

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 12 February 2019

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 - 4
4	Improving Access to Psychological Therapies and Primary Mental Health Care Service Developments 2017-2020	5 - 12
5	Health and Wellbeing Strategy 2019-2024 - Update on Refresh	13 - 38
6	Enabling Older People to live Independently at home	39 - 46
7	Work Programme	47 - 52

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

For more information about the work of this and other overview and scrutiny panels, please telephone 020 8545 3390 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

Press enquiries: 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

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

Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

10 JANUARY 2019

(7.15 pm - 8.45 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Andrew Howard, Councillor Joan Henry,
Councillor Sally Kenny, Councillor Rebecca Lanning,
Councillor Dave Ward, Councillor Stephen Crowe,
Councillor Hina Bokhari and Di Griffin

Hannah Doody (Director of Community and Housing), John Morgan (Assistant Director, Adult Social Care) Caroline Holland (Director of Corporate Services) and Stella Akintan, Scrutiny Officer.

Councillor Tobin Byers (Cabinet Member for Adult Social Care) and Councillor Mark Allison (Cabinet Member for Finance and Deputy Leader of the Council)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Mr Saleem Sheikh

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed as a true and accurate record.

4 CROYDON AND WANDSWORTH PERSONAL INDEPENDENT PAYMENT ASSESSMENT CENTRES - ACCESSIBILITY AUDITS. (Agenda Item 4)

The Chief Executive of Merton Centre for Independent Living said recent data revealed a slight improvement in the number of Merton residents receiving the Personal Independent Payment (PIP). However the rate of Merton residents being denied the award is higher than the national average. There is an overturn rate at the Sutton Tribunal of 70% highlighting there are still challenges with the process.

The Policy and Strategy Manager at Merton Centre for Independent Living gave an overview of the audits and recent visits stating that they had visited Croydon and Wandsworth assessment centres in December 2018. The findings were documented in the audits provided to the Panel, alongside a short film on journeys to the assessment centre.

A panel member asked what steps are being taken to ensure the recommendations from the audits are implemented. The Chief Executive of Merton Centre for Independent Living said they have been sent to ATOS and it is hoped they will be incorporated into future practice.

Panel members expressed concern about the appeals process and the high over turn rates in Merton. The Chief Executive of Merton Centre for Independent Living said having an assessment turned down had implications for the claimant such as stress and financial hardship.

Panel members discussed the feasibility and previous discussions about having an assessment centre in Merton. A panel member highlighted that there is technology to provide pop up assessment centres in the borough.

The Chair suggested that local MP's could be asked to speak to government ministers responsible for the DWP to highlight the lack of an assessment centre in Merton.

The Panel unanimously agreed the following motions

ATOS to be required to attend at our next panel to justify continued lack of provision of pop-up PIP assessment centres in Merton. Proposed by Councillor Andrew Howard seconded by Councillor Dave Ward.

Merton Council to urge Croydon and Wandsworth counterparts to increase blue badge parking proximate to their PIP assessment centres.
Proposed by Cllr Stephen Crowe and unanimously approved.

RESOLVED

Scrutiny Officer to action the motions and report back to the Panel.

5 BUSINESS PLAN UPDATE 2019-23 (Agenda Item 5)

The Director of Corporate Services gave an overview of the report highlighting that it includes proposals totalling £9.7 million. There is predicted to be a budget gap of £8.8 million by 2022-2023.

A panel member expressed concern about the number of reviews taking place in regards to the budget proposals and the time available to scrutinise them. The Director of Corporate Services said the scrutiny panel budget meetings in November and January provide an opportunity to review budget proposals.

CH88 Homecare Monitoring System – Panel members queried what savings will be made from the call monitoring system. The Director of Community and Housing said the equipment monitors the length of time a carer is in the clients' home, so the council only pays while the carer is in the property. Further savings will be realised when the system is rolled out to all Providers as we only pay for the care given. This proposal is positive for residents as it ensures that the care commissioned is

provided at the times agreed with the customer and their care and support needs are met.

CH89 Older People Day Activities – The Assistant Director of Social Care reported that there are two day centres for older people in Merton. One is council run and the other is commissioned by Merton. Both are running with approximately a third in capacity. Merton also has over 20 lunch/social clubs run by the voluntary sector providing over 760 lunches per week and these are thriving and very well regarded by the public. The Director of Community and Housing said the department will review the current local offer and determine the menu of options that will meet the needs of the community.

Councillor Crowe said the Panel may wish to take a view on a preferred option. Some Panel members wanted to wait for the outcomes of the review. A panel member said that both day centres are valued by the community and should remain open.

Councillor Crowe proposed a motion that the department retain one of the day centres. This was seconded by Councillor Andrew Howard.

Councillors Stephen Crowe and Andrew Howard voted in favour of the motion Councillors Peter McCabe, Joan Henry, Sally Kenny, Dave Ward, Hina Bokhari voted against the motion.

The motion was denied.

CH90 Out of Area Placements - Panel members asked for further details on the savings proposal. The Director of Community and Housing reported that reviews will be completed for each individual on a person by person basis based on their individual care needs to see if care can be provided locally and that people can be closer to their family and local communities. This leads to a better outcome for the individual as they will be closer to friends and family. Providing care locally can also provide financial savings to the council.

Panel members sought reassurance that the individuals would still be cared for and asked if will there need to be an investment in local providers. The Director of Community and Housing reported that this group are already receiving care and support, their placements will be reviewed with a view to finding opportunities to bring them closer to home. There is already provision in borough such as shared lives and supported living who currently support those with a low level of need.

A panel member asked if the council is reducing the budget to Merton Centre for Independent Living. The Director of Corporate Services reported that there will not be a reduction in the Strategic Grants budget but the organisations who receive the funding may change, as these are currently being recommissioned. The council is working with MVSC to determine the criteria.

The Chair said it would be not appropriate to comment further given that a competitive process will take place.

6 BUSINESS PLAN 2019-23 SAVINGS PROPOSALS INFORMATION PACK
(Agenda Item 6)

7 WORK PROGRAMME (Agenda Item 7)

The Panel noted the work programme.



MERTON OVERVIEW AND SCRUTINY COMMITTEE

MERTON IMPROVING ACCESS TO
PSYCHOLOGICAL THERAPIES (IAPT) AND
PRIMARY MENTAL HEALTH CARE SERVICE
DEVELOPMENTS
2017/2018 TO 2019/2020



right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

PRESENTATION KEY POINTS

- 1] Summary of the challenges faced in IAPT access and treatment rates
- 2] Actions taken in the last 12 months to make improvements
- 3] Description of the new service model and the differences it will make



right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

SUMMARY OF THE CHALLENGES

Two Part Challenge

1] Capacity and Investment

Primary mental health care services in Merton had not received significant new investment since 2015. Improving Access to Psychological Therapies (IAPT) services required investment to grow in line with the mental health services transformation plan set out in Five Year Forward View for Mental Health

2] Performance

Access Rate Poor – the number of patients receiving IAPT treatment was much below the national expectation

Waiting Times - Very good – most patients engage a therapist within six weeks of referral

Recovery Rate - Variable – in 2017/2019 recovery rates were below national expectation, but have since declined further

Referral rates - were low, and the number of people who went on to receive treatment post referral was comparatively low

Some social groups under-represented, including

- People from Black and Asian Minority Ethnic (BAME)
- Older Adults
- Patients registered with East Merton General Practitioners (GPs).

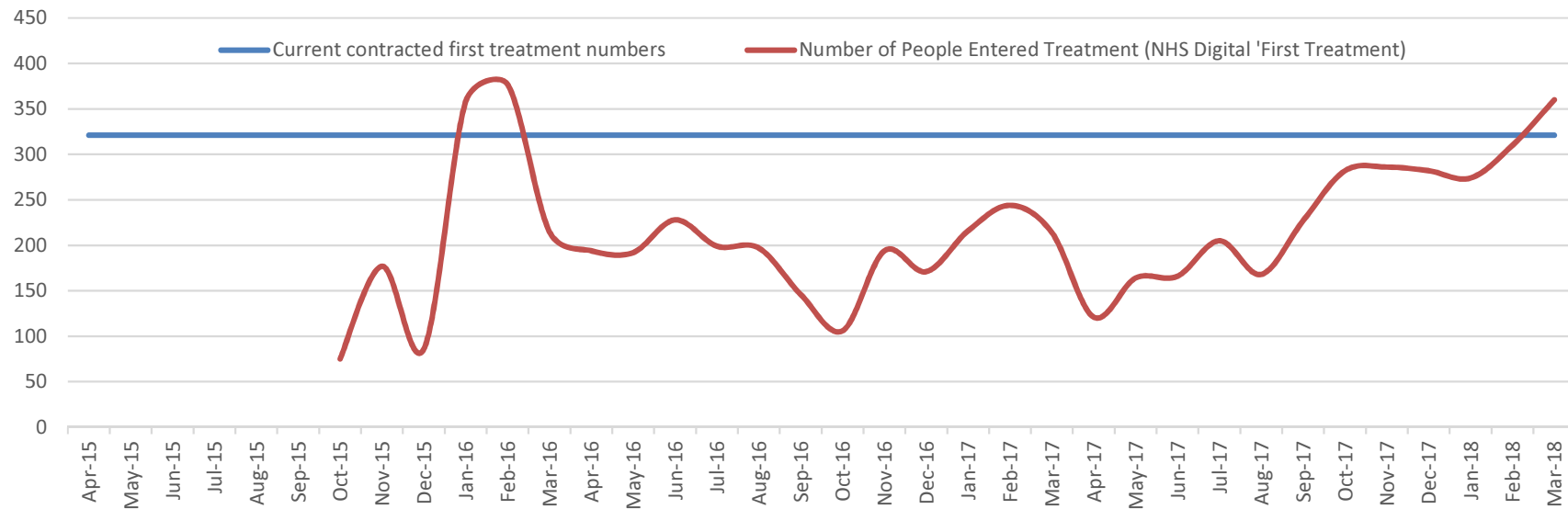


right care
right place
right time
right outcome

SUMMARY OF THE CHALLENGES

Key Area of IAPT Underperformance:- The Access Rate (numbers entering treatment)

Merton IAPT, Number of Patients Entering Treatment October 2015 to March 2018





right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

REMEDIAL ACTIONS, 2018/2019

Two Part Strategic Response

- 1] Increase the numbers of patients entering treatment in 2018/2019
 - 1.1] Additional investment from 2018/2019, with further investment agreed for 2019/2020 and 2020/2021
 - 1.2] New IAPT providers, IESO and Big White Wall – digital IAPT providers working alongside and complementing the Addaction service until the end of 2018/2019
 - 1.3] Addaction worked through an agreed remedial action plan
 - 1.4] Digital and traditional publicity and marketing campaign
 - Facebook,
 - local bus stops,
 - leaflets to Merton households,
 - IAPT provider presence in local nodes, such as the Civic Centre and the Nelson Medical Centre)
 - Renewed GP engagement
- 2] Devise and implement a service model to improve patient choice, service capacity, and system efficiency in primary mental health care for the longer term – a Merton Primary Mental Health Care Service

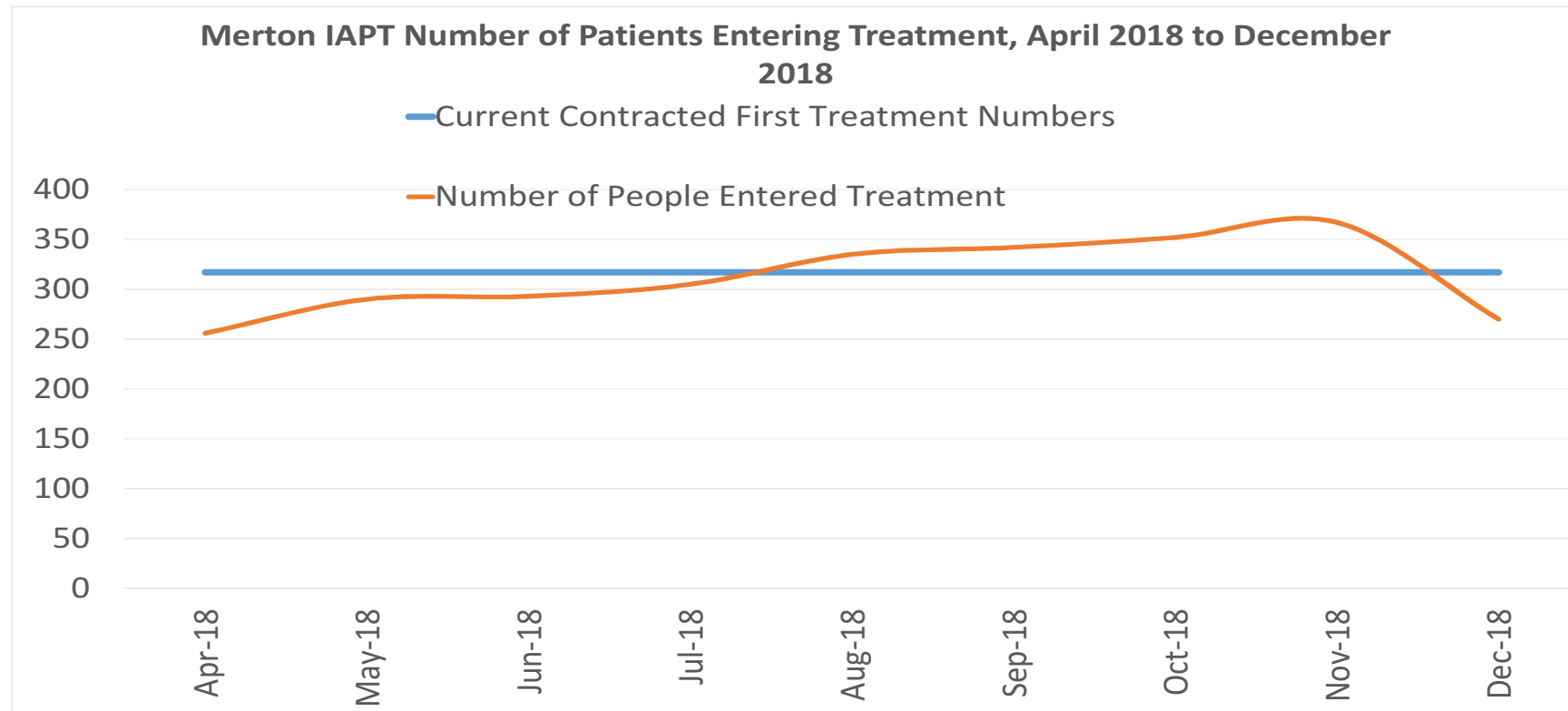


right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

PERFORMANCE IMPROVEMENT, 2018/2019

Service Improvement:- Access Rate Met in Q2 and Q3 2018/2018





right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

MERTON PRIMARY MENTAL HEALTH CARE SERVICES FROM 2019/2020

Three Part Service Model

A tender was opened in late summer 2018, which was won by South West London and St George's Mental Health NHS Trust. The new service is likely to be known as Merton Uplift, comprising of three elements

1] **Mental Wellbeing**

A service for anybody that self-identifies they have support needs arising from their state of mental wellbeing. This service will help its clients to

- Recognise and develop their innate strengths
- Make links with local community services and supports to reduce their social isolation
- Provide a clear, but seamless care pathway for those who have unresolved issues mental health services can help with

2] **Merton IAPT**

The new service will incorporate a revised and expanded IAPT service. This new service build on recent successes, and will introduce new structure to make IAPT available to more people, focusing on

- People with long term conditions
- Older adults
- Men

3] **Primary Care Recovery**

A service for people with severe mental illness

Designed to facilitate patients' discharge from secondary care, and to prevent escalations in serious mental illness

This service will support patients to work with their GPs to maintain good mental and physical health

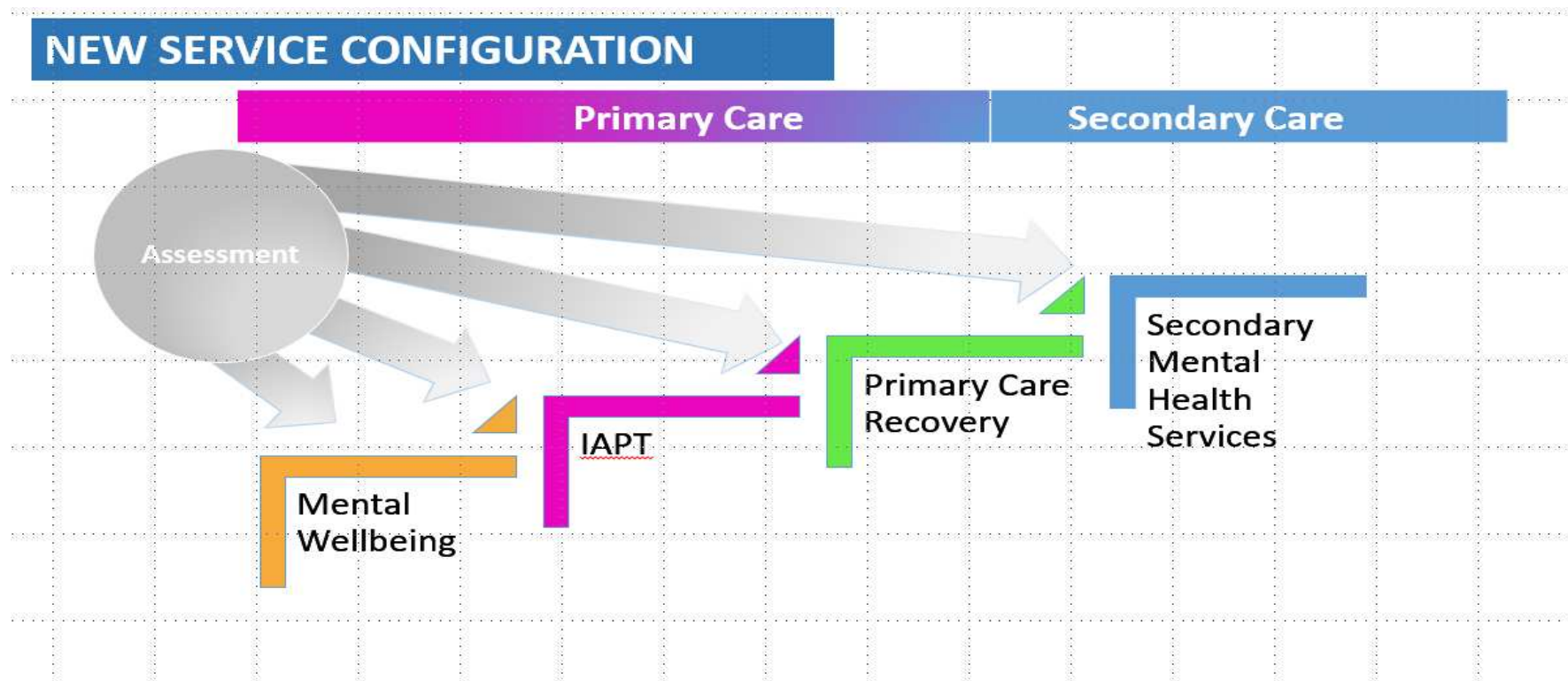


right care
right place
right time
right outcome

NHS
Merton
Clinical Commissioning Group

MERTON PRIMARY MENTAL HEALTH CARE SERVICES FROM 2019/2020

New Service Model



Healthier Communities and Older People Overview and Scrutiny Panel

Date: 12 February 2019

Agenda item:

Subject: Health and Wellbeing Strategy 2019-24 update on refresh

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

Contact officer: Natalie Lovell (Healthy Places Officer), Clarissa Larsen (Health and Wellbeing Board Partnership Manager)

RECOMMENDATIONS:

- A. Note the refresh of the Merton Health and Wellbeing Strategy 2019-24, and the particular focus on 'healthy place'¹.
 - B. Note the synergies between the refreshed Health and Wellbeing Strategy and the Merton Health and Care Plan.
 - C. Contribute any ideas that could help strengthen the current priorities of Start Well, Live Well, Age Well in a Healthy Place, in the Health and Wellbeing Strategy 2019-24.
 - D. Help the Merton Partnership focus on where they can add most value by filling out the short Health and Wellbeing Strategy 2019-24 surveys – links in this report (point 3.10).
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report sets out the work currently underway as part of the development of the new Health and Wellbeing Strategy which will run from 2019 –24. The aim is to inform and engage members of this Panel in the new strategy and to take advantage of this opportunity to invite their comments.

2 CONTEXT

The Health and Wellbeing Board

- 2.1. The Health and Wellbeing Board brings together key stakeholders to provide leadership for health. This includes shaping a health promoting

¹ By 'healthy place' we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play. Whilst the Local Health and Care Plan will focus on health and social care services, the Health and Wellbeing Strategy will focus on the wider determinants of health.

environment (healthy place) as well as promoting good health and care services. Its work is influenced by the Joint Strategic Needs Assessment and an ongoing dialogue of what matters to people.

Values and ways of working

- 2.2. Past experience suggests that the Health and Wellbeing Board is most effective when it focuses efforts on a few select priority areas rather than a broader range of issues. Its success partly lies in the commitment of its members to promote shared values including social justice, prevention/early intervention and a desire to learn and experiment, in their own organisations.

2.3. **Refreshed Health and Wellbeing Strategy 2019-24**

The previous Health and Wellbeing Strategy, reported to this Panel, ran from 2015 to 2018. We are currently in the process of updating this strategy and involved in an engagement programme and close working with partners, stakeholders and the wider community and voluntary sectors.

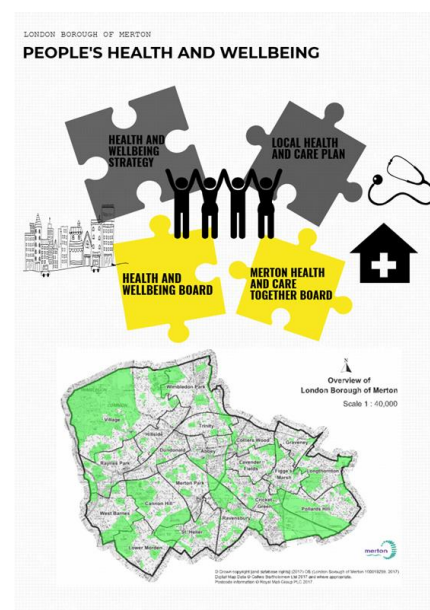
2.5 **Synergy with the Merton Local Health and Care Plan**

Alongside development of the new Health and Wellbeing Strategy a Local Health and Care Plan is also being developed and both will influence the health and wellbeing of the Merton population. The three themes of the Health and Wellbeing Strategy, Start Well, Live Well and Age Well – all with a focus on healthy place, are mirrored in the Local Health and Care Plan which focuses on health and care services and integration.

We are working closely with colleagues to coordinate the Local Health and Care Plan and the Health and Wellbeing Strategy to ensure they complement each other. See **Figure 1**.

Figure 1: Merton Health and Wellbeing Strategy and Merton Local Health and Care Plan

- The Merton Local Health and Care Plan (LHCP) is overseen by the Merton Health and Care Together (MHCT) Board.
- MHCT Board focuses on health and care services and integration and reports to the Health and Wellbeing Board (HWBB).
- The HWBB is the statutory council committee to provide overall vision, oversight and strategic direction for health and wellbeing in Merton, including the wider determinants of health.
- The refresh of the HWBB strategy covers the same themes as the LHCP – start well, live well, age well – but with the addition and focus on creating a healthy place.
- The intent is to explicitly align the two plans to make sure they complement each other.



2.6 NHS Long Term Plan

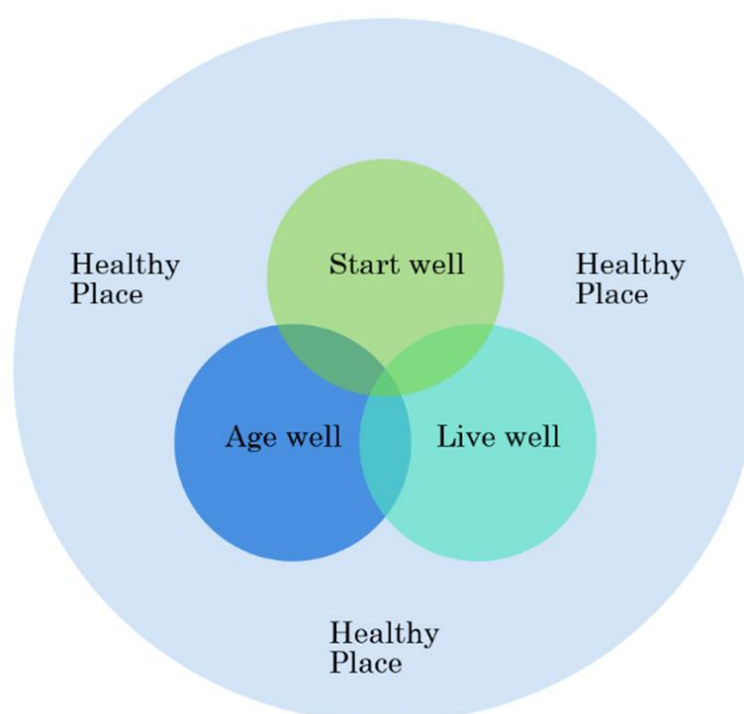
The NHS 10 year plan is a recently published, ambitious and comprehensive plan which covers how the NHS will spend the £20.5 billion extra money it will receive by 2023. The plan includes action that will be taken on prevention, avoiding health inequalities and helping people live longer healthier lives. However the NHS alone cannot solve these challenges; action is needed across society, across sectors, at different levels and on the wider determinants of health in order to make progress. This is why both the Local Health and Care Plan and the Health and Wellbeing Strategy in Merton are important.

3. DETAILS

Summary of the Health and Wellbeing Strategy 2019-24 themes

- 3.1 Merton Health and Wellbeing Board has agreed four overarching themes (see **Figure 2**) for the new Health and Wellbeing Strategy of:
- Start Well
 - Live Well
 - Age Well
 - [in a] Healthy Place

Figure 2: Themes of the Health and Wellbeing Strategy 2019-24



- 3.2 Rather than being a separate theme, the Healthy Place theme is an integral part of the first three themes. Under each of the overarching themes there will be priority areas that will be tackled over the life course of the Health and Wellbeing Strategy.

What do we mean by ‘healthy place’?

- 3.3 Healthy place can mean different things to different people. When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play. These factors also shape the choices we face, for example around the food we eat. It is using a ‘healthy place’ lens through which we will develop the actions against the priority areas in the refresh Health and Wellbeing Strategy.

3.4 **Themed workshops and community engagement**

As part of the engagement programme, Health and Wellbeing Board members are helping to lead four themed workshops to facilitate discussion around the tentative priorities for Start Well, Live Well, Age Well and Healthy Place. These priorities for each theme were selected based on the Joint Strategic Needs Assessment (JSNA), engagement to date and an ongoing dialogue of what matters to people (see **Figure 3 below**). The final workshop on Healthy Place will help us to decide the priority actions for the Health and Wellbeing Strategy 2019-24.

- 3.5 In the workshops we discuss and reflect on what we think about the tentative priorities, with a particular focus on what a healthy place would look like to help people flourish. We would like to build on the ongoing work of the Health and Wellbeing Board in this area and its commitment to fairness, promoting early action and reducing inequalities.

- 3.6 There are opportunities in the workshops to help us further explore people's interests, motivations and values regarding the Start Well, Live Well and Age Well themes. For example, at the Start Well workshop values which emerged as being important to people included reducing inequalities, the importance of freedom and the right to play and the importance of family and relationships. At the Live Well workshop values emerging were empowering people, collaboration and social responsibility.
- 3.7 The workshops will allow us to reflect on where the Health and Wellbeing Board will add most value through its role in bringing the people of Merton together to work towards a shared vision of health and wellbeing. There is an opportunity in the Strategy refresh to build on current work, for example continuing to promote 'health in all policies' and 'Think Family' as tools to create the conditions in Merton that help people lead healthy lives, as well as to explore new areas the Board may wish to focus on, for example using the Social Value Act to promote local skills and employment, or exploring housing and health.
- 3.8 Insights from the Start Well and Live Well workshops suggest that the tentative priority areas under the main themes are in the right direction and provide us with new ideas related to the healthy place focus, such as: encouraging businesses and workplaces to be breastfeeding friendly spaces; creating a healthy urban environment around schools; exploring the child friendly cities framework; creating spaces that encourage social connection; and empowering communities to take action. Additional ideas relating to the healthy place theme include air quality, active travel and the circular economy.
- 3.9 To see write ups of the Start Well and Live Well workshops please see **Appendices 1 and 2**.
- 3.10 We have created short online surveys on the Start Well and Live Well themes which have been circulated to the Start Well and Live Well workshop attendees respectively, to circulate to their networks, so that more people can be reached (we will do the same for Age Well and Healthy place once the workshops have taken place). The links to these surveys are below:

Start Well survey: <https://www.surveymonkey.co.uk/r/D9TZRBG>

Live Well survey: <https://www.surveymonkey.co.uk/r/HMN7P72>

- 3.11 The final workshop on Healthy Place will be a summary workshop pulling together the learning from the previous three workshops and with a strong focus on healthy place.

Figure 3 – Initial priorities identified to date by theme

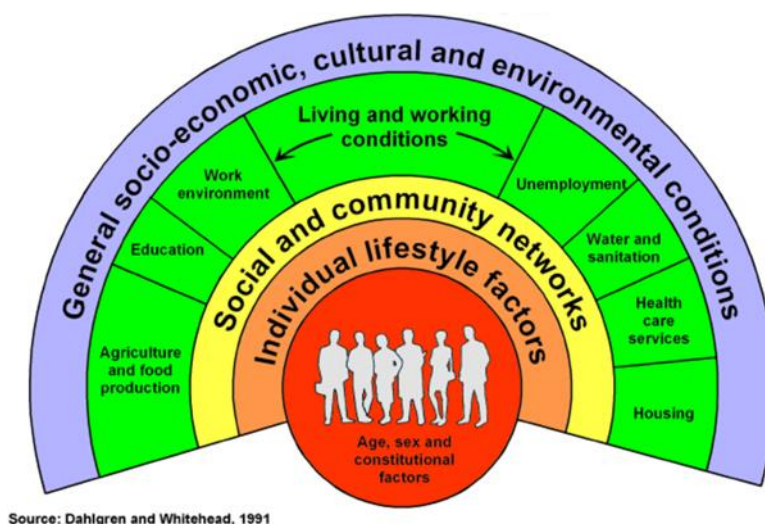
THEME	PRIORITY AREA TO TACKLE	VISION
Start Well	A good start in life	Every child and young person has a fair opportunity to have a good start in life through learning, playing, socialising, feeling safe and growing up healthy
	Mental health and wellbeing	Every child and young person has a fair opportunity to be listened to, feel valued and to be supported with their mental health and wellbeing
	Childhood obesity	Every child and young person has a fair opportunity to be a healthy weight by taking into account the multiple and interacting factors in their environment that contribute to the issue of childhood obesity
Live Well	Diabetes	Exploring how we can change factors in our environment, such as advertising of unhealthy food and drink and community food growing opportunities, to help create healthy places that make the healthy choice the easy and preferable choice
	Stress and resilience	Exploring how influencing factors in our environment, such as access to green space and active travel can help improve people's mental health and wellbeing
	Healthy workplace	Exploring how workplaces

		can help improve health and wellbeing of their staff and communities
Age Well	Social connectedness	TBC (workshop 31 st Jan)
	Active ageing	TBC
	Dementia friendly communities	TBC

The refresh process

- 3.12 Although governance of the Health and Wellbeing Strategy sits with the Health and Wellbeing Board, the refresh process involves all thematic partnerships; Children's Trust Board; Safer and Stronger Partnership; and the Sustainable Communities and Transport Partnership, all of whom influence the wider determinants of health (see **Figure 4**).

Figure 4: The wider determinants of health



- 3.13 We are engaging and communicating with local leaders to help shape, take ownership of and achieve the vision of the Health and Wellbeing Strategy refresh. These local leaders and place shapers include: Health and Wellbeing Board members; London Borough of Merton Directors; CCG; GPs; Councillors; local leaders; officers; the voluntary sector; and the people of Merton
- 3.14 We are working in synergy with colleagues working on other strategies currently being refreshed including the Merton Local Health and Care Plan as outlined above, the Children and Young People's Plan, the new Sustainable Communities Plan and the Early Years framework.

Past Health and Wellbeing Board achievements

- 3.15 Whilst we are in the process of refreshing the Health and Wellbeing Strategy we are not yet in a position to produce an annual report but members can see here for a detailed summary of recent achievements relating to the Health and Wellbeing Board's work:

<https://democracy.merton.gov.uk/documents/s22140/HWB%20Strategy%20and%20HIAP%20update%20refresh.pdf>

4. NEXT STEPS

- 4.1 The programme of workshops is due to continue with the January 31st workshop on Age Well and the final workshop on Healthy Place on 12th February in which several Health and Wellbeing Board members are participating.
- 4.2 The findings of the engagement programme will help to further inform the emerging priorities. Draft priorities and early actions for the new Merton Health and Wellbeing Strategy will be reported to the Health and Wellbeing Board in March and a draft full Strategy then developed for June. We will continue to work closely with the Local Health and Care Plan throughout.

4.3 Key dates timeline

Key dates are outlined below. Note these are not comprehensive and additional updates will be taken to other Boards where appropriate.

Date	Meeting	Purpose
February		
5 February	Merton Partnership Exec Board meeting	HWB report for discussion / input
12 February	Health Scrutiny Panel	HWS report for discussion / input from Scrutiny
12 February	Final workshop to bring together all themes / Healthy Place	Final engagement workshop – returning to all themes in a Healthy Place
February	HWS on-line survey closes	Final analysis of full engagement takes place
March		
26 March	Health and Wellbeing Board	Draft HWS to be discussed
June		
25 June TBC	Health and Wellbeing Board	Final HWS for sign off
July	Cabinet	HWB sign off

5. ALTERNATIVE OPTIONS

None for the purposes of this report

6. CONSULTATION UNDERTAKEN OR PROPOSED

The consultation programme is as set out in the report.

7. TIMETABLE

The plans for developing the health and wellbeing strategy are outlined in the report

8. FINANCIAL OR RESOURCE IMPLICATIONS

None for the purposes of this report.

9. LEGAL AND STATUTORY IMPLICATIONS

It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy is directly concerned with improving health equity.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

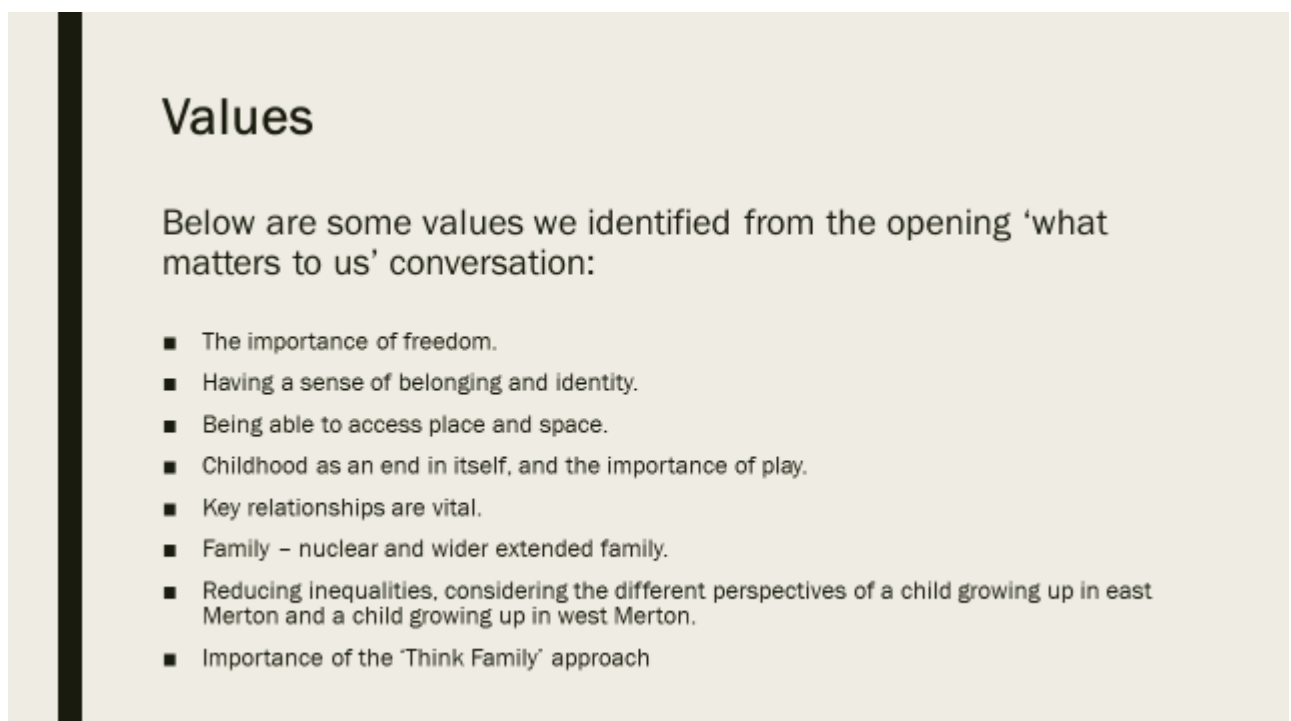
Appendix 1: Start Well workshop write up

Appendix 2: Live Well workshop write up

BACKGROUND PAPERS

None.

Appendix 1 Start Well workshop write up (power point slides)



In groups, we explored people's insights in the following areas...

Childhood obesity

Early Years

Mental and emotional wellbeing

...with a focus on healthy place



What do we mean by healthy place?

- Healthy place can mean different things to different people.
- When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play.
- These factors also shape the choices we face, for example around the food we eat.

CHILDHOOD OBESITY

TABLE DISCUSSION

Childhood obesity: insights

- Importance of friends and family networks and relationships. Including parents, carers and having family time.
- Avoid 'blame' culture – positively frame opportunities to help children, young people and their families lead healthier lives.
- Opportunities for family activities and coming together to reduce stigma and parents feeling isolated working with community groups.
- Awareness of healthy eating and physical activity opportunities in the community to encourage engagement.
- Societal level rather than just individual level – environmental interventions and the built environment have an impact.
- Starting early (pre-conception) but also maternity and early intervention before a child reaches 5 years old
- Support for parents/carers and child with obesity and healthy weight

Childhood obesity

Health and Wellbeing Board: Ideas for the future

- Estate regeneration and influence on the built environment
- Workplace health and wellbeing to influence family health
- Empowering communities to take action
- Council levers need to be congruent and focussed eg planning
- Gap between professional support and community support
- No single solutions- need to galvanise levers we have
- Sustained focus on childhood obesity as a priority
- Reframing terminology, humility and listening
- Health in All Policies very important. Council and CCG as commissioners have opportunities to influence. Should be strong in HWBB strategy
- Consistent approach through co-production of early interventions but the driver must be through the eyes of the parent/carer

EARLY YEARS

TABLE DISCUSSION

Early Years: insights

- Building community and networks - crucial to give support but can be absent.
- Some unhappiness doesn't reach our professional threshold for significant help.
- Impact of environment on every aspect of life.
- Identifying need and asking for help - without this no help given.
- Loneliness can occur anywhere - not necessarily in areas experiencing inequality

Early Years Health and Wellbeing Board: Ideas for the future

- Think about the way we communicate as an HWBB.
- Need an overarching brand/theme/vision.
- Need to focus more on interplay between Start well and Healthy place.
- Vision for the Children of Merton – how by working together we have the most impact.
- Importance of adopting a 'Think Family' approach.

MENTAL AND EMOTIONAL WELLBEING

TABLE DISCUSSION

Mental and emotional wellbeing: insights

- Developing self-resilience helped by being able to talk about feelings to others.
- Professional role and how professionals affect the social domain.
- Power of the social construction of stigma and shame (that can be internalised)
- Fear of a child's mental health illness by a parent/carer or others.
- Supporting the family, helping parents with their children's needs.

Mental and emotional wellbeing

Health and Wellbeing Board: Ideas for the future

- How can we create environments that support relationship building, networks, and family relationships?
- Need to support families and communities to understand 'sadness' and isolation.
- Consider how we can help generate kindness and respect.
- Help to ensure our community spaces remain for communities.
- How do we build communities and community resilience through our planning and regeneration. Places where people come together.
- Relationships matter- education can help teach young people to talk about their feelings.
- Pre-natal and post-natal relationships crucial- opportunities for non-stigmatising services
- Resource our local community centres with voluntary sector groups
- Apply Strengths based approaches.
- Empower children- hear their voices!

Closing comments...

- Explore Health and Wellbeing Strategy/Health and Wellbeing Board branding
- The importance of the HWB to collectively get behind a specific idea and promote it.
- The importance of community and working with communities' strengths..
- The importance of early years influences.
- Listen, engage, partner with communities.

Closing comments...

- The importance of space and how you feel in it.
- Community engagement with those just below our thresholds.
- Willingness and desire to think differently and work collaboratively to find solutions with our communities.
- Great commitment from everyone at workshop to family friendly approach.
- Pre-natal and post-natal relationships are crucial, opportunities for non-stigmatising services.

For more information...

- Contact Natalie.lovell@merton.gov.uk

Appendix 2 Live Well workshop write up (power point slides)



MERTON HEALTH AND WELLBEING STRATEGY

Learning from the Live Well
Workshop

December 2018

CONTENTS

WORKSHOP AIM

VALUES WE IDENTIFIED

WHAT WE MEAN BY 'HEALTHY PLACE'

DIABETES

Insight and ideas

STRESS & RESILIENCE

Insight and ideas

HEALTHY WORKPLACE

Insight and ideas

NEXT STEPS



WORKSHOP AIM

What we hoped to achieve through the workshop

AIM OF WORKSHOP

The aim of the workshop was to discuss and reflect on what we think are the priorities for the health and wellbeing of working-age adults for 2019-24, with a particular focus on what a healthy place would look like to help them flourish.

The findings from the discussion will be used to inform the refresh of the Health and Wellbeing Strategy.

WHAT IS THE HEALTH AND WELLBEING STRATEGY?

The Health and Wellbeing Strategy is a document that sets out the vision for health and wellbeing in Merton, from 2019-24.

It is a statutory duty for the Health and Wellbeing Board to produce it. The Board brings together key stakeholders to provide leadership for health.



VALUES WE IDENTIFIED

From the opening 'what matters to us' conversation

GROUP WORK

We asked people at tables to work in partners and talk about what matters to them, on the topics of either Diabetes, Stress & Resilience or Healthy Workplace.

COLLABORATION

TACKLE CHALLENGES TOGETHER

EMPOWER PEOPLE

ASK: WHAT MATTERS TO YOU?

CONSIDER SOCIAL RESPONSIBILITY

COMMUNITY

WHAT WE MEAN BY 'HEALTHY PLACE'

An explanation of the concept

WHAT DOES 'HEALTHY PLACE' MEAN?

Healthy place can mean different things to different people.

When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the place we live, learn, work and play.

These factors often shape the choices we face, for example around the food we eat.

"Communities need somewhere they own and that they consider their own."

Workshop participant

DIABETES: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

MENTAL & EMOTIONAL WELLBEING

Consider first what matters to people. It may not be immediate health issues.

Expectation and almost acceptance of getting diabetes as many family members have it.

ENVIRONMENTAL WELLBEING

Role of advertising of unhealthy food and drink vs right media messaging.


Walking rather than driving; lack of cycling infrastructure.

Food environment that makes the healthy choice the easier choice.

Making it easier to exercise.

Family environment and food environment are closely linked.

Storytelling is a powerful approach to supporting people to make changes.



DIABETES: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

ECONOMIC WELLBEING

Worries about future employment prospects.

Cost of good quality, appropriate food.

Lack of access to appropriate cooking equipment can undermine attempts to change.

SOCIAL WELLBEING

Access to the right information to make informed choices.

Sell the positives of change and provide messages that inspire confidence.

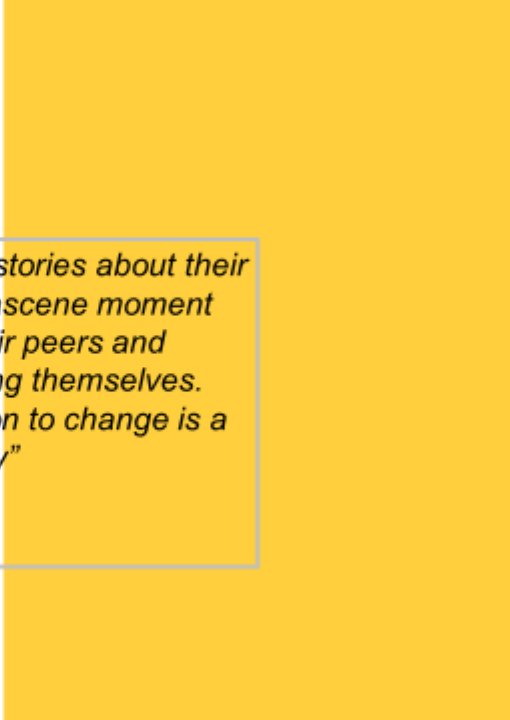
Role of community & role of a good GP/team who can communicate.

Genetic factors also have an influence on health.

Culture is important- could be ethnic, religious, neighbourhood, friendship group, workplace culture etc.

Role of family in supporting people. The family is a key unit in any intervention.

How to prepare food-educating the cook and fridge filler.



"We must not tell people wrong stories about their health. People reach their Damascene moment through hearing stories from their peers and through the process of storytelling themselves. Often the most convincing reason to change is a story from within your own family"

Workshop participant, Diabetes table



DIABETES: IDEAS FOR THE FUTURE

Ideas for the Health and Wellbeing Strategy refresh

- Community health champions
- Recognise that this is a community level issue
- Cooking lessons- simple, healthy cheap meals
- Community centre/space for people to connect and support each other
- Use schools as places to connect/use kitchens after school hours
- Range of services linked to diabetes management/clinics (debt support, counselling)
- Prevention- start in schools

- Youth champions
- Role of governors
- Weave into school curriculum/PSHE/home economics/lunchtime
- Support access to cooking equipment
- Co-ordinated approach to mapping, supporting and promoting sport/physical activity
- Share stories and learning across the community
- Social prescribing approach is key



STRESS & RESILIENCE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

MENTAL & EMOTIONAL WELLBEING

Social isolation

Sleep is affected

Lack of security

Children

Fear for the future

Lack of control over life/feels like a treadmill/no light at the end of the tunnel

People have to feel ready to be signposted

ENVIRONMENTAL WELLBEING

Making social connections is difficult

Housing situation stressful and insecure

Need to be near support networks –transport to get there

School most influential channel

School gates are really important for social connections



STRESS & RESILIENCE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

ECONOMIC WELLBEING

Easy to get into debt and hard to get out of it

No opportunity to apply for better jobs

No spare cash for social interactions

Work- everyone needs a goal at work

SOCIAL WELLBEING

Isolation from family/extended family

No time for friends

Tough life as a single parent

Need external support, not just medication



STRESS & RESILIENCE: IDEAS FOR THE FUTURE

Ideas for the Health and Wellbeing Strategy refresh

- Support for single parents & vulnerable people
- Every workplace ask questions about mental health and wellbeing
- 'Say hello' at work; social interaction in the workplace can make a difference. Senior leadership to support change
- Sincere social interventions/culture
- Public art to encourage discussion
- Informal places to 'drop in' and chat with no agenda
- Less formal car clubs using neighbours

- Connect private and public businesses
- CCG, Council & voluntary sector to lead by example
- Use community spaces to encourage people to meet- schools, libraries
- Map community assets & identify areas of greatest need
- Social civic responsibility- NHS should provide more than medication, schools should provide more than education
- Recreate natural support networks



HEALTHY WORKPLACE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

MENTAL & EMOTIONAL WELLBEING

Culture of presenteeism is problematic

Pressures to 'look busy' at work and work pressure affects people's work/life balance

Protected lunch breaks can help protect mental and emotional wellbeing at work

Some employees may have caring responsibilities eg caring for a family member with dementia. Need support from their workplace

Walking meetings

ENVIRONMENTAL WELLBEING

'Meeting hygiene'- too many meetings can create time pressures. Consider smart use of technology.

Employees need a vision they can sign up to- good direction

Good management is key

Active travel, flex time (school run), childcare

Some workplaces offer communal space for employees to cook

The price of healthy food can often be a barrier

Consider those who do not work in an office eg in east Merton the white van is many peoples' workplace



HEALTHY WORKPLACE: INSIGHTS

Exploring mental and emotional, environmental, economic and social wellbeing

ECONOMIC WELLBEING

A good job can create a sense of wellbeing, a sense of purpose in life, and provide money and resources to live

A good job is a key determinant of health

Procurement to boost the local economy and people's wellbeing- Preston case study

SOCIAL WELLBEING

Consideration needs to be given to the language used when talking about the importance of healthy workplace. Consider the humanism rather than treating employees as 'machines' and thinking solely in terms of 'productivity' and 'output'

Flexibility

Protected lunch breaks

Create social interaction at work through design



HEALTHY WORKPLACE: IDEAS FOR THE FUTURE

Ideas for the Health and Wellbeing Strategy refresh

- Encourage businesses to sign up to the Healthy Catering Commitment
- Encourage good, people focussed management to get the best out of people
- Provide leadership for workplace health
- Encourage businesses to sign up to a Merton wide Breastfeeding Welcome scheme
- Mental health at work

- Workplaces to encourage and enable active travel at work
- Sustainable travel plan for the borough
- Share learning about what a healthy workplace is
- Model the way. Ensure that Merton Council and HWBB partners have a breastfeeding policy in place that supports new mothers returning to work



NEXT STEPS

Next steps for the development of the Health and Wellbeing Strategy

- **WORKSHOP PARTICIPANTS TO CIRCULATE LIVE WELL SURVEY TO THEIR NETWORKS. LINK HERE:**
<https://www.surveymonkey.co.uk/r/HMN7P72>
- **PUBLICATION OF HEALTH AND WELLBEING STRATEGY 2019-24 AROUND JUNE 2019**

**WORKSHOP
PARTICIPANTS**

Dagmar Zeuner
Mari Davis
Andrew Murray
David Chung
Frederick Springer
Chris Lee
Hannah Neale
Barry Causer
Phillip Williams
Tobin Byers
Doug Hing
Ray Hautot
Suzanne Hudson
James McGinlay
Hannah Pearson
Kelly Marshall
Vasa Gnanapragasam
Mike Robinson
Rebecca Spencer
Brian Dillon
Beau Fadahunsi
Paul McGarry
Ann Maria Clarke
Sara Williams
Dave Curtis
Iona Baker
Natalie Lovell

CONTACT

For more information about the Health and Wellbeing Strategy refresh please contact Natalie.lovell@merton.gov.uk

Committee: Healthier Communities and Older People overview and scrutiny panel

Date:

Wards: All

Subject: Enabling Older People to live independently at home.

Lead officer: John Morgan, Assistant Director – Adult Social Care, Community & Housing

Lead member: Cllr Tobin Byers – Cabinet Member for Adult Social Care and Health

Contact officer: Phil Howell phil.howell@merton.gov.uk

Recommendations:

-
1. That members note the report and the range of programmes that support older people to live independently at home.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This paper sets out the strategic approach taken by Community & Housing and the role it plays as a Council department in helping people maintain independence. The paper is in response to the scrutiny panel's recognition that 'many people prefer to receive support in their own home rather than be placed in residential care when they become vulnerable'.
- 1.2. The paper sets out the philosophy and strategic intent that the department has in relation to its statutory duties for prevention and wellbeing. It sets out how maintaining and maximising individual independence is supported by a range of departmental activity and services provided by or commissioned by the council. The paper also sets out how the department works with its statutory partners to further the aim and ambition that all vulnerable adults should be able to lead independent lives in Merton for as long as possible, and to the extent they are able to and want to.
- 1.3. The paper is for information. There are no formal recommendations.

2 DETAILS

- 2.1. National and local legislation and policy context
 - 2.1.1 In recent years a wide range of new legislation and policy has shaped the departments' service development and its wider partnership working with the health, care and housing system locally. The Care Act 2014, The Homelessness Reduction Act 2017, The NHS 10 year forward view have all focused on prevention, early intervention and joint working to reduce demand on statutory services. It is expected that the anticipated Green Paper on Adult Social Care long term funding will also refer to the prevention agenda, in the context that with increased demographic pressure comes growing demand for

services and to provide the same model of support to more people will not be possible in the challenging financial climate the system operates within.

- 2.1.2 Collectively the ambition of our newly refreshed Target Operating Model is that we will; work together to provide leadership and vision for our services, enabling our customers to live better, healthier and more independent lives, enabling improved life chances, whether through learning and information, having a place to live, or for older / disabled people living as independent a life as possible.
- 2.1.3 Through the services the department provides, we aim to increase our service users best possible life chances from transitioning young adults in to our services, through to older residents, enabling them to help themselves where possible to build their capacity, resilience and independence. We will also maximise our use of libraries and our learning services to assist people to live as independently as possible and to improve their life chances. This means, where an adult is identified as vulnerable or has potential to be, we aim to prevent this from arising or reduce the risk associated with vulnerability.
- 2.1.4 The department is responsible for commissioning, providing and discharging a range of statutory functions that contribute to the health and physical, mental and economic wellbeing of the residents of Merton. We commission public health services including those that support older people to lead healthy lifestyles living and work with colleagues in Merton CCG on programmes such as social prescribing which aims to connect residents to preventive services. We also commission adult learning programmes, housing, housing related support, supported and temporary accommodation, accommodation with care and support and community based care and support services for vulnerable adults.
- 2.1.5 We commission and provide information advice and guidance, signposting and early intervention, services that prevent, delay and reduce further need for statutory services and services aimed at rehabilitating and returning people to independent living in the tenure of their choice. We provide community facilities, libraries, social spaces and dedicated accessible spaces for people to live, learn, contribute to their community, develop skills and maximise their independence. We provide statutory assessment, support planning and service delivery functions across housing and adult social care and in partnership with local health services.
- 2.1.6 The Care Act 2014 introduced statutory duties in relation to prevention and wellbeing and made it explicit that these duties were relevant to the whole local population, not just those with a need for adult social care. The Act describes the local authority duty in relation to prevention as follows: 'a local authority must provide or arrange for services, facilities or resources, which would prevent, delay or reduce an individual's need for care and support or the need for support of carers'.
- 2.1.7 Following the statutory guidance, we facilitate a whole community approach across Merton to improving wellbeing, maximising independence and helping people live the fullest life possible. Creative and innovative solutions, which draw upon family and community networks, enable people to stay independent for longer. The department as a whole can draw upon many assets and services to support this.

- 2.1.8 The community libraries are an example of a place where people can find out more about what is going on in their community, they can engage in social activities and research their own support requirements. In December 2016 the DCMS published, 'Libraries Deliver: Ambition for Public Libraries in England 2016 – 2021' that sets out the government's 5-year strategy to public libraries. Key to this is the term 'Libraries First' that urges local authorities to maximise how they use their libraries to address cross cutting issues.
- 2.1.9 Housing services commissions Housing Related Support, which aims to help people maintain their tenancy independently. Typically, this can include how to maximize benefits, some of which may be specifically aimed at independence, for example mobility allowances. It also includes advice on how to manage a household budget and maintain the home. In April 2018 the Homelessness Reduction Act became law. This puts additional responsibilities on councils to prevent statutory homelessness. It is known that issues of tenancy sustainment can lead to a higher likelihood of social care needs and can impact on and limit the ability to live independently in the community.
- 2.1.10 Occupational Therapy, sometimes in conjunction with the Disability Facilities Grant application process, can advise on aids and adaptations that make everyday living more manageable and enable people to do things for themselves instead of reliance on others. There is a broad spectrum of equipment, aids and adaptations available from a simple grab rail to enable someone to get in and out of the bath, to the installation of a wet room shower facility where someone is unable to use the bath in their upstairs bathroom.
- 2.1.11 The department has just completed its recommissioning of the Wellbeing Programme of community grants. These grants, previously known as the Ageing Well Programme, now have an extended remit across all age groups and needs. They ensure valuable community and voluntary resources in relation to information, advice, guidance and early intervention for people who need that little bit of support to live their life, be it from time to time or on a more regular basis. Funding has also been granted to several organisations in the borough who provide lunch clubs. These extremely valuable, community based activities bring people together on a regular weekly basis to socialize, engage with other services and their community generally. They currently provide over 2000 meals collectively every week. Community and Housing is currently undertaking a comprehensive review of lunch clubs to ensure their long-term sustainability in the borough.
- 2.2. The economic value of maintaining and maximizing independence
- 2.2.1 To prevent, reduce or delay the need for formal services makes economic sense to the department as this means that, over the life course, individuals rely less on formal, often costlier, care services. By focusing on enabling people to do things for themselves by building new and strengthening existing networks and partnerships across the community. Providing a greater focus on prevention, early intervention and support for self-care; through promoting and encouraging self-management at the earliest opportunity; prevents social care needs from escalating wherever possible, ensuring a financially sustainable service.

- 2.2.2 It is not only Community & Housing specifically and the Council generally that benefits from this approach, there are cost savings to the wider 'whole system' of health and social care in Merton. People who are able to live independently, manage their own long-term conditions and rely on strong networks of community, friends and family will generally rely less on the NHS and Adult Social Care. This means fewer GP visits, less input from primary and secondary care, fewer attendances and admissions at acute hospital services. As well as better physical health, there is also a likelihood of better mental health that also brings whole system cost savings.
- 2.2.3 Merton Health and Care Together is a programme of work jointly agreed between the Council and Merton CCG. It aims to use the vehicle of health and social care integration to achieve better outcomes for residents of Merton. Cutting across the three work streams of Start Well, Live Well & Age Well is the philosophy of prevention and early intervention. The programme will build on the respective work of partners to bring about a more coordinated prevention offer that focuses the whole system on independent living, in good health. It also aims to develop the models of community based health and social care that mean more people are able to live in their own homes, for longer, with the right support wrapped around them. The economic argument is that providing joined up holistic, person centred health and social care services through primary and secondary care in the community is more cost effective than the current reactive system of disjointed working in response to over demand for acute, hospital-based care.
- 2.3. Preventing or recovering from a crisis
- 2.3.1 As a department, we recognise that decline in independence is not always a predictable, progressive process. It is often the case that people experience crisis which temporarily impacts on or limits their ability to continue to live an independent life. A period of ill health, non-elective admission to hospital for example following a stroke, a fall at home or other such sudden changes in a person's circumstances can have an instant impact.
- 2.3.2 In these situations, is it in everyone's interests to wrap support around an individual with the aim of maintaining and regaining independence. This is known as rehabilitation and reablement. Adult social care directly provides a reablement service to people who have reduced, limited or lost some of their independent living skills with the sole aim of supporting them to regain and recover these. The service supports up to 50 people at any one time and demonstrates significant results with over 65% of individuals referred requiring no further care and support upon discharge from the service. A further 25% of people will require less care and support on completion of reablement, compared with when they started with the service.
- 2.3.3 The service works closely with health colleagues who provide rehabilitation services, such as physiotherapists, nurses and occupational therapists. This means the individual gets a holistic service that addresses all aspects of their functioning and their ability to remain living at home and independently in the community. We are currently undertaking work, through the Merton Health and Care Together Age Well work stream, to integrate rehab and reablement into a single pathway and service. This will require joint working and development with our community health provider colleagues, Central London

Community Healthcare NHS Trust (CLCH). The services will aim to ensure joined up support to people being discharged from hospital, so that they can go home in a timely way and get back to their normal way of life. The services will also work closely with GP practices and what are known as 'Integrated Locality Teams', teams of different professional disciplines who work together to manage complex care and support needs in the community and avoid unnecessary or avoidable attendance and admission at hospitals.

2.4. Providing formal care at home

2.4.1 Prevention, early and crisis intervention services are all aimed at reducing, delaying or removing the need for more formal care and support. Under the Care Act assessment begins when we begin discussing an individual's needs. However, the process of assessment allows us to 'pause' to consider these options before continuing to formally assess, using the national eligibility criteria. Where an individual meets this criteria, they are entitled to a personal budget to address needs that cannot be addressed through other informal arrangements, services or supports. It is very often the case that the individual wish is to remain living at home. This is also the preference of the department, though we recognise there are always cases where the individual circumstances, complexity of care need and general safety of an individual would compromise the ability to remain living at home. It is these cases that decisions; whether made by those with capacity or made on behalf of them as a best interest decision under the Mental Capacity Act; are made in relation to admission to residential and nursing care homes.

2.4.2 There are well developed alternatives to care homes in Merton. Many are well served and have sufficient supply and others are under development or expanding. Domiciliary care is the provision of care and support for personal care and other aspects of daily living, in a person's own home. In a similar way to care homes, it is an activity regulated by the CQC, provided in the community. In Merton there are over 30 providers providing in excess of 7100 hours a week to 580 individuals on behalf of the local authority. Extra Care Housing is a model of accommodation with support where there is a general separation between the landlord and the care provider. Someone who lives in Extra Care Housing typically will have an amount of care and support need when they move there. The person owns a self-contained flat or rents the property from the scheme landlord. The care and support is provided by a CQC registered provider who is onsite 24/7. There are often additional services available to the individual, provided by the landlord. These may include day time activities, restaurants and coffee shops and support to maintain the home and garden. In Merton, we have two Extra Care Housing schemes where the council has nomination rights to offer people a tenancy. This often proves to be a long term alternative to residential care, due to the ability of the care and support package to develop alongside any deterioration in the individual's functioning, whilst ensuring they do not need to move home or consider selling their home and move into a care home.

2.4.3 The number of older people in residential and nursing care has gradually decreased over a number of years. In the last year this has shown further reductions as more people choose to and are supported to live at home with support to retain as much independence as possible.

Other related services

2.5. Falls Prevention and 'Active Ageing'.

- 2.5.1 Falls can seriously impact an older person's quality of life, such as reducing mobility or the ability to maintain independence in the family home. They can also reduce an older person's confidence, such as the ability to go to the shops or to meet up with friends, potentially creating issues around loneliness and social isolation. Serious falls can also have significant economic impact to both health and social care budgets, for example if a person needs to move into a care home after a fall.
- 2.5.2 Public Health part funds a Falls Prevention Service with Merton Clinical Commissioning Group, that supports people who have fallen or are at risk of falls. Public Health also support an innovative London Fire Brigade pilot in Merton, '[Fire, safe and well](#)' which provides health interventions as part of fire safety visits to people's homes. Fire Service personnel will ask residents a number of questions regarding risk of falls and can then, if appropriate, make a forward referral to the Falls Prevention Service.
- 2.5.3 Being physically active, including regular strength and balance activities is an important element to keep people independent in their own homes for longer. Recent work has included research to understand perceptions, existing provision, barriers and opportunities around active ageing in Merton with an aim to encourage a step change in the number of older people engaged in physical activity.

2.6. Merton's Dementia Hub and Community Dementia services

- 2.6.1 Public Health have also worked collaboratively with Adult Social Care to commission community dementia services. Based at Merton's Dementia Hub in Mitcham this provides a range of health, care and community and leisure services in one location. The aim of the hub is to bring together health and social care services, advice, information & support and a wide range of activities that support people with dementia and their carers, all in one space.
- 2.6.2 Wider engagement and services are also provided across the Borough, including through a network of monthly 'dementia cafés'. Community dementia services aims to keep people with dementia and their carers living in their own homes and independent for longer. The hub offers a range of services to people with dementia and their carers/families. Of note is the START programme, an educational and therapeutic training programme for carers of people with dementia, which aims to address the challenges they face. University College London has evaluated the programme finding it reduced depression and anxiety in family carers and improved quality of life both in the short term (8 months) and long term (2 years).

2.7. Dementia Friendly Merton

- 2.7.1 In July 2018 Merton became a 'dementia friendly community', receiving 'working towards' status from the Alzheimer's Society. This award

acknowledges the work that local partners have taken to improve the quality of life of people with dementia and their carers in Merton whilst recognising there is always more to do. Creating a dementia friendly community can be seen as part of our wider prevention model as it is about supporting people with dementia and their carers to live independent lives for as long as possible.

- 2.7.2 We know that two thirds of people in Merton with dementia live in their own homes, a third of whom live on their own. Where our local shops, banks or services are 'dementia friendly' they allow people with dementia and their carers to better navigate their communities, gain the support they need or continue to do the day to day things that allow them to live independently. A GP surgery may make sure reminder phone calls are provided to people with dementia who forgot their appointment, the local supermarket may have a 'slow lane' that allows people to take their time at a checkout whilst the local sport centre may offer dementia inclusive swimming sessions.

2.8. Tackling isolation and loneliness

- 2.8.1 Feeling socially connected to others is just as important to our health and wellbeing as a well-balanced diet or exercise and older people are at greater risk of loneliness and isolation.

Public Health commission a befriending service for older people who are isolated; those who live alone, are recently bereaved, are housebound or have a long-term condition. The service, delivered by Age UK Merton, matches volunteers to clients to provide weekly befriending based on shared interests. Weekly befriending work further encourages greater connectivity, such as attending group events as well as appropriate physical activity, such as walking.

3 **ALTERNATIVE OPTIONS**

- 3.1. n/a

4 **CONSULTATION UNDERTAKEN OR PROPOSED**

5 **TIMETABLE**

- 5.1. n/a

6 **FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

7 **LEGAL AND STATUTORY IMPLICATIONS**

- 7.1

- 7.2

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

9 **CRIME AND DISORDER IMPLICATIONS**

- 9.1. n/a

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. n/a

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

-

12 BACKGROUND PAPERS

12.1.

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

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting Date 25 June 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
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

Meeting date – 05 September 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
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.

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 Partners	Audit of Croydon and Wandsworth PIP Assessment Centres	Report to the Panel/ Short film	Michael Turner, Policy Officer Merton CIL. Stella Akintan, Scrutiny Officer	To provide the Panel with the an overview of the accessibility of Assessment Centres.

Meeting date – 12 February 2019

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
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 Health Partners	Update on Improving Access to Psychological Therapies in Merton	Report to the Panel	Josh Potter, Director of Commissioning Merton CCG	Panel Members to review service on behalf of Merton residents
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

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
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	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.
Scrutiny Review	Report and Recommendations arising from the scrutiny review of Transitions from children to Adults Services people young people with SEND			

This page is intentionally left blank