

Merton Council

Health and Wellbeing Board

Date: 19 September 2017

Time: 3.00 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road,
Morden SM4 5DX

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

- 1 Apologies for absence
- 2 Declarations of pecuniary interest
- 3 Minutes of the previous meeting 1 - 6
- 4 Estates Regeneration and Health and Wellbeing - Presentation and Discussion
Presentation to follow
- 5 Ofsted Feedback - Presentation and Feedback 7 - 14
For the full Ofsted report [Click here](#)
- 6 Fire Safe and Well 15 - 18
- 7 Pharmaceutical Needs Assessment (PNA) 19 - 22
- 8 Providing High Quality Healthcare Services 2020 to 2030 23 - 30
This presentation by Daniel Elkeles, Chief Executive of Epsom and St Helier Hospitals, will begin at 4.30pm

Presentation video can be viewed here:

<https://www.youtube.com/watch?v=0sNTZEUTUeY#action=share>

This is a public meeting – members of the public are very welcome to attend.

Requests to speak will be considered by the Chair. If you would like to speak, please contact democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093.

Health and Wellbeing Board Membership

Merton Councillors

- Tobin Byers (Chair)
- Gilli Lewis-Lavender
- Katy Neep

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

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 matter 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.

DRAFT

HEALTH AND WELLBEING BOARD

20 JUNE 2017

(3.00 pm - 4.20 pm)

PRESENT Councillor Tobin Byers (in the Chair),
Councillor Katy Neep
Chris Lee – Director of Environment and Regeneration
Dr Dagmar Zeuner – Director of Public Health
Leanne Walder - Commissioning Manager Children and Families
Anthony Farnsworth - Director of Commissioning, Merton CCG
Annette Bunka, Senior Commissioning Manager Merton CCG
Dr Doug Hing – CCG Clinical Director for the East Merton Model
of Health and Wellbeing
Brian Dillon-Chair of Merton Healthwatch,
Khadiru Mahdi – Chief Executive Merton Voluntary Service
Council,
Dave Curtis

Lisa Jewell – Democratic Services

ALSO PRESENT

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Gilli Lewis-Lavender, Dr Andrew Murray, Dr Karen Worthington, Simon Williams, Yvette Stanley and Melanie Monaghan

Leanne Walder attended on behalf of Yvette Stanley

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 28 March 2017 are agreed as an accurate record.

4 HWB STRATEGY INDICATORS AND PRIORITIES (Agenda Item 4)

The Director of Public Health presented her update monitoring report on the Health and Wellbeing Strategy 2015-18. The Board noted the information on the three outcome indicators that previously had a 'red' status in the Annual Progress Report; immunisation, childhood obesity and fuel poverty. The Board also noted that the report presented information on the Health and wellbeing Board 2016/17 priorities; Childhood Obesity and Social Prescribing and also information on the overarching

aim of the strategy – the reduction in health inequalities across the borough as measured by life expectancy.

The Director of Environment and regeneration explained that the reduction of Fuel Poverty indicator could be reviewed in future. It is currently being tackled by promoting national and regional collective energy switching programmes. Unfortunately those residents with the most to gain from such schemes are often the least able to participate.

The Director of Public Health spoke about the work to tackle childhood obesity and pilot scheme for social prescribing, where people are linked up to non-clinical support by their GP. Dr Doug Hing said that this was very popular, and many people were now accessing services that they previously did not know about.

Anthony Farnsworth commented that the report says that no recurrent funding would be available to reduce CAMHS waiting times, but now this funding will be available for the year of 2017/18. He also welcomed the commitment to review the ASD (Autistic Spectrum Disorder) pathway.

The Director of Public Health highlighted the good news on increased life expectancy for women in the east of the Borough. She explained that progress on immunisation was slow and the role of the Health and Wellbeing Board in this was indirect as we do not commission or provide this service.

The Chair asked how the Boards' 2016/17 priority areas of Childhood Obesity and Social Prescribing will still progress. The Director of Public Health said that the annual report of the Health and Wellbeing Strategy will – continue to report on progress on these issues.

RESOLVED

The Health and Wellbeing Board agreed:

- A. To consider the update on outcome indicators measuring progress on the Health & Wellbeing Strategy 2015-18.
- B. To consider the progress on Childhood Obesity and Social prescribing priorities (2016/17), and to continue to champion actions in these areas.

5 HEALTHWATCH - VERBAL UPDATE (Agenda Item 5)

Brian Dillon gave a verbal report on the work of Healthwatch Merton (HWM) and made points including:

- HWM are currently working on their medium term plan and HWBB members' views on this are welcomed
- There is feedback event at Vestry Hall – all HWBB members are invited
- Request that the council should direct process for HWM future as soon as possible.

- A review of past HWBB agendas shows HWM's involvement in a range of issues
- Going forward there are a number of workstreams that HWM are interested in including giving a voice to young people, LBGT issues, local mental health services.
- Opportunities for further development of local Patient Practice Groups

The Chair and the Director of Public Health thanked HWM for all their work and said how much they appreciated the contribution of HWM

Brian Dillon asked the Board to consider the impact of a two or three year contract on the ability of HWM to forward plan.

6 JOINT STRATEGIC FRAMEWORK FOR PREVENTION OF SUBSTANCE MISUSE AND RELATED HARM (Agenda Item 6)

The Director of E&R presented the report on the Joint Strategic Framework for Prevention of Substance Misuse and related harm 2017- 2021. He asked the board to note that this report had already been presented at the Merton Safer and Stronger Executive Board which had welcomed the framework, and agreed to lead on delivery of the framework which the police were very pleased to see. This report set out clear evidence for prevention and delivers an holistic approach especially with the proposed redesign of the Adult Substance Treatment Service. He highlighted the strategic objectives contained in the report and asked all board members to consider what they could bring to the delivery of this framework.

The Director of Public Health welcomed the report and the opening up of this pathway, away from a more clinical approach. She also welcomed the governance arrangements in place to give Safer and Stronger the lead in delivery whilst linking to the HWBB.

Board members commented on the complexity of this issues involved, and spoke about the importance of the family agenda with the 'Think Family' elements being especially welcomed. Leanne Wallder explained the concerns of keeping children safe from adult substance abuse, in particular in the case of child carers looking after adults with substance abuse issues.

The Board spoke about whether it could influence cinema chains to stop the advertising of alcohol and it was suggested that pan-London influence could be explored.

RESOLVED

That the HWBB:

- A. Considers the Merton Joint Strategic Framework (LBM & MCCG) for Prevention of Substance Misuse and related harm 2017-21.
- B. Endorses the whole systems perspective as the means of achieving shared outcomes and maximising the impact of limited resources, and specifically recognising that the current re-procurement of the Adult Substance Misuse

Treatment Service is an important 'invest to save' measure –helping to reduce costs to health, social care, welfare and criminal justice.

- C. Notes that the Safer Stronger Executive Board has oversight of the implementation of Substance Misuse Strategic Framework Action Plan- to ensure cross council, CCG and partners' ownership and commitment.
- D. Considers opportunities for Health & Wellbeing Board members to champion the SM strategic objectives and actions as systems leaders.

7 WILSON HEALTH AND WELLBEING CAMPUS: PROGRESS REPORT (Agenda Item 7)

Dr Doug Hing presented his progress report on The Wilson Health and Wellbeing Campus and the Project Initiation Document, annexed to the report. Board members welcomed the report.

The Director of public health said that the PID showed the infrastructure and governance are now in place to deliver the Wilson. Dr Hing said that there was a need to continuously engage with the community especially as there have been concerns regarding the closure of the walk-in centre.

The Chair endorsed the view that the next step was to go back to the community with something tangible, and noted that a workshop to look at community involvement was a key event.

The board noted the work that is being done to determine the services that will be provided on the campus and that there is increasing clarity on some of the services that will be on site whilst other ideas are being developed.

The need for effective community involvement was discussed and the Board thanked Dr Karen Worthington for arranging the locality meeting with ward councillors and local clinicians. The Board thanked Dagmar Zeuner, Doug Hing and Dave Curtis for their work.

RESOLVED:

- A. To note the progress of the Wilson development and the reporting and accountability systems that have commenced.
- B. To note the Wilson Health and Wellbeing Campus Development PID (Project Initiation Document) and consider ways to support and facilitate the progress.
- C. To consider and make recommendations on the most appropriate method of engagement with the public and communities, identifying the key messages for this stage of the programme.

8 HEALTH IN ALL POLICIES ACTION PLAN (Agenda Item 8)

The Board received the report on Health in all Policies Draft action Plan, which has been developed following the HWBB seminar in January. This action plan was welcomed by board members.

Anthony Farnsworth, Interim Director of Commissioning CCG, welcomed the approach and philosophy of 'first and most' and asked about the link of this work to Health Scrutiny.

The Voluntary sector asked that they be added to the Healthy Workplace action plan

RESOLVED:

The Health and Wellbeing Board agreed to:

- A. Endorse the final Health in All Policies principles and priority actions (point 12.1 – 12.7 and appendix 2).
- B. Agree to the proposed governance and the HWBB as the lead thematic partner to champion the approach, provide oversight for delivery of the action plan and propose further actions where required (point 14).

9 BETTER CARE FUND (Agenda Item 9)

Annette Bunka, Senior Commissioning Manager Merton CCG, presented her report on the Better Care Fund (BCF). She guided the Board through an update on the performance data for 2016/17 in the report, highlighting that the targets were met for re-ablement and admissions to care homes, but that the target for non-elective hospital admissions had not been met. The report outlined plans for the next two years 2017-2019.

The Board noted that the national planning guidance for BCF is still in draft stage, with no publication date set. Therefore the Board is asked to delegate the final review of the BCF submission, if necessary to the Chair and Vice-Chair of HWBB, and final sign-off to the Chair of HWBB.

Anthony Farnsworth said that a good balance had been achieved, working with the council supporting social care, despite the difficult financial situation.

RESOLVED:

That the Health and Wellbeing Board

- A. Notes this report
- B. Agrees to delegate the review of the BCF Plan submission to the Chair and Vice-Chair, and to delegate the final sign-off of the BCF submission to the Chair of the Health and Wellbeing Board.

10 LOCAL ACCOUNT 2013-2017 (Agenda Item 10)

The Board noted the report on the Adult Social Care Local Account 2013-17

11 ADULT SOCIAL CARE BUDGET 2017/18 (Agenda Item 11)

The Board noted the report on the Adult Social Care Funding 2017/18

The Board gave a vote of thanks to Simon Williams for all his work and wished him the best on his retirement

London Borough of Merton Single Inspection and LSCB review Ofsted Outcomes 25 August 2017



Ofsted Single Inspection

During 4 very warm weeks in June (12 June 2017 to 6 July 2017)
7 Ofsted inspectors, 2 data analysts and 1 quality assurance manager...
finally arrived* and...

- Interviewed 206 staff and partners
- Tracked and audited 162 cases
- Requested and reviewed 429 documents
- And sat through a range of meetings observed and focused groups attended

- *During the inspection we were also visited by....Ofsted's Chief Inspector of Social Care, the Regional Director and the new Minister of State!

Key Judgement Area: Overall effectiveness

Good

“Children in Merton benefit from services that are dynamic, ambitious and successful. Exceptional leadership and governance and strong frontline management ensure that children’s services are consistently good. All children receive a good service and some receive an outstanding service. Inspectors saw that significant and sustained improvements had been achieved since the last inspection in 2012, when all services were judged as good. Staff are very effective in improving outcomes for children.”

Single Inspection Ofsted report published August 2017



Key Judgement Area: The experiences and progress of children who need help and protection

Good

- *“Consistently good services support children in need of help and protection in Merton, improving their circumstances and keeping them safe.”*
- *“Children are protected through an outstanding early help offer and a robust ‘front door’, to consider which intervention would help them best..... Effective intervention at an early stage is having a positive impact on the number of children who require more specialist support”*
- *“Staff in the MASH....ensure prompt and proportionate responses so that children receive appropriate and timely services....Staff have a good understanding of risk....Thresholds are clearly and consistently applied for children, including when their circumstances and needs change”*
- *“Child protection enquiries are timely....step up step down processes are well considered...MA information sharing has improved significantly.....The vast majority of cases (show)..appropriate safeguarding concerns...developed in regular CIN and CP conferences...escalations of concerns are appropriate”*
- *“Managers and staff know their children well. Manageable caseloads and skilled staff mean that they are able to visit children and their families regularly, build meaningful relationships and undertake purposeful direct work.”*
- *“The social work model used by children’s services is helpfully applied by other agencies, and this is leading to improvements in the quality of work to assess risks”*

Key Judgement Area: The experiences and progress of children who need help and protection

Good

- *“Children’s wishes & feelings are strongly heard and clearly reflected in practice. Their views & voices are carefully considered in assessments, strategy meetings & social work records to inform planning”... “Inspectors saw very effective use of advocacy, including appropriate advocacy for children who have disabilities. Increasing numbers of advocates are working with children subject to child protection procedures, to ensure consideration of their views in conferences.”*
- *“Children who have disabilities receive support and services that ensure that they are protected and achieve.”*
- *“Children living in private fostering arrangements receive a good service”.*
- *“There are clear & effective MA arrangements to identify and respond to children going missing or missing Education”*
- *“Young people aged 16 and 17 who present as homeless receive timely and thorough joint assessments with housing services.”*
- *“Risks associated with child sexual exploitation, missing children, gang involvement or radicalisation are understood exceptionally well and overseen appropriately from a senior multi-agency perspective. “*

Key Judgement Area: The experiences and progress of children looked after and achieving permanence

Good

- *“Children looked after in Merton receive a consistently good service. The needs of each individual child are known well. Children become looked after at the right time and without unnecessary delay..... “The role of the corporate parent is well embedded and is taken very seriously.”*
- *“Effective management oversight of pre-proceedings and assessment work adds rigour to decision-making and ensures safe oversight of the experiences for children on the threshold of being looked after.”*
- *“Children are protected well through appropriate use of the court process...The judiciary and the Child and Family Court Advisory and Support Service (Cafcass) are extremely complimentary about the work of the local authority, considering it robust and timely. With proceedings completed within an average of 24 weeks, Merton is exceeding national guidelines and has improved in this area of practice considerably.”*
- *“ Care planning is effective...Caseloads are maintained at a manageable level to enable social workers to have time to develop relationships with the children.”*
- *Children who are looked after by Merton benefit from good-quality placements, social workers who visit them often and strong support from the virtual school.”*
- *“Social workers act quickly to protect children in their care.”*

Key Judgement Area: The experiences and progress of children looked after and achieving permanence

Good

- *“Permanence options are considered early, ensuring that there is no delay in the formulation of long-term plans.” ... “Family finding for permanent foster placements is tenacious, and children who are waiting for families benefit from the same determined approach as those seeking adoptive families. Approved foster carers safely meet the needs of a range of children, including those who have complex needs or disabilities and groups of brothers and sisters.”*
- *“Children have good quality up-to date and timely PEPs,....education targets are clear... The (Virtual School) team make strenuous efforts to ensure YP engage in learning”*
- *“The health of children looked after is effectively monitored and overseen and children and young people receive good support from the virtual school wherever they live.”*
- *“The majority of children in Merton benefit from secure and stable placements.”*
- *“The service to unaccompanied asylum-seeking children is impressive. It is sensitive and swift and enables the children to settle quickly and to form friendships.”*
- *“Children’s participation is encouraged, their individual needs are known and their voice is evident.....and active CICC influences and guides services for children looked after”*

**Key Judgement Area:
Adoption performance**

Outstanding

- *“Adoption performance is outstanding, with all children requiring adoption currently placed and no children waiting. Merton has not had an adoption placement breakdown for over five years.”*
- *“Strategic leaders, managers and social workers have an excellent knowledge about the children in their care, and they are passionate about achieving the very best outcomes.”*
- *“Timely and accurate early identification of children, when adoption is in their best interests, leads to appropriate and prompt family finding.” ..“Children benefit from early identification of potential matches with approved adopters, including before the granting of the placement order, and move swiftly to live with their new families following the court decision.”*
- *“The quality of prospective adopter reports is impressive. Child permanence reports are comprehensive and analytical and lead to a logical recommendation for adoption.”*
- *“Appropriate contact with birth families is supported, and children are assisted to understand their life histories at a time and pace that is suitable for them. Life story work is of a consistently high quality.”*
- *“Adoption support is excellent and highly creative. It ensures that adopted children form strong attachments to their families, and potential issues are identified and addressed at the earliest stage.”*

Key Judgement Area: Experiences and progress of care leavers

Good

- *“Care leavers do well in Merton. The vast majority are in touch with staff, and determined efforts are made to re-engage with those who are not.”*
- *“ Social workers and PAs know and understand their YPs individual circumstances... (SWs) manage known risks...develop effective plans...and over time YP make good progress...The majority of young people who leave care receive good support that builds their skills and confidence well as they move towards independence.*
- *“All young people who spoke to inspectors feel that they are safe where they live. With good support from carers, the 14-plus team and housing providers, many young people make a successful transition from care to living independently.....The large majority live in suitable accommodation.”*
- *“The virtual school, social workers and personal advisers effectively support young people to navigate the education, employment and training (EET) options. Young people seeking to study at university receive particularly good assistance prior to applying for a university place, and they receive practical help with their applications and personal statements. This results in a high number of young people studying at university.”*
- *“Care leavers who are more vulnerable, such as those in custody, are equally well supported by staff, who are sometimes the only regular visitors while they serve their sentences.”*

**Key Judgement Area:
Leadership, management and governance**

Outstanding

- *“Senior managers and politicians model a constructive, enquiring and engaging style of leadership and management. It comprises a blend of compassion and concern for the most vulnerable children and families, and conspicuous care and support for frontline workers.*
- *“The DCS...provides a sustained and energetic commitment to continually improving outcomes for children...The quality of all services is good or better, building on the “good” judgements ..(2012)...The leadership style emphasises the core values of compassion, humility, social justice and inclusion... An influential corporate parenting board chaired by the longstanding and experience CE illustrates the importance given at the highest level.”*
- *“Strong partnership, shared accountability are clearly evidenced. The CE, LM and DCS all have active membership roles (HWBB, VAWG S&S, YCEB -which ensures)...strategic plans and localised improvement plans are aligned with each other and are overseen by mature and exceptionally strong partnerships.”*
- *“Work with the police is highly integrated...(P&PYP) is chaired by an experienced and knowledgeable specialist...The strong professional partnerships in Merton demonstrate that children and their families are highly valued and that they deserve high-quality services.”*
- *The DCS and AD CSC& YI and all managers maintain a high level of interest, curiosity and knowledge about children's cases.*

Key Judgement Area:
Leadership, management and governance

Outstanding

- *“Led by the AD CSC&YI ...Merton’s social work practice model is at the centre of the continuous development of effective and evidence-based social work with children and families... (delivering a) coherent practice model to assist social workers in their analysis, manageable caseloads, frequent supervision, reflective auditing and mature partnerships.. (leading to) a strong culture of learning and a determination to improve further on outcomes that are already good.”*
- *“Strong frontline managers, carefully managed workloads and an evidence-informed approach create time for social workers to practise creative and effective direct work with children. This leads to well-crafted assessments and interventions, which are concentrated on understanding and improving the experiences of children.”*
- *“An increase of social workers...has supported manageable caseloads and enabled changes to the workload of the MASH, the safeguarding teams and a dedicated permanence service.... “Innovative and creative thinking ensures that Merton achieves maximum impact from the resources available.”*
- *“ High-quality data and performance information are used well at all strategic and operational groups and across all management layers. The performance and quality assurance frameworks are closely interwoven and provide a wide range of useful information”*

Key Judgement Area:
Leadership, management and governance

Outstanding

- *“A restless ambition to continuously develop better practice is discernible, led by and AD who is a committed, motivational and skilled social work leader....Performance and QA frameworks are closely aligned and mutually re-enforcing. Auditing is well targeted”*
- *“Senior managers are resolute in their commitment to recruit able and committed social workers, who continue to provide high-quality services to the most vulnerable children and families..... Well-defined career progression pathways encourage committed and talented social workers to progress and flourish.”*
- *Interventions with C&YP vulnerable to extremist influences are well planned and effective...and well designed ...including regular work with local schools”*
- *Children exposed to SE receive protective and well-developed strategic an MA responses. MA governance is tightly co-ordinated and led by the MSCB”*
- *“Young people are both involved and highly influential”*

Ofsted recommendations

1. Ensure that all plans, including child in need, child protection, care plans for children looked after and pathway plans, consistently contain specific actions, achievable timescales and clear, measurable outcomes.
2. Improve the use of return home interviews for each episode of missing for children missing from home or care and ensure that risks are understood and reduced for individual children.
3. Ensure that 'staying put' is made available to all care leavers who would benefit from this.
4. Ensure that all former relevant care leavers receive information on their health histories.

Key Judgement Area: Local Safeguarding Childrens Board

Outstanding

- *"Merton's Local Safeguarding Children Board (MSCB) is outstanding. It is highly effective in holding agencies to account for their individual safeguarding arrangements in the welfare and protection of children."*
- *"There are strong governance arrangements underpinned by established partnerships with other strategic boards, including the Health and Wellbeing Board, the Corporate Parenting Board, the Children's Trust and the Safer and Stronger Partnership."*
- *"The Board is well attended by capable strategic senior managers & the contribution and participation of the vol.sector & lay members greatly enhances the effectiveness of the boards work. The collaboration of partners at both strategic and operational level allows for alerts and trends to be identified and acted on swiftly."*
- *"The board's strategic priorities are relevant and informed by detailed analysis of local need to target the most vulnerable children, including children at risk of sexual exploitation and extremism and children missing from home or care."*
- *"There is a sustained commitment to and focus on the delivery of the board's safeguarding priorities, including families in which adult mental health, neglect, alcohol, drugs and domestic violence feature in children's lives. The safeguarding needs of children pervade the board's work and business and subgroup plans."*
- *"There are no recommendations for the MSCB"*

Children's services in the London Borough of Merton are good.

1. Children who need help and protection	Good
2. Children looked after and achieving permanence	Good
2.1 Adoption performance	Outstanding
2.2 Experiences and progress for care leavers	Good
3. Leadership, management and governance	Outstanding
4. Review of the Local Safeguarding Childrens Board	Outstanding



Committee: Health and Wellbeing Board

Date: 19 September 2017

Wards: All/Merton

Subject: LFB Fire Safe and Well Visits

Lead officer: Darren Tulley LFB Borough Commander

Recommendations:

- A. For Information and support as required to assist with referral pathways for Smoking cessation, Falls prevention and Winter Warmth.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to inform the Board of the London Fire Brigade trial of the Fire Safe and Well visit in the borough of Merton and 4 other boroughs across London. The aim is to encourage support from partners where necessary, explore referral pathways as required and to examine any local initiatives that partners may wish the LFB to support in the implementation of this project

2 BACKGROUND

The London Fire Brigade and Healthy London Partnership (HLP) are working in partnership to pilot Fire Safe and Well in 5 London Boroughs during 2017-18. The boroughs that have been selected from each Sustainability and Transformation Partnership (STP) footprint in London are: Ealing, Merton, Islington, Waltham Forest and Greenwich.

Fire Safe and Well visits build on the traditional Home Fire Safety Checks model, with a new emphasis on promoting better health and wellbeing outcomes. The London Fire Brigade currently undertake approximately 86,000 Home Fire Safety Checks per year and this prevention work has contributed to a 40% reduction in fatal fires over 10 years across the country¹. The Home Fire Safety Checks also provide LFB with access to the most vulnerable people in their communities, in ways that other services cannot, due to the public trust in the brand.

3 DETAILS

Throughout this year, LFB and HLP have been working with local fire brigades to engage the CCG, local authority and voluntary and community sector in every borough to secure support for the project, find out more about existing service provision locally, to highlight local priority areas and to

¹ <https://www.gov.uk/government/news/official-statistics-reveal-fire-deaths-fallen-by-40-in-last-decade>

work collaboratively to identify citizens that would benefit from a holistic assessment of their health and fire safety needs.

During August and September, 10 Community Safety Advisors (CSAs) employed by LFB will be trained to carry out the visits in people's homes under the guidance of the Fire Safe and Well Regional Manager, employed through HLP. Local data sources will be used to target residents based on 3 key intervention areas:

- Slips, trips and falls
- Smoking Cessation
- Winter warmth

Boroughs can also choose to include other locally agreed additional priorities. Merton Council has already suggested that the LFB consider healthy eating via the One You Merton service and incorporate childhood obesity/diabetes. This along with the befriending scheme is being closely considered and discussed with Merton council and other partners.

Key benefits to citizens include:

- Increased public awareness of risks and preventative actions
- Safer home environment and peace of mind after visit
- Increased referrals and access to specialist services and alternative support
- Improvements to quality of life and independent living
- Increased connectivity with hard to reach communities via new and different targeting methods

System Benefits include:

- Improved collaborative working, shared information, communications and targeted support for vulnerable people
- Increased availability of evidence on what works and identification of opportunities to undertake further collaborative working (i.e. Delayed Transfer of Care)
- Keeping people safe and well to alleviate pressures in primary care and reduce hospital admissions.

The project is aligned to other HLP pan-London work streams such as Making Every Contact Count (MECC) and Care Closer to Home.

4 ALTERNATIVE OPTIONS

4.1. N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

Meetings currently have been held with the following partners

- Smoking Cessation – Merton Public Health
- Winter Warmth – Wimbledon Guild and Age UK (Merton)

- Falls Prevention – Falls Prevention Service CLCH
- CCG

6 TIMETABLE

Local implementation in October 2017. Full implementation across all London Boroughs following evaluation of the trial is expected to be around the summer of 2019. This will involve the roll out to all fire stations and to all operational firefighters in turn leading to approximately 86,000 visits per year.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Fire Safe and Well is already established in other areas of the country including, Greater Manchester and this is the first phase of a pan-London roll-out. Evaluation of impact and outcomes from the Greater Manchester pilot highlighted approximately **£5.3 million** equivalent gross fiscal benefits estimated to accrue to the various partners from the programme over a five year period (85% of these benefits (£4.3m) accrued to the NHS)².

Local financial obligations to partners will be nil. Resource and training implications as offered.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. None

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. N/A

10 CRIME AND DISORDER IMPLICATIONS

10.1. N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. Local training in support of initiative to be carried out and support by the LFB and local partners as required. All LFB Staff will undergo full training before Brigade wide roll out. All staff to have necessary background checks and Safeguarding training.

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

None

² GM Fire and Rescue Safe and Well Visits Analysis of Impact and Outcomes, v1.1, 15/07/2016, New Economy

13 BACKGROUND PAPERS

Highlights from other Fire Safe and Well pilot areas in England

Cheshire Fire Service undertook Arterial Fibrillation (AF) screening in one borough (Halton) and out of a total of 1490 visits 380 were screened for AF and of those 15 were signposted to their GP. As well as highlighting the importance of bowel screening during the visits for which they, jointly with Merseyside Fire Rescue Service, won a Healthcare Transformation Award in the category of Improving Cancer Outcomes, alongside their partners Public Health England, NHS England (Cheshire and Merseyside) and Cancer Research UK³.

Firefighters in Bury and Salford have been given advice and training on falls and are able to identify people at risk and refer them to a falls service. An evaluation of those who were helped shows that 80 per cent reported feeling like they were less likely to fall at home⁴.

³ <http://www.liverpoolecho.co.uk/in-your-area/fire-rescue-services-win-health-13324525>

⁴ **Beyond fighting fires**, The role of the fire and rescue service in improving the public's health, Case Studies

Committee: Health and Wellbeing Board

Date: 19 September 2017

Agenda item:

Wards:

Subject: Pharmaceutical Needs Assessment

Lead officer: Dr Dagmar Zeuner, Director of Public Health.

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Commissioning Manager

Recommendations:

- A. That Health and Wellbeing Board members note the collaborative, cost saving approach being taken to re-refresh the Pharmaceutical Needs Assessment (PNA).
 - B. That the HWB agree to receive the completed PNA at its March 2018 meeting for adoption; in advance of the statutory deadline of 1st April 2018.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to set out the approach to the re-refresh of the PNA in line with statutory guidelines.

2 BACKGROUND

- 2.1. From 1 April 2015 it became a statutory requirement that Health and Wellbeing Boards publish a PNA and publish a revised assessment within 3 years.
- 2.2. A PNA is a tool for identifying current and future needs at a local level, explore the potential and improve quality and effectiveness of pharmaceutical services. It uses robust, up to date evidence to ensure that pharmacy services are provided in the right place and that services commissioned from pharmacies by local authorities and Clinical Commissioning Groups meet the needs of the community that they serve.
- 2.3. It is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.
- 2.4. The regulations set out that the following should be included in the PNA: current provision, gaps in provision, other relevant NHS services, recommendations for improvements and better access, methodology as to how the assessment was carried out and maps of provision.

3 DETAILS

- 3.1. Merton's current PNA, published on 1st April 2015, was developed by an organisation called Primary Care Commissioning (PCC) who delivered the

PNA on time and in line with the regulations. This contract was awarded to PCC following a competitive procurement exercise and was valued at £32,500; fully funded by the Merton Public Health budget.

- 3.2. Due to the pressures on the Public Health Grant, discussions have taken place across South West London to identify cost-effective solutions to re-fresh the PNAs using a light touch approach. These discussions have been positive and Kingston, Wandsworth, Richmond and Merton have agreed to collaborate on the re-fresh of their PNAs.
- 3.3. This collaboration has meant that all four boroughs will develop the PNA 'in-house' using the expertise available within their experienced and qualified Public Health teams, effectively saving a pooled budget of c£130k (at 2015 prices).
- 3.4. A steering group has been set up, covering Kingston, Wandsworth, Richmond and Merton, that will guide the development of the PNAs and provide challenge from critical friends, giving assurance that the final PNA will meet the regulations.
- 3.5. Each borough has agreed to take the lead in at least one critical area of the PNA. Wandsworth and Richmond are leading on the background, statutory context and methodology sections, Kingston are leading on the development of maps and Merton are leading on the development of the Contractor Survey which has been sent to all providers.
- 3.6. Key milestones for the development of the PNA are as follows

Date	Milestone
25 th May 2017	South West London PNA Strategic Development Meeting.
15 th August 2017 to 22 nd September 2017.	Consultation with contractors, via survey
20 th September 2017	Kingston, Wandsworth, Richmond and Merton Steering group meeting.
10 th November 2017 to 12 th January 2018	Formal consultation on draft PNA (see 5.1).
March 2018	HWB approval

4 ALTERNATIVE OPTIONS

- 4.1. Publishing a PNA is a statutory requirement of Health and Wellbeing Boards under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. The consultation on the PNA is clearly set out with regulations for the consultation to last at least 60 days and to consult with the Local Pharmaceutical Committee, the Local Medical Committee, persons on the pharmaceutical lists and any dispensing doctors in the area, the LPS chemist in its area, the Local Healthwatch, any NHS Trust or NHS

Foundation Trust, NHS England, neighbouring HWB's and any other patient, consumer or community group in its area who has an interest in the provision of pharmaceutical services in the area.

6 TIMETABLE

- 6.1. The deadline for the HWB to publish a revised assessment is 1st April 2018.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. The approach set out has no financial implications. It has been estimated that to commission a PNA will require investment of approximately £40,000.

8 LEGAL AND STATUTORY IMPLICATIONS

Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The PNA is concerned with delivering a balanced and equitable provision of service throughout the borough. In order to address health inequalities it is important that there is access to accurate data which reflects real needs.

10 CRIME AND DISORDER IMPLICATIONS

None.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None.

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

None

13 BACKGROUND PAPERS

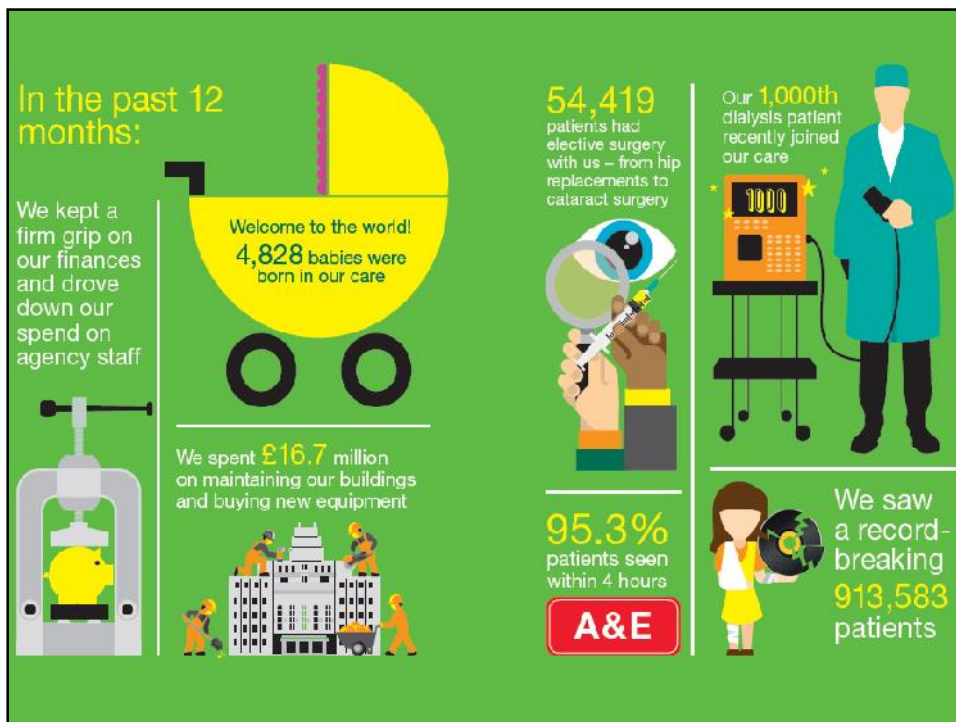
- 13.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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Our future

Epsom and St Helier

2020 - 2030



Record investments

We are spending record amounts in critical infrastructure backlog circa £80 million



2020 onwards

We have committed to keeping all of acute services on both our sites until 2020

There are 3 significant issues to resolve to secure delivery of acute services into the future

- Our buildings
(latest data shows over 80% are not deemed suitable for delivery of modern healthcare)
- Clinical sustainability
- Financial sustainability

2020-2030 vision



Epsom and St Helier University Hospitals NHS Trust

85% of patients would see no change.

If you came to our hospitals for an outpatient appointment, our consultant could see all of the medical records that your GP has access to.

We think the following services will always be provided on both our hospital sites.



Urgent and emergency care – emergency care centre open 24 hours a day with specialist medical support, taking adult and child walk-ins.



Elderly care services – including certain emergency admissions, frailty services, inpatient beds and a centre of excellence for rehabilitation.



Ante natal and post-natal care – clinics for pregnant women and new mothers.



Outpatients and diagnostics – outpatient clinics (including the recently opened eye units), endoscopy and radiology (including plain film radiography, CT and MRI scans).



Integrated care – this could include GP services, learning disability services, day centres, community centres and a children's centre.



Elective procedures – non-complex elective surgery (not needing critical-care support) and the eye units. In every scenario we are looking at, the hip and knee joint replacement centre (SWLEOC) staying at Epsom Hospital.

Specialist Acute Services

Caring for our sickest patients and those most at-risk – 15% of our patients



Inpatient paediatrics (the small number of children who need to stay in hospital overnight)



Major A&E (patients who are acutely unwell needing complex clinical assessment and procedures like resuscitation)



Critical care (the highest dependence care a hospital can offer patients)



Babies born in hospital



Complex emergency medicine (patients who need services like high-dependency care and coronary care)



Emergency surgery and trauma

In summary

- In every scenario 85% of our patients will continue to receive care as they do now from their local hospital
- We need to get the funding for a new acute hospital facility from 2020, which will care for and treat our sickest and most at-risk patients:
 - Major A&E
 - Inpatient paediatrics
 - Babies born in hospital
 - Complex emergency medicine

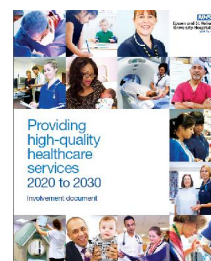
In summary

- We want to keep this facility on one of our three hospital sites
- We are at an early stage of a lengthy process which will take several years - we genuinely want to know what you think
- It strengthens our case if local people support our vision to keep services locally and our mission to secure a new hospital facility to treat our sickest and most at-risk patients

What we are asking in the engagement phase

Do you agree with our aim to provide as much care as possible from our existing hospital sites at St Helier and Epsom and do this by working more closely with the other local health and care providers?

Do you think we have made the case that we will improve patient care by bringing together our services for our sickest or most at-risk patients on a new specialist acute facility on one site?



What we are asking in the engagement phase

- We have set out several scenarios on how we can do this. Do you think we should consider any other scenarios?
- How would you like to be involved in these discussions in the future?
- Is there anything else you would like to tell us?

The process

- Engagement - end of Sept
- Analyse and complete Strategic Outline Case – this year
- NHS decision-making
- Public consultation on preferred solution expected autumn 2018
- New specialist acute facility opens 2024

Your questions

Thank You

How to contact us

Email: esth2020-2030@nhs.net

write to:

ESTH 2020-2030
Epsom and St Helier University Hospitals NHS Trust
4th Floor Ferguson House
St Helier Hospital
Wrythe Lane
Carshalton
Surrey SM5 1AA.

Website: www.epsom-sthelier.nhs.uk

- Website: www.epsom-sthelier.nhs.uk
- Twitter: [@epsom_sthelier](https://twitter.com/epsom_sthelier)
- Facebook: www.facebook.com/epsomsthelier



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