

# Merton Council Healthier Communities and Older People Overview and Scrutiny Panel



Date: 6 November 2018

Time: 7.15 pm

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

## AGENDA

Page Number

1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 6
4	Business Plan Update 2019-2023	7 - 42
5	Services for people who have experienced a brain injury	43 - 46
6	Delivery of NHS England cancer screening programmes in Merton	47 - 74
7	Personal Independent Payment Process in Merton - Update on improvement action plan.	75 - 84
8	Cabinet Member Priorities - verbal update from Councillor Tobin Byers	
9	Improving Healthcare Together 2020-2030 Joint Health Scrutiny Sub Committee - verbal update from Councillor Peter McCabe	
10	Work Programme 2018-19	85 - 90

---

**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](mailto:scrutiny@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

Press enquiries: [communications@merton.gov.uk](mailto:communications@merton.gov.uk) or telephone 020 8545 3483 or 4093

Email alerts: Get notified when agendas are published  
[www.merton.gov.uk/council/committee.htm?view=emailer](http://www.merton.gov.uk/council/committee.htm?view=emailer)

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

### Councillors:

Peter McCabe (Chair)  
Andrew Howard (Vice-Chair)  
Joan Henry  
Sally Kenny  
Rebecca Lanning  
Dave Ward  
Stephen Crowe  
Hina Bokhari

### Substitute Members:

John Dehaney  
Natasha Irons  
Najeeb Latif  
Thomas Barlow  
Carl Quilliam

### Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)  
Saleem Sheikh (Co-opted member, non-voting)

### 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.

### What is Overview and Scrutiny?

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

Scrutiny's work falls into four broad areas:

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

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

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

This page is intentionally left blank

DRAFT MINUTES

# DRAFT MINUTES

Meeting ID	3140
Committee	Healthier Communities and Older People Overview and Scrutiny Panel
Date	05/09/2018
Attendees	Peter McCabe (Chair) Andrew Howard (Vice-Chair) Joan Henry (Committee Member) Sally Kenny (Committee Member) Rebecca Lanning (Committee Member) Dave Ward (Committee Member) Stephen Crowe (Committee Member) Hina Bokhari (Committee Member) Diane Griffin (Co-opted member, non-voting) Saleem Sheikh (Co-opted member, non-voting) John Dehaney (Substitute) Natasha Irons (Substitute) Najeeb Latif (Substitute) Carl Quilliam (Substitute) Healthier Communities and Older People Scrutiny Panel Councillor DL (Monitor) Healthier Communities and Older People Scrutiny Panel public DL (Notify) Healthier Communities and Older People Overview and Scrutiny Panel officers DL (Monitor) Ann Page (Monitor) James Holmes (Substitute) Stella Akintan (Democracy Services) Dr Dagmar Zeuner (Officer)

Item ID	10345
Item Title	Apologies for absence
Summary	Apologies for absence were received from Councillor Andrew Howard and Councillor James Holmes attended as a substitute . Councillor Sally Kenny also gave apologies and Councillor John Dehaney attended as a substitute.

Item ID	10346
Item Title	Declarations of pecuniary interest
Summary	There were no declarations of pecuniary interest

Item ID	10347
---------	-------

Item Title	Minutes of the previous meeting
Summary	Minutes of the previous meeting were agreed as a true and accurate record

Item ID	10349
Item Title	Cabinet Member Priorities - Verbal Update
Summary	The Chair announced that the Cabinet Member had to attend an important engagement and this item would be deferred until the next meeting.

Item ID	10350
Item Title	Changes to the access criteria for the Community Podiatry Service
Summary	<p>The Commissioning Manager from Merton Clinical Commissioning Group (MCCG) gave an overview of the report stating there are three podiatry clinics in Merton as well as a home visiting service, they are all accessed by referral from a GP or health professional. The proposed changes will limit access criteria to those with the highest need. This criteria has already been implemented in other boroughs across London.</p> <p>In response to questions from the Panel it was reported that:</p> <ul style="list-style-type: none"> <li>• The funding for the service has not been reduced changes will ensure it can meet the rising demand over the longer term.</li> <li>• A person deemed to have low need could still access the service if they are assessed as being vulnerable. Those who have high needs should see a reduction in the waiting time for the service.</li> <li>• These proposals have been prepared and will be implemented upon the comment and agreement from this Panel.</li> </ul> <p>The Director of Commissioning, MCCG reported that this will make the service more resilient with improvements for those with high need.</p> <p>The Director of Public Health said she is in support of the proposals as it will result in the right care for the right patients. There will still be support for those with low needs who do not need specialist services.</p> <p>A panel member said they are a satisfied recipient of the podiatry service, they highlighted the importance of the assessment being based on individual need. The Commissioning Manager agreed a blanket approach would be unhelpful and although the criteria is structured, individual need will be taken into consideration. GPs and the Service have looked at the criteria and will work in a consistent way.</p> <p>A panel member asked if training was available for carers. The Service Team Lead said training could be made available as they had provided it in the past and found it was successful.</p>

	<p>The Director of Commissioning said they recognise that they can do more work with partners to provide information for people with low needs.</p> <p>A Panel member said they were concerned because the podiatry service can play an important role in identifying early complications with diabetes. The Service Lead said people with diabetes should have a full check up every year, there are a variety of ways of monitoring their health.</p> <p>A panel member asked if leaflets will be available in other languages. The Director of Commissioning said leaflets were translated for other services and they will also do if for podiatry.</p> <p>RESOLVED</p> <p>The Panel gave its approval to the proposals for changes to podiatry services subject to the following recommendations:</p> <p>To translate information on this service into other languages  To provide more information for people with low podiatry needs  To promote the availability of training for carers organisations on basic foot management.</p>
--	---

Item ID	10351
Item Title	Cancer screening and Flu vaccinations - Commissioning arrangements and setting the scene
Summary	The Director of Public Health gave an overview of the report highlighting how immunisation services are provided and commissioned. It was pointed out that public health Merton has an oversight role.

Item ID	10352
Item Title	NHS England Immunisation Programme in Merton 2015-2018
Summary	<p>The Principal Advisor for Commissioning reported there are 18 immunisations programmes from birth to death. London has trailed behind other regions in uptake rates for a number of reasons including the impact of a transient population.</p> <p>The Immunisation Commissioning Manager reported that NHS England is working closely with partners to tackle these issues. Immunisations are reviewed and discussed with practices at a quarterly meeting, targeting those with the lowest uptake.</p> <p>A panel member who had participated in a previous childhood task group in 2014, asked what role the council can play in championing vaccination</p>

	<p>uptake. The Principal Advisor for Commissioning said we need to think of different ways to tackle this issue, councils can help by highlighting the importance of immunisations.</p> <p>A panel member asked if there are plans to incentivise GPs to increase immunisations uptake. The Principal Advisor for Commissioning reported that discussions are taking place with primary care who hold the contracts.</p> <p>A panel member asked if community champions are used within settings such as pharmacies and gyms. The Principal Advisor for Commissioning said they are keen to do more work like that in this area as a pilot on lay immunisation champions in a deprived London area had proved to be very successful.</p> <p>The Director of Public Health said resources for promotion sit with Public Health England. Therefore the council is using Public Health England material within our infrastructure.</p> <p><b>RESOLVED</b> The Chair thanked officers for their report and noted the limited resources available to our public health team for the promotion of immunisation uptake.</p>
--	--

Item ID	10380
Item Title	Annual Public Health Report 2018: Tackling Health Inequalities - Progress in closing the gap in Merton
Summary	<p>The Director of Public Health gave an overview of the report and highlighted that there is a sincere effort to bridge the gap in health inequalities in Merton. This is a complex issue as the data changes in different scenarios. The gap in life expectancy is closing for women but not for men. Self-reported wellbeing and mental health is worsening in more affluent areas. If interventions had not been put in place it is likely that the gap would be significantly worse.</p> <p>A panel member asked if the successes achieved can be applied to other areas. The Director of Public Health said they have looked at learning from elsewhere to understand the evidence to reduce inequalities. We need services to address the issue as well as tackle the wider determinants of health. It needs a combination of factors over the long term.</p> <p><b>RESOLVED</b> The Chair thanked the Director of Public Health for the report.</p>

Item ID	10348
---------	-------



Item Title	Panel Work Programme 2018-19
Summary	The Panel noted the Work programme.

This page is intentionally left blank

## **Committee: Sustainable Communities Overview and Scrutiny Panel**

1 November 2018

## **Healthier Communities & Older People Overview and Scrutiny Panel**

6 November 2018

## **Children and Young People Overview and Scrutiny Panel**

7 November 2018

## **Overview and Scrutiny Commission**

14 November 2018

**Agenda item:**

**Wards:**

**Subject:** Business Plan Update 2019-2023

**Lead officer:** Caroline Holland

**Lead member:** Councillor Mark Allison

**Contact officer:** Roger Kershaw

**Forward Plan reference number:**

---

### **Recommendations:**

1. That the Panel considers the proposed amendments to savings, new savings for 2019-23 set out in Appendix 2 and Appendix 3 of the attached report on the Business Plan 2019-2023 and associated equalities analysis where applicable, which it is proposed are incorporated into the draft MTFS 2018-22.
2. That the Panel considers the draft capital programme 2019-23 and indicative programme for 2023-28 set out in Appendix 3 of the attached report on the Business Plan
3. That the Overview and Scrutiny Commission considers the comments of the Panels on the Business Plan 2019-2023 and provides a response to Cabinet when it meets on the 10 December 2018.

---

### **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 2019-23, including proposed amendments to

savings previously agreed by Council, and new savings for 2019-23. This report also includes associated equalities assessments for proposed savings where applicable. The panel are also asked to consider the draft capital programme 2019-23. Panels are requested to feedback any 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 Business Plan 2019-23 to Cabinet when it meets on the 10 December 2018.

## 2. **Details - Revenue**

- 2.1 The Cabinet of 15 October 2018 received a report on the business plan for 2019-23.

- 2.2 At the meeting Cabinet

RESOLVED:

1. That Cabinet considered and noted the draft savings/income proposals (Appendix 3) put forward by officers and referred them to Overview and Scrutiny panels and Commission in November 2018 for consideration and comment.
2. That Cabinet noted the proposed amendments to savings set out in Appendix 2 and incorporated the financial implications into the draft MTFS 2019-23.
3. That Cabinet noted the latest draft Capital Programme 2019-23 detailed In Appendix 4 for consideration by Scrutiny in November and noted the indicative programme for 2023-28.

## 3. **Alternative Options**

- 3.1 It is a requirement that the Council sets a balanced budget. The Cabinet report on 15 October 2018 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 report to Cabinet on 10 December 2018, with further reports to Cabinet on 14 January 2019 and 18 February 2019, prior to Council on 6 March 2019, agreeing the Budget and Council Tax for 2019/20 and the Business Plan 2019-23, including the MTFS and Capital Programme 2019-23.

## 4. **Capital Programme 2019-23**

- 4.1 Details of the draft Capital Programme 2019-23 were noted by Cabinet on 15 October 2018 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 for the Business Plan 2019-23 including the revenue budget 2019/20, the MTF5 2018-22 and the Capital Programme for 2019-23 was agreed by Cabinet on 17 September 2018.

**7. Financial, resource and property implications**

- 7.1 These are set out in the Cabinet report for 15 October 2018. (Appendix 1)

**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 10 December 2018.

- 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.

- 9.2 A draft equalities assessment has been carried out with respect to the proposed replacement savings and new saving where applicable and is included as Appendix 4 to the Business Plan report (Appendix1).

**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 15 October 2018: Draft Business Plan 2019-23

## **BACKGROUND PAPERS**

- 12.1 The following documents have been relied on in drawing up this report but do not form part of the report:

Budget files held in the Corporate Services department.

2018/19 Budgetary Control and 2017/18 Final Accounts Working Papers in the Corporate Services Department.

Budget Monitoring working papers

MTFS working papers

13. **REPORT AUTHOR**

– Name: Roger Kershaw

– Tel: 020 8545 3458

**email:** [roger.kershaw@merton.gov.uk](mailto:roger.kershaw@merton.gov.uk)

# **CABINET**

**Date: 15 October 2018**

**Subject: Draft Business Plan 2019-23**

**Lead officer:** Caroline Holland – Director of Corporate Services

**Lead member:** Councillor Mark Allison – Deputy Leader and Cabinet Member  
for Finance

**Contact Officer:** Roger Kershaw

## **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 2019/20 and requires consideration of issues relating to the Budget process and Medium Term Financial Strategy 2019-2023. It is important that this consideration is not delayed in order that the Council can work towards a balanced budget at its meeting on 6 March 2019 and set a Council Tax as appropriate for 2019/20.

## **Recommendations:**

---

1. That Cabinet considers and agrees the draft savings/income proposals (Appendix 3) and associated draft equalities analyses (Appendix 5 – TO FOLLOW) put forward by officers and refers them to the Overview and Scrutiny panels and Commission in November 2018 for consideration and comment.
  2. That Cabinet agree the proposed amendments to savings set out in Appendix 2 and incorporate the financial implications into the draft MTFS 2019-23.
  3. That Cabinet agrees the latest draft Capital Programme 2019-23 detailed in Appendix 4 for consideration by scrutiny in November and notes the indicative programme for 2023-28.
- 

## **1. Purpose of report and executive summary**

- 1.1 This report provides an update on progress towards preparing the Business Plan 2019-23 and requests Cabinet to consider and agree new savings proposals for 2019-23. Cabinet are also asked to consider and agree some proposed amendments to savings, including replacement savings, which have been approved previously and are incorporated into the current MTFS.
- 1.3 The report also provides details of the latest capital programme, including new bids for 2022/23 and an indicative programme for 2023- 2028.

## Details

### 2. Medium Term Financial Strategy 2019-23

2.1 At its meeting on 17 September 2018 Cabinet considered a report which updated the Business Plan 2019-23. At the meeting it was resolved by Cabinet:-

#### RESOLVED:

1. That the rolled forward MTFs for 2019 – 23 be noted.
  2. That the latest position with regards to savings already in the MTFs be confirmed.
  3. That the approach to setting a balanced budget using the unmet balance of last year's savings targets as the basis for the setting of targets for 2019-23 be agreed.
  4. That the proposed savings targets be agreed.
  5. That the timetable for the Business Plan 2019-23 including the revenue budget 2019/20, the MTFs 2019-23 and the Capital Programme for 2019-23 be agreed.
  6. That the process for the Service Plan 2019-23 and the progress made so far be noted.
  7. That the information regarding the London Business Rates Pool - Strategic Investment Pot set out in Appendix 3 be noted and authority be delegated for future action regarding the London Business Rates Pool to the Director of Corporate Services in collaboration with the Deputy Leader and Cabinet Member for Finance.
- 2.2 In the September Cabinet report, the following budget gap in the MTFs was identified before identifying any new savings and income proposals:-

	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>
Budget Gap	791	13,731	2,433	1,774
Budget Gap (Cumulative)	791	14,522	16,955	18,729

These figures assume that there is no loss of Adult Social Care grant funding, net of Adult Social Care Council Tax hypothecation of 2% in 2019/20. If this is not the case, the budget gap is estimated to rise to £20.204m by 2022/23.



	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>
Budget Gap	791	15,207	2,433	1,773
Budget Gap (Cumulative)	791	15,998	18,431	20,204

2.3 Assuming the worst case scenario to include a potential shortfall in Adult Social Care funding , the targets to balance the MTFs at this stage for each department are as follows:-

<b>Savings Targets</b>	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>	<b>Total £000</b>
Corporate Services	138	2,650	426	379	3,593
Children, Schools & Families	143	2,740	438	299	3,620
Environment & Regeneration	263	5,066	807	495	6,631
Community & Housing	247	4,751	762	600	6,360
<b>Total</b>	<b>791</b>	<b>15,207</b>	<b>2,433</b>	<b>1,773</b>	<b>20,204</b>
Net Cumulative total	791	15,998	18,431	20,204	

2.4 In accordance with the Business Planning timetable agreed by Cabinet on 17 September 2018, service departments have been reviewing their budgets and formulating proposals to address their targets. The progress made to date is set out in this report.

2.5 The proposals submitted to this meeting by each department are summarised in the following table and set out in detail in Appendix 3. E&R will be bringing forward savings proposals to December Cabinet and January Scrutiny . Work is underway on these and in particular sustainable transport plans that will inevitably have revenue consequences . It is preferable for all of these E&R proposals to be considered together and since they are not complete yet they will be brought to the next round of the budget consideration process.

<b>SUMMARY (cumulative)</b>	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>	<b>Total £000</b>
Corporate Services	75	15	0	0	90
Children, Schools & Families	0	550	0	0	550
Environment & Regeneration	0	0	0	0	0
Community & Housing	0	100	0	0	100
<b>Total</b>	<b>75</b>	<b>665</b>	<b>0</b>	<b>0</b>	<b>740</b>
Net Cumulative total	75	740	740	740	

2.6 Draft Equalities Assessments where applicable are included in Appendix 5 (To follow).

### 3. Proposed Amendments to Previously Agreed Savings

- 3.1 In recent years, the introduction of multi-year financial planning has resulted in savings agreed in a particular financial year having an impact on future years. These have been incorporated into the Council's Medium Term Financial Strategy. The full year effect of savings in the current MTFs from 2019/20 onwards is shown in the following table:-

	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>	<b>Total £000</b>
Corporate Services	1,418	261	40	0	1,719
Children, Schools & Families	429	150	0	0	579
Environment & Regeneration	1,230	95	75	0	1,400
Community & Housing	1,387	1,100	0	0	2,487
<b>Total</b>	<b>4,464</b>	<b>1,606</b>	<b>115</b>	<b>0</b>	<b>6,185</b>
<b>Cumulative total</b>	<b>4,464</b>	<b>6,070</b>	<b>6,185</b>	<b>6,185</b>	

- 3.2 Monitoring of the delivery of savings is important and it is essential to recognise as quickly as possible where circumstances change and savings previously agreed are either not achievable in full or in part or are delayed. Progress on delivering savings that have been agreed by Council as part of the budget is reported to Cabinet as part of monthly monitoring. In some cases the circumstances change in relation to specific savings which mean that it is no longer possible to deliver the saving either in full or in part. In order to ensure that a balanced budget is still achieved and that it is not necessary to undertake unplanned use of reserves which puts pressure on future budget planning, departments are required to identify alternative savings proposals (replacement savings) to substitute for savings which are deemed to be unachievable. Budget management such as this is an important part of the Business Planning process.

The following changes to agreed savings are proposed in this report:-

#### 3.2.1 Children, Schools and Families

Savings totalling £0.429m which are in the MTFs are not going to be achieved. Replacement savings totalling £0.329m are proposed, leaving a net shortfall of £0.100m for which replacement savings will be identified in a future report.

Draft Equalities Assessments will be included in the report to Cabinet where applicable.

- 3.2.2 Further details of the proposed amendments to previously agreed savings are provided in Appendix 2.

### 3.3 Summary

The overall effect of the proposed amendments is set out in the following table:-

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Total £000
Corporate Services	0	0	0	0	0
Children, Schools & Families	(100)	0	0	0	(100)
Environment & Regeneration	0	0	0	0	0
Community & Housing	0	0	0	0	0
<b>Total</b>	<b>(100)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(100)</b>
<b>Cumulative total</b>	<b>(100)</b>	<b>(100)</b>	<b>(100)</b>	<b>(100)</b>	

## 4. Treasury Management: Capital Financing Costs and Investment income

4.1 The report to Cabinet in September 2018 provided information on the capital financing costs of the Capital Programme based on the June monitoring position.

### 4.2 Investment Income

There are two key factors that impact on the level of investment income that the Council can generate:-

- The amount invested
- The interest rate that is achieved

Based on latest information, the projected levels of investment income over the period of the MTFs have been revised. The following table show the latest projections compared with the amounts included in the MTFs approved by Cabinet in September 2018:-

Investment Income	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000
MTFS (Cabinet September 2018)	(584)	(449)	(395)	*(1,386)
Latest projections	(619)	(463)	(395)	*(1,383)
Change	(35)	(14)	0	3

\* Includes interest on Property Company loan which is subject to review.

### 4.3 **Capital Programme for 2019-23**

This report includes the latest information on the draft Capital Programme 2019-23 based on August monitoring information including the addition of new schemes commencing in 2022/23. An indicative programme for 2023-28 is also provided. The draft programme is set out in Appendix 4.

- 4.4 The bidding process for 2022/23 was launched on 25 June 2018.
- 4.5 The current capital provision and associated revenue implications in the currently approved capital programme, based on August 2018 monitoring information, are as follows:-

	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000
Capital Programme	38,134	24,640	19,800	13,677
Revenue Implications (net of investment income)	10,125	11,438	12,814	12,933

- 4.6 The change in the capital programme since that reported to Cabinet on 17 September 2018, which was based on June 2017 monitoring information, is summarised in the following table:-

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Capital Programme:				
- Cabinet 17 September 2018	37,247	24,378	19,808	11,743
- Revised Position with Slippage revisions and new schemes commencing in 2022/23	38,134	24,640	19,800	13,677
Change	887	262	8	1,934
<u>Borrowing Costs</u>				
Cabinet 17 September 2018	10,872	11,900	13,062	14,118
Revised	10,745	11,894	13,193	14,300
Change	(127)	(6)	131	182

- 4.6 The programme has been rigorously reviewed and reduced where appropriate. The changes made to the programme are detailed within Appendix 4, along with movements when compared to the current programme. This review is continuing and it is envisaged that further information will be presented to December 2018 Cabinet.

## 5. Update to MTFS 2019-23

- 5.1 If the changes outlined in this report are agreed the forecast budget gap over the MTFS period, assuming loss of Adult Social Care Funding is:-

	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Budget Gap	653	14,692	2,593	1,828
Budget Gap (Cumulative)	653	15,345	17,938	19,766

- 5.2 A more detailed MTFS is included as Appendix 1.

5.3 It is anticipated that new revenue savings/income proposals and revisions to the capital programme will continue to be identified during the business planning process and these will be included in future reports to Cabinet in accordance with the agreed timetable and these will go onto Overview and Scrutiny Panels and the Commission in January 2018.

## 6. Business Rates Retention in 2019/20

6.1 In 2018/19, along with all other London boroughs, Merton was part of the London Business Rates Pilot Pool which was trialling 100% Business Rates Retention. In return for a greater share of the Business Rates generated, Revenue Support Grant was foregone.

6.2 In the MTFs 2018-22 agreed by Council in February 2018, it was assumed that the pilot would only operate in 2018/19 and Merton would revert back to its previous funding basis whereby Revenue Support Grant would be received in accordance with the four-year funding guarantee set out in the Local Government Funding settlement 2016-17. On this basis the draft MTFs 2019-23 includes the following:-

<b>DRAFT MTS 2019-23</b>	<b>2019/20 £000</b>	<b>2020/21 £000</b>	<b>2021/22 £000</b>	<b>2022/23 £000</b>
Revenue Support Grant	(5,076)	0	0	0
Business Rates (inc. Section 31 grant)	(35,360)	(37,726)	(38,286)	(38,501)
PFI Grant	(4,797)	(4,797)	(4,797)	(4,797)
New Homes Bonus	(2,028)	(1,304)	(1,008)	(800)
Corporate Government Grant in the MTFs	(47,261)	(43,827)	(44,091)	(44,098)

6.3 In December 2017, the government announced the aim of increasing the level of business rates retained by local government from the current 50% to the equivalent of 75% in April 2020. This is less than the 100% currently being piloted by some authorities, including the London pool.

6.4 On 18 September 2018, the Ministry of Housing, Communities and Local Government (MHCLG) published its latest guidance on Business Rates Retention pilots. In respect of the ten 100% business rates retention pilots (excluding London) that were agreed for 2018/19, the guidance states that:-

“Whilst these pilots are set to end on 31 March 2019, we are inviting the areas involved to apply to become 75% business rates retention pilots in 2019/20.”

However, in respect of the London pilot the guidance states:-

“The government will continue to have separate discussions with London about their pilot programme.”

6.5 As part of the 2018/19 pilot, London agreed a “no detriment” clause. A “no detriment” guarantee ensured that the pool, as a whole, could not be worse off than the participating authorities would have been collectively if they had not entered the pilot pool. In the unlikely event of this arising, Government would intervene to provide additional resources and as a result, London would be able to guarantee that no authority could lose out as a result of participating.

6.6 However, in the latest guidance it is stated that:-  
“As the pilots are testing the pooled authorities’ approach to risk, the government has agreed that a ‘no detriment’ clause will not be applied to the 2019/20 pilots. Instead, selected areas will test a 95% safety net to reflect increased risk in the proposed increased business rates retention system. Applying a ‘no detriment’ clause to the pilots would not be reflective of the reformed business rates retention system that the government aims to introduce in 2020/21.”

6.7 The deadline for any proposals for new pilots is 25 September 2018 and within the conditions for agreeing these the Government state that:-

“The 2019/20 pilot programme will last for one year only in preparation for the full implementation of a reformed business rates retention system that the government aims to introduce on 1 April 2020 and does not prejudice the discussion the department will be continuing to have with Local Government on the future of the business rates retention system as a whole.”

6.8 Given the uncertainty currently surrounding the future of the London pool, it is not proposed to change the funding currently included in the MTFs at this stage. Details will be included in future reports as more information becomes available and a decision over the continuation of the pool has been determined.

## **7. Local Government Finance Settlement 2019-20**

7.1 The Government has indicated its proposed approach to the 2019/20 Local Government Finance Settlement but final decisions will not be known until the Provisional Local Government Settlement is announced, usually mid-December.

- barring exceptional circumstances and subject to the normal statutory consultation process for the Local Government Finance settlement, the Government intends to use the four year offer allocations set in 2016-17 in the 2019-20 Provisional Local Government Finance Settlement following the Autumn Budget. If the London Business Rates Pilot Pool continues to 2019/20 this will not apply.
- New Homes Bonus 2019/20 - New Homes Bonus calculations are based on additional housing stock reported through the council tax base and decisions

on the baseline for 2019- 20 will be made following a review of the data when it is published in November. Any changes intended for the baseline in 2019-20 will be detailed at the time of the provisional settlement. In 2018-19 the baseline remained at 0.4%. Due to the continued upward trend for house building, the Government expects to increase the baseline in 2019- 20.

- New Homes Bonus 2020 Onward: 2019-20 represents the final year of funding agreed through the Spending Review 2015. In light of this, it is the Government's intention to explore how to incentivise housing growth most effectively, for example by using the Housing Delivery Test results to reward delivery or incentivising plans that meet or exceed local housing need. Government will consult widely on any changes prior to implementation.
- Council Tax Referendum Principles: The Government remains minded to maintain the existing core principles in 2019-20. This would mean:
  - a core principle of up to 3%.
  - a continuation of the Adult Social Care precept, with an additional 2% flexibility available for shire county councils, unitary authorities, London borough councils, the Common Council of the City of London and the Council of the Isles of Scilly. This is subject to total increases for the Adult Social Care precept not exceeding 6% between 2017-18 and 2019-20, and consideration of authorities' use of the Adult Social Care precept in the previous years.
  - the Government intends to provide an update on its proposals for council tax referendum principles including the Adult Social Care precept, alongside the provisional Local Government Finance Settlement 2019-20 which is usually announced mid-December.
- Negative Revenue Support Grant in 2019/20 – This is the name given to a downward adjustment of a local authority's business rates top-up or tariff. This occurs as a consequence of changes to the distribution methodology adopted at the 2016-17 settlement, which formed the basis of the multi-year settlement. In 2019-20 Negative RSG totals £152.9m and affects 168 authorities. Merton is not one of the authorities affected. The Government considers direct elimination of Negative RSG via forgone business rates receipts the preferred approach to resolve Negative RSG, meeting the key criteria of being both fair and affordable. This funding would be met from the Government's share of business rates.

## **8. Alternative Options**

- 8.1 The range of options available to the Council relating to the Business Plan 2019-23 and for setting a balanced revenue budget and fully financed capital programme will be presented in reports to Cabinet and Council in accordance with the agreed timetable.

## **9. Consultation Undertaken or Proposed**

- 9.1 All relevant bodies have been consulted.

9.2 The details in this report will be considered by the Overview and Scrutiny Panels and Commission on the following dates:-

Sustainable Communities	1 November 2018
Healthier Communities and Older People	6 November 2018
Children and Younger People	7 November 2018
Overview and Scrutiny Commission	14 November 2018

9.3 As for 2018/19, it is proposed that a savings proposals consultation pack will be prepared and distributed to all councillors at the end of December 2018 that can be brought to all Scrutiny and Cabinet meetings from 9 January 2019 onwards and to Budget Council. This makes the information more manageable for councillors and ensures that only one version of those documents is available so referring to page numbers at meetings is easier. It considerably reduces printing costs and reduces the amount of printing that needs to take place immediately prior to Budget Council.

9.4 The pack will include:

- Savings proposals
- Equality impact assessment for each saving proposal
- Service plans (these will also be printed in A3 to lay round at scrutiny meetings)

## **10. Timetable**

10.1 In accordance with current financial reporting timetables.

10.2 The proposed timetable for developing the business plan and service plans was approved by Cabinet on 17 September 2018.

## **11. Financial, resource and property implications**

11.1 As contained in the body of the report.

11.2 The Autumn Budget sets out the government's plans for the economy based on the latest forecasts from the Office for Budget Responsibility (OBR). Overall funding allocations for local government will be notified in the review but details of provisional funding allocations for each local authority will not be known until the provisional Local Government Finance Settlement is published in mid/late December 2018. The date of the Autumn Budget 2018 has been announced as 29 October 2018. The date will fall the week after a Brexit summit in Brussels and before another key Brussels Brexit summit mid November. It means there will likely be no Brussels deal available at the time of the budget for the Office for Budget Responsibility to assess in its economic and fiscal risks report (which is published alongside the Treasury's plans for the years ahead).

11.3 The working group being established to look at Brexit implications will feed into future iterations of the Business Plan reports.



## **12. Legal and statutory implications**

12.1 As outlined in the report.

## **13. Human rights, equalities and community cohesion implications**

13.1 None for the purposes of this report. These will be dealt with as the budget is developed for 2019 – 2023.

13.2 Equalities Assessments for replacement savings are provided in Appendix 5. (To follow)

## **14. Crime and Disorder Implications**

14.1 Not applicable.

## **15. Risk Management and health and safety implications**

15.1 There is a specific key strategic risk for the Business Plan, which is monitored in line with the corporate risk monitoring timetable.

## **16. Appendices – The following documents are to be published with this Report and form part of the Report.**

Appendix 1 – Latest draft MTFS 2019-23

Appendix 2 – Proposed Amendments to previously agreed savings

Appendix 3 - New savings/income proposals 2019-23

Appendix 4 – Draft Capital Programme 2019-23

Appendix 5 - Equalities analyses for new and replacement savings **(TO FOLLOW)**

## **17. Background Papers**

17.1 The following documents have been relied on in drawing up this report but do not form part of the report:

Budgetary Control and Final Accounts Working Papers in the Corporate Services Department.

Budget Monitoring working papers

MTFS working papers

## **18. REPORT AUTHOR**

- Name: Roger Kershaw

- Tel: 020 8545 3458

email: [roger.kershaw@merton.gov.uk](mailto:roger.kershaw@merton.gov.uk)

<b>DRAFT MTFS 2019-23:</b>				
	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Departmental Base Budget 2018/19</b>	<b>149,808</b>	<b>149,808</b>	<b>149,808</b>	<b>149,808</b>
Inflation (Pay, Prices)	4,436	7,479	10,522	13,565
Autoenrolment/Nat. ins changes	0	0	0	0
FYE – Previous Years Savings	(4,464)	(6,070)	(6,185)	(6,185)
FYE – Previous Years Growth	(2,506)	(2,006)	(2,006)	(2,006)
Amendments to previously agreed savings/growth	100	100	100	100
Change in Net Appropriations to/(from) Reserves	99	242	398	335
Taxi card/Concessionary Fares	450	900	1,350	1,800
Adult Social Care - Additional Spend	1,054	0	0	0
Growth	0	0	0	0
Other	2,468	4,555	4,835	4,911
<b>Re-Priced Departmental Budget</b>	<b>151,445</b>	<b>155,008</b>	<b>158,822</b>	<b>162,328</b>
Treasury/Capital financing	10,125	11,438	12,814	12,933
Pensions	3,552	3,635	3,718	3,801
Other Corporate items	(16,781)	(16,705)	(16,654)	(16,229)
Levies	607	607	607	607
<b>Sub-total: Corporate provisions</b>	<b>(2,497)</b>	<b>(1,025)</b>	<b>485</b>	<b>1,112</b>
<b>Sub-total: Repriced Departmental Budget + Corporate Provisions</b>	<b>148,948</b>	<b>153,983</b>	<b>159,307</b>	<b>163,440</b>
Savings/Income Proposals 2018/19	(75)	(740)	(740)	(740)
<b>Sub-total</b>	<b>148,873</b>	<b>153,243</b>	<b>158,567</b>	<b>162,700</b>
Appropriation to/from departmental reserves	(1,350)	(1,493)	(1,649)	(1,586)
Appropriation to/from Balancing the Budget Reserve	(6,024)	0	0	0
<b>BUDGET REQUIREMENT</b>	<b>141,499</b>	<b>151,750</b>	<b>156,918</b>	<b>161,114</b>
<b>Funded by:</b>				
Revenue Support Grant	(5,076)	0	0	0
Business Rates (inc. Section 31 grant)	(35,360)	(37,726)	(38,286)	(38,501)
Adult Social Care - Improved Better Care Fund	(1,054)	0	0	0
PFI Grant	(4,797)	(4,797)	(4,797)	(4,797)
New Homes Bonus	(2,028)	(1,304)	(1,008)	(800)
Council Tax inc. WPC	(91,789)	(94,053)	(96,365)	(98,726)
Collection Fund – (Surplus)/Deficit	(742)	0	0	0
<b>TOTAL FUNDING</b>	<b>(140,846)</b>	<b>(137,880)</b>	<b>(140,456)</b>	<b>(142,824)</b>
<b>GAP including Use of Reserves (Cumulative)</b>	<b>653</b>	<b>13,869</b>	<b>16,462</b>	<b>18,290</b>
Potential Unfunded ASC commitments due to Loss of Better Care Funding	0	3,218	3,218	3,218
<b>GAP assuming no new ASC Government Grant (Cumulative)</b>	<b>653</b>	<b>17,087</b>	<b>19,680</b>	<b>21,508</b>
Possible Offset if 2019/20 ASC CT hypothecation can be used to replace Better Care Funding	0	(1,742)	(1,742)	(1,742)
<b>GAP assuming no new ASC Government Grant but 2019/20 CT hypothecation can be used(Cumulative)</b>	<b>653</b>	<b>15,345</b>	<b>17,938</b>	<b>19,766</b>

## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - SAVINGS TO BE REPLACED

Panel	Ref	Description of Saving		Baseline Budget £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2015-09	<u>Service</u> <b>Description</b> <b>Service Implication</b>	<u>Cross Cutting</u> <b>Review of CSF staffing structure beneath management</b> Deliver for September 2018 so estimated full year effect of £390k split over two years. With changes to the structure of the department, the implementation of SCIS and a focus on minimal education and social care core functions we will redesign our workforce across the smaller department. We have reviewed our workforce following our strategy to reduce agency cost and changes to team management positions. Due to less experienced staff and increased inspection burdens, we revised the risk score for this saving.	1,049	201				High	Medium	SS2
		<b>Staffing Implications</b>	Expect a reduction of 7 posts from a total of 65FTE.								
		<b>Business Plan implications</b>	We will prioritise our core statutory education and social care functions.								
		<b>Impact on other departments</b>	A smaller workforce will reduce our ability to work on cross cutting issues and new developments.								
		<b>Equalities Implications</b>	We will use the Council's agreed HR policies and procedures for restructuring. An EA will be developed for the service change staffing proposals.								
		<b>TOM Implications</b>	The TOM refresh includes an increased focus on delivering the restructure as well as flexible working and the introduction of the SCIS. The CSF workforce needs to be more highly skilled and flexible. Delivery of a functioning MOSAIC product is key to delivering this saving.								

## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - SAVINGS TO BE REPLACED

Panel	Ref	Description of Saving	Baseline Budget £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)	
C&YP	CSF2016-02	<p><b>Service</b></p> <p><b>Description</b></p> <p><b>Service Implication</b></p> <p><b>Staffing Implications</b></p> <p><b>Business Plan implications</b></p> <p><b>Impact on other departments</b></p> <p><b>Equalities Implications</b></p> <p><b>TOM Implications</b></p>	<p><b>Children Social Care &amp; Youth Inclusion</b></p> <p><b>Reduced costs/offer through the national centralised adoption initiative</b></p> <p>It is anticipated that the regional centralisation of adoption services will deliver savings through a larger commissioning base and the benefit of economies of scale.</p> <p>Some staff may TUPE into the regional arrangements but this will not be known until later in the project</p> <p>Will be implications with pressures on other CSF services</p> <p>We will need to ensure the new arrangements maintain the improvement of the adoption process and post adoption support to maintain and improve outcomes for this group of vulnerable children and young people. We will use the Council's agreed HR policies and procedures for restructuring and will complete EAs.</p> <p>In line with CSF TOM</p>	509	78				High	High	SP1
C&YP	CSF2016-03	<p><b>Service</b></p> <p><b>Description</b></p> <p><b>Service Implication</b></p> <p><b>Staffing Implications</b></p> <p><b>Business Plan implications</b></p> <p><b>Impact on other departments</b></p> <p><b>Equalities Implications</b></p> <p><b>TOM Implications</b></p>	<p><b>Cross Cutting</b></p> <p><b>Further staff savings to be identified across the department.</b></p> <p>This is likely to impact on managing safe service and failing to meet regulatory requirements</p> <p>3-6 staff - we will follow our usual HR processes</p> <p>These reductions will place additional burdens on universal targeted and specialist services</p> <p>The majority of CSF's General Fund staff are delivering services for highly vulnerable children and young people. We will use the Council's agreed HR policies and procedures for restructuring and will complete EAs.</p> <p>The TOM sets out an approach to prioritisation but this level of saving will impact on those already most at risk and vulnerable young people at the top end of our Well Being Model</p>	811	150				High	High	SS2
<b>Total Children, Schools and Families Savings</b>				<b>429</b>	<b>0</b>	<b>0</b>	<b>0</b>				

## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - REPLACEMENT SAVINGS

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-01	<b>Service</b>	<b>Children Social Care &amp; Youth Inclusion</b>								
		<b>Description</b>	<b>Reduced costs/offer through the national centralised adoption initiative</b>	509	30				Medium	High	SP1
		<b>Service Implication</b>	It is anticipated that the regional centralisation of adoption services will deliver savings through a larger commissioning base and the benefit of economies of scale.								
		<b>Staffing Implications</b>	Some staff may TUPE into the regional arrangements but this will not be known until later in the project								
		<b>Business Plan implications</b>	Certain services will cease to be provided by Merton as they will be outsourced to a Regional Adoption Agency.								
		<b>Impact on other departments</b>	Will be implications with pressures on other CSF services								
		<b>Equalities Implications</b>	We will need to ensure the new arrangements maintain the improvement of the adoption process and post adoption support to maintain and improve outcomes for this group of vulnerable children and young people. We will use the Council's agreed HR policies and procedures for restructuring and will complete EAs.								
		<b>TOM Implications</b>	In line with CSF TOM								

## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - REPLACEMENT SAVINGS

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-02	<u>Service</u> Description	<u>Children Social Care &amp; Youth Inclusion</u> Reorganisation of the Children with Disability (CWD), Fostering and Access to Resources (ART) teams and a review of the Common and Shared Assessment (CASA) service.		130				Low/Medium	Medium/High	SS1
		Service Implication	Potential loss of management oversight and increased pressures on the team managers. Potential loss of focus and input into recruitment of foster carers and/or placements as the capacity to do both roles well will be limited. Less resource available for CASA and Early Help assessments and MSCB training budget will need to be used for training around these assessments.								
		Staffing Implications	Risk of redundancy and costs of redundancy for experienced staff. Affecting three to four posts. No specific Implications								
		Business Plan implications	Will be implications with pressures on other CSF services								
		Impact on other departments	We will use the Council's agreed HR policies and procedures for restructuring and will complete EAs.								
		Equalities Implications	This is in line with the CSF TOM and our Child and Young Person well-being model approach.								
		TOM Implications									

## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - REPLACEMENT SAVINGS

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-03	<u>Service</u> Description	<u>Education</u> Review Early Years : raise income or cease some services in preparation for 2020 where we'd consider withdrawing from direct provision of a childcare offer.		49				Low	Medium	SNS2
		<b>Service Implication</b>	We could consider a combination of both raising income and reducing some services. We will review and consider the impact of ceasing services on the service as well as service users.								
		<b>Staffing Implications</b>	If services are ceased this would impact on staffing. Would								
		<b>Business Plan implications</b>	No specific Implications								
		<b>Impact on other departments</b>	None								
		<b>Equalities Implications</b>	This will reduce support to vulnerable children and families increasing pressure on our parents/carers and universal service's capacity to manage these needs.								
		<b>TOM Implications</b>	The TOM sets out an approach to prioritisation but this level of saving will impact on those already most at risk and vulnerable young people at the top end of our Well Being Model.								

## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - REPLACEMENT SAVINGS

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-04	<u>Service Description</u>	<u>Education</u> <b>Review schools trade offer, raise charges or consider ceasing services from 2020.</b>		30				Low/Medium	Low	SI1
		<b>Service Implication</b>	All CSF SLAs as well as de-delegated services with schools will be reviewed to ensure i) full cost recovery; ii) LBM charges are in line with other providers. We will also examine further opportunities to trade with schools.								
		<b>Staffing Implications</b>	If schools are unwilling/unable to pay for core and enhanced services this will result in approximately 2 posts deleted.								
		<b>Business Plan implications</b>	Should funding not be secured there will be implications for service volumes and outcomes.								
		<b>Impact on other departments</b>	Possible impact on child protection services if service reductions result in escalations from schools and others.								
		<b>Equalities Implications</b>	We will use the Council's agreed HR policies and procedures for restructuring and will complete EAs.								
		<b>TOM Implications</b>	Education and Social Care services for C&YP will be reduced with higher thresholds for access. The department will continue to be reorganised to reflect downsizing. This saving is in line with TOM direction of travel to focus delivery on the council's statutory duties.								



## DEPARTMENT: CHILDREN, SCHOOLS AND FAMILIES - REPLACEMENT SAVINGS

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-05	<b>Service Description</b>	<b>Children Social Care</b> <b>Delivery of preventative services through the Social Impact Bond</b>		45				Low	Low	SP1
		<b>Service Implication</b>	The LA will buy into the Pan-London Care Impact Partnership for the provision of a Social Impact Bond (SIB) to deliver services designed to work with families to keep young people out of care using the well established Multi-Systemic (MST) and Functional Family Therapy (FFT) methodologies. This work takes place in the context of a rising population with increasing complex needs.								
		<b>Staffing Implications</b>	None								
		<b>Business Plan implications</b>	No specific Implications								
		<b>Impact on other departments</b>	None								
		<b>Equalities Implications</b>	This is a service for some of our most vulnerable children and young people.								
		<b>TOM Implications</b>	This is in line with the CSF TOM and our Child and Young Person well-being model approach.								
C&YP	CSF2018-06	<b>Service Description</b>	<b>Children Social Care</b> <b>South London Family Drug and Alcohol Court commissioning</b>		45				Low	Low	SP1
		<b>Service Implication</b>	Enable children to return home safely, thereby reducing cost of care placements. This work takes place in the context of a rising population with increasing complex needs.								
		<b>Staffing Implications</b>	None								
		<b>Business Plan implications</b>	No specific Implications								
		<b>Impact on other departments</b>	Potential impact on legal department.								
		<b>Equalities Implications</b>	This is a service for some of our most vulnerable children and young people.								
		<b>TOM Implications</b>	This is in line with the CSF TOM and our Child and Young Person well-being model approach.								
<b>Total Children, Schools and Families Savings</b>					<b>329</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Replacements still to be submitted</b>					<b>(100)</b>	<b>0</b>	<b>0</b>	<b>0</b>			

## NEW SAVINGS PROPOSALS 2019-23

SUMMARY (cumulative)	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Total £000
Corporate Services	75	15	0	0	90
Children, Schools & Families	0	550	0	0	550
Environment & Regeneration	0	0	0	0	0
Community & Housing	0	100	0	0	100
Total	75	665	0	0	740
Cumulative Total	75	740	740	740	

Page 30

**Savings Type**

- SS1** Staffing: reduction in costs due to efficiency
- SS2** Staffing: reduction in costs due to deletion/reduction in service
- SNS1** Non - Staffing: reduction in costs due to efficiency
- SNS2** Non - Staffing: reduction in costs due to deletion/reduction in service
- SP1** Procurement / Third Party arrangements - efficiency
- SG1** Grants: Existing service funded by new grant
- SG2** Grants: Improved Efficiency of existing service currently funded by unringfenced grant
- SPROP** Reduction in Property related costs
  - SI1** Income - increase in current level of charges
  - SI2** Income - increase arising from expansion of existing service/new service

## NEW SAVINGS 2019-23

## DEPARTMENT: CORPORATE SERVICES SAVINGS - BUDGET PROCESS 2019/20

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
	2019-20 CS01	<b>Service/Section</b>	<b>Revenues and Benefits</b>								
		<b>Description</b>	<b>Amend discretionary rate relief policy</b>	524	75				L	H	SNS2
		<b>Service Implication</b>	None								
		<b>Staffing Implications</b>	None								
		<b>Business Plan implications</b>	None								
		<b>Impact on other departments</b>	None								
		<b>Equalities Implications</b>	Some charities, sports clubs, education establishments and non profit making organisations will have a reduction in rate relief								
		<b>TOM Implications</b>									

NEW SAVINGS 2019-23

DEPARTMENT: CORPORATE SERVICES SAVINGS - BUDGET PROCESS 2019/20

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
	2019-20 CS02	<b>Service/Section Description</b>	<b>Concessionary Travel</b> Charge for Blue Badges			15	0		M	H	SI2
		<b>Service Implication</b>	None								
		<b>Staffing Implications</b>	None								
		<b>Business Plan implications</b>	None								
		<b>Impact on other departments</b>	None								
		<b>Equalities Implications</b>	All surrounding LA's currently charge. Maximum of £10.00 per badge. Alrerady stated on-line but charge not enforced.								
		<b>TOM Implications</b>	None								
		<b>Corporate Services: New Savings Total</b>			75	15	0	0	90		

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-08	<b>Service Description</b>	<b>Education</b> Review Early Years service: radically reduce some services and/or consider withdrawing the Early Years offer.	2,071		150			Medium	High	SS2
		<b>Service Implication</b>	This will mean reduced support for vulnerable children and families accessing targeted services as well as the universal offer. This reduced offer could result in increased numbers needing high cost statutory intervention.								
		<b>Staffing Implications</b>	Majority of costs associated with direct services are staffing costs as part of this proposal. This will equate to approximately 5 members of staff.								
		<b>Business Plan implications</b>	No specific Implications								
		<b>Impact on other departments</b>	These reductions will place additional burdens on universal, targeted and specialist services.								
		<b>Equalities Implications</b>	This will reduce support to vulnerable children and families increasing pressure on our parents/carers and universal service's capacity to manage these needs.								
		<b>TOM Implications</b>	The TOM sets out an approach to prioritisation but this level of saving is likely to impact most on those already most at risk.								

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-09	<b>Service Description</b>	<b>Education</b> Radically reduce some statutory education functions	8,137		200			High	High	SS2
		<b>Service Implication</b>	We will agree with schools priorities for the use of the retained DSG to support delivery of a reduced statutory service function.								
		<b>Staffing Implications</b>	Majority of costs associated with direct services are staffing costs as part of this proposal. This will equate to approximately 7 members of staff								
		<b>Business Plan implications</b>	No specific Implications								
		<b>Impact on other departments</b>	No specific Implications expected although we could see some legal challenge.								
		<b>Equalities Implications</b>	We will use the Council's agreed HR policies and procedures for restructuring and will complete EAs. This will reduce support to vulnerable and at risk children, increasing pressure on our universal service's capacity to manage these needs.								
		<b>TOM Implications</b>	Statutory Education and Social Care services for C&YP will be further reduced. The department will be reorganised to reflect downsizing. This saving is in line with TOM direction of travel to focus delivery on the council's statutory duties. Detailed work will need to ensure that risk and vulnerability is prioritised and careful consideration of the ability to deliver the statutory minimum required.								

Panel	Ref	Description of Saving		Baseline Budget 18/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
C&YP	CSF2018-10	<b>Service Description</b>	<b>Children Social Care</b> <b>Radically reduce support for LAC/CSE/respice</b> During 2019/20 we will review our eligibility criteria and service offer for some of our most vulnerable clients. This is likely to mean reduced therapeutic support to highly vulnerable children including looked after children and care leavers	10,545		200			High	High	SNS2
		<b>Service Implication</b>									
		<b>Staffing Implications</b>	These services are mainly commissioned or spot purchased. There may be staffing implications as the current contract means that some of our own staff are employed and could be eligible for redundancy.								
		<b>Business Plan implications</b>	No specific Implications								
		<b>Impact on other departments</b>	These reductions may place additional burdens on universal, targeted and specialist services.								
		<b>Equalities Implications</b>	This will reduce support to vulnerable and at risk children including C&YP In Need, on a Child Protection Plan, on the edge of care, Looked After C&YP, care leavers or young people with complex disabilities, young people in the youth justice system, increasing pressure on our parents/carers and universal service's capacity to manage these needs.								
		<b>TOM Implications</b>	The TOM sets out an approach to prioritisation but this level of saving is likely to impact on those already most at risk and vulnerable young people at the top end of our Well Being Model								
<b>Total</b>					<b>0</b>	<b>550</b>	<b>0</b>	<b>0</b>			

Panel	Ref	Notes	Description of Saving	Baseline Budget 18/19	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Risk Analysis Deliverability	Risk Analysis Reputational Impact	Type of Saving (see key)
<b>Adult Social Care</b>											
			<b>Service</b>								
18/19		Mascot Telecare provides support for individuals to live at home by a combination of alarms and sensors. The service increasingly underpins packages of care provided via social work and reablement teams and can enable practitioners to be more precise with the amount of care visits required. Mascot also provides this service to a large number of self funders, as well as having contracts with Housing Associations to monitor extra care and supported living sites. A new Telecare hub is due to be installed at Mascot in late 2018 which will enable to staff to have more time and opportunity to widen the support offered and seek new commercial opportunities.	<p><b>Description</b>  <b>Mascot Service( Direct Provision)</b>                      We are planning to maximise income generation from Telecare in a number of ways;                       Increase individual paying customers                      Review and renegotiate existing commercial contracts with Housing Associations, and seek more similar business.</p> <p><b>Service Implication</b>                      Compete for Telecare contracts in other boroughs.                      Explore commercial contracts for out of hours and concierge call handling services.                      Keep abreast of developments in all areas of Assistive Technology, including monitors and sensors, Telehealth, GPS, Robotics and similar.                      Explore benefits for ASC customers, self funders and as part of a more commercial offer to partner organisations.</p> <p><b>Staffing Implications</b>                      There are no staffing implications.</p> <p><b>Business Plan implications</b>                      This proposal fits in with the Adult Social Care plan, and Merton's Corporate Business Plan and MTFS</p> <p><b>Impact on other departments</b>                      Continued support from IT services, increased liaison with Communications Team</p> <p><b>Equalities Implications</b>                      None identified</p> <p><b>TOM Implications</b>                      This is in line with the C&amp;H TOM</p>	£470k		£100			Medium	Medium	SNS2
							100				
<b>Total Community &amp; Housing 2020/21</b>							100				



Annex 1 Annex 4

**Capital Investment Programme - Schemes for Approval 19-23**

Merton - By Department	Proposed 2019/20	Proposed 2020/21	Proposed 2021/22	Proposed 2022/23	Movement from Indicative 2022/23
	£000	£000	£000	£000	£000
Corporate Services	26,252	3,945	12,084	2,995	345
Community and Housing	480	630	280	842	462
Children Schools & Families	16,045	3,202	650	1,900	1,250
Environment and Regeneration	8,060	7,517	7,264	4,007	(10)
<b>Capital</b>	<b>50,837</b>	<b>15,294</b>	<b>20,277</b>	<b>9,744</b>	<b>2,047</b>

Merton - By Service	Proposed 2019/20	Proposed 2020/21	Proposed 2021/22	Proposed 2022/23	Movement from Indicative 2022/23
	£000	£000	£000	£000	£000
Customers, Policy & Improvement	250	0	1,900	0	0
Facilities Management	1,250	950	950	950	0
Infrastructure & Transactions	2,027	1,060	1,012	1,345	345
Resources	0	125	0	700	0
Corporate Items	22,725	1,810	8,222	0	0
<b>Corporate Services</b>	<b>26,252</b>	<b>3,945</b>	<b>12,084</b>	<b>2,995</b>	<b>345</b>
Adult Social Care	0	0	0	0	0
Housing (1)	280	280	280	742	462
Libraries	200	350	0	100	0
<b>Community and Housing</b>	<b>480</b>	<b>630</b>	<b>280</b>	<b>842</b>	<b>462</b>
Primary Schools	650	650	650	1,900	1,250
Secondary School	8,740	2,552	0	0	0
SEN	6,550	0	0	0	0
CSF Schemes	105	0	0	0	0
<b>Children Schools &amp; Families (2)</b>	<b>16,045</b>	<b>3,202</b>	<b>650</b>	<b>1,900</b>	<b>1,250</b>
Public Protection and Developm	60	0	35	0	0
Street Scene & Waste	340	340	340	330	(10)
Sustainable Communities	7,660	7,177	6,889	3,677	0
<b>Environment and Regeneration (3)</b>	<b>8,060</b>	<b>7,517</b>	<b>7,264</b>	<b>4,007</b>	<b>(10)</b>
<b>Capital</b>	<b>50,837</b>	<b>15,294</b>	<b>20,277</b>	<b>9,744</b>	<b>2,047</b>

(1) Excludes any grant funding from the Better Care Fund

(2) Assumed level of School Condition Grant £1.9 Million from 2019-20

(3) Excludes any grant funding from Transport for London

## Detailed Capital Programme 2019-23

	Scrutiny	Proposed 2019/20	Proposed 2020/21	Proposed 2021/22	Proposed 2022/23	Movement from Indicative 2022/23
		£000	£000	£000	£000	£000
<b>Corporate Services</b>						
Customer Contact Programme	OSC	250	0	1,900	0	0
<b>Customers, Policy &amp; Improvement</b>		<b>250</b>	<b>0</b>	<b>1,900</b>	<b>0</b>	<b>0</b>
Works to other buildings	OSC	650	650	650	650	0
Civic Centre	OSC	300	0	0	0	0
Invest to Save schemes	OSC	300	300	300	300	0
Water Safety Works	OSC	0	0	0	0	0
<b>Facilities Management Total</b>		<b>1,250</b>	<b>950</b>	<b>950</b>	<b>950</b>	<b>0</b>
IT Systems Projects	OSC	747	0	42	340	240
Social Care IT System	OSC	400	0	0	0	0
Planned Replacement Programme	OSC	880	1,060	970	1,005	105
<b>Infrastructure &amp; Transactions</b>		<b>2,027</b>	<b>1,060</b>	<b>1,012</b>	<b>1,345</b>	<b>345</b>
Financial System	OSC	0	0	0	700	0
ePayments System	OSC	0	125	0	0	0
<b>Resources</b>		<b>0</b>	<b>125</b>	<b>0</b>	<b>700</b>	<b>0</b>
Acquisitions Budget	OSC	0	0	7,035	0	0
Capital Bidding Fund	OSC	0	0	1,186	0	0
Multi Functioning Device (MFD)	OSC	600	0	0	0	0
Housing Company	OSC	22,125	1,810	0	0	0
<b>Corporate Items</b>		<b>22,725</b>	<b>1,810</b>	<b>8,222</b>	<b>0</b>	<b>0</b>
<b>Corporate Services</b>		<b>26,252</b>	<b>3,945</b>	<b>12,084</b>	<b>2,995</b>	<b>345</b>
<b>Community and Housing</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Disabled Facilities Grant (1)	SC	280	280	280	280	0
LD Supported Living	SC	0	0	0	462	462
<b>Housing</b>		<b>280</b>	<b>280</b>	<b>280</b>	<b>742</b>	<b>462</b>
West Barnes Library Re-Fit	SC	200	0	0	0	0
Library Self Service	SC	0	350	0	0	0
Library Management System	SC	0	0	0	100	0
<b>Libraries</b>		<b>200</b>	<b>350</b>	<b>0</b>	<b>100</b>	<b>0</b>
<b>Community and Housing</b>		<b>480</b>	<b>630</b>	<b>280</b>	<b>842</b>	<b>462</b>

(1) Excludes any grant funding from the Better Care Fund

(2) Assumed level of School Condition Grant £1.9 Million from 2019-20

(3) Excludes any grant funding from Transport for London

## Detailed Capital Programme 2019-23 Continued.....

	Scrutiny	Proposed 2019/20	Proposed 2020/21	Proposed 2021/22	Proposed 2022/23	Movement from Indicative 2022/23
<b>Children Schools &amp; Families</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Schs Cap Maint & Accessibility	CYP	650	650	650	1,900	1,250
<b>Primary Schools</b>		<b>650</b>	<b>650</b>	<b>650</b>	<b>1,900</b>	<b>1,250</b>
Harris Academy Morden	CYP	3,044	0	0	0	0
St Mark's Academy	CYP	2,752	2,552	0	0	0
Harris Academy Wimbledon	CYP	2,944	0	0	0	0
<b>Secondary School</b>		<b>8,740</b>	<b>2,552</b>	<b>0</b>	<b>0</b>	<b>0</b>
Perseid	CYP	0	0	0	0	0
Cricket Green	CYP	4,002	0	0	0	0
Secondary School Autism Unit	CYP	1,360	0	0	0	0
Further SEN Provision	CYP	1,188	0	0	0	0
Melrose primary SEMH annex - 16 places	CYP	0	0	0	0	0
Primary ASD base 1 - 20 places	CYP	0	0	0	0	0
Primary ASD base 2 - 20 places	CYP	0	0	0	0	0
Secondary SEMH/medical PRU - 20 places	CYP	0	0	0	0	0
New ASD school (Haydons Road) -40 places	CYP	0	0	0	0	0
<b>SEN</b>		<b>6,550</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Admissions IT System	CYP	105	0	0	0	0
<b>CSF Schemes</b>		<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Children Schools &amp; Families (2)</b>		<b>16,045</b>	<b>3,202</b>	<b>650</b>	<b>1,900</b>	<b>1,250</b>

(1) Excludes any grant funding from the Better Care Fund

(2) Assumed level of School Condition Grant

(3) Excludes any grant funding from Transport for London

## Detailed Capital Programme 2019-23 Continued.....

	Scrutiny	Proposed 2019/20	Proposed 2020/21	Proposed 2021/22	Proposed 2022/23	Movement from Indicative 2022/23
<b>Environment &amp; Regeneration</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Parking Improvements	SC	60	0	0	0	0
Public Protection and Developm	SC	0	0	35	0	0
<b>Public Protection and Developm</b>		<b>60</b>	<b>0</b>	<b>35</b>	<b>0</b>	<b>0</b>
Fleet Vehicles	SC	300	300	300	300	0
Alley Gating Scheme	SC	40	40	40	30	(10)
Smart Bin Leases - Street Scen	SC	0	0	0	0	0
Waste SLWP	SC	0	0	0	0	0
<b>Street Scene &amp; Waste</b>		<b>340</b>	<b>340</b>	<b>340</b>	<b>330</b>	<b>(10)</b>
Street Trees	SC	60	60	60	60	0
Highways & Footways	SC	3,067	3,067	3,067	3,067	0
Mitcham Area Regeneration	SC	1,301	1,000	533	0	0
Wimbledon Area Regeneration	SC	0	0	0	0	0
Morden Area Regeneration	SC	500	2,000	2,500	0	0
Borough Regeneration	SC	0	0	0	0	0
Morden Leisure Centre	SC	242	0	0	0	0
Sports Facilities	SC	1,500	250	250	250	0
Parks	SC	991	800	479	300	0
<b>Sustainable Communities</b>		<b>7,660</b>	<b>7,177</b>	<b>6,889</b>	<b>3,677</b>	<b>0</b>
<b>Environment and Regeneration (3)</b>		<b>8,060</b>	<b>7,517</b>	<b>7,264</b>	<b>4,007</b>	<b>(10)</b>
<b>Capital</b>		<b>50,837</b>	<b>15,294</b>	<b>20,277</b>	<b>9,744</b>	<b>2,047</b>

(1) Excludes any grant funding from the Better Care Fund

(2) Assumed level of School Condition Grant

(3) Excludes any grant funding from Transport for London

## Annex 5

## Indicative Capital Programme 2023-28

	Scrutiny	Proposed Indicative 2023/24	Proposed Indicative 2024/25	Proposed Indicative 2025/26	Proposed Indicative 2026/27	Proposed Indicative 2027/28
<b>Corporate Services</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Customer Contact Programme	OSC	0	0	1,000	1,000	1,000
<b>Customer, Policy &amp; Improvement</b>		<b>0</b>	<b>0</b>	<b>1,000</b>	<b>1,000</b>	<b>1,000</b>
Works to other buildings	OSC	650	650	650	650	650
Invest to Save schemes	OSC	300	300	300	300	300
<b>Facilities Management Total</b>		<b>950</b>	<b>950</b>	<b>950</b>	<b>950</b>	<b>950</b>
Planned Replacement Programme	OSC	720	905	1,060	970	1,005
IT Systems Projects	OSC	625	500	325	50	425
Social Care IT System	OSC	2,100	0	0	0	0
<b>Infrastructure &amp; Transactions</b>		<b>3,445</b>	<b>1,405</b>	<b>1,385</b>	<b>1,020</b>	<b>1,430</b>
Multi Functioning Device (MFD)		0	600	0	0	0
<b>Corporate Items</b>	OSC	<b>0</b>	<b>600</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Corporate Services</b>		<b>4,395</b>	<b>2,955</b>	<b>3,335</b>	<b>2,970</b>	<b>3,380</b>
<b>Community and Housing</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Disabled Facilities Grant (1)	SC	280	280	280	280	280
LD Supported Living	SC	145	0	0	0	0
<b>Housing</b>		<b>425</b>	<b>280</b>	<b>280</b>	<b>280</b>	<b>280</b>
Library Enhancement Works	SC	0	0	350	0	0
Library Management System	SC	0	0	0	0	100
<b>Libraries</b>		<b>0</b>	<b>0</b>	<b>350</b>	<b>0</b>	<b>100</b>
<b>Community and Housing</b>		<b>425</b>	<b>280</b>	<b>630</b>	<b>280</b>	<b>380</b>
<b>Children Schools &amp; Families</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Schs Cap Maint & Accessibility (2)	CYP	1,900	1,900	1,900	1,900	1,900
<b>Primary Schools</b>		<b>1,900</b>	<b>1,900</b>	<b>1,900</b>	<b>1,900</b>	<b>1,900</b>
<b>Children Schools &amp; Families</b>		<b>1,900</b>	<b>1,900</b>	<b>1,900</b>	<b>1,900</b>	<b>1,900</b>
<b>Environment and Regeneration (3)</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Parking Improvements	SC	0	60	0	0	0
Public Protection and Developm	SC	0	0	0	35	0
<b>Street Scene &amp; Waste</b>		<b>0</b>	<b>60</b>	<b>0</b>	<b>35</b>	<b>0</b>
Fleet Vehicles	SC	300	300	300	300	300
Alley Gating Scheme	SC	30	30	30	30	30
Waste SLWP	SC	0	0	3,998	0	0
<b>Street Scene &amp; Waste</b>		<b>330</b>	<b>330</b>	<b>4,328</b>	<b>330</b>	<b>330</b>
Street Trees	SC	60	60	60	60	60
Highways & Footways	SC	3,067	3,067	3,067	3,067	3,067
Sports Facilities	SC	250	250	250	250	250
Parks	SC	300	300	300	300	300
<b>Sustainable Communities</b>		<b>3,677</b>	<b>3,677</b>	<b>3,677</b>	<b>3,677</b>	<b>3,677</b>
<b>Environment and Regeneration</b>		<b>4,007</b>	<b>4,067</b>	<b>8,005</b>	<b>4,042</b>	<b>4,007</b>
<b>Capital</b>		<b>10,727</b>	<b>9,202</b>	<b>13,870</b>	<b>9,192</b>	<b>9,667</b>

(1) Excludes any grant funding from the Better Care Fund

(2) Assumed level of School Condition Grant

(3) Excludes any grant funding from Transport for London

This page is intentionally left blank

## Committee: Healthier Communities and Older People Overview and Scrutiny Panel

**Date** Tuesday, 06 November 2018

<b>Document Title</b>	Neuro- rehabilitation and Neuropsychology Update
<b>Lead Director (Name and Role)</b>	Josh Potter- Director of Commissioning
<b>Clinical Sponsor (Name and Role)</b>	Ani Gupta -Director and Unplanned and Urgent Care
<b>Author(s) (Name and Role)</b>	Annette Bunka- Head of Older People and Integrated Care -Merton
<b>Agenda Item No.</b>	<b>Attachment No.</b>

<b>Purpose (Tick as Required)</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>
---------------------------------------	----------------------------------	----------------------------------	--

### Executive Summary

This report is an update following discussions at the February 2018 panel, identifying some concerns with community neuropsychology input in Merton. Following this, a review was undertaken which identified where improvements to the pathway could be made. As a result a proposal has been drawn up to integrate neuropsychology staff into the community neuro rehabilitation service so they operate as one team. From an initial review, the proposed model appears to be a financially viable option. It is expected the lead in time to be around 3 months.

### Purpose:

This report is an update following discussions at the February 2018 panel, identifying some concerns with community Neuropsychology input in Merton.

### Conflicts of Interest:

none

### Mitigations:

N/A

This page is intentionally left blank



## **Neuro- rehabilitation and Neuropsychology Update**

### Purpose

This report is an update following discussions at the February 2018 panel, identifying some concerns with community neuropsychology input in Merton.

### Review of the Issue

Following some concerns with community neuropsychology input in Merton, a review of the community neurorehabilitation service delivered by Central London Community Healthcare NHS Trust (CLCH) and the services used at the Wolfson Unit, part of St George's University Hospitals NHS Foundation Trust (SGH), was undertaken.

From the community, this identified that access to psychology was limited to those in severe need and it involved a referral to the Wolfson, which resulted in a disjointed and lengthy service for patients. From a review of St George's activity, this indicated that Merton CCG patients may have been discharged earlier or avoided an admission altogether if neuropsychology was available within the Merton Community Neuro-Rehabilitation Team. It also identified that Merton was a very high referrer to the outpatient services, leading to an inefficient use of a valuable resource.

### Proposed Solution

Discussions have taken place with CLCH and SGH regarding a solution to this issue. A cost effective innovative proposal has been drawn up that will significantly improve the service for patients. The proposal is to integrate neuropsychology staff into the community neuro rehabilitation service so they operate as one team. The model will enable the appointed staff to work alongside community staff whilst being under the employment of a major acute trust. This enables clinical supervision and cover for leave as well as being advantageous in terms of securing staff within the recruitment process.

The Psychology Team at SGH has worked with CLCH and the CCG and the model proposed has support from the clinicians involved. A financial analysis of the proposed model has been undertaken and from initial review this appears to be a financially viable option with the cost of the proposed service being met by the potential savings within the current Wolfson costs. Further detailed analysis is being undertaken to ensure the proposal clearly demonstrates the desired shift in activity from hospital to community and therefore achieves the identified efficiencies alongside improved service quality.

### Next Steps

It is proposed we work with interested stakeholders to ensure the service proposed is delivered in a way that meets the need of the population it is intended to serve. In order to avoid delay it is proposed that this runs alongside the recruitment process, the lead in time for which is expected to be around 3 months.

This page is intentionally left blank

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

Date: 6 November 2018

Wards: ALL

Subject: **Update on the Delivery of NHS England Cancer Screening Programmes in Merton**

Lead officer: Dr Josephine Ruwende, Consultant in Public Health, NHS England

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel. [Josephine.ruwende@nhs.net](mailto:Josephine.ruwende@nhs.net)

Contact officer: Stella Akintan, Scrutiny Officer. [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk)

---

### **Recommendations:**

A. Panel Members are asked to comment on Cancer screening programmes in Merton

B.

---

## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

This report provides Committee members with an update on the delivery of the three NHS England (NHS E) commissioned cancer screening programmes. These are for breast, bowel and cervical cancers. It notes the performance and coverage of these three programmes against nationally set targets, describes actions being taken to improve performance and updates members on developments to national screening programmes which are led by Public Health England (PHE), and service developments and commissioning plans which are led by NHS England.

Key messages:

- Like most London boroughs, Merton does not meet national coverage and uptake targets

- Coverage for all three cancer screening programmes in Merton is below national average.
- NHS England is working with providers to improve uptake<sup>1</sup> and coverage<sup>2</sup>
- Local authorities, CCGs and voluntary organisations have a key role in improving uptake
- Screening provider performance is generally good or improving

## 2. INTRODUCTION

Under the Health and Social Care Act (2006 as amended) responsibility for screening programmes transferred from PCTs to a number of different organisations. Although NHS E has a clear responsibility and accountability for the delivery of the three cancer screening programmes, other partners such as PHE and Local Authorities have a role to play in supporting NHS E in this area. Within Local Authorities, Directors of Public Health (DPHs) also have a specific role in regards assurance. The Director of Public Health (DPH) is required to ‘provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to the authority’s area, with a view to promoting the preparation of appropriate local health protection arrangements, (Local Authorities (Public Health Functions and Entry to Premises by Local Health watch Representatives) Regulations 2013 made under section 6c (1) of the National Health Service Act 2006). In order to undertake this duty, the DPH needs to be assured that there are adequate screening plans in place in their Borough. This report forms part of this assurance process.

Set out below are a brief description of the roles and responsibilities of organisations in improving coverage and uptake of screening across London.

### 2.1 NHS England (NHSE)

---

<sup>1</sup> Uptake is a measure of the proportion of invitees who complete the screening test within a particular timeframe

<sup>2</sup> Coverage is defined as the percentage of the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the appropriate screening timescale (e.g. two, three years or five years).

- Commissioning of all national screening programmes described in Section 7A of the NHS public health functions agreement 2018-19
- Commissioning screening services from primary care and secondary care providers (e.g. St George's Foundation Trust) to specified national standards
- Monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required
- Accountable for ensuring those local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels as specified in Public Health Outcomes Framework and Key Performance Indicators (KPIs)
- Work with Department of Health and Social Care (DHSC) and Public Health England in national planning and implementation of screening programmes and in quality assurance

## **2.2 Public Health England (PHE)**

- Provides DHSC with expert evidence and advice,
- Supports NHS England with information, expert advice, capacity and support at national and local level. PHE also works with NHS England to produce a joint assurance report each quarter.
- PHE also holds an operational delivery role for some functions within the system. Examples include the design and implementation of pilots, the analysis and publication of data, procurement of vaccines and immunoglobins, and the provision of some IT systems.
- PHE has a quality assurance role in relation to screening programmes and provides support to local commissioning teams through the embedding of PHE staff.

## **2.3 Clinical Commissioning Groups (CCGs)**

- Have a duty of quality improvement (including screening services delivered in GP practices)
- Commission cancer diagnosis and treatment services

## **2.4 Local Authorities**

- Provide information and advice to relevant bodies within its area to protect the population's health (whilst not explicitly stated in the regulations, this can reasonably be assumed to include screening)
- Provide local intelligence information on population health requirements e.g. Joint Strategic Needs Assessment
- Provide independent scrutiny and challenge of the arrangements of NHSE, PHE and providers.

## **2.5 Commissioning Support Units (CSUs)**

- Although not statutory, CSUs have a role to play in supporting CCG member practices in enabling them to carry out their screening work, e.g. IT support to help with call/recall

## **2.6 General Practitioners (GPs)**

- General practices are contracted by NHSE to deliver cervical screening sample taking.
- Practices are asked to actively support the delivery of screening programmes e.g. by discussing this with patients, signposting patients to information on screening programmes etc.

## **3. BACKGROUND TO THE CANCER SCREENING PROGRAMMES**

Screening is effective in either preventing or detecting early stages of disease at a time when there is an intervention that is effective in reducing the impact of the disease in terms of mortality or morbidity. This report focuses on cancer screening programmes but NHS England is responsible for commissioning other screening programmes for non-cancer services e.g. for antenatal and new born screening, diabetic eye and abdominal aortic aneurysm screening. This report however is focused on;

- Cervical cancer screening
- Breast cancer screening
- Bowel cancer screening.

All national screening programmes are agreed by PHE's National Screening Committee. PHE is responsible for the implementation of new programmes. A current example of this is the HPV Primary Screening which will replace cytology testing within the cervical

screening programme. Established programmes are commissioned by NHSE with support from PHE embedded staff.

## **4. CURRENT CANCER SCREENING PROGRAMMES**

### **4.1 Breast screening**

Breast screening is a method of detecting breast cancer at a very early stage. The first step involves an x-ray of each breast - a mammogram. The mammogram can detect small changes in breast tissue which may indicate cancers which are too small to be felt either by the woman herself or by a doctor.

The NHS Breast Screening programme provides free breast screening every three years for all women aged 50 and over. Because the programme is a rolling one which invites women from GP practices in turn, not every woman receives an invitation as soon as she turns 50. But she will receive her first invitation before her 53rd birthday. Once women reach, 70, which is the upper age limit for routine invitations for breast screening, they are encouraged to make their own appointments. For women living in Merton, the St Georges service began phasing in an extension of the age range of women eligible for breast screening to those aged 47 to 73 in January 2015. The service is now using digital instead of analogue mammography, which supports screening for women under 50.

### **4.2 Bowel screening**

About one in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year.

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms) when treatment is more likely to be effective.

Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. People over 74 can request a screening kit by calling the free phone helpline 0800 707 6060.

#### **4.2.1 Bowel screening and Faecal immunochemical Test (FIT)**

The programme will be introducing a new improved home test kit for screening. It is called a faecal immunochemical test (FIT) and it will replace the guaiac faecal occult blood test (gFOBt). FIT specifically measures human blood, rather than any blood (including blood in the diet). It needs only one faecal sample in contrast to the gFOBt kit that needs six samples from three bowel motions. FIT is already used successfully in screening programs worldwide. Pilots in England have shown that people are much more likely to use FIT than gFOBt.

#### **4.2.2 Benefits of FIT over current gFOBt test**

- FIT requires a single sample which is easily collected and is then returned in a sealed bottle.
- FIT can detect human haemoglobin (Hb) at lower concentrations and with much less interference than gFOBt. It can detect more cancers, and particularly advanced adenomas (tumors that may become cancers), and will have fewer [false positives](#). This means that FIT will result in the removal of more polyps at [colonoscopy](#) that might otherwise grow into cancers.
- FIT will reduce the number of repeat tests needed, as there are no borderline results (only normal or abnormal).

It has now been confirmed that the initial threshold on roll-out for FIT will be 120µg/g. Timescales for a phased roll out of FIT across England require that the procurement process for the new FIT kit be completed so that these kits are available to be supplied by the London hub by October 2018. The expectation is that switch over to the new kit will begin during Q3 of 2018/19. This procurement process which is being led by the national team, has experienced delays which may impact on roll out time tables for the London Hub and all London screening sites including St Georges. NHSE London is working with the national team to understand and manage the impact of this delay on FIT roll out across all London sites.



South West London screening centre (that cover Merton Population) is expected to have robust FIT implementation plans to deal with additional pathology and colonoscopy requirements by December 2018. NHSE London used published national templates to complete a robust assessment of FIT implementation plans at South West London screening site. Work is on-going to ensure that all national set timescales are met. NHSE London is working with FIT national team to ensure that this implementation is adequately funding and thereby give providers the necessary assurances about current and future funding arrangements for roll out of FIT.

#### **4.2.3 Bowel scope screening**

Bowel scope screening is a new screening test that will be offered to men and women aged 55 across England. This test will be offered in addition to the current bowel screening home testing (FOBT) programme that currently in place for 60-74-year olds. The test entails the use of flexible sigmoidoscopy in which a thin flexible tube with a tiny camera on the end to look at the lower point of the large intestine. It takes 15 minutes and is undertaken in hospital. If any small growths (polyps) that could turn into cancer are found, they can usually be removed during the test. The National deadline for roll out of Bowel Scope Screening in England is April 2021.

South West London Bowel screening centre/SGH began rolling out bowel scope screening in March 2014. Bowel Scope Screening for Merton population is scheduled to be available at St Helier's satellite site in summer 2019. St Helier site obtained endoscopy Joint Advisory Group (JAG)<sup>3</sup> accreditation in September 2017 and work is on-going to address capacity and workforce challenges, so that programme will be available to Merton population.

#### **4.3 Cervical Cytology Screening**

Cervical cancer is the 11th most common cancer among women in the UK, and the most common cancer in women under 35. After the NHS Cervical Screening Programme (NHSCSP) started in the UK in the late 1980s, cervical cancer incidence rates decreased

---

<sup>3</sup> JAG accreditation of an endoscopy unit is a pre-requisite for introduction of bowel scope screening. To achieve accreditation, trusts need to meet various quality and operational standards including staffing, accommodation, cancer and diagnostic waiting times

considerably. In Great Britain, the age-standardised incidence rate almost halved (from 16 per 100,000 women in 1986-1988 to 8.5 per 100,000 women in 2006 - 2008). Cervical screening can prevent 75 per cent of cervical cancers.

Cervical screening is **not** a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix (the neck of the womb). The first stage in cervical screening is taking a sample using liquid based cytology (LBC).

All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years.

Table 1: Cervical screening intervals:

<b>Age group (years)</b>	<b>Frequency of screening</b>
25	First invitation
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or had recent abnormal tests

The NHS call and recall system invites women who are registered with a GP. It also keeps track of any follow-up investigation, and, if all is well, recalls the woman for screening in three or five years' time. It is therefore important that all women ensure their GP has their correct name and address details and inform them of any change. Local Authorities as part of their role in supporting the work of NHS E can help by including information on GP registration when sending out information to new residents etc.

Women who have not had a recent test may be offered one when they attend their GP or family planning clinic on another matter. Women should receive their first invitation for routine screening at 25.

#### **4.3.1 Implementation of HPV primary screening**

The majority (99.7%) of cervical cancers are caused by persistent HPV infection, which causes changes to the cervical cells. If HPV is found it is a useful guide as to whether abnormal cells are present. Women can then be monitored more closely and any developing abnormal cells found sooner. HPV is a better way of finding women at risk of developing cervical cancer than the cytology (smear) test that examines cells under a microscope.

HPV testing will replace cytology within the NHS cervical screening programme. The new testing process could prevent around 600 cancers a year, according to Cancer Research UK <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2013-06-14-hpv-testing-could-cut-cervical-cancers-by-a-third>

The roll-out of the new process for cervical screening received ministerial authorisation in July 2016 and will be rolled out across England as the primary screening test for cervical disease by December 2019. The invitation to tender will commence in November 2018 with completed applications submitted in January 2019 and a decision on the successful lab made in April and contracts awarded on the 1st July 2019.

#### **4.3.2 Current Cytology services in London**

The cytological aspect of the NHSCSP is currently delivered from ten laboratories in London and across regional boundaries. In addition to cytology, the laboratories at Bart's Health and Northwick Park hospitals deliver HPV testing (triage and test of cure) for the London population.

#### **4.3.3 Proposed New Laboratory Service in London**

All laboratory services (cytology and HPV primary screening) will be consolidated on a single site providing laboratory processing, testing and reporting for all NHSCSP samples across London. It is estimated the single laboratory will undertake approximately 595,000 HPV tests and report on approximately 89,200 cytology samples.

#### **4.3.4 HPV primary screening resilience plans**

All cytology services in London who have expressed an interest in converting to HPV primary screening have been asked to develop a resilience plan detailing their intentions to implement HPV primary screening prior to the procurement commencement. The resilience plans will be reviewed by the London Regional HPV Primary Screening Implementation Group. The group has representation from NHSE, NHSI, PHE, and the Healthy London Partnership. Once plans have been agreed labs can begin the process of converting to HPV primary screening. This will bring the benefits of HPV primary screening earlier than originally planned to many women across London.

#### **4.4 Major Cancer Screening Providers serving Merton**

Cancer screening providers deliver cancer screening programmes in accordance to national service specifications and NHS contracts. This includes responsibility for ensuring staff are appropriately trained and supervised. NHS England is responsible for the contract and performance management of providers. The major providers serving the population of Merton are:

- South West London bowel screening site based at St Georges Healthcare NHS Trust (SGH)
  - Bowel Cancer Screening: (via different satellite sites)
    - Specialist screening practitioner (SSP) assessment for people with a positive screen result
    - colonoscopy and treatment
    - Bowel scope screening
  - Breast Cancer Screening:
    - Screening sites Sutton (Robin Hood Lane), Croydon (Purely War Memorial hospital Edridge and Road Health Centre) Kingston (Tedding War Memorial Hospital).
    - All women from Merton attend the Rose Centre Queen Mary's Hospital and Surbiton Health Centre for screening and assessment. Women do have the choice to have screening and assessment at a different site.
  - Cervical Cancer Screening:
    - St Helier Hospital cytology laboratory process cervical samples

- St George's, Croydon, Kingston and St Helier provide colposcopy services (sub-speciality of gynaecology) for assessment and treatment
  - Primary Care Support England provides the call/recall service across England. This includes sending invitations and results letters.
- London-wide Screening Hubs
  - Bowel Cancer Screening Hub sends all screening kits, invitation and results letters across London and processes the kits. The Hub also test bowel screening kits and is responsible for issuing invitations for bowel scope screening.
  - HPV testing (triage and test of cure) hub laboratory- Cervical screening samples requiring testing for human papilloma virus from South London and North-West London boroughs are tested at the laboratory at Northwick park
  - The administrative functions for the all the London Breast Screening Services is undertaken by the Royal Free NHS Trust. The Hub's responsibilities include inviting and appointing the eligible population, call and recall and management of women that fail to attend appointments.

## 5. COVERAGE

Coverage is defined as the percentage of the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the appropriate screening timescale (e.g. two, three years or five years).

Uptake is defined as the proportion of people adequately screened out of those invited for any screening programme.

Coverage is a better indicator of how effective any screening programme is in reducing death or disease from a named condition because it less likely to be influenced by monthly, quarterly or annual variations. Uptake figures are highly influenced by these variations.

### 5.1 Breast screening coverage (50-70 years)

The target for breast screening coverage is 70%. Table 2 shows coverage in the six South West London boroughs in 2016/17. Borough coverage rates vary from 62.5% in Wandsworth to 69.1% in Sutton. All boroughs in South West London are below the national target of 70%. Merton (68.3%) is above the London average but below the England average (72.5%).

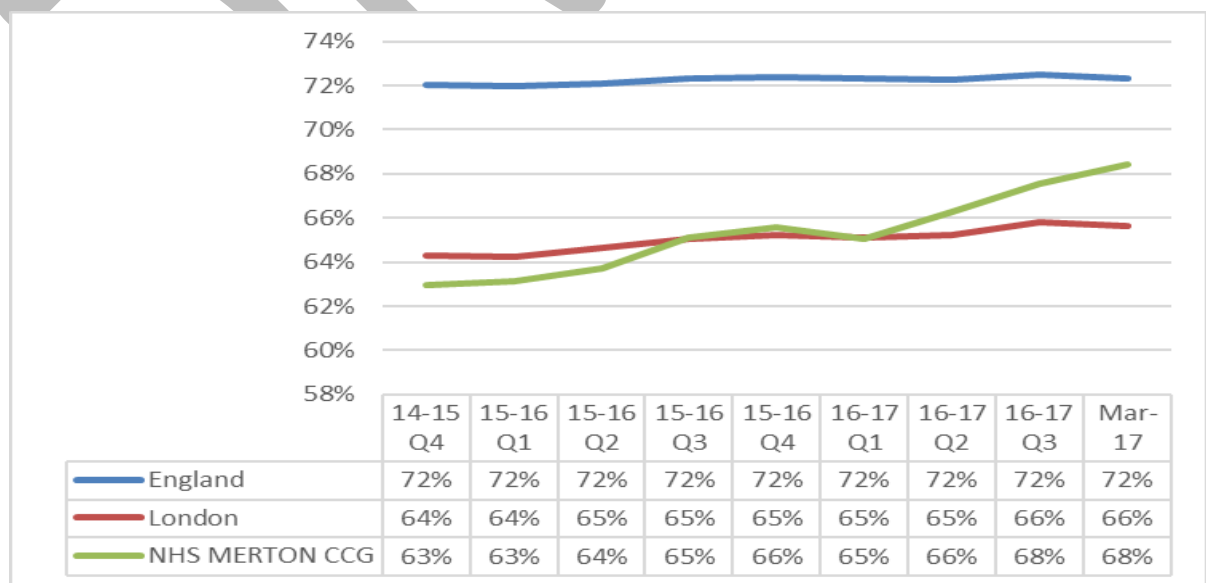
Table 2: Breast screening coverage SW London 2016/17

Boroughs in SWL	
England	72.5%
London	65.6%
Croydon	65.3%
Kingston	64.9%
<b>Merton</b>	<b>68.3%</b>
Richmond	64.6%
Sutton	69.1%
Wandsworth	62.5%

Source: NHS Digital at <http://digital.nhs.uk>

In the two years to March 2017, breast screening coverage in Merton increased by 5%, in London coverage increased by 2% and there was no change in England during this period. (Figure 1)

Figure 1: Breast screening 36-month coverage Q4 14/15 to 2016/17, women, 50-70 years



Source: Open Exeter via NHS Cube

## 5.2 Bowel screening coverage (60-74-year olds)

The national target for bowel screening coverage is 60%. Coverage rates vary across South West London from 51.6% in Croydon to 57.1% in Richmond. All boroughs in South West London are higher than the London average (49.5%) but lower than the England average value of (59.1%). Table 3 below shows coverage in the six South West London boroughs in 2016/17

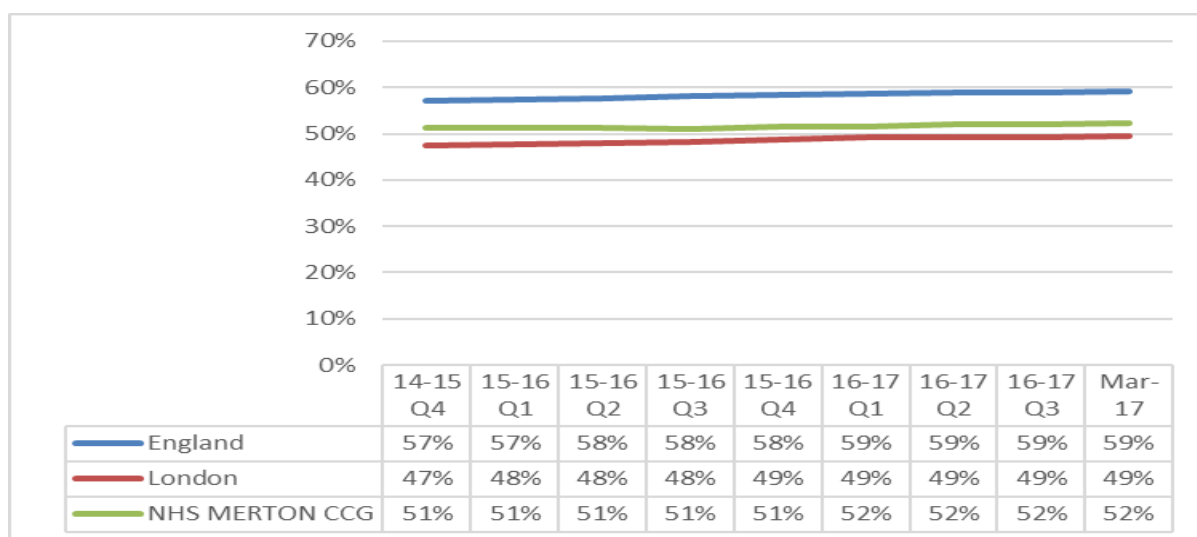
Table 3: Bowel screening coverage SW London 2016/17

Boroughs in SWL	
England	59.1%
London	49.5%
Croydon	51.6%
Kingston	55.9%
<b>Merton</b>	<b>52.2%</b>
Richmond	57.4%
Sutton	56.9%
Wandsworth	51.9%

Source: NHS Digital at <http://digital.nhs.uk>

Bowel screening coverage in the men and women of Merton aged 60 to 74 years increased by 1% in the two years to March 2017. This increase is less than the 2% increase seen in London and England during the same period. (Figure 2)

Figure 2: Bowel screening 2.5yr coverage, men and women, 50-74, Q4 15/16 to 2016/17



Source: Open Exeter via NHS Cube

### 5.3 Cervical Screening Coverage (25-64 years)

The target for cervical screening coverage is 80%. Borough coverage rates vary across South West London from 66.8% in Wandsworth to 73.1% in Sutton. All boroughs in South West London are below the national target of 80%. Tables 4a/b below shows coverage in the six South West London boroughs in 2016/17.

Table 4a: Cervical screening coverage SW London 2016/17

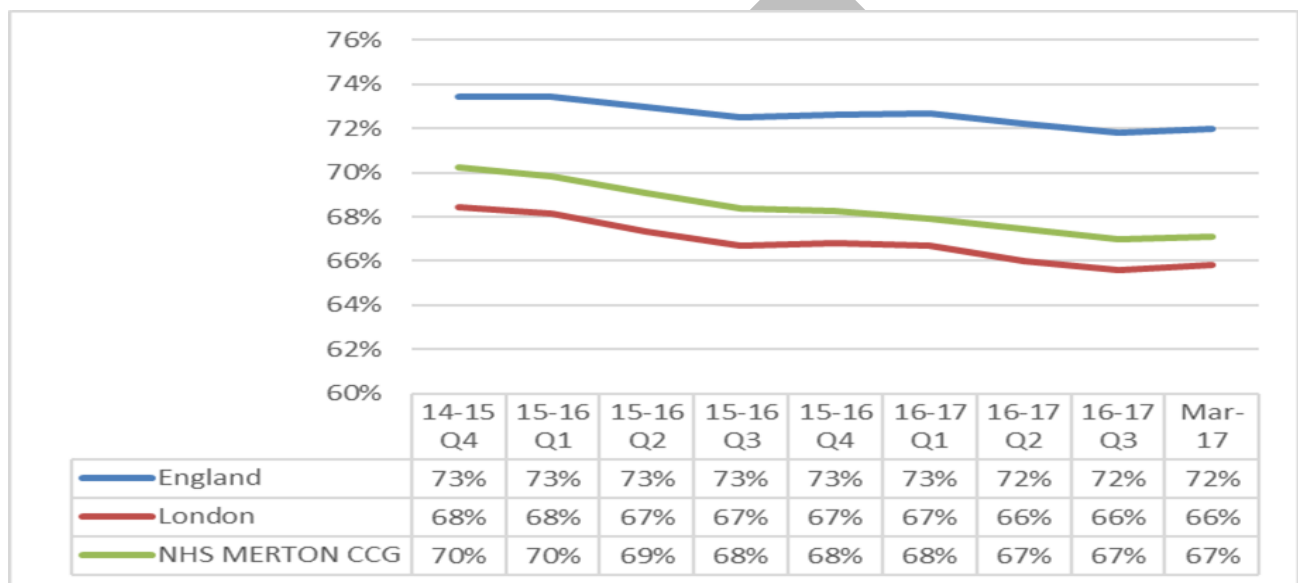
Boroughs in SWL	
England	72.1%
London	65.8%
Croydon	70.4%
Kingston	67.4%
<b>Merton</b>	<b>67.0%</b>
Richmond	69.9%
Sutton	73.1%
Wandsworth	66.8%

Source: NHS Digital at <http://digital.nhs.uk>



Cervical screening coverage is declining across the country. In the two years to March 2017, coverage in Merton declined by 3%, 2% in London and 1% across England. (Figure 3). Coverage in Merton women aged 25-49 declined by 3.5% and 2.4% in women aged 50-64 during this period. (data not shown)

Figure 3: Cervical screening 3.5yr/5.5yr coverage, women, 25-64yrs, Q4 15/16 to 2016/17



Source: NHS Digital at <http://digital.nhs.uk>

The eligible female population of London aged 25-64yrs was recorded as 1,824,000, coverage by age and borough shows Merton 66.9% is above the London average (65.8%).

Table 4b: Coverage and populations by age (GLA) and borough as at March 2017

Coverage and Population by Borough as at March 2017							
CCG	Population 25 - 49	Women screened	Coverage (3.5 years)	Population 50-64	Women screened	Coverage (5.5 years)	Coverage 3.5/5.5 years
NHS Barking & Dagenham	40,500	28,727	64.60%	14,400	10,159	75.21%	67.00%
NHS Barnet	77,400	50,444	59.70%	31,900	23,350	73.00%	63.30%
NHS Camden	53,100	34,402	51.70%	16,200	11,119	69.84%	55.20%
NHS City & Hackney	65,600	49,273	63.50%	17,700	14,714	75.31%	65.90%
NHS Enfield	65,100	43,032	66.40%	28,300	21,037	78.37%	69.90%
NHS Haringey	59,400	46,071	63.80%	20,900	18,158	77.03%	67.10%
NHS Havering	42,700	33,710	70.90%	24,400	18,389	79.08%	73.60%
NHS Islington	53,100	39,369	60.70%	15,100	11,887	74.14%	63.30%
NHS Newham	67,000	50,439	60.30%	20,600	17,136	77.69%	63.90%
NHS Redbridge	60,200	38,026	60.60%	24,200	16,889	77.47%	65.00%
NHS Tower Hamlets	68,800	46,266	60.10%	13,000	10,037	76.72%	62.50%
NHS Waltham Forest	57,800	42,419	64.40%	21,600	16,871	78.87%	68.00%
NHS Brent	66,900	45,140	59.50%	25,900	20,470	76.63%	63.90%
NHS Central London (Westminster)	52,300	24,018	50.80%	18,500	8,562	63.59%	53.70%
NHS Ealing	72,000	52,734	60.00%	28,600	22,787	75.52%	64.00%
NHS Hammersmith & Fulham	45,100	29,319	54.40%	13,500	9,436	68.25%	57.20%
NHS Harrow	47,000	28,933	57.80%	22,900	15,194	74.13%	62.60%
NHS Hillingdon	53,800	35,943	62.90%	24,200	17,223	76.03%	66.60%
NHS Hounslow	55,800	38,521	59.90%	20,600	16,197	74.03%	63.50%
NHS West London	34,100	30,580	52.60%	14,100	12,126	65.24%	55.70%
NHS Bexley	41,900	30,999	73.60%	23,100	15,875	78.31%	75.10%
NHS Bromley	59,100	44,805	72.10%	31,700	23,090	77.60%	73.90%
NHS Croydon	73,200	52,497	67.30%	35,800	25,450	77.95%	70.50%
NHS Greenwich	56,500	42,090	66.80%	20,900	15,397	75.48%	68.90%
NHS Kingston	32,800	25,766	64.40%	13,700	11,300	75.08%	67.30%
NHS Lambeth	77,900	65,735	64.50%	23,100	19,619	75.05%	66.70%
NHS Lewisham	63,500	49,132	66.70%	23,800	18,249	76.56%	69.10%
NHS Merton	45,200	30,099	64.40%	16,800	12,251	74.91%	67.10%
NHS Richmond	39,800	28,451	67.90%	17,400	13,278	75.03%	70.00%
NHS Southwark	71,300	49,383	63.90%	22,300	16,648	75.44%	66.40%
NHS Sutton	39,400	25,777	71.60%	18,500	12,049	76.62%	73.20%
NHS Wandsworth	85,700	66,840	65.40%	20,700	17,057	73.36%	66.90%
<b>London</b>	<b>1,824,000</b>	<b>1,298,940</b>	<b>62.70%</b>	<b>684,400</b>	<b>512,004</b>	<b>75.38%</b>	<b>65.80%</b>

Source: NHS Digital at <http://digital.nhs.uk>

#### 5.4 Variation in coverage by GP Practice

GP Practice coverage varies significantly in Merton for breast, bowel and cervical cancer. There are a variety of reasons for this including list inflation, ethnic diversity and deprivation of the practice population. Practices with higher coverage also tend to employ a variety of mechanisms to proactively support women attend screening including reminder phone calls or letters and flags on the record of non-attendees.

- Breast 49.1% to 74.5%. See table 5.
- Bowel 36.1% to 59.5%. See table 6.
- Cervical is 48.9% - 76.2%. See table 7.

Table 5: Breast screening coverage across Merton by GP practice 2016/17

Area	Value	Lower CI	Upper CI
England	72.5	72.4	72.5
NHS Merton CCG	68.3	67.7	68.9
H85656 - Alexandra Surg...	62.1	57.5	66.5
H85070 - Central Medica...	56.9	53.2	60.5
H85649 - Colliers Wood...	61.7	58.6	64.8
H85038 - Cricket Green...	72.7	70.1	75.1
H85090 - Figges Marsh S...	64.4	60.6	67.9
H85026 - Francis Grove...	71.6	68.9	74.1
Y02968 - GPLed Health C...	48.9	40.5	57.3
H85101 - Grand Drive Su...	64.8	61.7	67.9
H85072 - James O'Riorda...	76.2	73.2	79.0
H85051 - Lambton Road M...	65.1	62.6	67.5
H85078 - Mitcham Family...	65.6	60.1	70.7
H85037 - Morden Hall Me...	71.6	69.3	73.9
H85028 - Princes Road S...	67.3	63.9	70.5
H85110 - Ravensbury Par...	66.8	62.9	70.5
H85092 - Riverhouse Med...	58.6	54.1	63.0
H85035 - Rowans Surgery	67.6	64.6	70.5
H85076 - Stonecot Surge...	75.5	73.0	77.8
H85033 - Tamworth House...	74.3	71.8	76.7
H85634 - The Merton Med...	63.8	59.3	68.1
H85024 - The Mitcham Me...	66.2	63.2	69.0
H85020 - The Nelson Med...	76.2	74.6	77.7
H85112 - The Vineyard H...	65.5	60.7	70.0
H85029 - Wide Way Medic...	65.8	62.5	68.9
H85027 - Wimbledon Vill...	57.6	55.0	60.1

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Source: NHS Digital at <http://digital.nhs.uk>

Table 6: Bowel screening coverage across Merton by GP practice

Area	Value	Lower CI	Upper CI
<b>England</b>	59.1	59.1	59.2
NHS Merton CCG	52.2	51.5	52.8
H85656 - Alexandra Surg...	43.2	39.1	47.5
H85070 - Central Medica...	40.1	36.5	43.7
H85649 - Colliers Wood...	42.1	38.9	45.3
H85038 - Cricket Green...	47.8	44.9	50.7
H85090 - Figges Marsh S...	46.5	42.8	50.2
H85026 - Francis Grove...	56.4	53.4	59.3
Y02968 - GPLed Health C...	36.1	27.7	45.5
H85101 - Grand Drive Su...	54.9	51.9	57.8
H85072 - James O'Riorda...	57.4	54.2	60.4
H85051 - Lambton Road M...	55.6	53.2	58.0
H85078 - Mitcham Family...	41.3	36.4	46.4
H85037 - Morden Hall Me...	53.7	51.3	56.1
H85028 - Princes Road S...	58.4	55.2	61.6
H85110 - Ravensbury Par...	47.0	43.1	51.1
H85092 - Riverhouse Med...	40.4	36.3	44.6
H85035 - Rowans Surgery	49.8	46.6	53.0
H85076 - Stonecot Surge...	59.5	56.8	62.1
H85033 - Tamworth House...	52.0	49.1	54.9
H85634 - The Merton Med...	43.4	38.6	48.3
H85024 - The Mitcham Me...	44.6	41.7	47.7
H85020 - The Nelson Med...	58.0	56.3	59.7
H85112 - The Vineyard H...	55.5	50.5	60.3
H85029 - Wide Way Medic...	49.7	46.3	53.1
H85027 - Wimbledon Vill...	56.1	53.7	58.4

Source: Data was extracted from the Bowel Cancer Screening System (BCSS) via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Source: NHS Digital at <http://digital.nhs.uk>

Table 7: Cervical screening coverage across Merton by GP practice 2016/17

Area	Value	Lower CI	Upper CI
England	72.1	72.1	72.2
NHS Merton CCG	67.0	66.7	67.4
H85656 - Alexandra Surg...	62.9	60.4	65.2
H85070 - Central Medica...	73.3	71.4	75.1
H85649 - Colliers Wood...	61.1	59.3	62.9
H85038 - Cricket Green...	71.6	70.0	73.1
H85090 - Figges Marsh S...	64.8	62.7	66.8
H85026 - Francis Grove...	63.7	62.2	65.1
Y02968 - GPLed Health C...	49.1	45.6	52.7
H85101 - Grand Drive Su...	72.6	70.8	74.3
H85072 - James O'Riorda...	71.4	69.2	73.4
H85051 - Lambton Road M...	64.1	62.8	65.4
H85078 - Mitcham Family...	63.7	60.4	66.9
H85037 - Morden Hall Me...	66.4	64.9	67.9
H85028 - Princes Road S...	66.9	65.2	68.7
H85110 - Ravensbury Par...	71.6	69.2	73.9
H85092 - Riverhouse Med...	68.8	66.5	71.0
H85035 - Rowans Surgery	64.6	62.5	66.6
H85076 - Stonecot Surge...	74.5	72.6	76.3
H85033 - Tamworth House...	73.3	71.6	75.0
H85634 - The Merton Med...	67.8	66.0	69.5
H85024 - The Mitcham Me...	63.3	61.3	65.2
H85020 - The Nelson Med...	68.7	67.7	69.7
H85112 - The Vineyard H...	66.4	63.7	69.1
H85029 - Wide Way Medic...	65.1	63.1	67.0
H85027 - Wimbledon Vill...	63.1	61.4	64.8

Source: Data was extracted from the NHAIS via the Open Exeter system. Data was collected by the NHS Cancer Screening Programme.

Source: NHS Digital at <http://digital.nhs.uk>

## 6. Factors affecting uptake

Uptake is measure of individual behavior, i.e. an individual's response to an invitation to screening. There are varieties of factors that affect whether an individual responds to his/her invitation. These include:

- Social and demographic factors-age, ethnicity and deprivation, population turnover
- Individual factors- fear, embarrassment, previous attendance/non- attendance, poor awareness or knowledge of screening
- Organisational/programme factors – inaccessible services, incorrect patient contact details, lost mail, quality of the service, test acceptability

## 7. Actions to Improve Uptake and Coverage

NHSE is taking a range of actions to improve uptake and coverage of screening programmes across London. These actions include:

All cancer screening programmes

- Providing financial incentives to breast and bowel screening providers to improve screening uptake in 2017 to 2019.
- NHSE/PHE Uptake and Coverage Manager appointed (social marketing)
- Engagement with GP practices and pharmacies
- Integration of screening and/or screening awareness raising in other community settings
- Supporting STPs and Cancer Alliances develop priorities for improving screening uptake and improving early diagnosis/ cancer prevention
- Close working with Cancer Research UK and Jo's Cervical Cancer Trust to improve cancer screening uptake.
- Working with the Healthy London Partnership:
  - established a pan-London Uptake Improvement Board
  - Developed a best practice in cancer screening guide for primary care
  - Undertake regular data analysis and health equity audits
- Fund and contribute to research to improve uptake

- Feasibility study of the use of a smartphone app to book cervical screening appointments (Academic lead: UCL)
- Pilot on HPV self- sampling (Academic lead: Kings)
- Effectiveness of 24-month reminders in improving uptake of bowel scope screening (Academic lead: UCL)
- Randomised controlled trial on the effectiveness of text reminders in improving uptake of bowel screening (Academic lead: UCL)
- Barriers and enablers to cervical screening attendance (Academic lead: Imperial)

#### Interventions to improve breast screening uptake

- Supporting the implementation of text messages to support attendance of breast screening appointments
- Sending breast screening appointment reminders by text messaging
- Sending breast pre-invitation letters which are sent to women before they receive their official invitation letter
- Offering breast screening second –timed appointments - Women who do not attend the first screening appointment are sent a second appointment with a specific date and time instead of an ‘open’ invitation which requires the woman to contact the service to make an appointment
- Commissioning a voluntary organisation (Community Links) to call non-responders and support attendance in the borough with the lowest breast screening uptake

#### Interventions to improve bowel screening uptake

- Commissioning the bowel screening hub to improve communication to GPs regarding non-participation
- Twelve-month reminder letters sent to bowel scope screening non-responders
- GP Endorsed pre-invitation bowel screening letters
- Enhanced bowel screening reminder letters



- NHSEL has recently been granted permission by the Office for Data Release to access data to inform a health equity audit in the bowel screening programme.
- In Merton, St Georges Hospital/SWL Bowel Screening Centre has been actively promoting bowel screening through training events for health professionals, working with the voluntary sector to increase knowledge and awareness and information campaigns.
- Other initiatives include the promotion of health promotion strategies by Bowel cancer screening sites including partnership with council, and others to increase uptake and target disadvantaged groups
- NHS England (London) are working with CCGs, Bowel Cancer Screening Service Providers, the London Screening Administrative Hub and other stakeholder to roll out a national FIT programme that will replace the gFBOt test with a more accurate and easier screening test called Faecal Immunochemical Test (FIT). This new test requires individuals to test one sample of stool instead of the current 3 samples and is a more accurate test. This test should be implemented nationally by end of 2018-19. Trial data demonstrated an increase in uptake of 7-10% when using FIT as the primary test for bowel screening. The greatest increase in uptake was seen in those groups who were previously less likely to participate in the programme and will therefore have an impact on health inequalities in relation to the bowel screening programme.

#### Interventions to improve cervical screening uptake

- Looking at alternative provision for cervical screening including offering screening in primary care Hubs (pilots led by the Royal Marsden Partnership Cancer Alliance in NW and SW London)
- Commissioning sexual health clinics to provide cervical screening in 2018/19
- Introduction of Primary HPV screening with anticipated full rollout in December 2019
- GP – endorsed text reminder service to improve cervical screening uptake- full rollout September 2018



## **8. Provider Performance**

### **8.1 South West London Breast Screening Service performance**

Women, who are found to have an abnormality following screening, are invited to assessment clinics for further examination. Ninety percent (90%) of these women should be seen in an assessment clinic within three weeks. SWL/St Georges' performance has consistently improved in 2017/18 from 97.8% in Q1 to 99.2% in Q4, consistently performing above the London and England averages of 96.8% and 91.7% respectively.

Round length is the interval between a woman's last screen and her next offered appointment. The NHS Breast Screening Programme minimum standard is that 90% of women should be re-invited within 36 months. Throughout 2017/18, South West London round length improved, from 65.2% in Q1, 92.1% in Q2 and 99.3 in Q4. Waiting time to assessment has also maintained improvement in comparison to previous years and is well above the national target of 90% reaching 99.3% in Q4 2017/18.

### **8.2 South West London Bowel Screening Centre performance**

St Georges Hospital trust provides bowel screening assessment (specialist screening practitioner-SSP appointments), colonoscopy and treatment across South West London.

Current performance data in 2017/18 and 2018/19 shows that the trust meets all national performance targets.

### **8.3 Cervical screening provider performance – Cytology**

Over 90% of Merton cervical screening samples are processed at St Helier laboratory. Ninety eight percent (98%) of women should receive the result letter within fourteen (14) days of screening

There is shortage of cervical screeners (cytoscreeners) across the country. This has resulted in backlogs in the processing of cervical screening samples and delays in women receiving their results letters.

In July and August 67% of women in Merton received their results letters within two weeks and 99.9% received their letters within three weeks. In September 89% of women received their results within two weeks. This is a significant improvement to the period between

February and June 2018 when Epsom St Helier Hospital experienced significant staffing pressures which resulted in the delays to women receiving their letters. It is anticipated that turnaround will continue to improve

Between July and September, 3100 women from Merton participated in cervical screening. Less than 10 of these women did not receive their results within three weeks of their screening appointment

*Table 7: Merton cervical screening results letters turnaround times*

	July	August	September
Total number of letters	1071	1050	1009
% letters sent to women within 21 days	99.9%	99.9%	99.9%
% of letters sent to women within 14 days	69.0%	65.8%	89.4%

#### **8.4 Cervical screening provider performance - Colposcopy**

Performance across colposcopy services that serve SW London boroughs is generally good with only minor breaches in KPI targets. However, St Georges Hospital Trust has breached the Waiting Times target on consecutive quarters now and have submitted colposcopy performance exception reports detailing the reasons for the KPI breaches which are largely related to staffing pressures. Remedial actions plans are in place to address the KPI breach and are being monitored by NHSE commissioners to address colposcopy performance.

#### **9. Cervical Sample Taker Database (CSTD)**

NHSE has developed a pan London CSTD to improve the quality and safety of cervical sample taking in London. It will:

- Hold a centralised list of all sample takers in London and will be a key tool in quality improvement, incident and risk management within the cervical screening programme in London.

- Enable the allocation of unique sample taker codes to NMC/GMC registered professionals who are competent to take cervical smears.
- Help to reduce the number of incidents related to unqualified or inappropriately trained sample takers in London.
- Standardise the collection of cervical cytology sample takers' data and enable monitoring and reporting of sample taking activity at Clinical Commissioning Group (CCG), GP practice and individual sample taker level.

All cervical sample takers in London will need to register onto CSTD to be allocated a unique sample taker code which can be used anywhere in London. It will consist of a five-digit code i.e. a letter followed by four numbers. Cytology laboratories will continue to monitor sample handling errors, delayed samples, inadequate and reprocessing rates in monthly performance reports. Providing assurance on the quality of cervical screening samples taken.

## **10. PROGRAMME GOVERNANCE**

All Cancer Screening Programmes have Performance Boards which meet on a quarterly basis to oversee performance and improvements for all three cancer screening programmes. Performance issues are escalated to the monthly NHSE Public Health, Health in the Justice System Assurance Board.

### **10.1 National Breast Cancer Screening Incident**

On 2<sup>nd</sup> May 2018 an announcement was made in Parliament by the Secretary of State for Health advising that a serious incident had occurred in the Breast Screening Programme dating back to 2009. The problem was identified in January 2018 whilst reviewing the progress of the age extension trial (Age). PHE had identified several complex issues that had led to the incident including:

- The Age X trial algorithm can incorrectly apply an AR (randomised out of the age trail) code to women before they reached their 71<sup>st</sup> birthday
- Incorrect specification of RISP batches that did not include women up to 70y11m
- Incorrect specification on NTDD failsafe that did not go up to 70y11m

PHE with support of the NHS Digital wrote to all the women who have been affected by this incident. Women who have not had their 72<sup>nd</sup> birthday by 1/4/2018 that they will be sent a catch-up invitation for a screen by the breast screening service. Women between 72 and 79 years on 1/4/18 will be given information and offered the chance to make a self-referral via a dedicated Breast Screening Incident Helpline.

Following detailed investigation 122, 727 women not to have received an invitation for breast screening between their 68<sup>th</sup> and up to their 71<sup>st</sup> birthday. These women are now aged between 71 and 79 years (on 1<sup>st</sup> April 2018).

A commitment was made by the SOS that all women identified as being affected by the incident would be offered a screen by the end of October 2018.

The cohort of women was split into two groups the under 72's and Over 72's. The total number of women affected in London is 21, 677 of which 4,458 are in the under 72 group and 17,219 in the over 72 group.

All the London breast screening services have responded well to the national incident and have been able to ensure that all incident women have been offered appointments. There is a small number of women yet to be offered an appointment and it is expected that these women will be offered appointments by the end of October 2018.

There will be an assurance process to ensure that all women over the age of 72 have been appropriately appointed. This will take place in November 2018. Women in the incident cohort with a diagnosis of breast cancer will be reviewed through a national independent process to identify if their outcomes have impacted by not receiving a final screen.

The independent review of the incident is expected to be published in November/ December 2018.

## **11. CONCLUSIONS**

Members will note that although coverage in Merton is better than the London it remains below national targets. NHSE acknowledges that that this is a long-standing issue which is being tackled through research and innovation, partnership working and commissioning of evidence-based interventions. Our strategic plans, being developed as part of an uptake and

coverage strategy will help address this as will our plans for service developments e.g. HPV or FIT roll out. We note that nationally cervical screening coverage, especially amongst young women is declining and we are looking at what other opportunities there are to encourage and support uptake.

NHSE Public Health Assurance Board and other Cancer Screening performance boards will continue to review performance and act as necessary to maintain or improve performance across the three cancer screening programmes.

**Report Authors:**

Dr Josephine Ruwende Screening and Immunisation Lead (Cancer Screening)

Tony Wright Commissioning Manager

Ade Michael Commissioning Manager

Christa Caton Commissioning Manager

This page is intentionally left blank

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 06 November 2018**

Wards: ALL

### **Subject: Personal Independent Payments Process**

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

Contact officer: Stella Akintan, [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk); 020 8545 3390

---

#### **Recommendations:**

- A. That the Panel comment on the actions by Department for Work and Pensions and the Independent Assessment Service to improve the Personal Independent Payment assessment process for Merton residents.
- 

#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The attached report provides an update from the Department for Work and Pensions and its contractor the Independent Assessment Service on their response to the action plan they agreed with the Chair and Vice Chair of this Panel and local community organisations at a meeting on the 22<sup>nd</sup> May. A full update from the meeting was presented at this Panel on the 25<sup>th</sup> June 2018.

#### **2 DETAILS**

- 2.1. This Panel has taken an active interest in addressing concerns about the roll-out of PIP. The Personal Independence Payment (PIP) is a benefit that helps with the extra costs of a long-term health condition or disability for people aged 16 to 64. It's gradually replacing Disability Living Allowance
- 2.2. After evidence from a range of sources including Merton Centre for Independent Living, Merton and Lambeth Citizens Advice and Adults First, a carers organisation The key issues raised included:
- 2.3. Inaccessible assessment centres - This includes centres which are physically inaccessible, or those located far away from the claimants home. There are no assessment centres located within Merton.
- 2.4. Overbooking of assessment centres - This leads to last minute cancellations or excessively long waits at assessment centres.
- 2.5. Inaccurate Assessments - Many people are wrongly being found ineligible for PIP at assessment stage and are being forced to go to tribunal
- 2.6. Many people found the application form difficult to complete and some aspects of the assessment process were daunting especially for people with mental health problems.

A full discussion of these concerns took place on the 22<sup>nd</sup> May and as a result an improvement action was agreed. The DWP response to the action plan is attached.

### **3 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.

- 3.1. 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.

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. The Panel will be consulted at the meeting

### **5 TIMETABLE**

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2018/19

### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 6.1. None relating to this covering report

### **7 LEGAL AND STATUTORY IMPLICATIONS**

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

### **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 8.1. 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.

### **9 CRIME AND DISORDER IMPLICATIONS**

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

### **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 10.1. None relating to this covering report

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

### **12 NOTE**

### **13 BACKGROUND PAPERS**



## Merton meeting 22<sup>nd</sup> May Merton Civic Centre

Merton meeting 22 <sup>nd</sup> May Actions arising. (Points taken from document sent to Kam by Stella Akintam on 18 <sup>th</sup> Sept.)	DWP/IAS response																								
<p>There needs to be a line of communication between Voluntary Sector and IAS. Maria Monaghan has provided details and said people can contact her directly.</p>	<p>Maria is currently on a secondment to another part of the IAS business. However any contact to Maria will be passed on to Mary Dunning.</p> <p>People from the voluntary sector in Merton can now contact Mary Dunning (07852 372927 or mary.dunning@atos.net)</p>																								
<p>IAS to review overbooking in Croydon and Wandsworth</p>	<p>Overbooking is done to reflect the % FTA at a given centre and is constantly monitored. If we did not do this (in the same way that the NHS does this) then slots would go unfilled and ultimately claimants would face delays in getting awards. Customers Sent Home Unseen (CSHU) tends to be blamed on overbooking, however this is always the last resort.</p> <p>When looking at CSHUs, we are seeing a steady decline in the volume of claimants being sent home unseen and the figures of the last 3 months show that:</p> <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th colspan="3" style="background-color: #a6c9ec;">CSHUs</th> </tr> <tr style="background-color: #a6c9ec;"> <th>AC</th> <th>July</th> <th>August</th> <th>September</th> </tr> </thead> <tbody> <tr> <td>Wandsworth</td> <td>7%</td> <td>3.3%</td> <td>1.2%</td> </tr> <tr> <td>Vauxhall</td> <td>8%</td> <td>5.2%</td> <td>4%</td> </tr> <tr> <td>Barking</td> <td>5.3%</td> <td>3.1%</td> <td>3%</td> </tr> <tr> <td>IPRS Croydon</td> <td>1.8%</td> <td>2.7%</td> <td>2%</td> </tr> </tbody> </table> <p style="color: red; margin-left: 20px;">August saw a spike in Sickness</p> <p>This improvement is being driven by courtesy calls being made on a daily basis to claimants, sickness improving within the teams and improvements made to the maps that are sent out with the appointment letters.</p>		CSHUs			AC	July	August	September	Wandsworth	7%	3.3%	1.2%	Vauxhall	8%	5.2%	4%	Barking	5.3%	3.1%	3%	IPRS Croydon	1.8%	2.7%	2%
	CSHUs																								
AC	July	August	September																						
Wandsworth	7%	3.3%	1.2%																						
Vauxhall	8%	5.2%	4%																						
Barking	5.3%	3.1%	3%																						
IPRS Croydon	1.8%	2.7%	2%																						

IAS to review circumstances in which Merton residents are being sent on long journeys for assessments. An example is from Merton to Barking.	Mary has attached a postcode mapping review.
IAS to review the higher than average PIP denial rate in Merton. This is 29% in Merton and 27% as the national average.	Kam has tried to confirm these figures but has not been able to update. Where have these figures come from?  Information can be obtained on Gov.UK Stats page Borough wide but you will need to register first.
Merton CiL will work with peer audit of accessibility of Wandsworth Centre	Mary is happy to arrange a visit to Wandsworth for any stakeholders at the Merton meeting.
Healthier Communities and Older People Overview and Scrutiny Panel to monitor this issue on an ongoing basis with regular reports to the panel.	Assume this relates to the above point?
Voluntary sector colleagues to monitor the numbers of clients who are facing challenges with PIP and report specific issues to IAS.	No specific issues reported to Maria

Maria's notes from the meeting plus responses.

<b>The board felt that Merton in particular is being targeted</b> as people in this area who are transferring over from DLA to PIP are being turned down with the average percentage being 29% which is lower than the national average which stands at 27%.	I think we need to understand where "the board" got these figures. Are you able to ask Peter McCabe? Targeting our customers is not an agenda that is happening. We need to look into claims being turned down and how we can get information to support a positive outcome.
<b>2 of the assessment centres in the area are deemed as inaccessible.</b> These are <b>Wandsworth (IAS)</b> and <b>Croydon (SCP)</b> .	<b>Wandsworth</b> - at the time of the meeting there was extensive development works taking place across from the Wandsworth Centre. These works were outside of IAS control. Claimants could be dropped off at the bottom of Spectrum Way or on Buckhold Road. Walking distance is approx. 100m from either drop off point to the centre.  <b>Update from Centre Manager 19/10/18</b> - We have added extra signage at Wandsworth, directing claimants round to where the assessment centre is, as claimants were reporting difficulties in finding the assessment centre at times.

<p><b>Wandsworth</b> has no drop off access and people were being told that they could not drive/access the private road to drop off claimants.</p> <p><b>Croydon</b> has a small waiting area and this would not accommodate a wheelchair</p>	<p>The drop-off point at Wandsworth is roughly a 40metre walk to the assessment centre. There are still building works taking place by the Wandsworth assessment centre, but this isn't directly impacting the centre itself.</p> <p>Coordinators at Wandsworth, Vauxhall and Barking are also keeping an eye on travel news and where there are any disruptions, claimants are being contacted and made aware of this, with the aim that claimants will set off earlier to ensure they are on-time for their appointment.</p> <p><b>Croydon</b> – while we appreciate that this is not the largest of sites, we do believe it has room for wheelchair access, albeit not as much as we would wish. However, the site coordinator does carry out Courtesy calls to claimants with the option to change an appointment to another site if the claimant feels that this site does not suit their mobility needs.</p>
<p><b>Barking is too far away travel</b> to and claimants are repeatedly offered assessments there.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 79</p>	<p><a href="#">See attached review</a></p> <p>CR4 1__  CR4 2__  CR4 3__  CR4 4__  CR4 9__  SW20 0__  SW20 2__  SW20 8__  SW20 9__</p>
<p>There are over 2,000 people who are waiting to be transferred from DLA to PIP in the area and concerns are that these people will be taken off benefits.</p>	<p>DLA to PIP Migration is still continuing and ongoing. It will still take another few years to make sure all are migrated across and have applied for PIP on their invites. This is being done on a random basis based on post codes. This is also to avoid bottlenecks of claims being held up and also not have an impact on assessments being booked.</p>
<p>Since the criteria for mobility has dropped from 50 to 20 meters people are struggling to be awarded points for mobility.</p>	<p><b>12 points awarded:</b>  You can stand and then move between 1 and 20 metres without any help.  You can stand and then move between 1 and 20 metres with a special aid.  You can't stand, even with a special aid.  You can't move more than 1 metre, even with a special aid.</p> <p><b>Ten points:</b>  You can stand and the move between 20 and 50 metres with a special aid</p> <p>It is important to make sure where the need is to establish correct criteria:</p> <ul style="list-style-type: none"> <li>• aided" means with - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance;</li> <li>• "aid or appliance" - (a) means any device which improves, provides or replaces C's impaired physical or mental</li> <li>• function; and (b) includes a prosthesis;</li> </ul>

	<ul style="list-style-type: none"> <li>• "assistance" means physical intervention by another person and does not include speech;</li> <li>• "prompting" means reminding, encouraging or explaining by another person;</li> <li>• "stand" means stand upright with at least one biological foot on the ground;</li> <li>• "supervision" means the continuous presence of another person for the purpose of ensuring C's safety;</li> <li>• "Unaided" means without - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance.</li> </ul>
<p>The PIP 2 form is too complicated for vulnerable people to fill in which makes it harder for them to claim. As valuable information is not submitted at the start of the process thus resulting in claimants having to go to appeal to get the benefit.</p>	<p>Support for Form completion is provided not only from our Third Party Sector but also from our DWP Home Visiting Service. It is vital to try and make sure our customers are fully aware of extra evidence may be required with the application so that the correct decision can be applied at the right time of claim. Many upskilling sessions to 3<sup>rd</sup> Parties have been delivered so that in turn they correctly inform clients the need of evidence</p>
<p>The amount of claims that they are dealing with at appeal and 87% being overturned .</p>	<p>Again trying to make sure that all information about how the condition affects the individual is made at onset of claim and so the correct award is made.</p>
<p>Lady from Adults First made the comment that her son is 50 and been claiming since he was a child ( learning disabilities) Felt that he should be 'known' to the DWP</p>	<p>PIP is a new entitlement. Customers on DLA are known to DWP, however as PIP is replacing DLA, afresh claim would need to be made. Evidence from the existing DLA can be consented by the customer to use as part of their PIP claim.</p>
<p>An attendee quoted piece from the media stating – IAS HP's have inadequate questioning techniques, companions not being allowed to have any input, there has been an increase in poor quality reports, DWP decisions need checking/audit.</p>	<p>Cannot Comment on "piece from the media"</p> <p>Examples of HPs displaying "inadequate questioning techniques "would be welcome, as requested by Maria in May. DWP guidance and therefore IAS approach to companions having input changes in February 18. DWP Guidance now states</p> <p><b>Companions at consultations</b></p> <p>Claimants have a right to be accompanied to a face-to-face consultation if they so wish. Claimants should be encouraged to bring another person with them to consultations where they would find this helpful – for example, to reassure them or to help them during the consultation. The person chosen is at the discretion of the claimant and might be, but is not limited to, a parent, family member, friend, carer or advocate.</p> <p>Consultations should predominantly be between the HP and the claimant. However, the companions may play an active role in helping claimants answer questions where the claimant or HP wishes them to do so. HPs should allow a companion to contribute and should record any evidence they provide. This may be particularly important where the claimant has a mental, cognitive or intellectual impairment. In such cases the claimant may not be able to give an accurate account of their health condition or impairment, through a lack of insight or unrealistic expectations of their own ability. In such cases it will be essential to get an accurate account from the companion.</p> <p>However, the involvement of companions should be handled appropriately by the HP. It is essential that the HP's advice considers the details given by the claimant and the companion and whether one or both are understating or overstating the needs. If the presence of a companion becomes disruptive to the consultation, the HP may ask them to leave. However, this should be avoided wherever possible. HPs should use their judgement about the presence of companions during any examination. A companion should be in the room for an examination only if both the claimant and the HP agree. Companions should take no part in examinations.</p> <p>The presence and involvement of any companion at a consultation should be recorded in the assessment report.</p>

An example was raised about a deaf lady who was made to go through a hearing test (last 6 months).

This absolutely should not happen and IAS Clinical Director Dr Barrie McKillop has issued strict guidelines to all Clinical staff that these tests should no longer be carried out.

The overbooking policy is causing cancellations (one person was cancelled 3 times in a row) as well as long (up to 3 hours) waiting time. – The AC's mentioned for these issues are Wandsworth and Croydon SCP (synergy centre)

Would have been good to have received details of these cases.

Overbooking is done to reflect the % FTA at a given centre and is constantly monitored. If we did not do this (in the same way that the NHS does this) then slots would go unfilled and ultimately claimants would face delays in getting awards. Customers Sent Home Unseen (CSHU) tends to be blamed on overbooking, however this is always the last resort. When looking at CSHUs, we are seeing a steady decline in the volume of claimants being sent home unseen and the figures of the last 3 months show that:

AC	CSHUs		
	July	August	September
Wandsworth	7%	3.3%	1.2%
Vauxhall	8%	5.2%	4%
Barking	5.3%	3.1%	3%
IPRS Croydon	1.8%	2.7%	2%

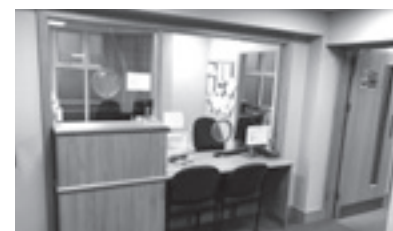
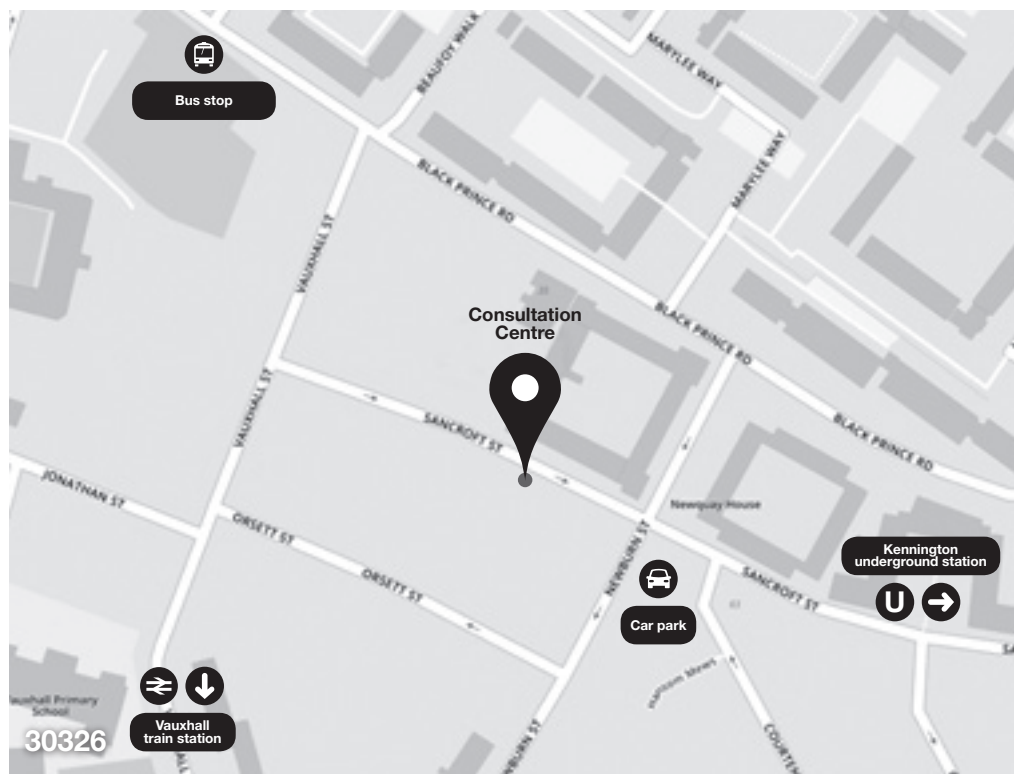
August saw a spike in Sickness

This improvement is being driven by courtesy calls being made on a daily basis to claimants, sickness improving within the teams and improvements made to the maps that are sent out with the appointment letters.

Vauxhall AC is not accessible by public transport.

Map and directions attached. Vauxhall is in the centre of a busy London area where estate is at a premium. While we would ideally have a train station and bus stop next door, this type of estate simply does not exist. Anyone worrying about the location of their appointment can call to change to a different centre.

<p>The board feel that specialist HP's should be carrying out assessments ( MH assess MH cases)</p>	<p>Paul Gray report states that this is not a requirement, as PIP is a functional assessment. All Healthcare Professionals are trained as Disability analysts. All HPs are trained in the same way (Mary to provide overview of training programme) and can call on MH champions and helpline, colleagues around them etc for support with complex or difficult cases. Logistically it would be hugely difficult to pair HPs with conditions, when few people present with just one condition, and doing 54k assessments a month this would not be possible.</p>
<p>Merton constituents should be treated with respect and dignity and not have to 'prove' everything</p>	<p>The more evidence you give of how your disability affects your everyday life, the easier it will be for the DWP to make the right decision about your claim.</p> <p>You can put supporting evidence with your claim, these are good papers to include:</p> <ul style="list-style-type: none"> <li>• Medical records</li> <li>• Sick notes</li> <li>• Prescriptions</li> <li>• Diary of daily routine. You can make a diary to show how your disability affects you in day-to-day life. Keep a very detailed diary for at least one day to show how long everyday things take you and how you do them differently because of your disability.</li> <li>• Letters from medical professionals (see below) Consultant you see at hospital, your community psychiatric nurse (CPN), your GP, health visitor, nurse, occupational therapist, physiotherapist, psychiatrist or your psychologist</li> <li>• Letters from other professionals (see below) Letters from another professional who helps you, like your healthcare assistant (HCA), social worker, support worker or a teacher, can also be helpful. They can say how your condition affects your everyday life</li> <li>• Letters from other people who help you. Letters from any friends or family who you rely on are helpful too. They can say how they help you and what would happen if they weren't there to help you</li> </ul>



Address: 

65 Sancroft Street  
London  
SE11 5NG

Consultation Centre opens:  
8.00am

### By car

Please note that Sancroft Street is one-way.

#### From the A3

Turn onto **Kennington Road** opposite the gates to **Kennington Park** and continue for **0.3 miles**. Turn left onto **Black Prince Road**, then turn left onto **Vauxhall Street**. Turn left again into **Sancroft Street**. The centre is on your right.

For more detailed driving instructions we recommend using an online route planner.

For help in planning your journey door-to-door, go to [www.traveline.info](http://www.traveline.info) or call 0871 200 22 33.

### By bus

The nearest bus stop is on **Black Prince Road** at **Mary Lee Way (Stop KS)**, approximately **0.1 miles** from the centre.

This stop is served by the number **360** bus from **Vauxhall** train and underground stations.

### By train

**Vauxhall station** is approximately **0.5 miles** from the centre.

To connect to the centre, exit the station onto the **Albert Embankment** and, from **bus stop P** take bus number **360**. Alight on **Black Prince Road** at **Mary Lee Way (Stop KS)**, approximately **0.1 miles** from the centre.

Go back along **Black Prince Road** and turn left into **Newburn Street**. Take 1st right into **Sancroft Street**. The centre is on your left.

For details of station services and facilities go to [www.nationalrail.co.uk/stations](http://www.nationalrail.co.uk/stations)

### By Underground

**Kennington Underground station** is approximately **0.5 miles** from the centre.

Exit the station, cross the road at the traffic lights on **Kennington Park Road** and go left. Take 1st right onto **Kennings Way**. Go to the end of the road and go left onto **Kennington Lane**. Follow the road to the right to **Kennington Road** and go straight across at the light to the top of **Sancroft Street**. The centre is **0.2 miles** along on the left.

### When you arrive

Remember to bring two forms of ID and your appointment letter with you.

To enter, press the bell next to the automatic door. On entry, please let the receptionist know that you have arrived for your PIP consultation.

### Other helpful info

This centre has step-free access.

An accessible toilet is located on the ground floor.

Please note that this Assessment Centre is within the Congestion Charge Zone for Central London.

### Parking

The nearest parking is on **Kennington Lane** at the **Tesco Superstore** which is limited to 1 hour. From **Sancroft Street**, turn right into **Newburn Street** and take 3rd left into **Loughborough Street**. At the end of the road turn right into **Kennington Lane** and **Tesco** is directly in front of you.

A drop-off point is located outside the main entrance to the centre.

This page is intentionally left blank



# Healthier Communities and Older People Work Programme 2018/19



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2018/19. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

**The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).**

## Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -  
Stella Akintan (Scrutiny Officer )  
Tel: 020 8545 3390; Email: [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk)

For more information about overview and scrutiny at LB Merton, please visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

**Meeting Date 25 June 2018**

<b>Scrutiny category</b>	<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Scrutiny of Adult Social Care	Adult Social Care - update	Report to the Panel	John Morgan, Assistant Director of Adult Social Care	Provide new members with an overview of the key issues and challenges in this area.
Consultation	Epsom and St Helier Update	Report to the Panel	Daniel Elkeles, Chief Executive, Andrew Demetriades, Joint Director for Acute Sustainability Programme, James Blythe, Managing Director for Merton and Wandsworth	To review the main proposals for consolidation of acute service at Epsom and St Helier Hospital
Scrutiny Task Group Review	Homeshare Task Group Review - progress with implementing recommendations	Report to the Panel	John Morgan, Assistant Director of Adult Social Care	Update on progress with implementing recommendations

Page 86

**Meeting date – 05 September 2018**

<b>Scrutiny category</b>	<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Consultation	Merton CCG changes to Podiatry Services	Report to the Panel	Hanna Pearson and Dhru Devare, Merton CCG	Seek views from the Panel on changes to the service
Performance Monitoring	Flu Vaccines and immunisations for adults and vulnerable groups in Merton	Report to the Panel	NHS England	To review uptake rates in Merton
	A review of tackling	Report to the Panel	Dr Dagmar Zeuner,	To review progress with

	Health Inequalities in Merton		Director of Public Health.	tackling health inequalities in Merton
--	-------------------------------	--	----------------------------	--

### Meeting Date – 06 November 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny	Draft Business Plan 2019-23	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on the current budget.
Scrutiny of Health Partners	Update on services for people who have experienced Brain Injury	Report to the Panel	Merton CCG	To review progress with the service.
Performance Monitoring	Personal Independence Payments Process in Merton Update	Report to the Panel	Kam Patel, Partnerships Manager, DWP	To review progress with the service.
Performance Monitoring	Cancer screening – uptake rates in Merton	Report to the Panel	NHS England	To review uptake rates in Merton
Holding the Executive to Account	Cabinet Member priorities for 2018-19	Verbal update to the Panel	Councillor Tobin Byers, Cabinet Member for Health and Adult Social Care.	Cabinet Member to provide overview of key issues within his portfolio.

Page 87

### Meeting date – 10 January 2019 - Budget

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny	Budget and Business Plan 2018-19	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on

				the current budget.
Scrutiny of Health Partners	Mental health services	Report to the Panel		

**Meeting date – 12 February 2019**

<b>Scrutiny category</b>	<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Scrutiny of Adult Social Care	Merton Health and Care Together – integration of health and social care	Report to the Panel	Hannah Doody, Director of Community and Housing and John Morgan, Assistant Director of Adult Social Care.	Review of the progress in integrating health and social care
Scrutiny of Adult Social Care	Enabling older people to live independently at home	Report to the Panel	John Morgan, Assistant Director of Adult Social Care.	Review of support to help older people in remain in their own home.
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report	Report to the Panel	John Morgan, Assistant Director of Adult Social Care.	Review
Performance Monitoring	Health and Wellbeing Strategy	Report to the Panel	Dagmar Zeuner, Director of Public Health	To comment on the priorities within the new strategy

**Meeting Date – 12 March 2019**

<b>Scrutiny category</b>	<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Scrutiny of Health Partners	Update on the Merton CCG Primary Care Strategy	Report to the Panel		Review progress in improving access to GP Surgeries.
Scrutiny of Health Partners	Acute Trusts update	Report to the Panel		
Scrutiny of Health Partners	Update from the Sustainable and Transformation Partnership in Merton	Report to the Panel		
Scrutiny of Health Partners	Performance of Merton over the winter period for discharging patients from acute hospital settings including frequent attenders at A&E	Report to the Panel	Merton CCG/Acute Providers/Adult Social care	To review how pressure is being reduced on Accident and Emergency services and how people are directed to more appropriate provision.

This page is intentionally left blank