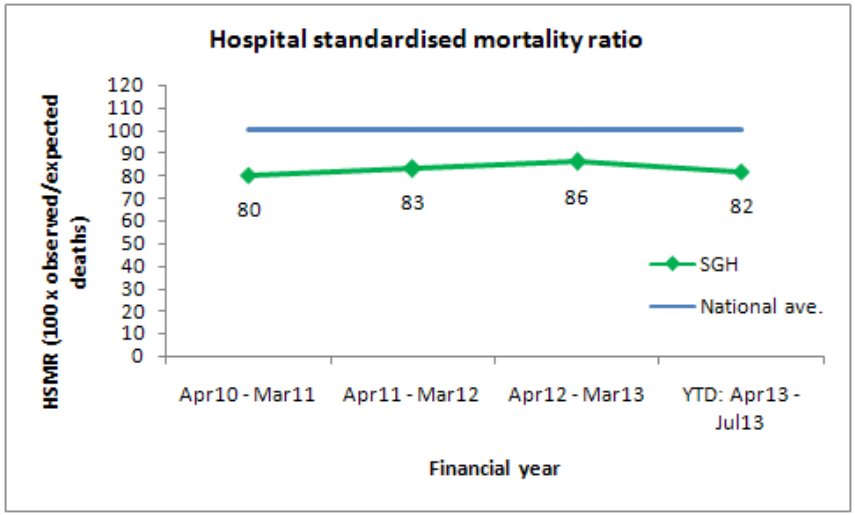
SHMI

- Latest score (Jan12-Dec12): 0.81, categorised as 'lower than expected'
- SGH identified as (positive) repeat outlier as our mortality has been lower than expected over 2 consecutive years

HSMR

- HSMR for most recent 12 months (Aug12 – Jul13): 85.2
- Significantly better than expected
- Monthly analysis by procedure, diagnosis and demographics
- 'Signals' investigated + reported to MMG
- Divisional mortality ratios included in quarterly performance monitoring

Period	SHMI	Banding
Jan11 – Dec11	0.79	Lower than expected
Apr11 – Mar12	0.79	Lower than expected
Jul11 – Jun12	0.80	Lower than expected
Oct11 – Sep12	0.82	Lower than expected
Jan12 – Dec12	0.81	Lower than expected



Hospital standardised mortality ratio (HSMR)

- Measure of whether mortality is in line with expected, based on national data
- Considers only in-hospital deaths and a basket of 56 diagnoses which accounts for around 85% of deaths
- Greater risk adjustment than the SHMI (palliative care, clinical classification system subgroups, social deprivation, past history of admissions, month of admission, source of admission)
- SGH subscribes to Dr Foster Intelligence which provides access to data, refreshed on a monthly basis
- Routinely analyse HSMR data by diagnosis group, procedure group and demographics with all 'signals' investigated and reported to Mortality Monitoring Group.
- Expressed as a ratio of observed to expected deaths x 100
- HSMR = 100 suggests observed deaths are in line with the expected number
- HSMR > 100 suggests higher than expected mortality (not necessarily statistically significant)
- HSMR < 100 suggests lower than expected mortality (not necessarily statistically significant)
- Data published annually in The Hospital Guide, with statistically significant outliers identified

Summary hospital-level mortality indicator (SHMI)

- Ratio between the expected number of patients who die following a treatment at the Trust and the number that would be expected to die on the basis of the average England figures, given the characteristics of the patients treated there.
- Introduced in October 2011 following recommendations from the Francis Inquiry that there should be a single and consistent mortality indicator for the NHS
- Includes all English acute non-specialist providers and considers all deaths in hospital and any within 30 days of discharge
- Shows whether the number of deaths linked to a particular hospital is more or less than expected, and whether that difference is statistically significant
- The expected number of deaths is calculated from a risk adjustment model developed for each diagnosis group that accounts for age, gender, admission method + co-morbidity
- SHMI = 1 suggests observed deaths are exactly in line with the expected number
- SHMI > 1 suggests higher than expected mortality (not necessarily statistically significant)
- SHMI < 1 suggests lower than expected mortality (not necessarily statistically significant)
- Published quarterly at organisation level by the Health + Social Care Information Centre, with statistically significant outliers identified.

St George's Healthcare NHS
NHS Trust

A&E performance and Winter planning

Context

- St George's annual plan for 2013/14 includes additional investment for winter 2013.
- This investment was guided by detailed demand and capacity modelling.
- When the plan is fully implemented in Spring 2014 we will have additional bed capacity of 40 acute and cardiology beds, (a combination of additional bed spaces and beds freed up by other developments).
- The trust is investing £3m of its capital on this plan
- For these investments to secure sustainable performance at St. George's this winter they need to be additional to all of the capacity put in place last winter and the additional initiatives, posts and schemes put in place with the support of winter funding we had in 2012/13
- **However** this briefing highlights key risks to sustaining this performance even with the extra capacity outlined above
- The key risk factors are:
  - increased activity at St George's year to date in 2013/14
  - lack of winter funding for St George's in 2013/14

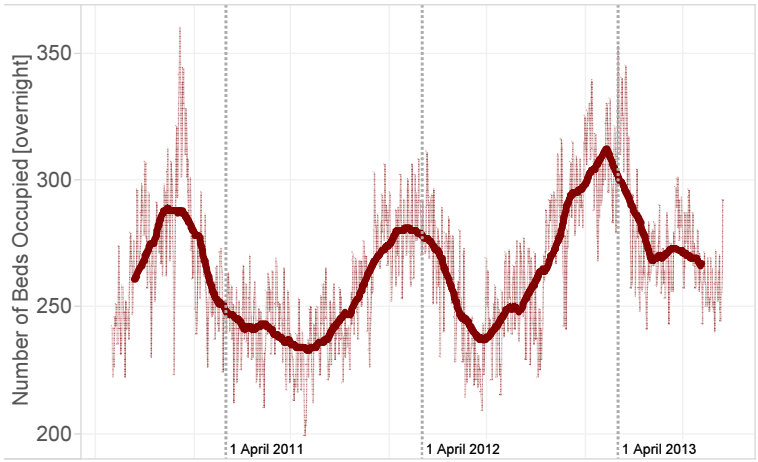
CAPACITY ACTION PLAN FOR 2013/14

Plan	Milestone	Which division?	When by
Beds	Open 23 acute medicine beds on Caesar Hawkins ward for winter	Medicine& Cardiovasc	Oct 13
	Focus on Length of Stay (LoS) in acute medicine (RCP4), senior health, surgery & neurosurgery (RCP3)	Divisional Chairs	Mar 14
	Relocate and expand Surgical Admissions Lounge (SAL) to release 6 surgical beds	Surgery & Neuro	Dec 13
	Complete business case for Surgical Assessment Unit	Surgery & Neuro	Mar 14
	Plan for medium to long term capacity expansion in neuroscience	Surgery & Neuro	Sep 13
	Redevelopment of the existing SAL(on Gray/Vernon wards) into new bed capacity - 15 beds with en suite facilities: Medicine in winter, surgery in summer	Surgery & Neuro /Medicine& Cardiovasc	Nov 13
Critical Care	Plan for 5 additional beds for winter 2013	CWDTCC*	Dec 13
	Complete business case for definitive expansion of General Intensive Care Unit (GICU) in 14/15	CWDTCC*	Jun13

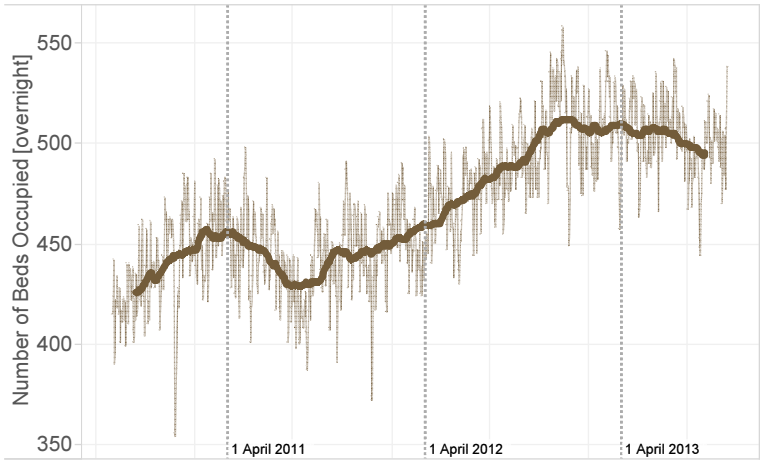
*CWDTCC = Children's, Women's, Diagnostics, Therapies & Critical Care Division

INCREASING PRESSURE ON BEDS

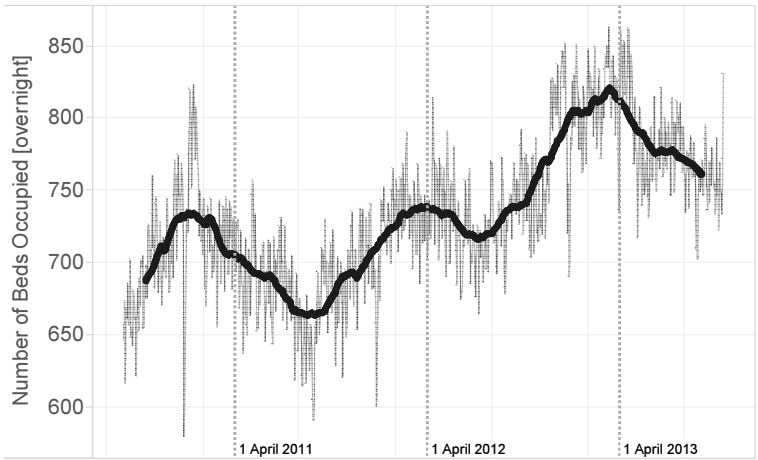
Geriatric & General Medicine Non-Elective Patients
(Actual vs. 12 week Moving Average)



Non-Elective Patients exc. Geriatrics & General Medicine
(Actual vs. 12 week Moving Average, excludes Obstetrics)



All Non-Elective Patients
(Actual vs. 12 week Moving Average, excludes Obstetrics)



- During 2013/14 to date we have seen a significant further rise in demand for acute inpatient capacity at St George's beyond what was modelled in our capacity plan and agreed with commissioners
- These graphs show the increase in occupied beds by non elective activity over the past three years

ACTIVITY TO DATE IN 2013/14

- Activity has been higher than forecast for the first four months of 13/14, for example General Medical Emergency activity was 5% greater than plan at Month 4.
- Length of stay (LoS) has reduced since April 13, but only back to where it was last summer (see next slide).
- Bed pressures have been at higher than winter levels until August 13 - June and July had higher activity than the preceding winter months.
- We have done a crude trust level analysis using the first four months of 13/14 by extrapolating activity to year end, using average Length of stay as it has been for months 1-4, assuming an average of 90% occupancy, and factoring in the planned winter beds

  -Trust wide, this indicates a **25 bed shortfall** on plan.
- This will be an underestimate because it does not take into account the big seasonal changes in medicine, also research evidences that average LoS considerably underestimates bed need.
- So we have also done further simulation analyses on the major pressure areas using Month 1-4 activity increases, and actual LoS distributions
- The simulation shows that if these patterns persist, we will be approximately

  -**15 beds** short on plan in medicine -**15 beds** short on plan in surgery

  -**10 beds** short on plan in neurosurgery
- This does not include smaller pressures in some specialties and there will be some small offsets from lower bed need in other specialties

- **In summary, modelling suggests a shortfall in capacity of between 25 to 40 beds for the upcoming winter**

WINTER FUNDING IN 2013/14

- £500m of winter funding has been identified nationally for the next two winters. However none of this has been allocated to St George's.

- St George's has consistently emphasised that the local share of these funds needs to be at least at the level of 2012/13 to support the need for additional winter capacity in the trust and in and the wider health system to ensure that we can deliver operational performance and quality & safety for our patients.

- In 2012/13 the trust and local CCGs received winter pressures funding to the sum of £2.5m (£1.8m from the national fund and £0.7m through Wandsworth PCT). Although this was not confirmed in the 2012/13 financial year until December 2012, this funding was deployed in full and made a significant contribution to performance across the system. Indeed the trust continued a number of these schemes into the first quarter of 2013/14 to address continuing emergency pressures.

- St George's will also be adversely affected as the result of neighbouring health communities not benefiting from winter funding on the basis of past good performance.

- The next slide demonstrates that non elective threshold adjustment monies (NETA) pertaining to St George's emergency activity are distributed widely amongst CCGs in SW London and beyond and also in NHS England; it is vital this reinvestment comes to the trust to support winter planning.

NON-ELECTIVE THRESHOLD ADJUSTMENT (NETA) ANALYSIS

CCG Recipient / Commissioner	Location	Loss (£m)
NHSE Specialist	Specialist	2.68
Wandsworth CCG	Local - Our Urgent Care Board	1.35
Croydon CCG	Local - Different Urgent Care Board	0.99
Sutton CCG	Local - Different Urgent Care Board	0.96
Surrey Downs CCG	Non local	0.69
Lambeth CCG	Local - Our Urgent Care Board	0.68
Kingston CCG	Local - Different Urgent Care Board	0.63
Merton CCG	Local - Our Urgent Care Board	0.33
Richmond CCG	Local - Different Urgent Care Board	0.24
Other CCGs	Non local	0.67
	TOTAL	**9.22**

- Based on an activity forecast outturn at Month 3 13/14, due to the extra emergency activity that has arrived at St George's over and above plan, this total value is predicted to increase from £9.22m to **£13.56m**
- Of the £2.36m NETA money available to our local Urgent Care Board, £1.25m of the Wandsworth CCG NETA funding is being spent assisting local winter pressures, with £905k coming directly to St George's to help improve flows and 7 day working. £315k is going to WSS for additional step down capacity and weekend social care
- WCCG have recently made a further £1.256m available to St George's to support winter beds, elective surgery off site and operational site management.
- Merton have and integrated care project board of which St. George's is a member. Two key schemes launched, Community Prevention of Admissions Team and Proactive LTC Management, both aimed at admission prevention.

RISKS

- There are important consequences for patients and staff, and also organisational performance of not planning appropriate capacity for the rest of 2013/14 These include:
  - Compromising patient experience and risking patient safety by operating beyond recommended levels of bed occupancy and throughput:
    - Significant numbers of medical and surgical outliers throughout the winter
    - Patients with specialist needs not accessing the most appropriate beds
    - Delays in accepting inter-hospital transfers for acute tertiary services such as cardiac surgery and neurosurgery
    - Prolonged use of escalation areas only appropriate for inpatient care as a last resort eg endoscopy, neuro day unit
    - Reliance on temporary staffing to cover additional activity
    - Some evidence that acute services are operating at the limits of safe early discharge, eg readmission rates, compliance with heart failure pathway
  - Extended periods of red alert and use of business continuity measures taking senior clinical staff and managers away from other activities such as clinical governance, service improvement and productivity/Cost Improvement Programme (CIP) planning
  - Negative impact on staff morale and experience of operating at or beyond capacity
  - Significant cancellations of elective surgery which may impact upon delivery of the 18 week RTT standard. This then entails unplanned outsourcing of elective activity to the private sector to maintain RTT performance which is not ideal in quality terms and adds financial pressure to the organisation
  - Constant use of unfunded escalation areas having to be mitigated by opportunistic, non-recurring financial measures
  - The financial value of the NETA to St George's on current plan is £9.22m. The 30% marginal rate does not cover the financial cost of opening of escalation areas, utilising private sector capacity or the loss of elective income built into our budget

MITIGATING THE CURRENT LEVEL OF RISK

EMERGENCY CARE INTENSIVE SUPPORT TEAM (ECIST) VISIT

- St George's had a visit from the Emergency Care Intensive Support Team (ECIST) in September 13, at our invitation
- The final report is due on the 23rd September, but initial high level feedback is:
  - Emergency Department (ED) and Acute Medical Unit (AMU) are functioning well – there are some areas for improvement, but they are not the main problem with respect to patient flow
  - Real time information for bed management decisions is urgently required
  - There needs to be a focus on discharge and internal waits
  - Seven day working is needed, particularly in specialty wards
  - A surgical SAU is required – this is planned for 14/15 as requires capital build
  - St George's needs more robust pathways for the management of frailty
  - We need to review opportunities for further community integration
- The ECIST team will be returning to the trust to assist us with the implementation of change in the above areas

SUMMARY

- St George's planned capacity in 13/14 and put initiatives in place to accommodate capacity shortfalls, but activity to date is well above plan
- Revised analysis shows that we are between 25 and 40 beds short for winter over and above our current plan if winter patterns persist
- We must therefore collectively ensure that the healthcare system does not fail over the winter, and we are working with our local Urgent Care Board on this
- Following this analysis and the ECIST visit, to mitigate risks for winter 13/14 St George's has clear actions on:
    - Delivering the new beds
    - Deployment of the currently agreed NETA monies
    - Review of daily bed management
    - Discharge processes and internal waits
    - Seven day working where possible – through NETA and/or redesign
    - Opportunities for managing patients elsewhere – community division to lead
    - Management of frailty - review of pathways
    - Further admission prevention where possible through further ambulatory emergency care
- We cannot guarantee that despite these measures that we can fully mitigate the risks that this winter poses

Future developments

Our strategy

St. George's board signed off the new strategy in November 2012. In the strategy the trust outlines a vision for how it will develop over the next decade, which is to have or be:

- **Renowned integrated services enabling people to live at home**
- **Providing the highest quality local hospital care in the most effective and efficient way**
- **A comprehensive regional hospital with outstanding outcomes**
- **Thriving research, innovation and education driving improvement in clinical care**
- **A workforce proud to provide excellent care, teaching and research**
- **Transformed productivity, environment and systems**

Major service and capital developments

Children's & Women's Hospital

Establishing a Children's &Women's Hospital in Lanesborough Wing by 2017/18, as the leading centre for south west London. First phase (children's 5th floor) to start 2014.

Emergency care

building on its success as one of four major trauma centres in London by establishing a helipad, to be opened April 2014.

Renal services

Working with commissioners to develop a robust and sustainable solution for the future provision of renal services for south west London. Re-provision of service in better quality accommodation.

South west London pathology service

Working with partners to implement a single south west London pathology service, with hub at St. George's.

Integrated services

Continue to developed integration between health and social care, focusing on treatment in the community and in patients' homes.

St George's Healthcare NHS
NHS Trust

Foundation Trust application

Foundation trust application

We are in the process of making submitting our application for foundation trust status, aiming for authorisation by summer 2014

KEY MILESTONE	TIMESCALES
Submission to NTDA	2 January 2014
B2B with NTDA	w/c 10 March 2014
NTDA Board approval	20 March 2014
Submission to Monitor	April 2014
Authorisation	Late summer 2014

St George's Healthcare NHS
NHS Trust

Why is becoming a foundation trust so important to St. George's?

Becoming a foundation trust is a crucial step in achieving our ten-year vision to be recognised as an excellent integrated care provider and a comprehensive specialist health centre for South West London, Surrey and beyond with thriving programmes of education and research.

Becoming a Foundation Trust is harder than ever but this is a good thing for our patients. The quality of patient care provided by Foundation Trusts and the reliability of their accreditation has been under the spotlight like never before. We welcome the increased focus this has brought to the patient experience and all aspects of care, including feedback from patients and their carers and also the quality of our facilities and surroundings.

Achieving Foundation Trust status against a backdrop of increased scrutiny gives us, our patients and the public, assurance that we are living our values and providing high quality services.

We want to involve our community more closely in the decisions we make and becoming a Foundation Trust will strengthen our ability to achieve this by creating a membership and council of governors who will work together with us to make sure we continue to provide the best care we can.
Becoming a membership organisation will create a cultural environment that is characterised by involvement, responsiveness and openness with patients.

Foundation trust application

Becoming an FT means a fundamental change in the governance of the trust:

- **Membership**
  - To date 20,000 members have joined
  - Membership engagement strategy agreed to keep those members informed and involved

- **Council of Governors**
  - Elections for public and staff governors currently ongoing – election results to be announced 19 November
  - 4 public governors from Merton
  - Stakeholder governor to represent Merton council
  - Representing the views of members, patients and public, having an input into key decisions and holding the Board of Directors to account

Committee: Children and Young People Overview and Scrutiny Panel

6th November 2013

Healthier Communities & Older People Overview and Scrutiny Panel

13th November 2013

Sustainable Communities Overview and Scrutiny Panel

12th November 2013

Overview and Scrutiny Commission

26th November 2013

Agenda item:

Wards:

Subject: Business Plan Update 2014-2018

Lead officer: Caroline Holland

Lead member: Councillor Mark Allison

Contact officer: Paul Dale

Forward Plan reference number:

Recommendations:

1. That the Panel consider the latest information in respect of the Business Plan and Budget 2014/15, including, in particular, the draft capital programme 2014-18
2. That the Overview and Scrutiny Commission considers the comments of the Panels and provides a response on the draft capital programme 2014-18 to Cabinet when it meets on the 9 December 2013.

---

1. Purpose of report and executive summary

1.1 This report requests Scrutiny Panels to consider the latest information in respect of the Business Plan and Budget 2014/15, including, in particular, the draft capital programme 2014-18 and feedback comments to the Overview and Scrutiny Commission.

1.2 The Overview and Scrutiny Commission will consider the comments of the Panels and provide a response on the draft capital programme 2014-18 to Cabinet when it meets on the 9 December 2013.

2. Details - Revenue

2.1 The Cabinet of 22 October 2012 received a report on the business plan for 2013-17. This included details of savings targets, and, in particular set out the draft Capital Programme 2013-17.

2.2 At the meeting Cabinet

RESOLVED: That Cabinet
(1) notes the latest draft MTFS 2014-18;
(2) agrees the draft Capital Programme 2013-2018 for consideration by scrutiny in November; and
(3) notes the indicative capital programme for 2018-23.

3. Alternative Options

3.1 It is a requirement that the Council sets a balanced budget. The Cabinet report on 21 October 2013 sets out the progress made towards setting a balanced budget. This identified the current budget position that needs to be addressed between now and the next report to Cabinet on 9 December 2013, with a further report to Cabinet on 17 February 2014, prior to Council on 5 March 2014, agreeing the Budget and Council Tax for 2014/15 and the Business Plan 2014-18, including the MTFS and Capital Programme 2014-18.

4. Capital Programme 2014-18

4.1 Details of the draft Capital Programme 2014-18 were agreed by Cabinet on 21 October 2013 in the attached report for consideration by Overview and Scrutiny panels and Commission.

5. Consultation undertaken or proposed

5.1 Further work will be undertaken as the process develops.

6. Timetable

6.1 The timetable following this round of Scrutiny is set out in Appendix 2 of the Cabinet report.

7. Financial, resource and property implications

7.1 These are set out in the Cabinet report for 21 October 2013.

8. Legal and statutory implications

8.1 All relevant implications have been addressed in the Cabinet reports. Further work will be carried out as the budget and planning proceeds and will be included in the budget report to Cabinet on the 9 December 2013.

8.2 Detailed legal advice will be provided throughout the budget setting process further to any proposals identified and prior to any final decisions.

9. **Human Rights, Equalities and Community Cohesion Implications**

9.1 All relevant implications will be addressed in Cabinet reports on the business planning process.

10. **Crime and Disorder implications**

10.1 All relevant implications will be addressed in Cabinet reports on the business planning process.

11. **Risk Management and Health and Safety Implications**

11.1 All relevant implications will be addressed in Cabinet reports on the business planning process.

Appendices – the following documents are to be published with this report and form part of the report

Appendix 1: Cabinet report 21 October 2013: Business Plan Update 2014-18

BACKGROUND PAPERS

Budget files held in the Corporate Services department.

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Cabinet

21 October 2013

Agenda item:

Wards:

Business Plan Update 2014-2018

Lead officer: Caroline Holland

Lead member: Councillor Mark Allison

Key Decision Reference Number: This report is written and any decisions taken are within the Budget and Policy Framework Procedure Rules as laid out in Part 4-C of the Constitution.

Contact officer: Paul Dale, Interim Assistant Director of Resources

Urgent report:
Reason for urgency: The chairman has approved the submission of this report as a matter of urgency as it provides the latest available information on the Business Plan and Budget 2014/15 and requires consideration of issues relating to the Budget process and Medium Term Financial Strategy 2014-2018. It is important that this consideration is not delayed in order that the Council can work towards a balanced budget at its meeting on 5 March 2014 and set a Council Tax as appropriate for 2014/15.

Recommendations:

1. That Cabinet notes the latest draft MTFS 2014-18
2. That Cabinet agrees the draft Capital Programme 2013-2018 for consideration by scrutiny in November.
3. That Cabinet notes the indicative capital programme for 2018-23

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report provides an update to Cabinet on the Business Planning process for 2014-18 and in particular on the progress made so far towards setting a balanced revenue budget for 2014/15 and over the MTFS period as a whole.

1.2 The report also sets out proposals for producing an achievable and affordable capital programme for 2014-18.

1.3 The details in this report will be considered by the Overview and Scrutiny Panels, Financial Monitoring Task Group, and Commission in October/November and reported back to Cabinet in December 2013.

2. **DETAILS**

Introduction

2.1 A review of assumptions in the MTFS was undertaken and reported to Cabinet on 16 September 2013. The budget gap over the four year period was as set out in the following table:-

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Budget Gap (cumulative)	305	7,144	10,316	17,555

2.2 Cabinet noted the rolled forward MTFS and the use of reserves in order to eliminate the gap of £0.305m in 2014/15. Furthermore, use of reserves of £5.447m in 2015/16 was also noted, which leaves the following budget gap to be met from future savings:-

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
Budget Gap (cumulative)	0	1,697	10,316	17,555

2.3 Cabinet agreed to the approach to setting a balanced budget over the period of the Medium Term Financial Strategy 2014-18 and agreed to the proposed savings targets for each department, which are based on controllable expenditure, set out in the following table;

	2014/15 £000	**2015/16 £000**	**2016/17 £000**	**2017/18 £000**	**Total £000**
Community and Housing	0	491	2,492	2,093	5,076
Children, Schools and Families	0	265	1,344	1,129	2,738
Environment and Regeneration	0	645	3,276	2,752	6,673
Corporate Services	0	296	1,507	1,265	3,068
Total Savings	0	1,697	8,619	7,239	17,555
Cumulative	0	1,697	10,316	17,555	

2.4 **Review of Assumptions**

2.4.1 There are a variety of technical issues that will impact on the budget gap in 2014/15 and beyond. The major changes since the report to Cabinet in September relate to:-

2.4.2 Settlement Funding Assessment: RSG and Business Rates
Cabinet on 16 September 2013 were advised of the latest Central Government funding projections following the Spending Review 2013.

Since then, the DCLG have notified local authorities that there was a flaw in their methodology regarding the future treatment of 2013-14 Council Tax Freeze Grant since it did not fulfil the Government's objective of ensuring that the funding is not reduced in cash terms and only goes to those authorities that met the criteria for the Council Tax Freeze Scheme in 2013-14. The change has the following implications for the MTFS:-

RSG/Business Rates and Council Tax Freeze Grant 2013/14	**2014/15 £000**	**2015/16 £000**	**2016/17 £000**	**2017/18 £000**
Cabinet 16 September 2013	(71,760)	(62,319)	(60,784)	(59,430)
Latest forecast from DCLG	(71,773)	(62,323)	(60,851)	(59,557)
Change	**(13)**	**(4)**	**(67)**	**(127)**

2.5 Capital Programme

2.5.1 The revenue implications of funding the capital programme can have major implications for the Council's MTFS. It is important that accurate projections of capital financing costs are available as soon as possible because they can have a significant impact on the budget gap.

The following details are provided in appendices to this report

Appendix 1: Proposed Capital Programme 2013-18
Appendix 2: Indicative Capital Programme 2018-23

For every £1million capital expenditure that is funded by external borrowing there will be revenue debt charges of between £249,000 for assets with a life of 5 years to £69,000 for an asset life of 50 years.

The revenue implications of the proposed programme are:

	2013/14 Budget £000	2013/14 Forecast £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000
MRP	7,569	7,405	7,652	8,487	9,279	10,333
Net interest	6,309	6,236	6,280	6,350	6,372	6,455
Capital financing costs	13,878	13,641	13,932	14,837	15,651	16,788

2.6 **Summary**

2.6.1 As a result of the changes discussed in this report, the latest position of the MTFS 2014-18 is as follows:-

	2014/15 £000	2015/16 £000	2016/17 £000	201718 £000
Departmental Base Budget '13/14	**151,915**	**151,915**	**151,915**	**151,915**
Inflation (Pay, Prices)	3,037	6,075	9,516	12,957
Auto-enrolment/Nat. ins changes	0	0	1,000	2,000
Full Year Effect – Previous Years Savings	-9,719	-12,167	-15,094	-15,094
Income – Additional Fees & Charges	-669	-1,339	-2,008	-2,676
Growth	1,000	2,000	2,000	2,000
Revenuisation	-672	-1,172	-1,274	-1,274
Taxi card/Concessionary Fares	436	873	1,323	1,773
Education Services Grant	-3,344	-2,675	-2,675	-2,675
NHS t/f of Social Care Funding	-2,123	-2,223	-2,223	-2,223
Other (inc. reduced service grants)	37	387	1,070	1,142
Re-Priced Departmental Budget	**139,898**	**141,674**	**143,550**	**147,845**
Treasury/Capital financing	13,932	14,837	15,651	16,787
Other Corporate items	4,995	-2,946	-4,452	-4,452
Levies	645	645	645	645
Sub-total: Corporate provisions	**19,573**	**12,536**	**11,844**	**12,980**
BUDGET REQUIREMENT	**159,471**	**154,210**	**155,394**	**160,825**
Funded by:				
Revenue Support Grant	-39,334	-28,973	-26,836	-24,860
Business Rates	-32,439	-33,349	-34,016	-34,696
C. Tax Freeze Grant 2014/15	-848	-848	0	0
C. Tax Freeze Grant 2015/16	0	-848	0	0
PFI Grant	-4,797	-4,797	-4,797	-4,797
New Homes Bonus	-2,882	-2,487	-2,000	-2,000
Council Tax inc. WPCC	-75,250	-75,626	-76,004	-76,384
Collection Fund - Council Tax	-3,154	0	0	0
Collection Fund - Business Rates	-600	0	0	0
TOTAL FUNDING	**-159,304**	**-146,928**	**-143,653**	**-142,737**
GAP (Cumulative)	**167**	**7,282**	**11,741**	**18,088**
- Use of Reserves	**-167**	**-5,585**	**0**	**0**
Sub-total	**0**	**1,697**	**11,741**	**18,088**
- Savings – 2013/14 shortfall	**0**	**-1,697**	**-3,239**	**-4,936**
- New Savings	**0**	**0**	**-8,502**	**-13,152**
Gap	**0**	**0**	**0**	**0**

2.7 **Service Planning**

2.7.1 The timetable for service planning will be different this year. Service plans will be presented in the new year.

3. CONSULTATION UNDERTAKEN OR PROPOSED

3.1 There will be extensive consultation as the business plan process develops. This will include the Overview and Scrutiny panels and Commission, the Financial Monitoring Task Group, business ratepayers and all other relevant parties.

3.2 The Overview and Scrutiny Commission and Panels will be considering the content of this report at the following meetings and will report to Cabinet in December.

O&SC- Financial Monitoring Task group	29 October 2013
Children and Young People	6 November 2013
Sustainable Communities	12 November 2013
Healthier Communities and Older People	13 November 2013
Overview and Scrutiny Commission	26 November 2013

4. TIMETABLE

4.1 A chart of the budget timetable is attached as Appendix 3.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1 All relevant implications have been addressed in the report.

6. LEGAL AND STATUTORY IMPLICATIONS

6.1 All relevant implications have been addressed in the report.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1 Not applicable

8. CRIME AND DISORDER IMPLICATIONS

8.1 Not applicable

9. **RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

9.1 Not applicable

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 Proposed Capital Programme 2013-18
Appendix 2 Indicative Capital Programme 2018-23
Appendix 3 Budget Timetable

BACKGROUND PAPERS

Budget files held in the Corporate Services department.

REPORT AUTHOR

Name: Paul Dale

Tel: 020 8545 3458

- *email:* ***paul.dale@merton.gov.uk***

Appendix 1

Proposed Capital Programme 2013-18

Scheme Descriptions	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Community & Housing	2,883,780	971,000	0	550,000	0
Corporate Services	8,209,750	5,329,000	2,084,000	3,162,000	2,806,000
Children, Schools and Families	20,103,510	21,255,110	8,919,930	22,087,000	21,398,780
Environment & Regeneration	14,357,310	12,730,070	21,143,000	6,723,000	4,599,000
Total	**45,554,350**	**40,285,180**	**32,146,930**	**32,522,000**	**28,803,780**

Proposed Capital Programme 2013-18

Appendix 1

Community and Housing	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Adult Social Care					
Laptops for Social Care Mngrs	2,100	0	0	0	0
Laptops for Other Staff	80,000	0	0	0	0
CareFirst report Development	14,000	0	0	0	0
Excel Add-Ins	3,000	0	0	0	0
Captive E-Learning CareFirst	9,510	0	0	0	0
Merton Information Portal	118,010	0	0	0	0
Adult Social care Collections	10,000	0	0	0	0
Telehealth	67,520	0	0	0	0
Contingency	0	71,000	0	0	0
Replacement SC System	0	900,000	0	0	0
Total Adult Social Care	**304,140**	**971,000**	**0**	**0**	**0**
Housing	0	0	0	0	0
Birches Close	291,640	0	0	0	0
8 Wilton Road	271,000	0	0	0	0
Merton Dementia Hub	497,000	0	0	0	0
Western Road *	1,520,000	0	0	0	0
Total Housing	**2,579,640**	**0**	**0**	**0**	**0**
Libraries	0	0	0	0	0
Relocation of Colliers Wood Library	0	0	0	550,000	0
Total Libraries	**0**	**0**	**0**	**550,000**	**0**
TOTAL	**2,883,780**	**971,000**	0	**550,000**	***0***

Proposed Capital Programme 2013-18

Corporate Services	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Corporate Budgets					
Acquisitions Budget	1,000,000	1,000,000	0	500,000	0
Transformation Budgets	690,000	7,000	500,000	0	0
Capital Bidding Fund	0	1,000,000	1,000,000	0	0
Total Corporate Budgets	**1,690,000**	**2,007,000**	**1,500,000**	**500,000**	**0**
Business Improvements					
Replace doc management system	0	740,000	0	0	0
Customer Contact Programme	0	785,000	0	0	0
CTTE DECISION MAKING SYSTEM	2,000	0	0	0	0
Total Business Improvements	**2,000**	**1,525,000**	**0**	**0**	**0**
Corporate Governance					
Resources					
Capital Reporting Project	0	0	0	0	0
Improving Information Systems	281,700	280,000	0	0	0
Total Resources	**281,700**	**280,000**	**0**	**0**	**0**
Information Technology					
Connect to N3 Netwrk NHS Spine	71,760	0	0	0	0
Disaster recovery	137,230	0	0	0	0
Planned Replacement Programme	1,422,030	182,000	299,000	1,412,000	1,686,000
ITSD Enhancements	155,000	35,000	85,000	250,000	120,000
IT Strategy - unallocated	41,500	0	0	0	0
Legal Case Management	226,100	0	0	0	0
Total Information Technology	**2,053,620**	**217,000**	**384,000**	**1,662,000**	**1,806,000**
Facilities Management					
Civic Centre refurbishment	110,000	100,000	0	0	0
Gifford House Refurbishment	155,250	0	0	0	0
Energy Utility Invest to Save	100,000	100,000	0	150,000	150,000
Invest to Save schemes-General	500,300	100,000	0	150,000	150,000
Water Safety Works	0	0	0	150,000	150,000
Asbestos Safety Works	0	0	0	250,000	250,000
Pollards Hill RG- Access Works	40,000	0	0	0	0
Capital Works - Facilities	231,720	200,000	200,000	300,000	300,000
Civic Centre Passenger Lifts	0	650,000	0	0	0
Gifford House DDA Works	46,840	0	0	0	0
Security Improvements	340	0	0	0	0
Civic Centre Windows	2,997,960	150,000	0	0	0
Total Facilities Management	**4,182,410**	**1,300,000**	**200,000**	**1,000,000**	**1,000,000**
TOTAL	**8,209,750**	**5,329,000**	**2,084,000**	**3,162,000**	**2,806,000**

Proposed Capital Programme 2013-18

Children, Schools and Families	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Primary School Expansions					
All Saints/ South Wim YCC exp	169,940	0	0	0	0
Aragon expansion	129,140	0	0	0	0
Benedict expansion	36,670	0	0	0	0
Cranmer expansion	2,955,540	919,420	492,050	0	0
Cricket Grn Exp-Chapel Orchard	39,650	0	0	0	0
Dundonald expansion	200,130	1,728,000	2,740,410	1,117,000	0
Gorringe Park expansion	967,410	150,000	0	0	0
Hillcross School Expansion	2,542,030	1,700,000	250,000	0	0
Hollymount Permanent Expansion	72,340	0	0	0	0
Holy Trinity Expansion	242,490	0	0	0	0
Joseph Hood Permanent Expansn	321,400	0	0	0	0
Liberty expansion	52,540	0	0	0	0
Merton Abbey	1,501,130	2,703,390	200,000	0	0
Pelham School Expansion	1,184,850	3,849,000	226,000	0	0
Poplar Permanent Expansion	1,063,190	3,083,760	953,170	0	0
St Mary's expansion	1,453,370	1,564,840	100,000	0	0
Singlegate expansion	1,670,760	2,750,000	100,000	0	0
William Morris PCP	32,740	0	0	0	0
Wimbledon Chase DCSF grant	78,220	0	0	0	0
Wimbledon Park expansion	2,463,490	170,000	0	0	0
22 FE School Expansion	0	0	95,000	2,575,000	2,075,000
23 FE School Expansion	0	0	0	100,000	555,000
24 FE School Expansion	0	0	0	100,000	1,625,000
25 FE School Expansion	0	0	0	100,000	1,625,000
26 FE School Expansion	0	0	0	0	618,780
27 FE School Expansion	0	0	0	0	300,000
28 FE School Expansion	0	0	0	0	300,000
29 FE School Expansion	0	0	0	0	0
Total Primary School Expansions	**17,177,030**	**18,618,410**	**5,156,630**	**3,992,000**	**7,098,780**

Appendix1

Proposed Capital Programme 2013-18

Children, Schools and Families	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Secondary School expansion					
Scheme 1 Phased extra 4FE	0	50,000	150,000	2,800,000	0
Scheme 2 Phased extra 4FE	0	50,000	150,000	2,800,000	0
Scheme 3 Phased extra 4FE	0	50,000	150,000	2,800,000	0
Scheme 4 - New school phased 6-8FE	0	100,000	1,000,000	4,000,000	7,000,000
Scheme 5 Phased extra 2FE	0	0	0	95,000	1,500,000
Scheme 6 Phased extra 2FE	0	25,000	25,000	1,900,000	3,000,000
Scheme 7 - extra 1FE	0			50,000	1,100,000
Scheme 8 - extra 1 FE	0			50,000	1,100,000
Scheme 9 Phased extra 2FE	0	0	0	0	0
Total Secondary School expansion	**0**	**275,000**	**1,475,000**	**14,495,000**	**13,700,000**
Other					
Garden PCP	289,320	0	0	0	0
SSPeter & Paul PCP	20,000	0	0	0	0
Devolved Formula Capital	466,310	0	0	0	0
Schools Access Initiative Inc	34,750	0	0	0	0
St Ann's Primary Phase	339,430	0	0	0	0
Breaks-disabled children grant	89,540	0	0	0	0
Total Schs Cap Maint & Accessibility	417,990	500,000	600,000	600,000	600,000
Liberty Primary School	3,910	0	0	0	0
Primary school autism unit	50,000	661,700	238,300	0	0
Perseid	0	800,000	500,000	0	0
Secondary School Autism Unit	0	350,000	850,000	0	0
Cricket Green	0	50,000	100,000	3,000,000	0
Youth&Comm centres reprovision	139,010	0	0	0	0
Total Raynes Park Sports Pavilion	103,420	0	0	0	0
Ursuline School Loan	600,000	0	0	0	0
Schools Equipment Loans	372,800	0	0	0	0
Total Other	**2,926,480**	**2,361,700**	**2,288,300**	**3,600,000**	**600,000**
Total	**20,103,510**	**21,255,110**	**8,919,930**	**22,087,000**	**21,398,780**

Proposed Capital Programme 2013-18

Appendix 1

Environment and Regeneration	13/14	14/15	15/16	16/17	17/18
Footways Planned Works					
Repairs to Footways	850,000	1,000,000	1,000,000	1,000,000	1,000,000
B569a&b Belgrave Walk fencing	36,090	0	0	0	0
Total Footways Planned Works	**886,090**	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
Greenspaces					
Beach Volleyball Courts	2,310	0	0	0	0
Play Space Pollards Hill	50,000	0	0	0	0
Parks Investment	242,650	250,000	250,000	425,000	250,000
Raynes Park Cricket Slips	21,350	0	0	0	0
Sherwood Rec - Play Area	25,000	0	0	0	0
King George Rec Play Area	30,000	0	0	0	0
Lewis Road Rec Alt Play Facility	40,000	0	0	0	0
Tamworth Rec Interactive Water Play	80,000	0	0	0	0
Edenvale Open Space Goal Mouth Surfacing	10,000	0	0	0	0
Sir Joseph Hood Crazy Golf	30,000	0	0	0	0
Wimbledon Park Crazy Golf	30,000	0	0	0	0
All Saints Play Area	25,000	0	0	0	0
Nelson Gardens Community Space	25,000	0	0	0	0
Mostyn Gardens Outdoor Gym	30,000	0	0	0	0
WallRep ChrchLn& JohnInnes Pks	4,040	0	0	0	0
B487 Landscape Ravensbury Park	13,410	0	0	0	0
B649 Rvaensbury - Railings and Path	35,000	0	0	0	0
B619 Ravensbury Park entrance	5,000	0	0	0	0
S106 South Park Gardens B346	34,870	0	0	0	0
B488 Landscape Dundonald Rec G	22,000	0	0	0	0
B617a-c Wimbledon Park upgrade	15,030	0	0	0	0
B486 Lndscp Ctnhm Pk Hlnd Gdns	0	0	0	0	0
Repairs to Water Wheel (B531)	2,490	0	0	0	0
B595 Colliers Wd Rec-play area	10,000	0	0	0	0
Rowan Rd Rec (B525)	6,000	0	0	0	0
Joseph Hood Playground (B524)	8,500	0	0	0	0
B621 Joseph Hood Rec	3,000	0	0	0	0
B627a&b Cottnhm Prk-play area	2,960	0	0	0	0
B521 - Morden Park	29,780	0	0	0	0
B596a&b,B625a-c Crckt Grn Area	21,000	0	0	0	0
B626a-c Cottnhm Prk&Hollnd Gdn	28,000	0	0	0	0
Merton & Sutton Cemetery Board	0	0	0	0	0
B651 South Park Gardens Pavil	17,000	0	0	0	0
B647 John Innes Park Improvmnt	2,000	0	0	0	0
B650 Rowan Road Park Improvmnt	3,060	0	0	0	0
Marathon Trust BMX Track	0	0	0	0	0
Total Greenspaces	**904,450**	**250,000**	**250,000**	**425,000**	**250,000**

Proposed Capital Programme 2013-18

Appendix 1

Environment and Regeneration	13/14	14/15	15/16	16/17	17/18
Highways General Planned Works					
Surface Water Drainage	62,000	62,000	62,000	69,000	69,000
Highways bridges & structures	260,000	370,000	260,000	0	260,000
Maintain AntiSkid and Coloured	90,000	90,000	90,000	90,000	90,000
B340MOSS rpt (land Rutlish Rd)	0	0	0	0	0
B497/8 Lombard Rd Improvements	24,100	0	0	0	0
River Wandle Footbridge	35,520	0	0	0	0
B453 Haydons Road	0	0	0	0	0
New Traffic Schemes	168,150	0	0	0	0
B638d/e Sustainable Transport	5,500	0	0	0	0
B646a Lombard Industrial Estat	23,970	0	0	0	0
B646b 7 Abbey Road	4,500	0	0	0	0
B639a Fair Green	0	42,600	0	0	0
B642 Streatham Rd	10,800	0	0	0	0
Total Highways General Planned Works	**684,540**	**564,600**	**412,000**	**159,000**	**419,000**
Highways Planned Road Works					
Borough Roads Maintenance	1,400,000	1,500,000	1,500,000	1,600,000	1,500,000
Homezones	450,000	0	0	0	0
Total Highways Planned Road Works	**1,850,000**	**1,500,000**	**1,500,000**	**1,600,000**	**1,500,000**
Leisure Centres					
Leisure Centre Plant & Machine	300,000	300,000	300,000	300,000	300,000
Morden Park Pool and LC Invest	0	1,000,000	10,000,000	0	0
Total Leisure Centres	**300,000**	**1,300,000**	**10,300,000**	**300,000**	**300,000**
Other E&R					
Vestry Hall	30,000	0	0	0	0
Wimbledon Library Flat	95,000	0	0	0	0
Big Lottery Play Areas	27,160	0	0	0	0
Mobile Working Initiative	25,000	0	0	0	0
B502/3 Going for Gold Actn Pln	20,000	0	0	0	0
WCA investment	866,670	0	0	0	0
Wimbledon Park Community Assn	150,000	0	0	0	0
Garth Rd Workshop	128,720	0	0	0	0
Garage for Mayors Car	6,000	0	0	0	0
Total Other	**1,348,550**	**0**	**0**	**0**	**0**
On and Off Street Parking					
Review & extension of CPZ W6	15,000	0	0	0	0
Improved parking- shop parades	100,000	0	0	0	0
Total On and Off Street Parking	**115,000**	**0**	**0**	**0**	**0**

Proposed Capital Programme 2013-18

Environment and Regeneration	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Regeneration Partnerships					
Industrial Estate Investment	0	250,000	500,000	0	0
Colliers Wd- Regeneration Fund	1,563,000	0	0	0	0
Mitcham - Outer London Fund	315,180	0	0	0	0
Mitcham Major schemes	0	300,000	0	0	0
Restoration of South Park Gdns	129,890	0	0	0	0
Sect106 Bottleneck Skills Grnt	14,070	0	0	0	0
S106 Wim broadwy CA	6,480	0	0	0	0
B611 - Comm Facilities in WTC	30,000	0	0	0	0
Town Centre Investment	50,000	750,000	878,000	1,037,000	0
Mitcham Town Centre Improvements	420,000	0	0	0	0
Colliers Wood Town Centre Improvements	90,000	0	0	0	0
B550 Mitcham means Business	38,900	0	0	0	0
Total Regeneration Partnerships	**2,657,520**	**1,300,000**	**1,378,000**	**1,037,000**	**0**
Plans and Projects					
Low Carbon Zone	2,560	0	0	0	0
Climate Change Initiatives	71,530	70,000	0	0	0
Total Plans and Projects	**74,090**	**70,000**	**0**	**0**	**0**
Street Lighting					
Street Lighting Replacement Pr	534,580	410,000	200,000	462,000	290,000
Total Street Lighting	**534,580**	**410,000**	**200,000**	**462,000**	**290,000**
Street Scene					
Improve markings & road signs	112,290	0	0	0	0
Street scene enhancements	125,000	250,000	250,000	0	0
B591b Shop Front Improvement	42,160	0	0	0	0
Street Tree Programme	65,000	65,000	25,000	100,000	0
Raynes Park Street Scene	2,000	0	0	0	0
Total Street Scene	**346,450**	**315,000**	**275,000**	**100,000**	**0**

Proposed Capital Programme 2013-18

Environment and Regeneration	13/14	14/15	15/16	16/17	17/18
Transport for London					
Elec Vehic/Scooter Infrastruct	10,000	0	0	0	0
Strategic corridor Mitcham	260,000	0	0	0	0
Kingston/Hartfield Rd StratCor	260,000	0	0	0	0
Accesibility Programme	160,000	0	0	0	0
Cycle access/parking	250,000	0	0	0	0
Morden Town Centre	65,000	0	0	0	0
Victoria Rd Bus Access Impr	170,000	0	0	0	0
Casualty Reduction & Schools	200,000	0	0	0	0
School & Road Safety Campaigns	170,000	0	0	0	0
Bikeability cycle training Pro	80,000	0	0	0	0
Mobility Scooter Training	10,000	0	0	0	0
Unallocated	0	1,839,000	1,839,000	0	0
TFL Slippage - Corridors&Neigh	224,780	0	0	0	0
TFL Projected Slippage	33,590	0	0	0	0
Biking Borough Project	45,000	0	0	0	0
Biking Borough Programme	22,000	0	0	0	0
Borough Support - Training	6,040	0	0	0	0
Car Clubs Expansion	10,000	0	0	0	0
Car Clubs	10,000	0	0	0	0
Cycle Improvements	100,000	0	0	0	0
Developing the Tram	14,000	0	0	0	0
Willow Lane Industrial Estate	15,000	0	0	0	0
Motorcycles in Bus Lanes	25,000	0	0	0	0
Merton HS Victory to Norman	150,000	0	0	0	0
Central Rd Farm to Green	299,000	0	0	0	0
London Rd Mitcham to Pitcairn	124,000	0	0	0	0
Willow Lane Bridge	15,000	0	0	0	0
Wim TC Accessibility & Streets	30,000	0	0	0	0
Total Transport for London	**2,758,410**	**1,839,000**	**1,839,000**	**0**	**0**
Traffic and Parking Management					
B584 Eastfield Area 20mph zone	6,340	0	0	0	0
Minor traffic/danger reduction	0	120,000	120,000	0	0
Traffic surveys & Safety Measu	0	15,000	15,000	0	0
Wimbledon Area Traffic Study	121,000	0	0	0	0
High Path Area(Option 1 + 3)	6,000	0	0	0	0
Parkway Area (20 mph scheme)	2,940	0	0	0	0
Pelham Road Area 20mph scheme	1,010	0	0	0	0
Traffic Schemes	0	0	0	306,000	0
Total Traffic and Parking Management	**137,290**	**135,000**	**135,000**	**306,000**	**0**

Proposed Capital Programme 2013-18

Environment and Regeneration	Updated Budget 13/14	Updated Budget 14/15	Updated Budget 15/16	Updated Budget 16/17	Updated Budget 17/18
Transport and Plant					
Replacement of Fleet Vehicles	300,000	500,000	500,000	500,000	500,000
Network Rail	9,400	0	0	0	0
Shared Space	20,000	0	0	0	0
B574 Town Centre Transport Imp	3,330	0	0	0	0
B544 Wimbledon Station Access	14,980	0	0	0	0
B609 Wim Town Centre trans imp	5,000	0	0	0	0
B610 Wim Town Centre trans imp	42,490	0	0	0	0
Transportation Enhancements	0	2,500,000	2,500,000	0	0
Total Transport and Plant	**395,200**	**3,000,000**	**3,000,000**	**500,000**	**500,000**
Safer Merton - CCTV & ASB					
CCTV (match funding)	0	170,000	0	0	0
CCTV - Raynes Park	0	2,310	0	0	0
Relocation of cameras 50 & 52	0	8,150	0	0	0
B495a/b/c CCTV Upgrade	0	3,000	0	0	0
Works for Merton Priory Homes	0	9,010	0	0	0
Total Safer Merton - CCTV & ASB	**0**	**192,470**	**0**	**0**	**0**
Environmental Health					
Disabled Facilities Grant DCLG	444,000	444,000	444,000	444,000	0
Disabled Facilities Grant LBM	552,810	280,000	280,000	280,000	280,000
Small Repairs Grant	80,000	40,000	40,000	60,000	60,000
Total Environmental Health	**1,076,810**	**764,000**	**764,000**	**784,000**	**340,000**
Waste Operations					
Alley Gating Scheme - Fly Tip	50,000	50,000	50,000	50,000	0
Re-use/recycling Site Maintena	40,000	40,000	40,000	0	0
Waste Phase B - Replace RCVs	157,330	0	0	0	0
Kitchen Waste WRAP	15,000	0	0	0	0
Kitchen waste container replce	26,000	0	0	0	0
Total Waste Operations	**288,330**	**90,000**	**90,000**	**50,000**	**0**
TOTAL	**14,357,310**	**12,730,070**	**21,143,000**	**6,623,000**	**4,599,000**

Indicative Capital Programme 2018-23

Scheme Descriptions	Updated Budget 18/19	Updated Budget 19/20	Updated Budget 20/21	Updated Budget 21/22	Updated Budget 22/23
Community & Housing	0	0	0	0	0
Corporate Services	1,785,000	1,500,000	1,760,000	1,645,000	1,645,000
Childrens, Schools and Families	27,578,480	6,250,000	6,600,000	4,758,000	3,920,430
Environment & Regeneration	5,324,000	5,050,000	4,515,000	4,515,000	4,515,000
Total	**34,687,480**	**12,800,000**	**12,875,000**	**10,918,000**	**10,080,430**

Indicative Capital Programme 2018-23

Corporate Services	Updated Budget 18/19	Updated Budget 19/20	Updated Budget 20/21	Updated Budget 21/22	Updated Budget 22/23
Corporate Budgets					
Total Corporate Budgets	**0**	**0**	**0**	**0**	**0**
Business Improvements					
Total Business Improvements	**0**	**0**	**0**	**0**	**0**
Corporate Governance					
Total Corporate Governance	**0**	**0**	**0**	**0**	**0**
Resources					
Total Resources	**0**	**0**	**0**	**0**	**0**
Information Technology					
Planned Replacement Programme	560,000	575,000	860,000	770,000	770,000
ITSD Enhancements	275,000	0	0	0	0
Total Information Technology	**835,000**	**575,000**	**860,000**	**770,000**	**770,000**
Facilities Management					
Energy Utility Invest to Save	150,000	150,000	150,000	150,000	150,000
Invest to Save schemes-General	150,000	150,000	150,000	150,000	150,000
Water Safety Works	100,000	75,000	50,000	25,000	25,000
Asbestos Safety Works	250,000	250,000	250,000	250,000	250,000
Capital Works - Facilities	300,000	300,000	300,000	300,000	300,000
Total Facilities Management	**950,000**	**925,000**	**900,000**	**875,000**	**875,000**
TOTAL	**1,785,000**	**1,500,000**	**1,760,000**	**1,645,000**	**1,645,000**

Indicative Capital Programme 2018-23

Children, Schools and Families	Updated Budget 18/19	Updated Budget 19/20	Updated Budget 20/21	Updated Budget 21/22	Updated Budget 22/23
Secondary School expansion					
Scheme 1 Phased extra 4FE	3,677,560	0	0	0	0
Scheme 2 Phased extra 4FE	2,270,120	0	0	0	0
Scheme 3 Phased extra 4FE	1,849,610	0	0	0	0
Scheme 4 - New school phased 6-8FE	2,000,000	0	6,000,000	4,008,000	0
Scheme 5 Phased extra 2FE	4,478,950	0	0	0	0
Scheme 6 Phased extra 2FE	1,527,640	0	0	0	0
Scheme 7 - extra 1FE	2,639,629	0	0	0	0
Scheme 8 - extra 1 FE	1,909,973	0	0	0	0
Scheme 9 Phased extra 2FE	0	0	0	150,000	3,320,430
Total Secondary School expansion	**20,353,482**	**0**	**6,000,000**	**4,158,000**	**3,320,430**
Other					
Total Schs Cap Maint & Accessibility	600,000	600,000	600,000	600,000	600,000
Perseid	850,000	850,000	0	0	0
Total Other	**1,450,000**	**1,450,000**	**600,000**	**600,000**	**600,000**
Total	**27,578,482**	**6,250,000**	**6,600,000**	**4,758,000**	**3,920,430**

Indicative Capital Programme 2018-23

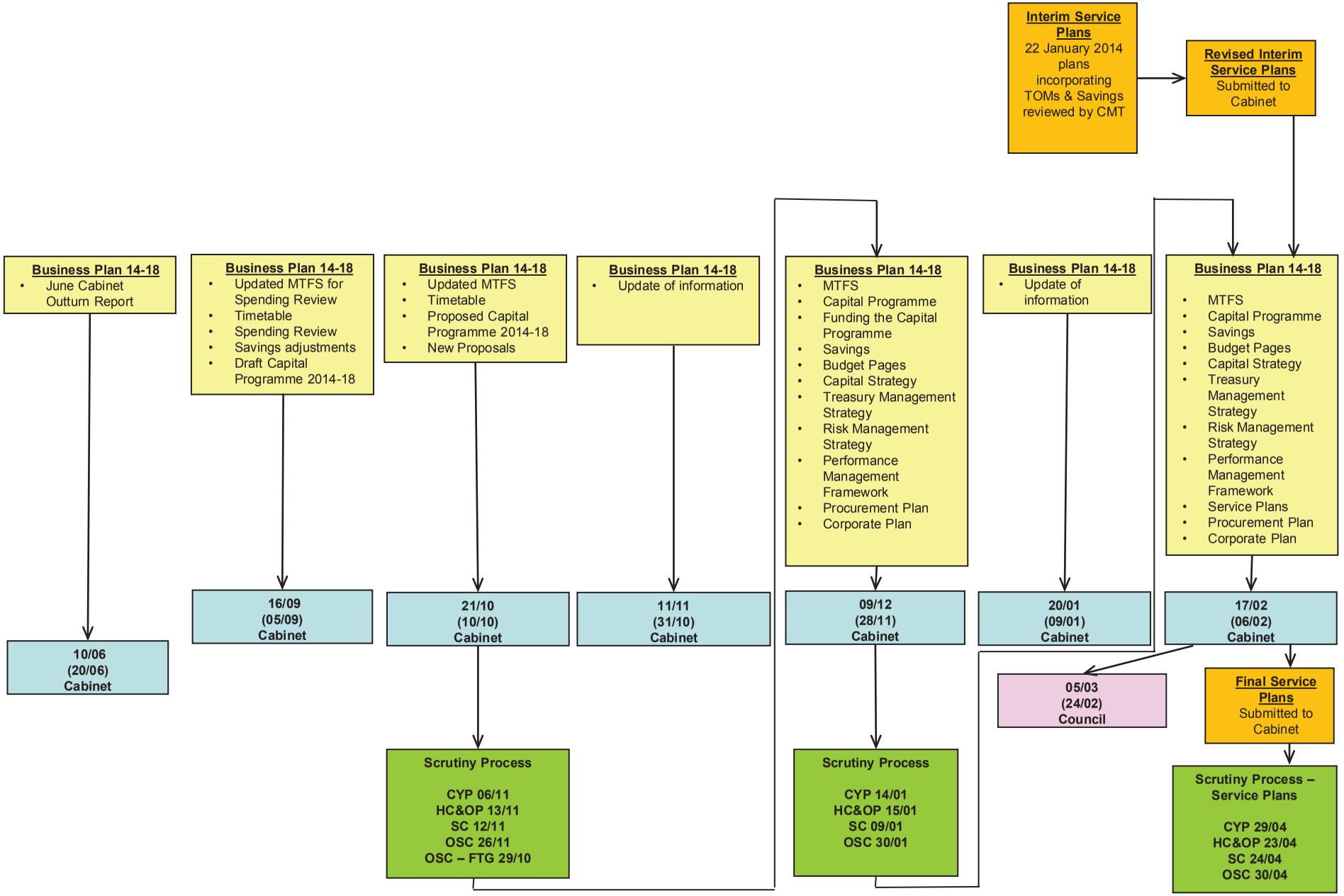
Environment and Regeneration	Updated Budget 18/19	Updated Budget 19/20	Updated Budget 20/21	Updated Budget 21/22	Updated Budget 22/23
Footways Planned Works					
Repairs to Footways	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Total Footways Planned Works	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**	**1,000,000**
Greenspaces					
Parks Investment	350,000	350,000	350,000	350,000	350,000
Total Greenspaces	**350,000**	**350,000**	**350,000**	**350,000**	**350,000**
Highways General Planned Works					
Surface Water Drainage	69,000	69,000	69,000	69,000	69,000
Highways bridges & structures	260,000	260,000	260,000	260,000	260,000
Maintain AntiSkid and Coloured	90,000	90,000	90,000	90,000	90,000
Total Highways General Planned Works	**419,000**	**419,000**	**419,000**	**419,000**	**419,000**
Highways Planned Road Works					
Borough Roads Maintenance	1,600,000	1,600,000	1,600,000	1,600,000	1,600,000
Total Highways Planned Road Works	**1,600,000**	**1,600,000**	**1,600,000**	**1,600,000**	**1,600,000**
Leisure Centres					
Leisure Centre Plant & Machine	300,000	0	0	0	0
Total Leisure Centres	**300,000**	**0**	**0**	**0**	**0**
Other E&R					
Total Other	**0**	**0**	**0**	**0**	**0**
On and Off Street Parking					
Total On and Off Street Parking	**0**	**0**	**0**	**0**	**0**
Regeneration Partnerships					
Total Regeneration Partnerships	**0**	**0**	**0**	**0**	**0**
Plans and Projects					
Total Plans and Projects	**0**	**0**	**0**	**0**	**0**
Street Lighting					
Street Lighting Replacement Pr	509,000	535,000	0	0	0
Total Street Lighting	**509,000**	**535,000**	**0**	**0**	**0**
Street Scene					
Total Street Scene	**0**	**0**	**0**	**0**	**0**
Transport for London					
Total Transport for London	**0**	**0**	**0**	**0**	**0**

Indicative Capital Programme 2018-23

Environment and Regeneration	Updated Budget 18/19	Updated Budget 19/20	Updated Budget 20/21	Updated Budget 21/22	Updated Budget 22/23
Traffic and Parking Management					
Traffic Schemes	306,000	306,000	306,000	306,000	306,000
Total Traffic and Parking Management	**306,000**	**306,000**	**306,000**	**306,000**	**306,000**
Transport and Plant					
Replacement of Fleet Vehicles	500,000	500,000	500,000	500,000	500,000
Total Transport and Plant	**500,000**	**500,000**	**500,000**	**500,000**	**500,000**
Safer Merton - CCTV & ASB					
Total Safer Merton - CCTV & ASB	**0**	**0**	**0**	**0**	**0**
Environmental Health					
Disabled Facilities Grant LBM	280,000	280,000	280,000	280,000	280,000
Small Repairs Grant	60,000	60,000	60,000	60,000	60,000
Total Environmental Health	**340,000**	**340,000**	**340,000**	**340,000**	**340,000**
Waste Operations					
Total Waste Operations	**0**	**0**	**0**	**0**	**0**
TOTAL	**5,324,000**	**5,050,000**	**4,515,000**	**4,515,000**	**4,515,000**

Business Planning Timetable - Business Plan 2014-18

Appendix 3



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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 13th November 2013

Agenda item: 7

Wards: ALL

Subject: Merton Joint Strategic Needs Assessment

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That Panel members comment on the presentation by the Director of Public Health on the Joint Strategic Needs Assessment.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To give an overview of the Joint Strategic Needs Assessment which is an overview of the health and wellbeing needs and inequalities in Merton.

2 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

2.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2013/14

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

6.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8 CRIME AND DISORDER IMPLICATIONS

8.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

10 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

11 BACKGROUND PAPERS

11.1.

Merton Joint Strategic Needs Assessment (JSNA)

Health Scrutiny Committee

London Borough of Merton

13th November 2013

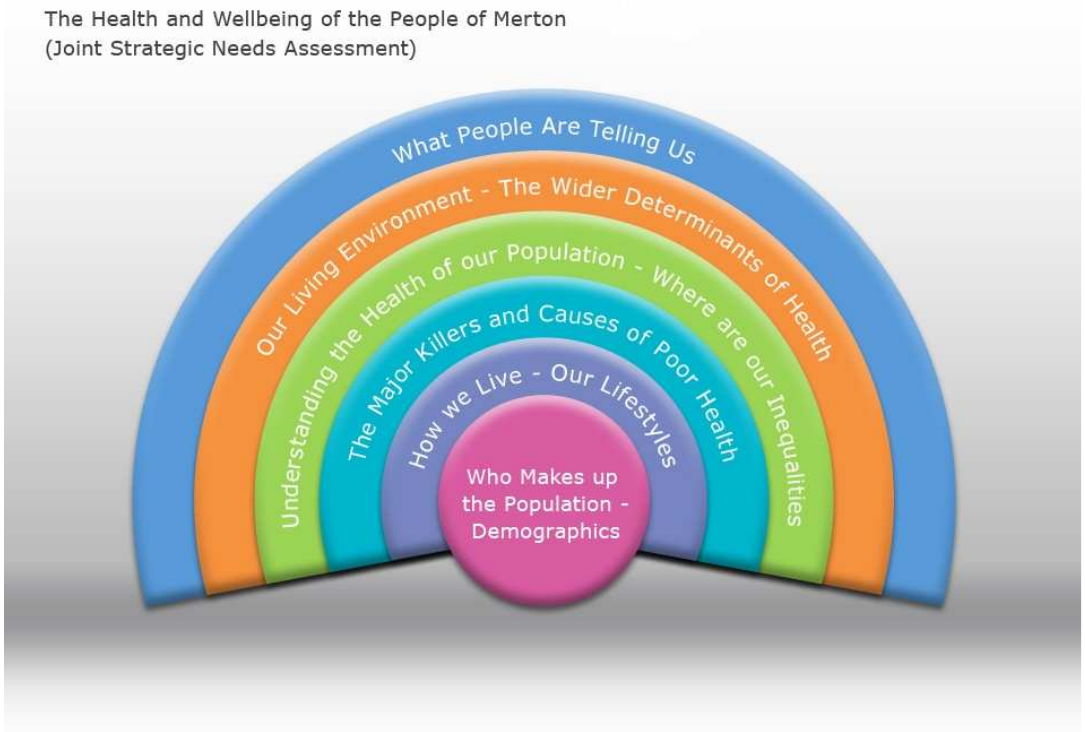
www.mertonjsna.org

What is the JSNA?

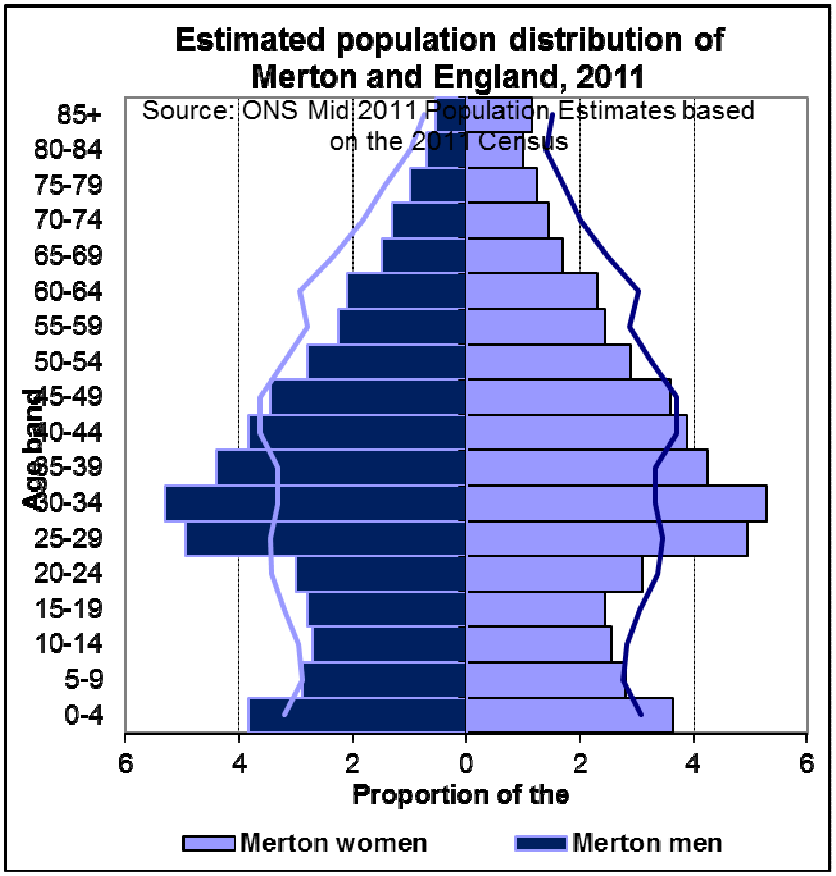
- It is the ‘Big Picture’ in terms of the health and wellbeing needs and inequalities for the whole of the local community

- Provides information to guide Local Authority and CCG commissioning of priority services

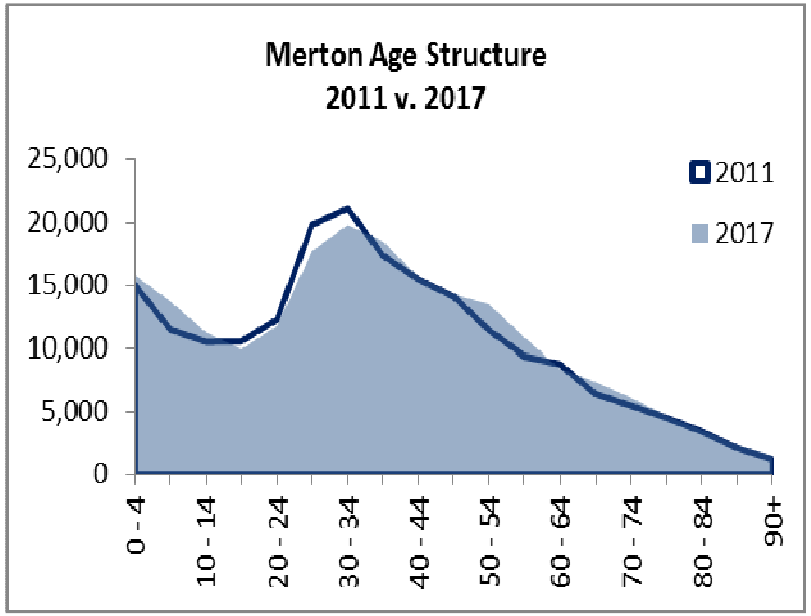
www.mertonjsna.org.uk



Merton remains a ‘young’ Borough – Census 2011

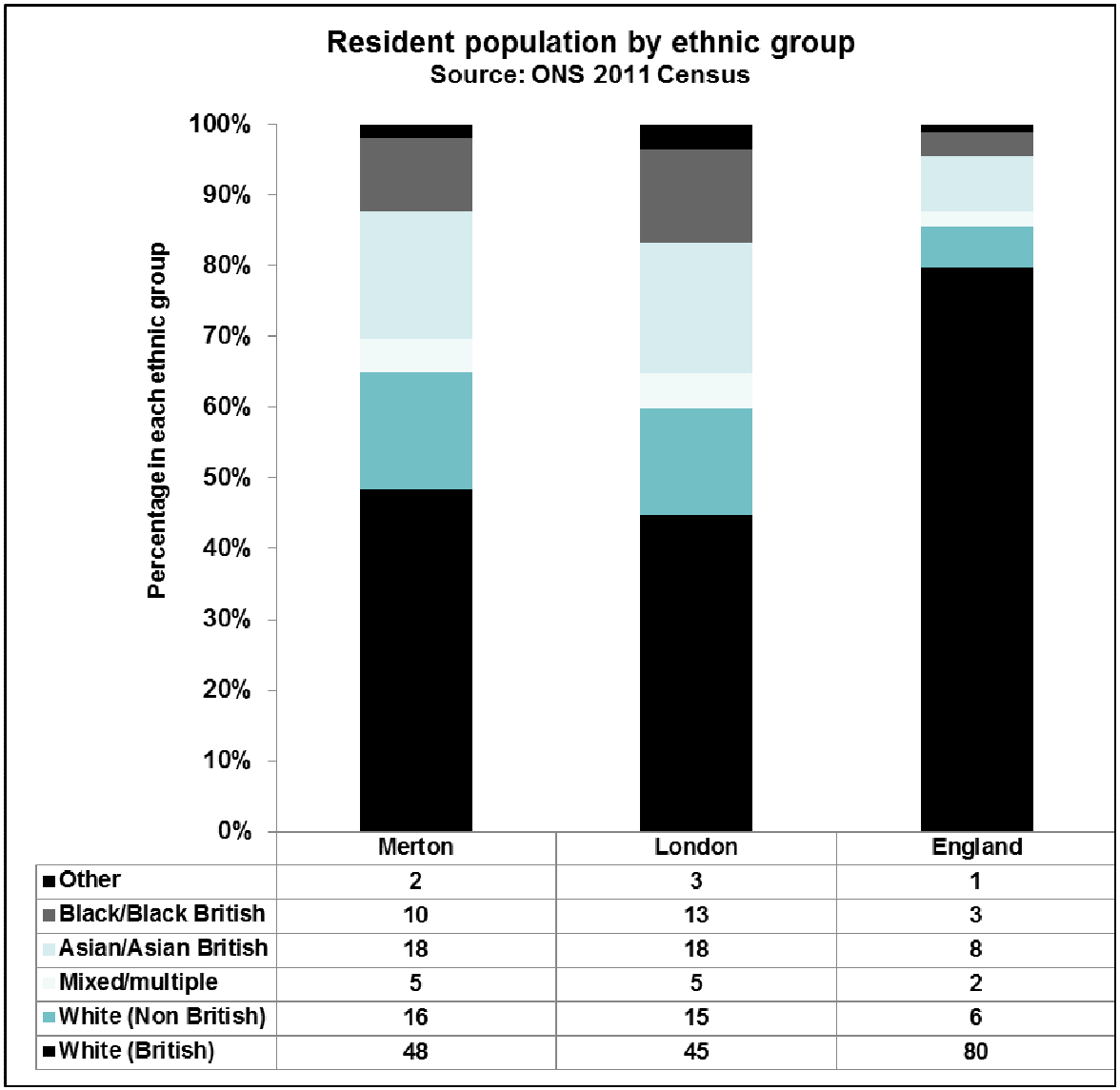


By 2017, 8% increase overall, but concentrated in <9 and >65



Merton is becoming more Diverse

- 35% of the population are from BAME communities - Projected to grow to 35% by 2017
- 16% of the population are from non-British White communities (mainly South African, Polish and Irish)
- Combined, 51% of our population are from diverse communities

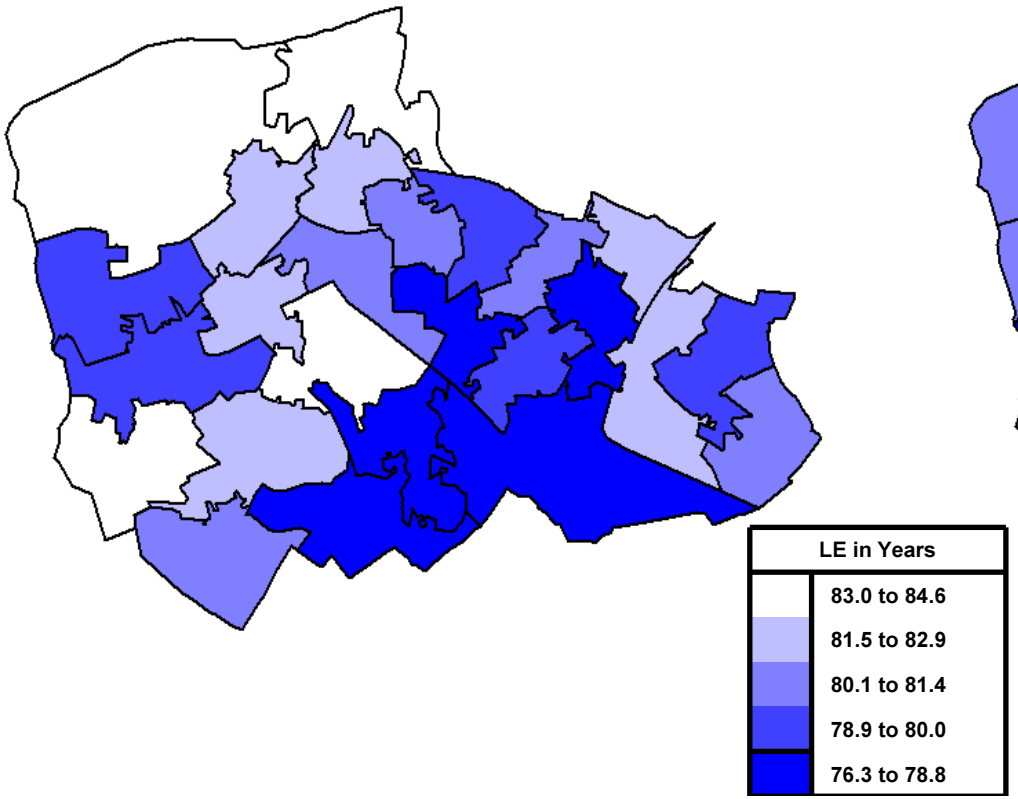


	Merton	London	England
Other	2	3	1
Black/Black British	10	13	3
Asian/Asian British	18	18	8
Mixed/multiple	5	5	2
White (Non British)	16	15	6
White (British)	48	45	80

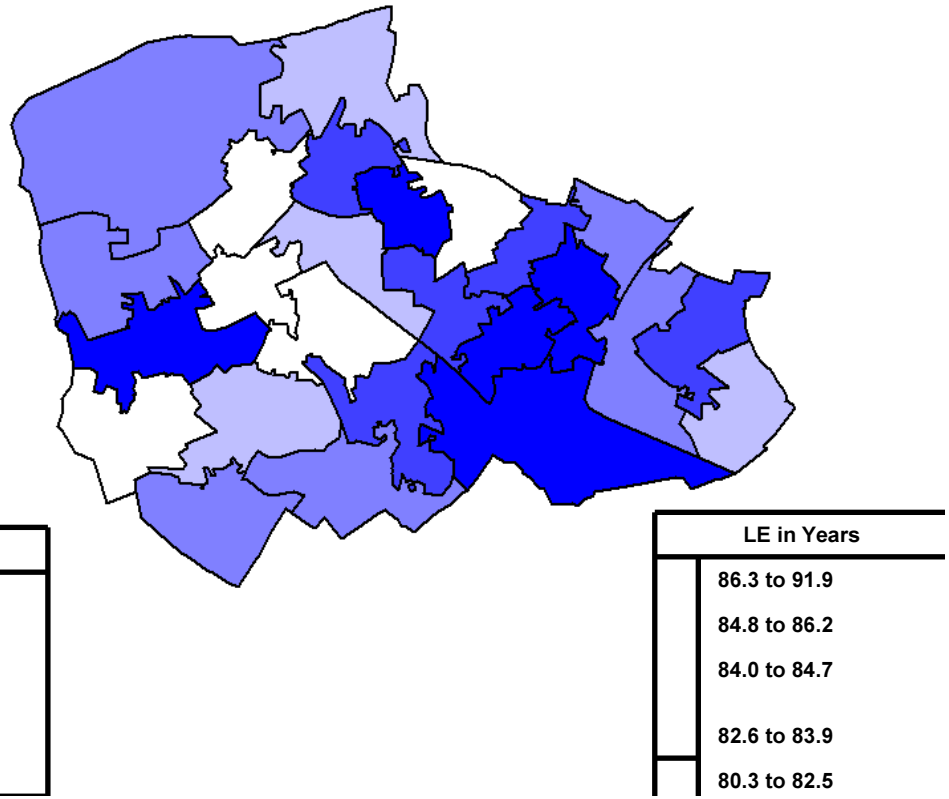
2012/13 Headlines: **Health Inequalities**

- Significant difference in life expectancy between different communities within Merton at ward and neighbourhood level
  - **For men 9 years - no change** (71.6 in Ravensbury to 84.8 in Wimbledon)
  - **For women 13 years – increase of 2 years from 2005-09** (79.5 in Figge's March to 92 years in Hillside)

Male Life Expectancy at birth by small area , 2006-10

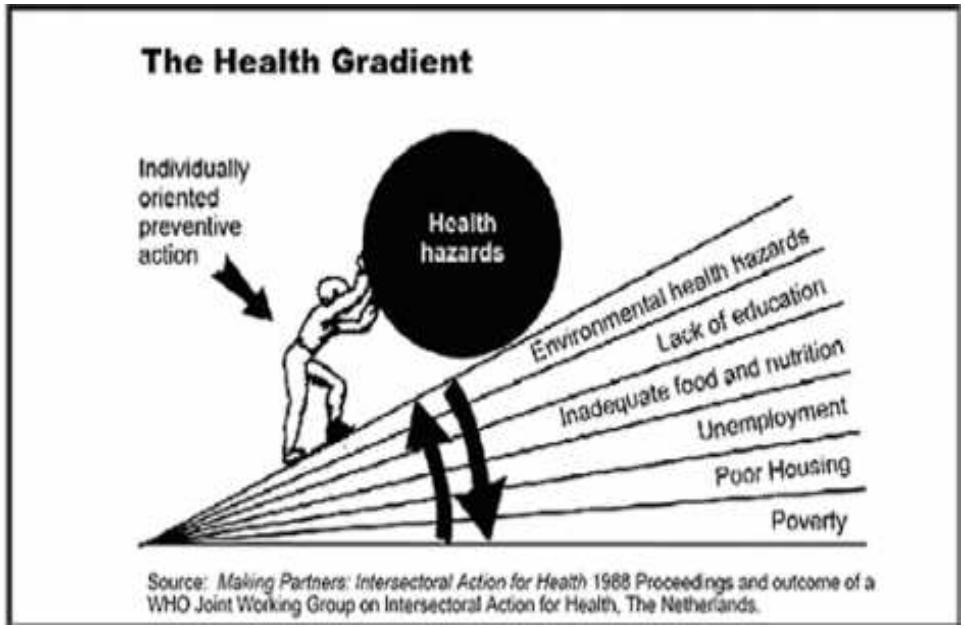


Female Life Expectancy at birth by small area, 2006-10



Determinants of health

Lifestyle & Prevention **Wider Determinants**



From Canadian Centre for Policy Alternatives (CCPA) http://www.policynote.ca/

Lifestyle

Lifestyle Factor	Merton	England Average
Obese adults	19.1%	24.2%
Healthy eating adults	39.6%	28.7%
Physically active adults	54.4%	56.0%
Adults smoking	16.5 %	20%
Alcohol Use *Binge Drinking *Increasing & higher risk drinking	 13.8% 22.6%	 20.1% 22.3%
Drugs *Opiate/crack cocaine users	7.1 per 1,000 population	8.9 per 1,000

From PHE Merton Health Profile 2013 and draft Merton JSNA 2013-14

To consider:

- There is variation across the borough
- Is it enough to be "average"?
- Stop smoking services- reduced service use and success rate; varied service use by ward, occupation, age, gender, ethnicity (2009 Health Equity Audit)
- Increasing and higher risk alcohol use- consequences can take years to become apparent (SMNA 2012-13)
- Estimated 65% of drug users are not accessing treatment services- may be ethnic variation

Wider Determinants

Determinant	**Merton**	**England Average**
Deprivation	59.1%	59.0%
Employment *Long term unemployment	7.0%	9.5%
Education *GCSE achieved	59.1%	59.0%
Housing *statutory homelessness	1.2%	2.3%
Crime *violent crime	12.1%	13.6%

From PHE Merton Health Profile 2013 and draft Merton JSNA 2013-14

To consider:

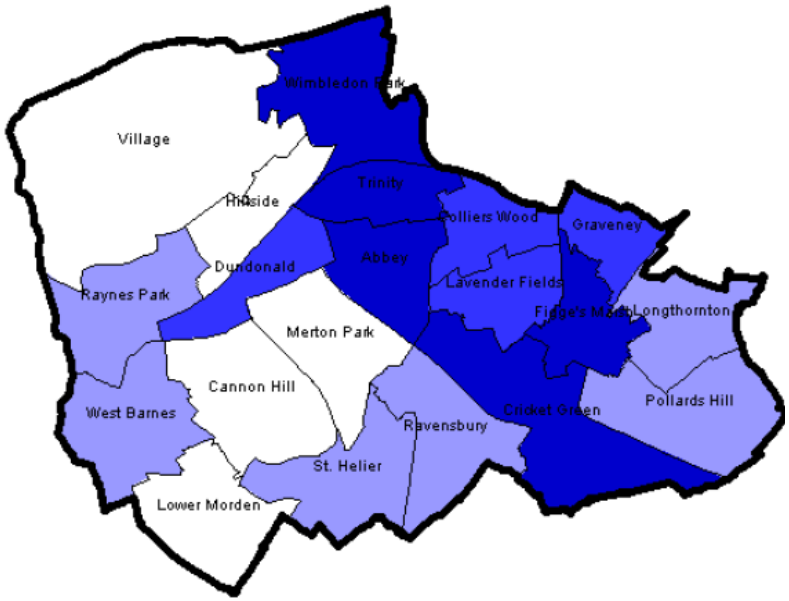
- Geographic variation across the borough
- Wider economic and policy changes: welfare reform & housing policy reforms; health impact of the recession; food and heating costs have increased
- Built environment: impact of number and distribution of fast food outlets, betting shops, etc.
- Transport: Road traffic casualties are increasing
- Housing: Homelessness is increasing, increased private rented housing, low social housing stock, limited choice of housing for older people

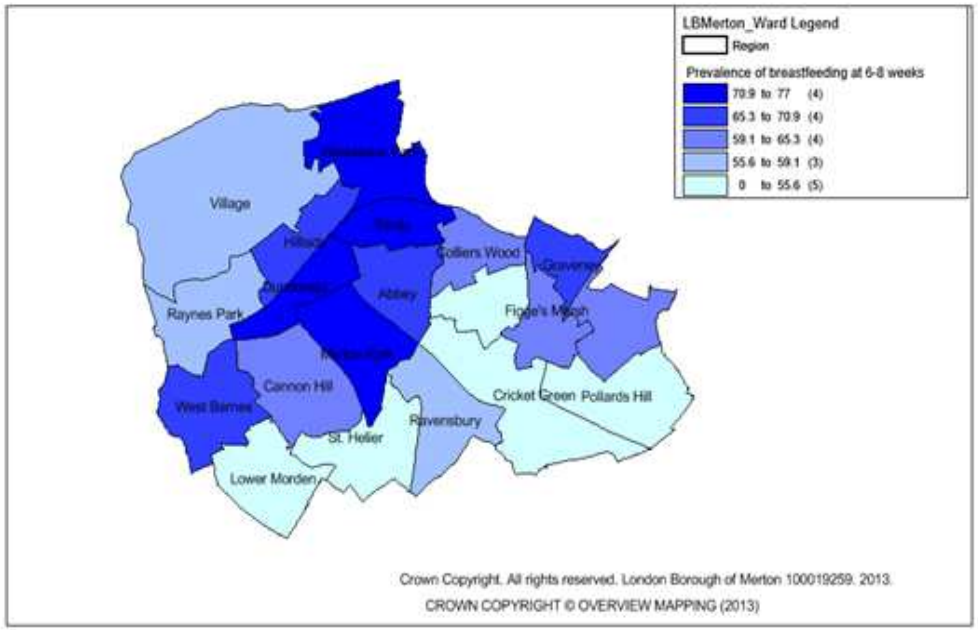
Maternal Health

- Around 3,500 births each year, 40% increase since 2002
- By 2021 expect a 20% increase in children born each year with future special needs
- Babies born with low birth weight and deaths in the first year of life are lower than for London and reducing
- More are breastfeeding than nationally

BUT…variations in breastfeeding by area and ethnicity, higher rate of delivery by caesarean section than nationally

Live births in Merton by ward, 2011



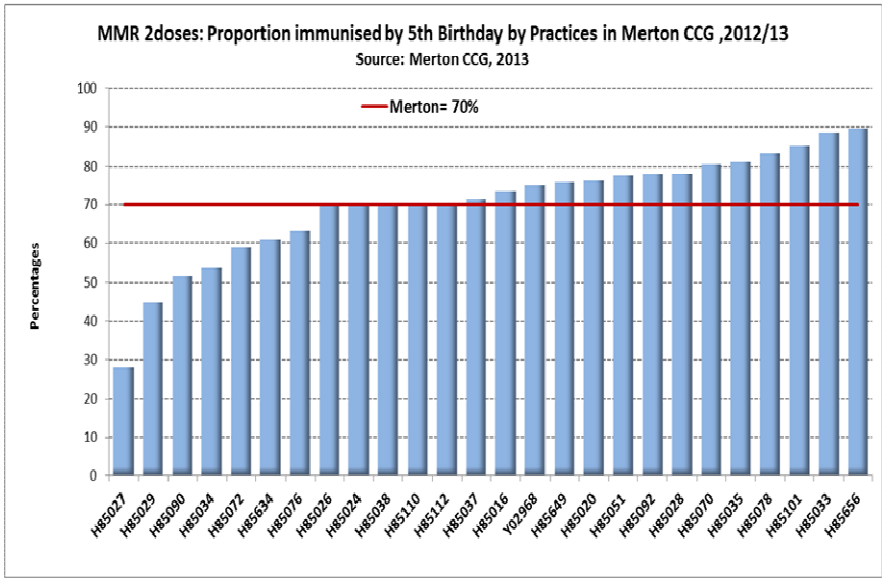


Early Years

- 15,000 0-4 year olds - expected to rise by nearly 1/5 by 2021
- More children achieve a good level of development at age 5 than London and England

BUT..

- Levels of Childhood Immunisation are lower than London and England
- A & E attendances for children under 5 years are higher than London or England and London



Children and Young People

•32,500 children and young people aged 5-19 –expected to rise by 1/5 by 2021

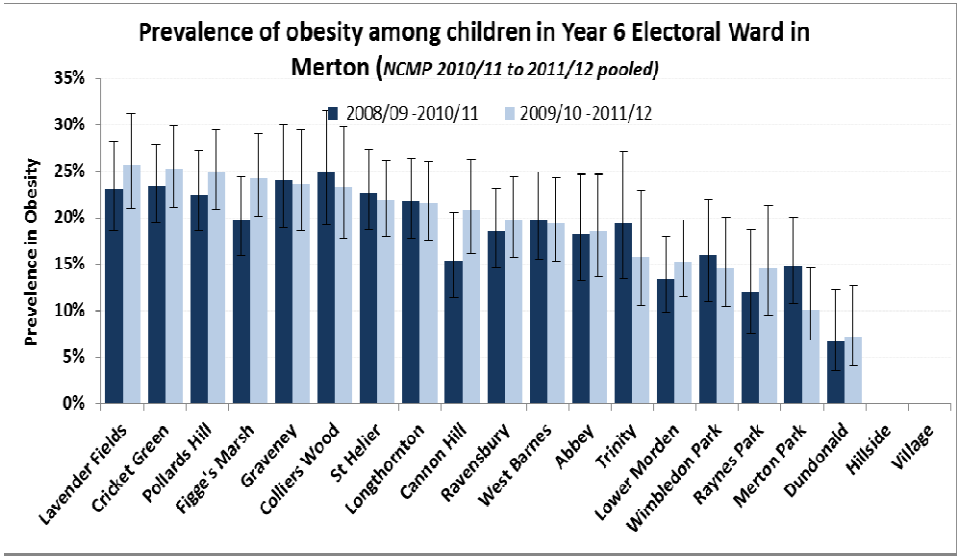
•Overall fewer children living in poverty

•Educational attainment is in line with England and improving

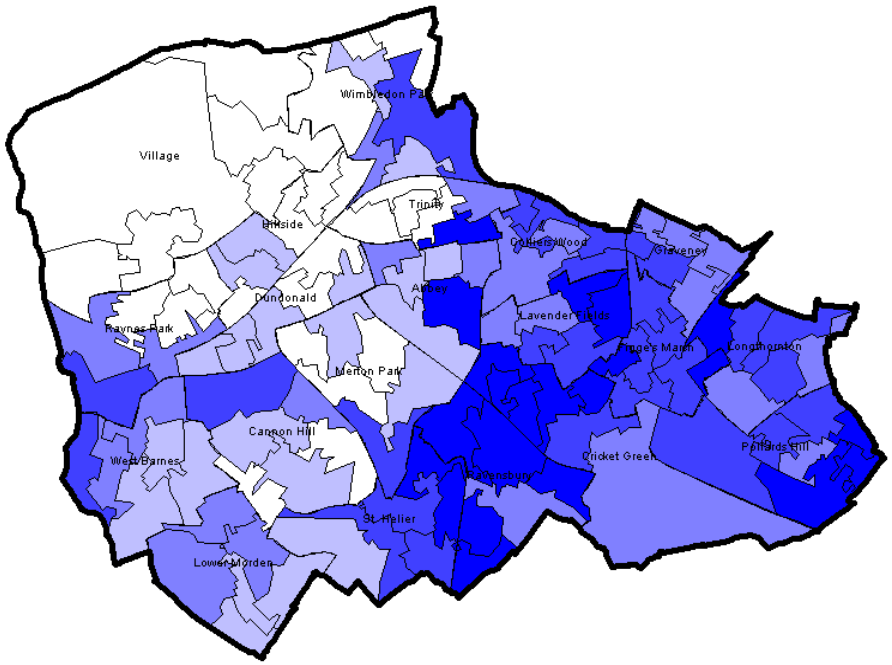
•More children in Merton schools are taking 3 hours of physical activity a week

BUT…

•Wide variation in child poverty and obesity from west to east



Income Deprivation Affecting Children Index 2010

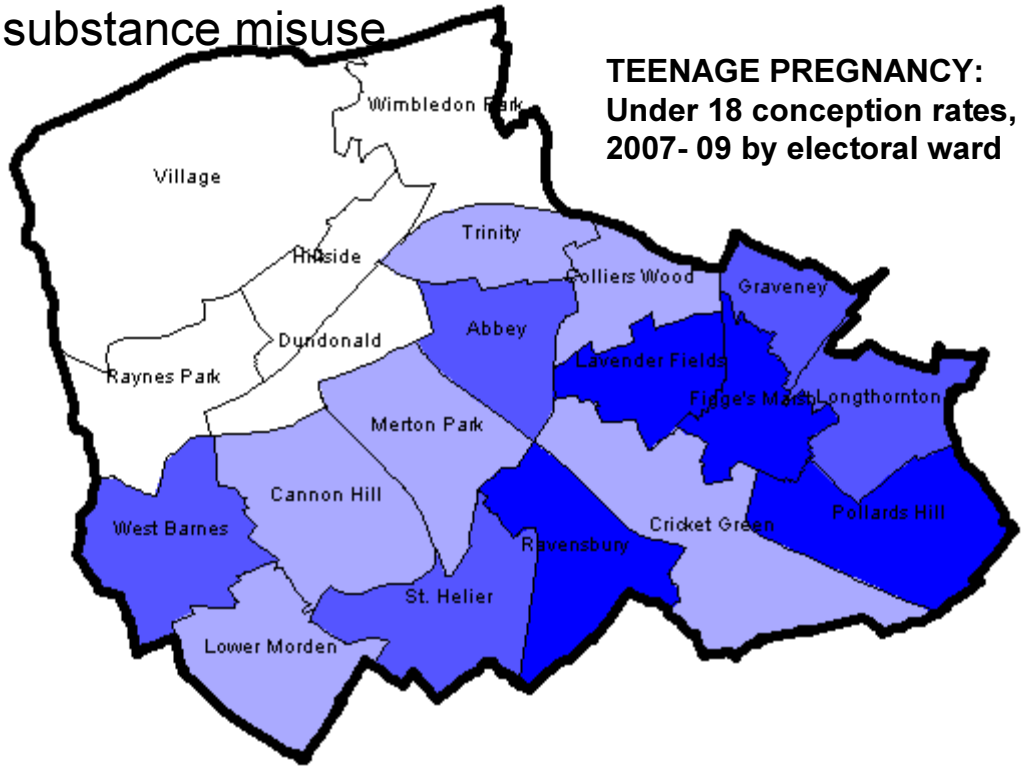


Young People

- Teenage pregnancy rates have reduced significantly over the past 10 years
- Hospital admissions due to drugs misuse (15-24 years) and for injury (under 18s) are lower than London and England
- Hospital admissions for under 18 year olds as the result of self harm are lower than London and England

BUT…

Teenage pregnancies higher in east of the borough; hospital admissions for alcohol are higher than London; there has been increase in under 18s presenting for treatment for substance misuse



TEENAGE PREGNANCY: Under 18 conception rates, 2007- 09 by electoral ward

Main killers in people aged under 75

Cancer

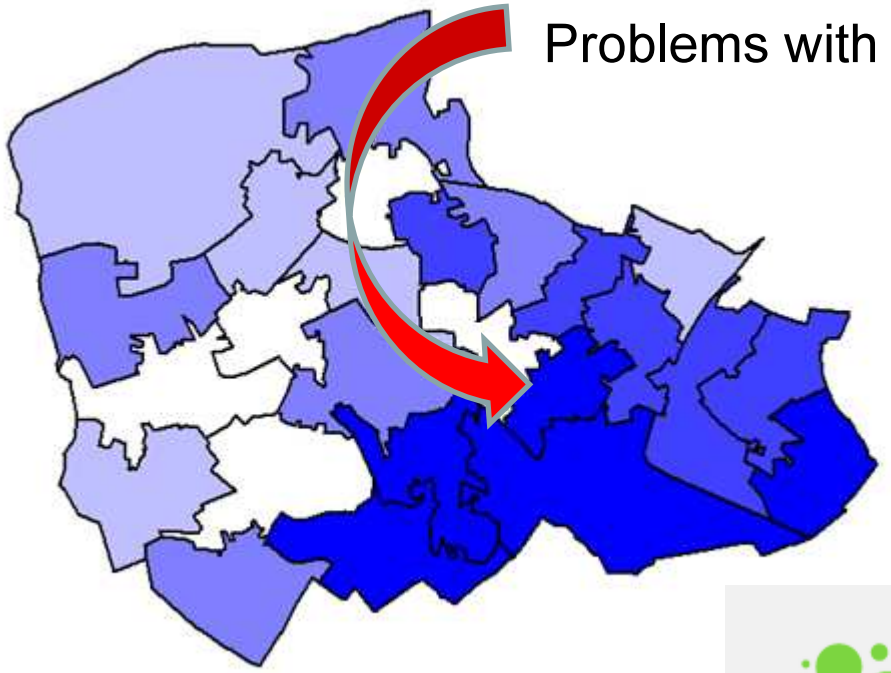
Heart Disease and Stroke

Lung Disease

Accidents/Injuries

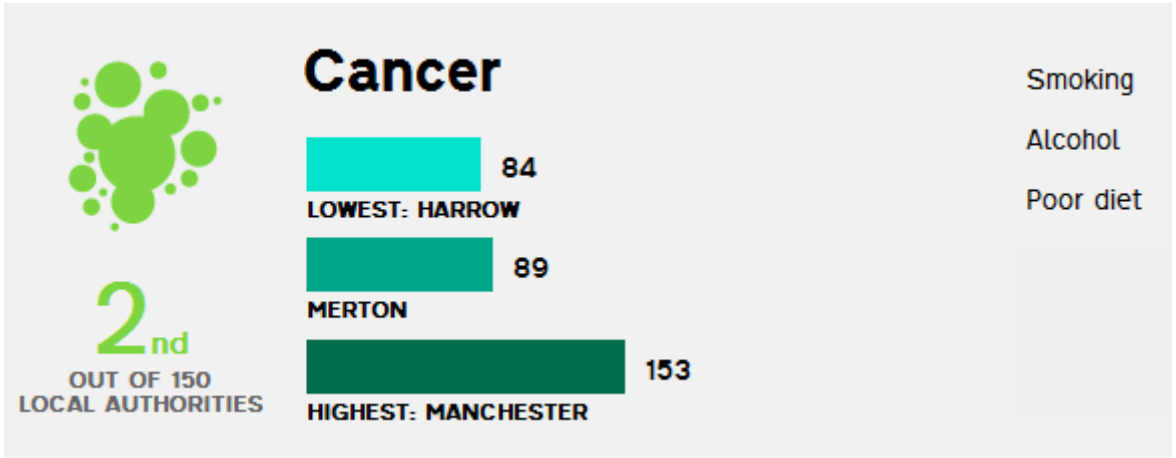
Cancer

Biggest killer in Merton, but trend downwards
Merton is ranked second best out of 150 local authorities
BUT…..
Problems with inequalities, including by gender



What are we focussing on?

•Trying to reduce the number of smokers in Merton
•Promoting a healthy diet
•Cancer screening- for bowel, breast and cervical cancer

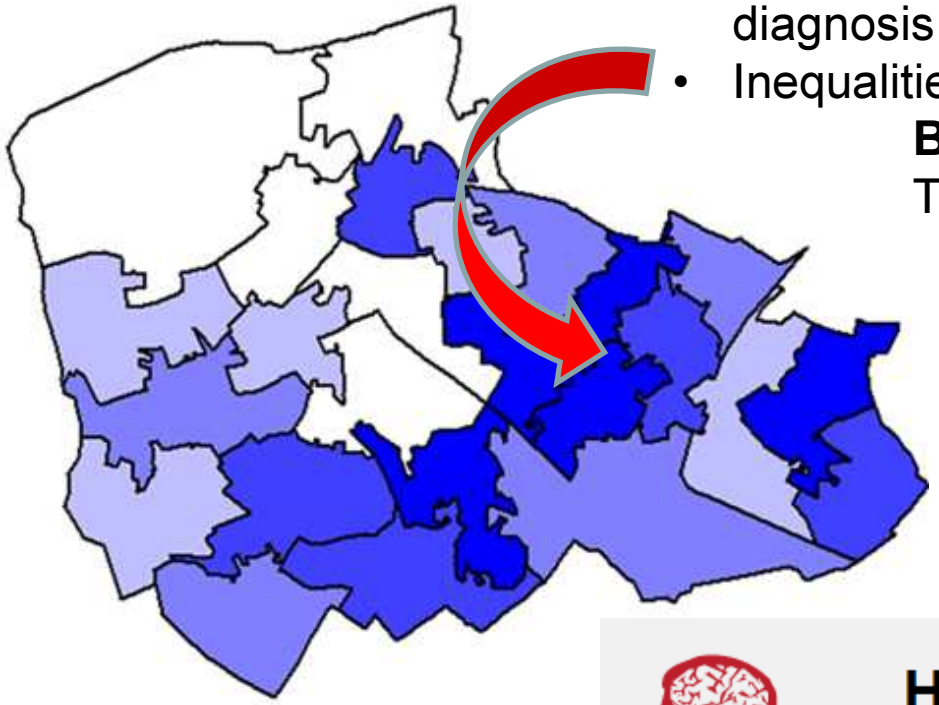


Circulatory Diseases

- Second commonest killer in Merton
- Under 75 deaths highest in SWL and higher than Eng.
- Possible that significant proportion of under-diagnosis
- Inequalities- including in terms of gender

BUT…..

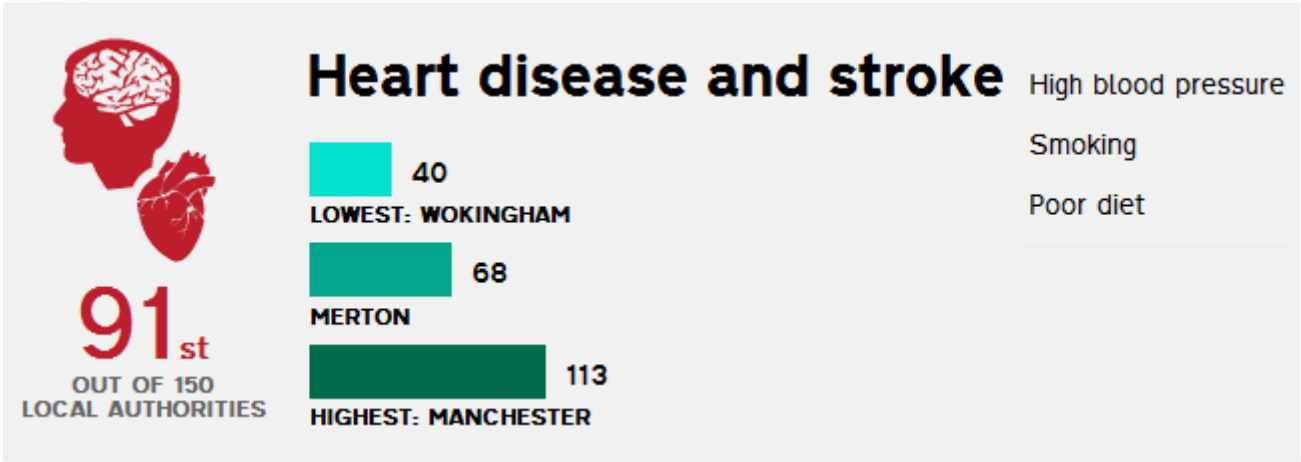
Trends in deaths downwards



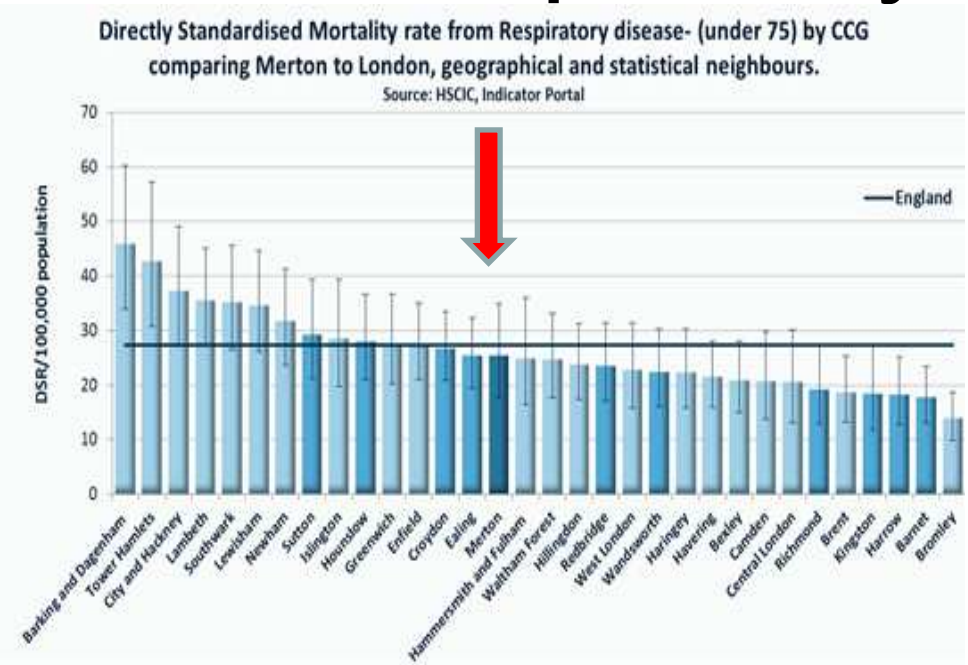
What are we focussing on?

•Improving early detection and treatment, and promoting healthier lifestyles

•Reducing smoking



Respiratory Diseases



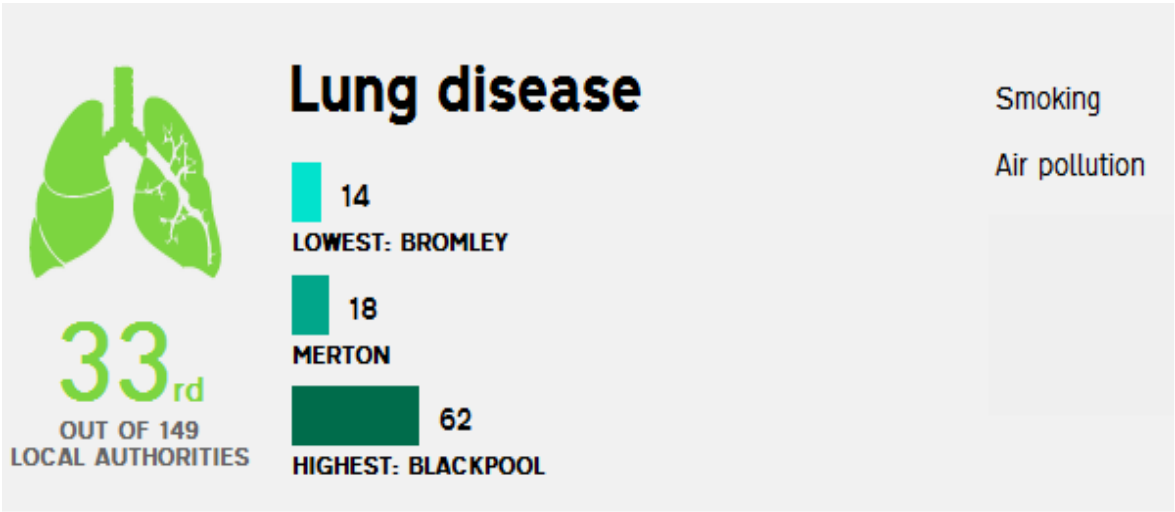
- Includes lung cancer, TB, asthma, COPD, Cystic Fibrosis
- COPD, pneumonia and asthma have biggest impact on services and mortality
- 3rd major cause of premature death
- Major risk factor is smoking

BUT…..

- Lot of the deaths are preventable
- Merton deaths lower than England

What are we focussing on?

•Reducing smoking
•Seasonal Flu vaccination
•More accurate and earlier diagnosis
•Integrated community and specialist care

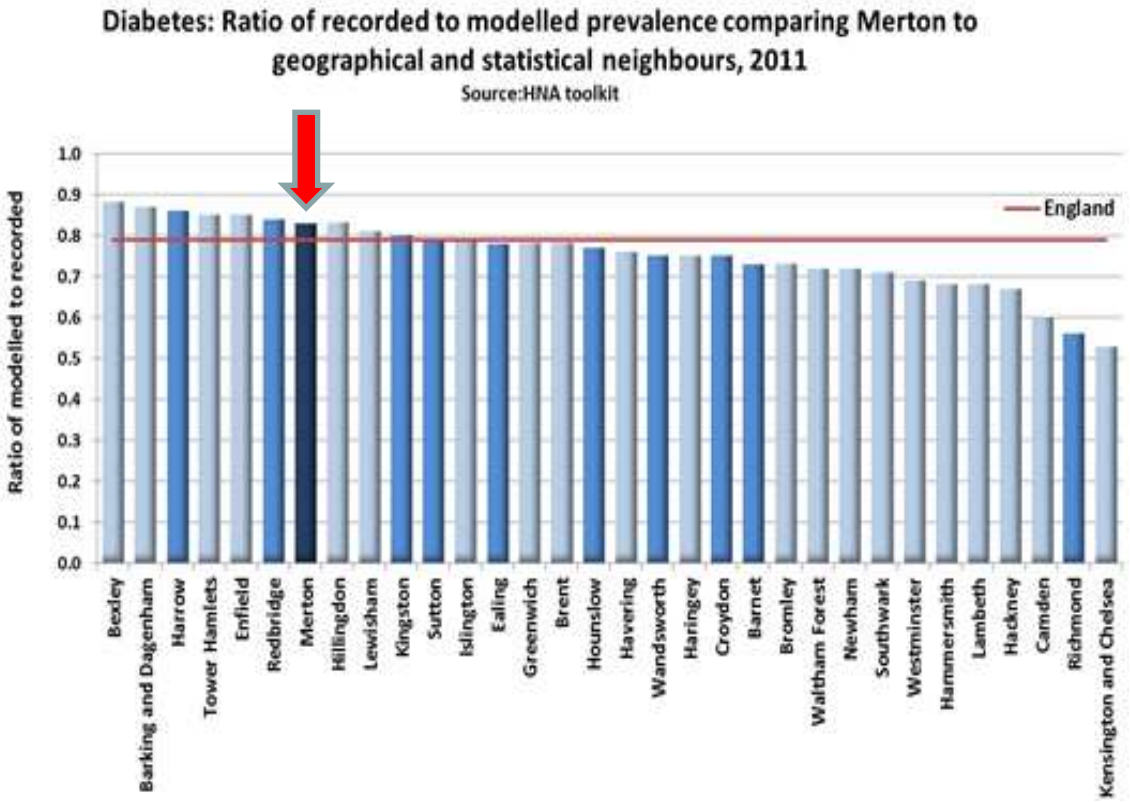


Diabetes

- Merton has lower (1 in 19) prevalence than England (1 in 17)
- Risk factors include- obesity and ethnicity

BUT….

Data suggests under-diagnosis in Merton



Major inequalities:

- The most deprived people in the UK are 2.5 times more likely to have diabetes
- 80 per cent of people with type 2 diabetes are overweight or obese at diagnosis
- Black and Asian minority ethnic (BAME) groups have six times higher risk

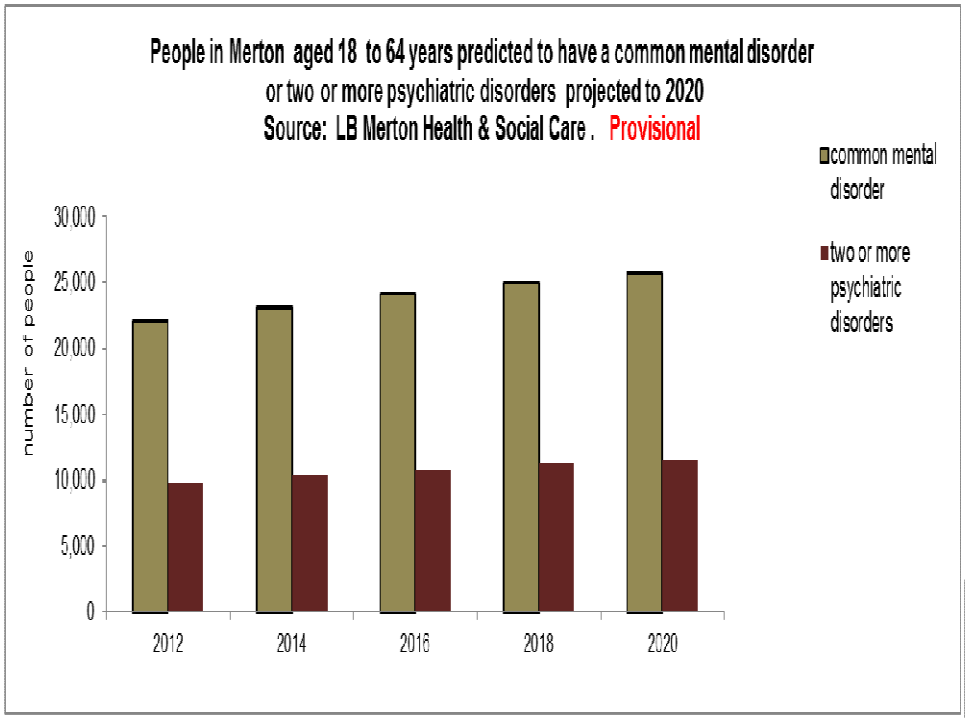
What are we focussing on?

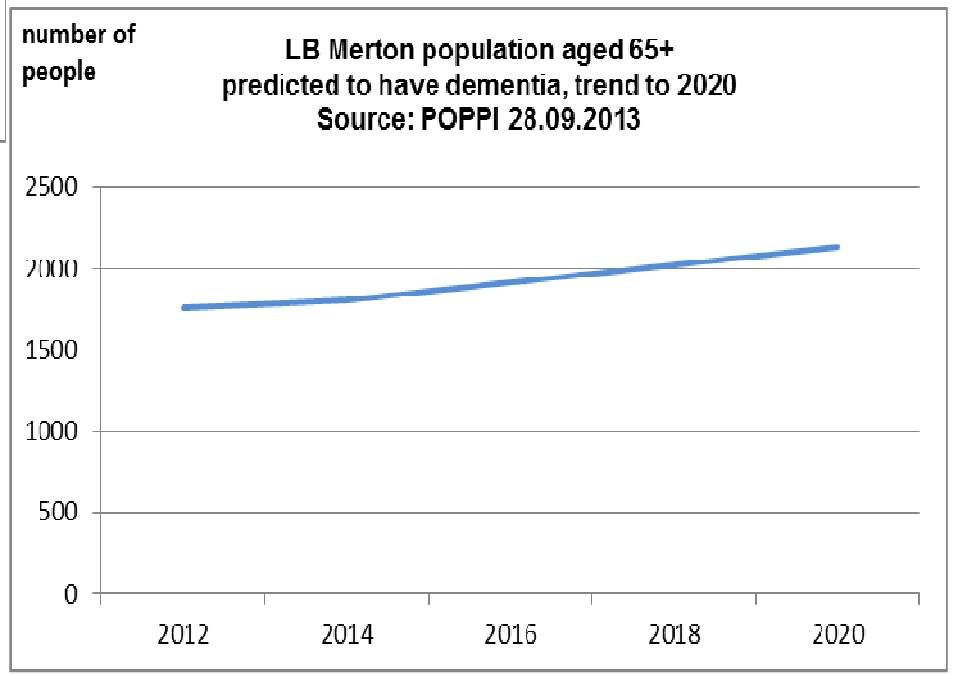
•Helping people and families to achieve and maintain a healthy weight,

•Early identification of those at risk and having disease

•Ensuring access to appropriate services to support people with diabetes to control their blood sugar levels and reduce potential complications

Mental Health Issues Predicted to Increase



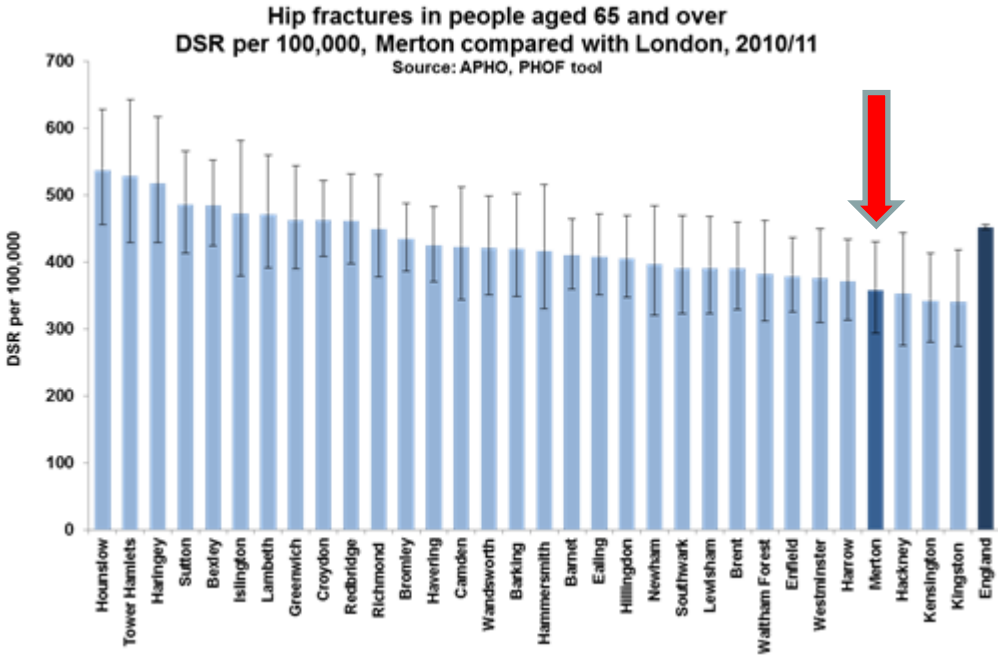


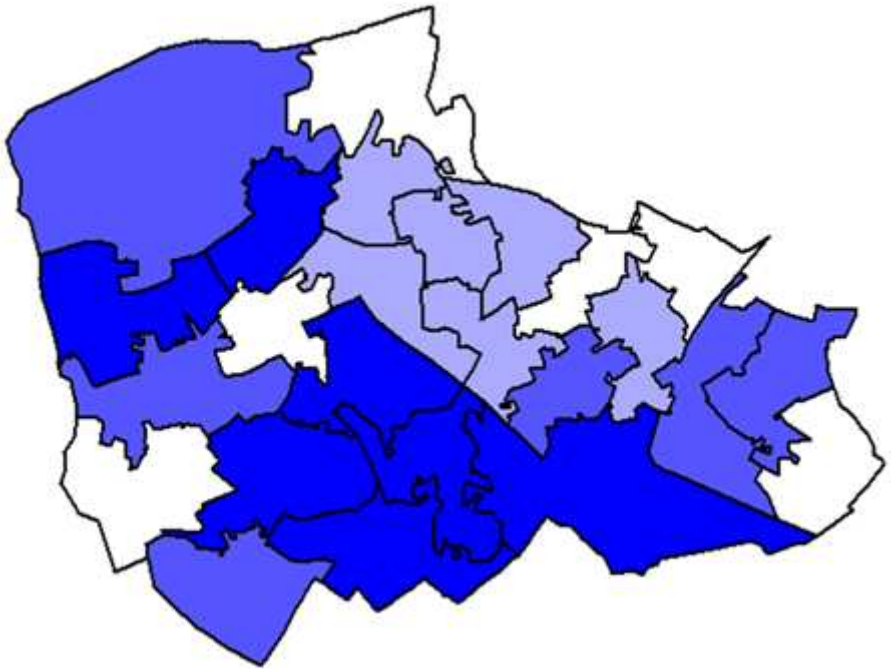
Falls

- Major cause of disability and mortality in older people
- Merton's older people projected to increase by 21% in next decade

BUT….

Merton has the 4th lowest rate of hip fractures in all London Boroughs





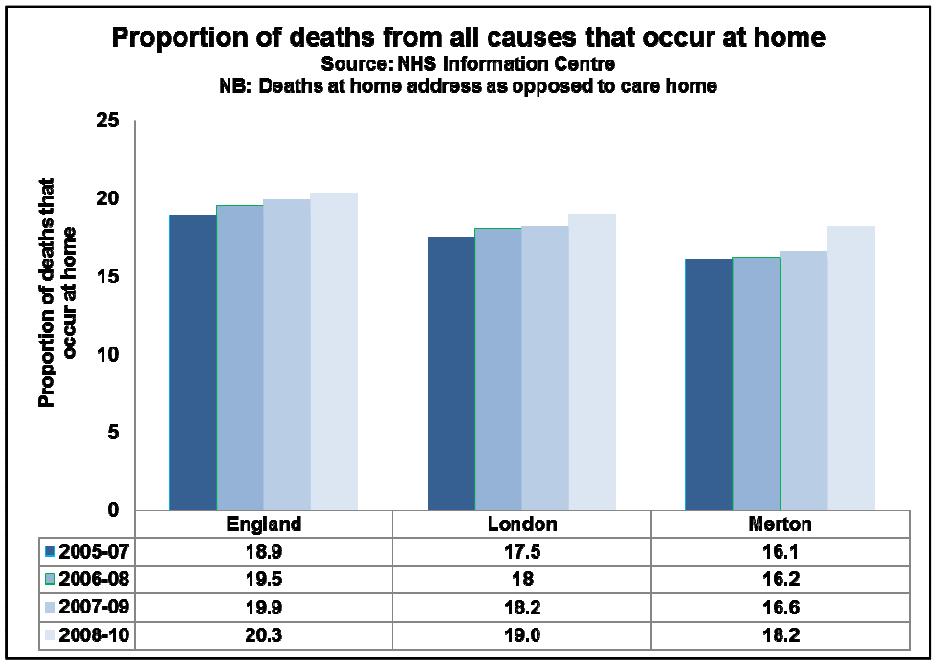
What are we focussing on?

•Prevention of falls services

•Review of community falls prevention services

•Reducing osteoporosis

End of Life Care (EoLC)



	England	London	Merton
2005-07	18.9	17.5	16.1
2006-08	19.5	18	16.2
2007-09	19.9	18.2	16.6
2008-10	20.3	19.0	18.2

- Proxy measure is the proportion of deaths at home- higher proportion is more desirable
- Current levels are low nationally, regionally and in Merton

But…

National Survey shows that 57% of respondents preferred a home death

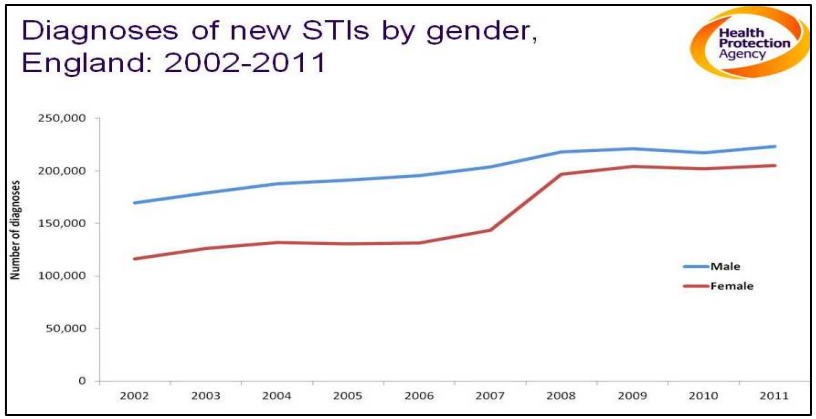
And…

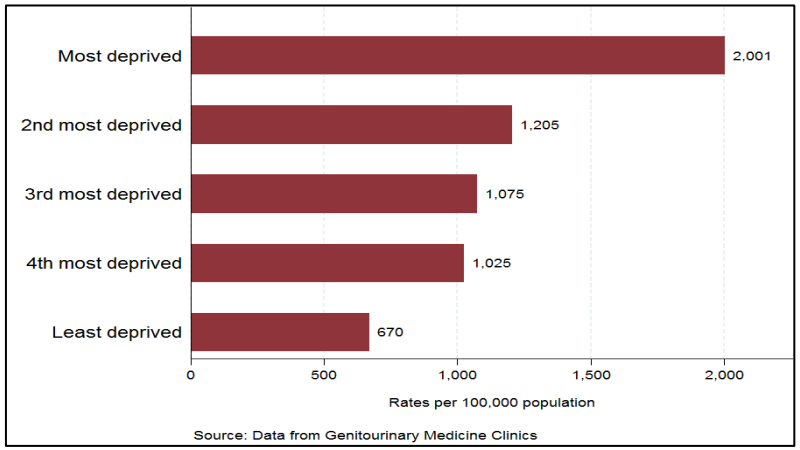
Accessibility to and adaptability of EoLC services to different faiths is

What are we focussing on?

•Working with partners in NHS to develop better, more integrated services
•More in-depth analysis of data
•Raising awareness of Coordinate My Care register

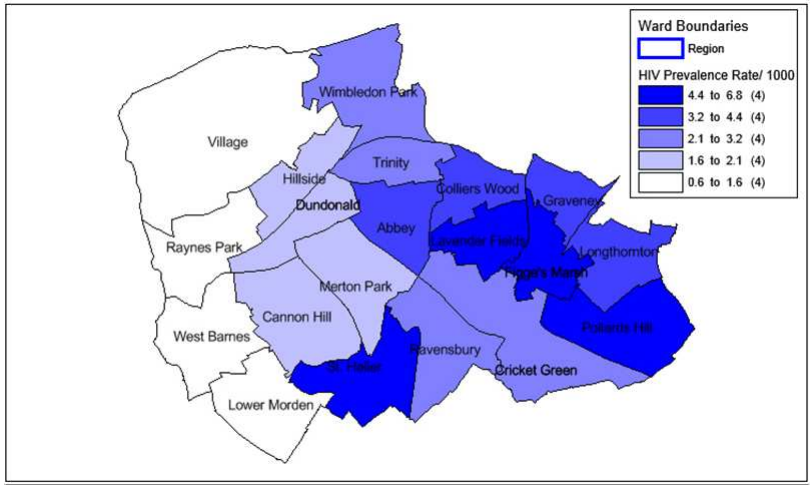
Sexually Transmitted Infections

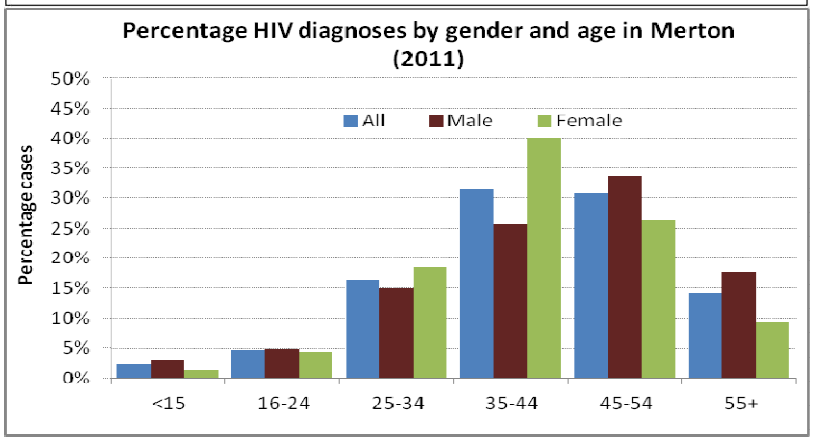




- 2128 acute STIs diagnosed in 2011.
- Chlamydia is most common STI followed by Genital Warts.
- 448 positive Chlamydia tests which is an 8.5% positivity rate. Higher than London and England.
- Genital Wart infections reduced by 10%. Better than London and England where the rate is more stable.
- Strong correlation between poor sexual health & deprivation.
- National Chlamydia screening programme for 15-24 year olds to address PH indicator.

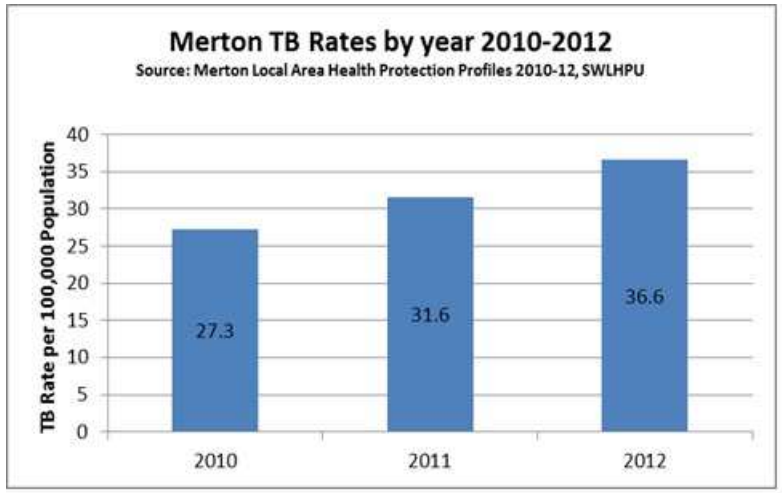
HIV





- Increased number of people living with HIV in last 5 years.
- 2561 adults known to HIV services between 2007-2011.
- High risk groups – Black Africans & Men who have Sex with Men (MSM)
- Five high rate wards - accounts for 42% of all people diagnosed
- Lower late diagnosis than London BUT still 32% of Merton residents diagnosed late.
- Estimated 1 in 5 Londoners unaware of HIV status.

Tuberculosis



There were 194 cases of Tuberculosis (TB) in Merton from 2010 to 2012.

The rate of TB in Merton is high & increasing.

The rate in London in 2012 was 41.8% per 100,000 of the population. Merton's rate was 36.7%

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