

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 12 March 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	Primary Care Strategy - Merton Clinical Commissioning Group	5 - 20
5	Accident and Emergency Services - Reducing Pressure and Supporting Frequent Attenders	21 - 34
6	Transitions Task Group - update report	
7	Work Programme Report	35 - 44

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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)

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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.

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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

12 FEBRUARY 2019

(7.15 pm - 8.50 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, Di Griffin and Saleem Sheikh

Hannah Doody (Director of Community and Housing), John Morgan (Assistant Director, Adult Social Care) and Dr Dagmar Zeuner (Director, Public Health), Stella Akintan (Scrutiny Officer)

Councillor Tobin Byers (Cabinet Member for Adult Social Care and Health).

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were no apologies for absence

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

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

The Chair said at the last meeting, this Panel agreed to ask the Department for Work and Pensions to attend and discuss the viability of pop-up assessment centres in Merton. They have subsequently refused the invitation, therefore this matter will be pursued through political channels.

4 IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES AND PRIMARY MENTAL HEALTH CARE SERVICE DEVELOPMENTS 2017-2020 (Agenda Item 4)

The Director of Commissioning at Merton Clinical Commissioning Group (MCCG) gave an overview of the report and said there were challenges with the previous service including many were not able to see a therapist within six weeks and there was some under-representation from certain groups. A new service had been commissioned and will begin from 1st April.

In response to questions from Panel members the Director of Commissioning reported that:

- They will engage with under-represented groups by providing targeted engagement materials , recognising that the stigma around mental health is a major contributory factor. They will also ensure service is accessible for those in East Merton
- The service will attempt to identify carers and support them to access the service they also developing further services for older people and those recovering from cancer.
- The CCG will double the funding from April, this is to redress low funding from past and meet the new targets. The service will also be able to cope with extra demand as St George's is an experienced and resilient provider.

A Panel said mental health issues can be exacerbated by long term health conditions, GPs should routinely ask people to use IAPT service and actively work to reduce dependence on anti-depressants. The Director of Commissioning said they will aim to embed this approach going forward and there will be greater integration with primary care. The new IAPT service will also target men under 40 as they have a high suicide rate.

5 HEALTH AND WELLBEING STRATEGY 2019-2024 - UPDATE ON REFRESH (Agenda Item 5)

The Director of Public Health gave an overview of the report highlighting that production of this strategy is this is a statutory duty of the Health and Well being Board(HWBB). As this refresh is prepared and the HWBB members are thinking about the priorities, Panel members are asked to involve communities in the discussion. Emerging issues include improving mental health and bringing older and young people together, The draft strategy will be discussed at the HWBB in March.

A Panel asked for the Strategy to clearly indicate when it relates to Type 2 diabetes rather than Type 1 and highlighted that in regards to wellbeing it is difficult to find a job advertised at 4 days a week. The Director of Public Health said the council is having discussions on these issues, we do have a flexible working policy in place but some services will find this easier than others. We can also challenge stereotypes on productivity with the latest available evidence.

A panel member said poverty is a barrier to living well. The Director of Public Health said the council will focus on improving the levers we can influence, good housing is an important mechanism to improve health and wellbeing.

A Panel member said loneliness amongst older people a big problem, if organisations disappear they will not be able to support these groups. Local residents are able to attend sessions for exercise and healthy food. They asked for continued support for these groups.

A Panel member said there is extensive space in Mitcham which is not being utilised. The Director of Public Health said the Canons Leisure Centre won a lottery grant for regeneration to encourage activity and social connection.

There will also be designing the Merton mile in Figgs Marsh, to be launched in April to make best use of space.

Resolved

The Director of Public Health was thanked for the report

Panel members were asked to share the survey about Health and Wellbeing Strategy priorities with their communities, using the following link:

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

6 ENABLING OLDER PEOPLE TO LIVE INDEPENDENTLY AT HOME (Agenda Item 6)

The Assistant Director of Adult Social Care introduced the report and said the focus of their work is on keeping people in their own homes, there is the preventative nature of the work as well as crisis and re-ablement provision.

A panel member asked what support is given to library volunteers and if extra training is provided should it be required. The Assistant Director of Adult Social Care said libraries rely on the support of volunteers which is a community asset, training including developing IT skills is provided to volunteers. The Director of Community and Housing added that we use a range of national grants to run projects with employed experienced staff, volunteers are valued and no undue burdens are placed upon them.

Panel members asked about the future of day centres and lunch clubs. The Assistant Director of Adult Social Care said we have five day centres and 21 lunch clubs which are vibrant and well attended and some have waiting lists. Woodlands day centre has a capacity of 40 but only 20 attend. All in-house day centres daily attendance figures are in decline, no decisions have been made about the future of the provision at this stage but a review is due to take place.

The Director of Community and Housing added that they recognise the value of lunch clubs and will be conducting a review to determine the long term sustainability of these services.

A panel member said it is important to identify people when they have a first fall to prevent further incidents and refer people to support services. The Director of Public Health said the current service only reaches those who are high risk, the fire service are trained to spot hazards. The Assistant Director of Adult Social Care said Mascot telecare can use bed sensors for vulnerable people and have links with GP surgeries and other services.

RESOLVED

Officers were thanked for their report and attendance at the Panel.

7 WORK PROGRAMME (Agenda Item 7)

The Panel noted the work programme.

Report to The Healthier Communities and Older People Overview and Scrutiny Panel
Update on Merton CCG's Primary Care Strategy
12th March 2019

Executive Summary

This report provides The Healthier Communities and Older People Overview & Scrutiny Panel with an update on the delivery of Merton CCG's Primary Care Strategy.

It builds upon the update that was provided and discussed by the Committee in January 2018.

Information is provided about developments in relation to the following areas/ priorities:

1. Access
2. Delegated Commissioning and Quality Assurance
3. Quality Improvement Initiatives
4. Merton Health (Merton's GP Federation)
5. Education, Training and Workforce
6. Information Technology
7. Primary Care Estates

The remainder of the report (sections 8 and 9) describes the strategic direction of travel and next steps, bearing in mind the recent publication of the NHS Long Term Plan and a five-year GP contract framework. There will be significant implications for general practice services in Merton and how primary care is provided in an increasingly integrated manner with other services.

1. Access

Improving access to primary care services is a key priority in Merton. There has been significant progress in this area and further developments are planned.

1.1 Access Hubs

Merton Health (Merton's GP Federation) provides Access Hubs, offering GP and nursing services, which extend current provision to 8 am – 8 pm Monday to Sunday. The two GP Hubs are co-located with Wide Way Medical Centre in Mitcham and The Nelson Medical Centre in Wimbledon. They provide additional access for patients to both routine and same day GP appointments and increase patient choice in terms of access to primary care.

The Hubs were launched in April 2017 and over time utilisation has grown, showing a significant demand for the service. From April 18 to January 19 (inclusive) 17,551 Hub appointments have been provided and patient satisfaction remains high.

All practices can book into the GP Hubs for evening and weekend appointments. NHS 111 and emergency departments at both St George's and St Helier are able to book appointments at the Access Hubs. This will help to ensure that patients receive the support required in the most appropriate setting.

1.2 Improving Access to Primary Care Local Incentive Scheme

All 22 practices deliver the Improving Access to Primary Care Local Incentive Scheme (LIS). This scheme continues to deliver more appointments in both core and extended hours, providing dedicated slots for children needing same day access and allowing for appropriate redirection of patients back to primary care from any urgent care provider.

1.3 Digital Access

Increasing numbers of patients are using online GP services. The direction of travel is for growing numbers of patients to book appointments, request repeat prescriptions, view test results and access their records online.

Across South West London DoctorLink has been selected to provide an online triage platform for patients. It includes a digital symptom checker and medical advice based specifically upon responses. It is thought that this system could transform how patients access their GP practice, especially for same-day and urgent appointments, helping to direct patients to the most appropriate service for their health needs. At the end of January 2019, six Merton practices had introduced DoctorLink and from September 2018 – January 2019 (inclusive), there had been a total of 722 registrations. An implementation plan is in place and the software will be rolled out to all practices.

There will be further significant digital developments in the coming weeks and months, including capacity to deliver dedicated video consultation follow-up appointments.

2. Delegated Commissioning and Quality Assurance

In 2016, Merton CCG took on delegated responsibility from NHS England for the management of Primary Care contracts. In terms of governance, the Merton Primary Care Operations Group provides assurance to the Merton Primary Care Committee and a new joint Wandsworth & Merton Primary Care Quality Review Group has been established to manage the early intervention and quality assurance of contractual arrangements, including earlier identification of vulnerable or struggling practices (see 2.3 for more details).

2.1 Premium Medical Service (PMS) Contract

A PMS Review (undertaken during 2017/18) allowed the CCG to offer a refreshed set of specifications to practices that will deliver improvements in care for patients. This piece of work was clinically led and took a positive approach to successfully deliver a new set of KPIs in collaboration with Merton and London wide LMC.

The specifications focus on the following services/ priorities:

- Improving Access to Services for Carers
- Opening Hours, Appointment Numbers and Facilitation of Access for Patients to Local GP Access Hubs
- Medicines Management
- Demand Management
- Proactive Care for People Living with Mild and Moderate Frailty
- Diabetes
- Implementation of Active Signposting and Dementia Friends Training
- Prevention – improving uptake of Screening and Immunisation
- Wound care
- Administering Non-Contraceptive Hormonal Implants or Injections

2.2 Locally Commissioned Services

Merton CCG has a number of primary care Local Incentive Schemes which focus on the following services/ priorities:

- Anticoagulation
- Post-Operative Wound Care
- Near Patient Testing
- Menorrhagia management
- Phlebotomy
- Insulin initiation
- End of life care and complex patients
- Minor surgery
- Patient transport
- Improving access
- Ambulatory blood pressure monitoring

During 2019/20, there will be a process for clinically reviewing each contract and specification. The Primary Care Commissioning Committee will have oversight and final sign-off on our approach to managing and reviewing the LIS contracts going forward.

2.3 Joint Primary Care Quality Review Group

The Joint Merton and Wandsworth Primary Care Quality Review Group (PCQRG) is a clinically led group with responsibility for overseeing the quality of services provided by GP practices across both boroughs through the core GP contracts. It reviews a range of data and information in order to seek assurance on the quality of services and also identify any areas, or individual practices that may require support. The group includes clinical and quality representation and locality teams.

The PCQRG identifies what support is available, what further work may be required and monitors progress. As part of the quality, support and education contract with Merton Health, a Primary Care Support Team will go into practices to improve quality, reduce variation, develop resilience and support them through CQC inspections (see Section 4).

3. Quality Improvement Initiatives

Included below are a few examples of quality improvement initiatives involving primary care.

3.1 Invest to Save Quality Improvement Schemes

2018/19 Quality Innovation Productivity and Prevention (QIPP) schemes are live and include a focus on a number of areas including:

- Providing extended consultations in order to reduce A&E attendances amongst a cohort of patients (adults and children) who have attended A&E frequently.
- Addressing unwarranted variation in referrals and pathology testing.
- Supporting patients with Chronic Obstructive Pulmonary Disease.
- Improving support for complex patients in the community (including patients who are at risk of hospital admission).

3.2 Practice Variation Workstream

Merton's Practice Variation workstream is now in its fourth phase, building on successes and learning from previous years. The purpose of this workstream is to explore variation in GP led first outpatient referrals and pathology testing by visiting all 22 practices to conduct clinically-led discussions.

GPs are provided with guidance, tools and practical support to help improve quality of referrals and pathology testing. Previously this has resulted in a reduction in spend on first outpatient GP led referrals to secondary care and on pathology testing. At the end of the fourth phase a summary from all the visits will be collated and distributed to practices to share best practice and key learning points.

3.3 Integrated Locality Teams (ILTs)

Integrated Locality Teams (ILTs) have been developed in Merton, including the following sectors/ services: primary care, community services, social care, mental health, hospice services and the voluntary sector. A key goal of the ILTs is to provide enhanced proactive care for complex patients to keep people well at home and prevent avoidable emergency admissions to hospital.

Common multi-agency goals are to provide planned, preventative and proactive care and to deliver a seamless service that is personalised, coordinated, and outcome focused and is delivered in, or close to, patients' homes. Included below is a summary of key developments amongst ILT partners.

Sector/ Service	Key Developments
All Partners	Merton Health (Merton's GP Federation) has appointed five ILT Coordinators (4.2WTE) to work across all partners in order to support the coordination of care of complex patients and to enhance joint working amongst ILT partners.
Primary Care	Each GP practice in Merton has committed to working in one of four networks which form part of the overall ILTs (North/ East/ South/ West).
Community services	Central London Community Healthcare NHS Trust (CLCH) has aligned its community nursing teams to the four ILTs: Link points of contact for each practice have been identified for a range of areas: case management; therapies; rapid response; dementia; end of life.
Social care	The London Borough of Merton (LBM) has a link Senior Health Liaison Social Worker (HLSW) for each GP practice. There are now four HLSWs (previously there were three professionals in the team).
Mental health	South West London and St George's Mental Health Trust (SWLStG) has identified: <ul style="list-style-type: none"> • Link care coordinators for working age adults for each GP practice. • A liaison point of contact across all practices for services for older people.
St Raphael's Hospice	St Raphael's Hospice works closely with other partners and CNSs attend practice MDTs. Discussions have taken place in relation to the opportunities associated with the development of Merton's ILTs. The hospice will be exploring whether it is possible to identify a link point of contact for each of the ILTs.

Voluntary Sector	<p>Discussions are underway about ways of working and involvement of the voluntary sector, and further engagement is planned.</p> <p>Work is underway in relation to the links between the ILT Coordinators, Social Prescribers and voluntary sector partners.</p>
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3.4 Social Prescribing

Social Prescribing is a means of enabling clinicians to refer people to a range of local, non-clinical services to improve their health and wellbeing. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way and facilitate access to the right support, in the right place, at the right time.

In Merton social prescribing has connected people with a range of voluntary and community sector-led interventions, such as exercise/ mobility activities, advice services, befriending, peer mentoring and carers respite. This approach has led to positive outcomes for individuals and more cost-effective use of NHS and social care resources.

Face to face social prescribing clinics are currently delivered in 13 Merton practices. A business case for borough-wide implementation was recently approved and so social prescribing will now be rolled out across all 22 Merton practices.

4. Merton Health (Merton's GP Federation)

Merton Health is a rapidly evolving Federation which has significantly expanded its portfolio of services and there are further developments planned for 2019/20.

There are mature Primary Care Networks (PCNs) with PCN aligned Board Directors and dedicated PCN leadership teams (including a Clinical Director, Lead Operational Manager (Practice Manager) and Project Manager) to oversee the delivery of initiatives and engage with practices.

Discussions are underway to develop the PCNs into multi-provider integrated networks with oversight from Merton Health and Care Together. The shared vision is to improve the health and wellbeing of the Merton population through "start well" "live well" and "age well" related programmes.

Merton CCG commissions Merton Health to provide several locally owned, primary care services for patients registered with a Merton CCG GP practice. Included below are descriptions of these services. It is also relevant to note that Public Health commissions the Federation to provide Health Checks and the Diabetes Prevention Programme.

Service	Description
Access Hubs	As described above – see section 1.1
Integrated Locality Team Coordination	<p>Merton Health has been commissioned to provide Integrated Locality Team Coordinators to work across practices and all ILT partners to support the coordination of care of complex patients, including end of life care patients and patients living with severe frailty. They are considered to act as the ‘glue’ between different partners to enhance joint working to support the delivery of high quality and patient-centred care for some of Merton’s most vulnerable patients. (See section 3.3)</p>
Primary Care Support Team	<p>Merton Health delivers a GP practice support service which aims to provide additional support to practices, with regard to quality, sustainability and resilience.</p> <p>The team provides support to GP practices and adopts a surgery-focused approach, tailored to the circumstances and needs of an individual practice. Through working collaboratively with practices borough-wide, Merton Health is in a good position to share learning across practices and to drive quality improvement.</p> <p>Key goals include supporting the achievement of best practice and reducing variation across practices to support equitable access to high quality primary care services for patients.</p>
Primary Care at Scale	<p>It has been recognised that practices working together or ‘at scale’ could provide opportunities to address many of the challenges facing primary care and could bring benefits for patients and practices themselves as well as the wider health system.</p> <p>The Federation is leading the delivery of the Primary Care at Scale (PCaS) work programmes. Scoping work has taken place with practices in order to shape the direction of travel in terms of what Primary Care at Scale ‘looks like’ in Merton.</p> <p>Resources are being shared across four networks with a view to practices working collaboratively to deliver projects that are tailored to benefit their local populations.</p> <p>Successful PCN initiatives include the Merton Pharmacist Programme, Proactive Care Homes Project, UK’s first diabetes population segmentation dashboard and EMIS¹ hosted CLCH² Diabetes community services.</p> <p>¹ EMIS is the primary care clinical system used in 20 Merton practices. (The other two practices use Vision). ² CLCH stands for Central London Community Healthcare NHS Trust, the community services provider in Merton.</p>

5. Education, Training and Workforce

5.1 Education and Training

Upskilling the primary care workforce is essential for transformation and ensuring sustainability of general practice. The Merton Community Education and Provider Network (CEPN) plays a vital role, working in partnership with the CCG, Merton Health and the SWL Health and Care Partnership.

A range of training, education and support has been provided. Protected Learning Time (PLT) events have continued to successfully support workforce and system resilience. Sessions for clinical and non-clinical staff have been delivered which have been well received.

During 2018/19 five PLTs have taken place and the clinical events focussed on the following subject areas:

- Anticoagulation / Cardiology
- Neurology / Dermatology
- Cancer & EOLC
- Children's health and wellbeing
- Digestive health

5.2 Workforce and Succession Planning

This is a national issue and one that in Merton is being taken forward at a South West London level by our SWL Health and Care Partnership (HCP). At a SW London level all practices will be able to access training to support workforce development, resilience schemes, International GP Recruitment programmes and access funding for additional roles that will support a GPs workload.

Work is taking place with our local Community Education Provider Network (CEPN) and local federation (Merton Health) to target key areas in order to support the sustainability of general practice.

There are several key areas running at a SWL level as part of the Primary Care workforce programme. These are as follows:

- Specialist advice and guidance e.g. human resources, IT (e.g. recruitment to a SWL level IT facilitator to provide dedicated support to practices).
- Coaching/ Supervision/ Mentorship
- International GP Recruitment scheme
- Additional workforce roles such as Clinical Pharmacists
- Change management and improvement support to group of practices through Primary Care at Scale

In 2019 GPs themselves will have access to wellness conferences, peer support networks and a number of other schemes aimed at addressing the needs of individuals who may be experiencing challenges such as 'burnout'.

6. Information Technology

Improvements to GP IT will help to facilitate new schemes and changes to how services are accessed by patients now and in the future. These improvements are part of wider South West London plans. Included below are a couple of examples of key developments.

6.1 Connecting Your Care

Connecting Your Care¹ will improve information sharing across health and care providers which will bring benefits for patients and professionals. It will help to achieve improved patient care through real time access to a range of information including appointments, discharge summaries, medications, allergies and diagnostic test results.

6.2 Mobile working

This initiative enables end users including GPs to have full remote access to their files as well as to all EMIS Web functionality using Microsoft Surface Pro devices. This will improve IT service availability, staff productivity, and agile working. The development will support integrated working between general practice, community services and social care to support the care for our most complex and vulnerable patients.

7. Primary Care Estates

Merton CCG's Board and other key stakeholders have given strong support for estates as a key enabler to achieving primary care strategic objectives.

There is a monthly Merton Health & Care Estates & Investment Group whose aims include to carry out borough level planning, inform the estates strategy across SWL and to bid for transformation funding.

Several strategic estates developments are progressing, which are described below.

Wimbledon Medical Practice (formerly Princes Road Surgery) – move to the newly refurbished Patrick Doody Health Centre

On 26th November 2018 staff and patients of the former Princes Road Surgery moved to newly refurbished premises at Patrick Doody Clinic, 79 Pelham Road. The practice, renamed Wimbledon Medical Practice, has successfully transitioned into its new home.

¹ See: <https://www.swlondon.nhs.uk/ourwork/connectingyourcare/>

An allocation of funds direct from the Department of Health & Social Care to NHS Property Services for the cost of the works provided the practice with new modern treatment rooms, consulting rooms and a patient waiting area on the ground floor, with dedicated staff breakout and office space on the first floor. The practice shares the building with community healthcare services (provided by Central London Community Healthcare NHS Trust).

Rowan Park (Rowans Surgery) – new Medical Centre

Between 2012 and 2014 the former Rowan High School site, Rowan Road Mitcham was redeveloped as part of a joint project with the Homes and Communities Agency (HCA), Crest Nicholson Homes and Merton Council.

At the time a Section 106 (S106) agreement was put in place for a scout hall and community facility, new medical centre and pharmacy. Rowan Park residential development has been complete since 2014, however the medical centre and community facilities are yet to be built.

This high-profile scheme has support from ward councillors and local MP and remains high priority for Merton CCG. Once complete, the new building will provide fully compliant, modern premises for Rowans Surgery and their patients, as well as community space for local people.

Although full planning consent was secured at the time, the delay between 2012 and the present has resulted in an increase in construction costs and revisions to the specification for the medical centre to which the CCG has agreed.

Progress has been significant in the last 6 months and next steps are as follows:

- Crest Nicholson's representatives have advised that they will be taking a new affordability proposal to their national Board in March for approval.
- Any changes will be considered as amendments to the approved plans and subject to approval by Merton Council before the build can start.
- Once approved, engagement will begin with Rowans Surgery practice on the plans and design of the GP space.

Colliers Wood Surgery – new Medical Centre

An EETF (Estates & Technology Transformation Fund) Scheme to the value of £1.01m to consolidate two separate Colliers Wood Surgery premises (Lavender Fields branch and Colliers Wood High Street main) into one new, purpose-built facility at the Guardian Centre, Merton Vision (established local charity) site at 67 Clarendon Road, Colliers Wood, SW19 2DX.

The new facility will provide Merton Vision with accommodation on the ground floor, along with treatment and consultation rooms, dedicated staff, meeting and office space for the GP surgery on the first floor. The need for a second floor is under review.

In recent weeks the Council's Design and Review panel requested an amendment to the look and scale of the proposed building. Architects are working on these new designs. Although supportive of the need for new GP premises, Local ward councillors have indicated on behalf of residents that the building's scale is not in keeping with local surroundings and there has been some opposition to the impact of increased traffic and pedestrian activity as a result of the health centre.

Merton CCG has responded to this positively and is reviewing the need for an additional 200 m² of clinical space in order to further reduce the size of the building and has asked Octopus to undertake a cost analysis of the impact of withdrawing the space should this no longer be required.

The scheme has a set of proposals which are capable of getting planning permission and in principle fit with the Council's legal framework for the site. Further to revised designs being acceptable, it is anticipated that a planning application will be submitted within the next few months.

The Wilson Health & Wellbeing Campus

Following an economic appraisal in 2015 it was decided that a new building on the Wilson Hospital site in Mitcham was the preferred option for providing the estate to support the delivery of new models of care.

The Wilson will become a Health & Wellbeing 'Campus', addressing needs of residents in the east of the borough, but with services available for all residents of Merton.

The Wilson will be deliberately different from a traditional health centre. The space will support residents of all ages to stay healthy and develop stronger links with their wider community, as well as deliver and signpost to local wellbeing services that support people to lead healthier lives.

The wellbeing steering group will work closely with community organisations and other local development schemes to ensure a rounded and well thought out integration of wellbeing services does not duplicate what is already available or destabilise current funding opportunities.

A detailed paper was presented to Merton's Governing Body meeting early in January at which the details of the service model were shared. Work is underway on the practical contracting matters that accompany the new services and how it is to be delivered and managed so that when building work commences we are well prepared.

The desired outcomes of the Wilson programme align with those of the Merton Health & Care Together Board – Start well, live well, age well. Included below is a summary of the intentions in relation to primary care at the Wilson:

- Although there will not be a GP practice housed at the new campus, local GPs will work together on-site to provide a range of clinics and consultations, including group consultations, for a population of around 100,000 that complements and works with local practices and will not destabilise.
- There will be a holistic approach with a strong focus on the management of complex patients, long term conditions and mental health needs. There will be children and young people's services (including for families and carers) and social prescribing will also support older people with improved links to the community and intergenerational activities.
- A 'one stop shop' approach means less travelling time for patients, with the opportunity to host multi-disciplinary team meetings with the GP as a key partner at one convenient site.
- Improving Access to primary care will be via consultations booked via a same day appointment system, not via a walk-in. Patients who turn up on the day with an urgent need or unmanaged serious condition, or those who do not currently have a registered practice, will be triaged on-site as appropriate and either seen booked in to be seen on the day at the Wilson, or referred to other appropriate urgent or local primary care or community settings.
- Out of Hours GP services beyond 8pm are proposed (subject to contractual agreements). These will be available to people who are not registered with a Merton GP practice;
- Social Prescribing will signpost people to community-based voluntary sector services based at the Wilson and elsewhere in the local community that will support with addressing some of the wider social determinants that affect health such as loneliness, unemployment, housing, relationship issues and debt.

It is currently estimated that the Wilson Health and Wellbeing Campus will open to the public in 2022.

As committee members may be aware, there is a delay owing to securing funding for the Wilson. We are actively working on a number of options and aim to have a positive resolution shortly.

In the meantime, work to develop services that will be based at the campus is continuing as planned. Community engagement activity is also continuing.

8. Direction of Travel

On 7th January 2019 The NHS Long Term Plan² was published which sets out priorities for the NHS over the next ten years.

On 31st January 2019 NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract Reform to implement The NHS Long Term Plan³.

This document translates the commitments outlined in The NHS Long Term Plan into a five-year framework for the GP Services contract. The agreement sets out the changes in the 19/20 GMS Contract and proposals for the four subsequent years. It also confirms the direction for primary care for the next ten years seeking to meet the reasonable aspirations of the profession.

The agreement:

- Seeks to address workload issues resulting from workforce shortfall.
- Brings a permanent solution to indemnity costs and coverage.
- Makes improvements to the Quality and Outcomes Framework (QOF).
- Introduces automatic entitlement to a new Primary Care Network Contract.
- Helps join-up urgent care services.
- Enables practices and patients to benefit from digital technologies.
- Delivers new services to achieve NHS Long Term Plan commitments.
- Gives five-year funding clarity and certainty for practices.
- Tests future contract changes prior to introduction.

As noted above, the framework introduces a new Primary Care Network Contract which outlines a significant shift in the future of general practice and primary care. Primary Care Networks are at the heart of the NHS Long Term plan and will be fundamental to significant developments in terms of how health and care services are delivered. The new GP contract requires practices to come together in geographical networks covering populations of approximately 30,000 - 50,000 patients to share staff and services.

Additional funding for specific different primary care roles (clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics) will be provided to networks and new specifications and models of care will be delivered.

In Merton Primary Care Networks are already in place (see Appendix A) and their roles and functions will evolve going forward.

² See: <https://www.longtermplan.nhs.uk/>

³ See: <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

9. Conclusion and Next Steps

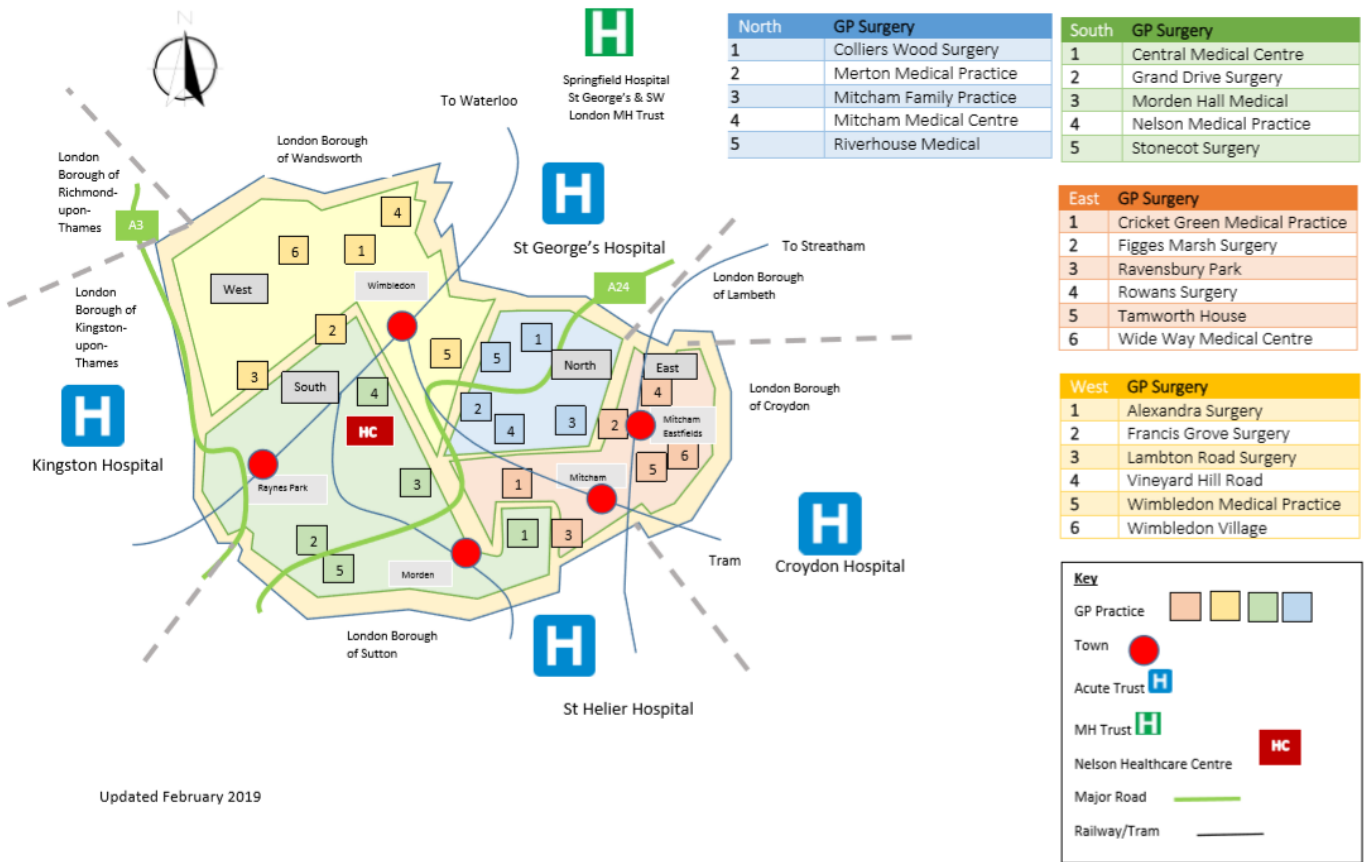
This paper identifies that significant progress has been made in relation to the delivery of the Merton Primary Care Strategy. Some areas are still in development and will continue to be progressed throughout 2019/20.

Positive and strong engagement with our GP membership is incredibly valuable and supports with primary care development and transformation work and in terms of promoting good practice and quality improvement.

The NHS Long Term Plan and the five-year framework for GP contract reform signals significant change for primary care. We are awaiting the publication of further national guidance which will provide additional information about some of the shorter term arrangements that need to be put in place. Work is underway in terms of reviewing the implications and establishing associated local plans and next steps.

The intention is to adopt a collaborative and supportive approach, working closely with member practices, Merton Health and other partners, to ensure the successful delivery of new models of care and greater integration between health and care services for the benefit of Merton patients.

Appendix A: Map of Merton GP Practices (Four Networks)



Updated February 2019

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Healthier Communities and Older People Overview and Scrutiny Panel

Date Tuesday, 12 March 2019

Document Title A&E services: reducing pressure and supporting frequent attenders

Lead Director
(Name and Role) Josh Potter
Director of Commissioning, M&W CCGs

Clinical Sponsor
(Name and Role) Dr. Andrew Murray, Chair, Merton CCG

Author(s)
(Name and Role) Shaninder Mahil, Head of Urgent Care
Busayo Akinyemi, Head of Integration and Mental Health
Katie Thomas, Deputy Director of Acute Redesign

Agenda Item No.

Attachment No.

Purpose
(Tick as Required)

Approve

Discuss

Note

Executive Summary

Working alongside system partners, the CCG is delivering a range of interventions to reduce pressure on A&E services, to ensure patients are treated in settings appropriate to their level of need and to support frequent attenders.

Key objectives include:

- Primary and community services being enhanced to meet growing demand
- Effective signposting/assessment to direct people to appropriate settings of care
- Collaborative working with acute trusts to support the management of patients, including timely assessment and discharge

The attached paper details work programmes in place across primary care, NHS 111, community, mental health and hospital services to support these objectives. These work programmes are iterative and constantly evolving to fit with local needs and regional/national strategy. The breadth of the work programmes contained in this presentation demonstrates the range of variables that can impact on A&E attendance and service utilisation. As such this slide pack encompasses the whole spectrum of service provision, from primary care to emergency care. It is a key priority of the CCG and under the NHS Long Term Plan to support patients to be able to access services appropriately and to be provided with holistic support.

Conflicts of Interest:

N/A

Mitigations: N/A

Recommendation:

The Committee is asked to review and discuss the paper.

Clinical Commissioning Group

<p>Corporate Objectives This document will impact on the following CCG Objectives:</p>	<ul style="list-style-type: none"> Improving Outcomes and Reducing Inequalities: Ensuring access to high quality and sustainable care. Leading with ambition for our communities, driving transformation through innovation: Delivering better care and a better patient experience. Meeting our performance and financial objectives: Make the best use of our resources to benefit our patients and communities.
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<p>Risks This document links to the following CCG risks:</p>	Risks are logged and managed within each project as required.
<p>Mitigations Actions taken to reduce any risks identified:</p>	N/A

<p>Financial/Resource/QIPP Implications</p>	N/A
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<p>Has an Equality Impact Assessment (EIA) been completed?</p>	Yes, completed for individual schemes as required.
<p>Are there any known implications for equalities? If so, what are the mitigations?</p>	Each programme addresses the outcomes of the relevant EIAs as required, with the aim of ensuring equitable access for all and that protected groups are not disadvantaged by any commissioning decisions.

<p>Patient and Public Engagement and Communication</p>	Each programme of work has its own engagement and communication plan and approach.
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<p>Previous Committees/ Groups Enter any Committees/ Groups at which this document has been previously considered:</p>	<p>Committee/Group Name:</p>	<p>Date Discussed:</p>	<p>Outcome:</p>
	N/A	Click here to enter a date.	
		Click here to enter a date.	
		Click here to enter a date.	

<p>Supporting Documents</p>	Slide pack attached.
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A&E services: reducing pressure and supporting frequent attenders

Page 23

The Healthier Communities and Older People Overview and Scrutiny
Panel - 12th March 2019



right care
right place
right time
right outcome

Introduction

- Working alongside system partners, the CCG is delivering a range of interventions to reduce pressure on A&E services and to ensure patients are treated in settings appropriate to their level of need
- Key objectives include:
 - Primary and community services being enhanced to meet growing demand
 - Effective signposting/assessment to direct people to appropriate settings of care
 - Collaborative working with acute trusts to support the management of patients, including timely assessment and discharge

Page 24



Primary care

There is a wide range of work underway in primary care to ensure that practices are able to support patients appropriately:

- Primary Care Extended Access hubs providing weekend and evening appointments
- Access at practice level being supported by a range of interventions including digital solutions
- Frequent attenders initiative, where frequent A&E attendees are identified and invited to attend an extended GP consultation to discuss the reasons for their attendances as well as being sign-posted to alternative appropriate services
- Social prescribing services enabling people to be directed into a range of non-clinical services, addressing wellbeing needs in a more holistic way



NHS 111

The SWL CCGs are working to enhance the Integrated Urgent Care Service (NHS 111 and GP Out of Hours) as follows:

- Development of a Clinical Assessment Service (CAS) within NHS 111 to allow more calls to be handled and managed by clinicians, negating the need for onward referral or signposting
- Extending the range of services that NHS 111 can directly book into, supporting patients to attend an appropriate service following their 111 call

Page 26



Integrated Care and Community Services

- The Merton Health and Care Together Board has been a vital instrument for driving forward change in an integrated manner within the borough
- A number of initiatives have been developed which align with partners across the health and care system to help avoid unnecessary attendances at A&E and ensure greater access to community based interventions
- Schemes include:
 - Managing complex patients using the Integrated Locality Teams
 - Reactive and Rapid Response and Falls Prevention Services
 - Enhanced Support to Care Homes
 - Improving Discharges

Page 27



Integrated Locality Teams (ILTs)

ILTs are multidisciplinary teams of specialists comprising staff from health and social care, aligned to GP practices. They aim to:

- Embed partnership working:
 - HARI (Holistic Assessment and Rapid Intervention) – providing clinical assessment for patients with complex needs and developing care plans, which may include rehabilitation or referral to other health or social care services and utilising therapists, geriatricians and advanced nurse practitioners
 - Care coordinators
- Avoid unnecessary hospital attendances through closer working and more coordinated care:
 - MERIT URGENT – clinical service providing urgent (within 2 hour) review in the community to avoid admission
- Promote well being and maximise independence:
 - Bed based and home based intermediate care

Page 28



Enhanced Support to Care Homes

- A range of individuals, services and organisations play a role in supporting care homes and care home residents which helps to reduce avoidable A&E attendances and non-elective admissions
- Red bag pathway in place in nursing and residential homes for older people – red bags are provided to care home residents and are packed with important information/supplies of medicine if patients are admitted to hospital
- Merton Joint Intelligence Group (MJIG) established, bringing together a range of professionals to support quality improvement in care homes
- Merton Care Home Forums taking place which are positively received
- Care home training / other initiatives delivered in relation to identified priority areas
- Plans are being developed in order to deliver enhanced primary care and community services input

Page 29



Improving Discharges

Effective discharge is crucial in supporting the flow of patients through A&E. A range of initiatives are in place:

- Single Point of Access – partnership initiative between London Borough of Merton, CLCH, Merton CCG, and St George’s Hospital (with roll out to St Helier and Kingston Hospitals) to provide a single point of access for intermediate care
- Home First – discharge to assess model, with home as the usual pathway
- Intermediate Care beds – a new 14 bedded unit to open in Wimbledon in 19/20 staffed by CLCH nurses (and interim use of beds at Woodlands)
- Managing Delayed Transfers of Care to ensure patients are discharged from hospital in a timely manner



Mental Health

Frequent attenders scheme:

- Acute hospitals identify and support frequent attenders in A&E – individuals are supported to understand their condition better and to access alternative services
- Crisis Care Plans are developed in partnership with the patient and community mental health teams and shared with the GP

Alternatives to hospital attendance/admission:

- Crisis Café has been commissioned and has been in place for 2 years – providing safe, welcoming spaces for people who are struggling to cope with their mental health during evenings and weekends
- Social Prescribing piloted in 2017-18 and rolling out to all of Merton in 2018-19. Intended to support people to manage their wellbeing and some of the non-medical issues that can lead to crisis e.g. housing, access to employment or benefits etc



Acute Hospitals and London Ambulance

- St George's Hospital has implemented a streaming model which identifies patients who may be better supported in alternative settings (such as their own GP practice), and redirects them away from the front door of A&E. This is also being implemented at St Helier Hospital
- For those who need to be in a hospital setting, the Trusts are running Ambulatory Emergency Care (AEC) services. These services will ensure patients are seen, treated, and discharged from hospital on the same day, thus supporting flow through the hospital
- The CCG will be commissioning an Older People's Advice and Liaison (OPAL) Service based in St George's A&E. The service will facilitate and support the early identification of frail and complex patients and will initiate a geriatric assessment
- The CCG is also working with London Ambulance Service to review and update local Appropriate Care Pathways (ACPs), ensuring they are relevant, accurate and easy to use for paramedics. ACPs allow patients to be taken to settings that are not A&E if clinically appropriate
- The CCG will be working to implement the national High Intensity Users programme in 19/20, building on the work already in place to support frequent A&E attenders



Merton Senior Health & Wellbeing Services 2018



Merton Rapid Enhanced Intervention Team (MERIT)

Mon to Fri: 8am – 7pm
020 8687 4840

Saturday, Sunday and Bank Holidays: 10am-6pm
0333 004 7555

Infections, including urinary tract
Urgent urinary catheter issues
Worsening long term condition
Functional deteriorations
Breathing problems
Diarrhoea and vomiting
Minor injuries (sprains, cuts, minor burns) resulting in further deterioration
Concerns regarding diabetes management
Uncontrollable pain

Community Nursing and Case Management

Mon to Fri: 8am – 5pm
0333 004 7555

At all other times including bank holidays:
020 8102 3333

Urgent nursing problems that will not wait until the next planned visit, including minor injuries, wound care and urinary catheter issues.

End of life care such as syringe driver support.

For Out of Hours Urgent Problems Call 111

Case Management – Clinical and non-clinical interventions incl. care navigators and domiciliary medications reviews

Palliative Care

CLCH Merton End of Life Care Team
Mon to Sun: 9am to 5pm
0333 004 7555

End of life care - advice and support
Advance Care Planning
Coordinate My Care
Care home support

St Raphael's Hospice
0208 099 7777
Referrals: 9am-3.30pm
Community Specialist Team: 9am-5pm Mon- Sun
Hospice @ Home: 9am-5pm Mon- Sun
Inpatient Unit: 24 hours
Deterioration/Disease progression
Supportive care at home
Advanced Care planning/Coordinate my care
Psychological/Emotional support
Pain/Symptom management
Bereavement support

Mental Health

Mental Health Services for Older People
Mon to Fri: 9am – 5pm
020 3513 6325/6301

For ages 75+, and those 65+ with memory problems

Adult Mental Health Assessment Team
Mon to Fri: 9am to 5pm
020 3458 5596

Adult Mental Health Services for all referrals

Out of hours Crisis Line
0800 028 8000

Specialist Support

CLCH Dementia Service
Mon to Fri: 9am – 5pm
0333 004 7555

- Pre-diagnostic advice and assessment
- Post-diagnostic support
- Cognitive Stimulation Therapy
- Carer support
- End of life support

Specialist Nursing:-

- Cardiorespiratory including cardiac and pulmonary rehab
- Diabetes
- TVN
- Parkinson's
- HIV

Falls Prevention

CLCH Falls Prevention Service
Mon to Friday 8-4:00
0333 004 7555

Non urgent Referrals

- Pts who have fallen
- Potential to fall
- Fear of falling.

Home Response

- Falls Risk Assessment Advice
- Home Exercise programme.

Onward referrals Staying Steady Exercise and advice Classes

Otago Home Exercise Programme for those who are less mobile or cannot attend the class.

Proactive Rehabilitation

CLCH Domiciliary Therapies
0333 004 7555

- Rehabilitation for patients at home to increase functional abilities
- OT, Physio, SALT & Dietetics

HARI

- Geriatrician, Nursing, Physio & OT MDT
- Holistic assessment for frailty with co-morbidities
- Multi LTC.
- Clinic based at The Nelson
- Patient groups
- Pharmacist

Home Based Rehab

- MDT rehabilitation for a maximum of 6 weeks
- Post-acute /intermediate care admission or intervention to prevent acute admission

Voluntary Sector

Local organisations include:

- Age UK
- Dementia Hub
- Wimbledon Guild
- Merton Vision

Age UK

A practical guide to healthy ageing in Merton
[Click Here](#)

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

Date: 12 March 2019

Wards: All

Subject: Planning the Healthier Communities and Older People Overview and Scrutiny Panel's 2019/20 work programme

Lead officer: Stella Akintan, Scrutiny Officer

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; 020 8545 3390

Recommendations:

- A. That the Panel reviews its 2018/19 work programme (set out in the appendix), identifying what worked well, what worked less well and what the Panel would like to do differently next year;
 - B. That the Panel suggests items for inclusion in the 2019/20 work programme – both agenda items and potential task group review topics;
 - C. That the Panel advises on agenda items for its meeting on 19 June 2019.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To enable the Panel to plan its work programme for the forthcoming municipal year and, in particular, to agree agenda items for the first meeting of the municipal year.

2. DETAILS

Identifying issues for the 2019/20 work programme

- 2.1 The scrutiny officers are currently gathering suggestions for issues to scrutinise, either as Panel agenda items or task group reviews. Suggestions are being sought from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Other issues of public concern will be identified through the Annual Residents Survey. The council's departmental management teams have been consulted in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 2.2 The Panel is therefore invited to suggest items for inclusion in the 2019/20 work programme – both agenda items and potential task group review topics.
- 2.3 All the suggestions received will be discussed at the Panel's topic workshop on 20 May 2019. As in previous years, participants will be asked to prioritise the suggestions using criteria so that the issues chosen relate to:
 - the Council's strategic priorities;
 - services that are underperforming;

- issues of public interest or concern;
- issues where scrutiny could make a difference

3. ALTERNATIVE OPTIONS

- 3.1 The Healthier Communities and Older People Overview and Scrutiny Committee 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.

4. CONSULTATION UNDERTAKEN OR PROPOSED

Scrutiny topic suggestions are being sought from members of the public, councillors, council officers and partner organisations including the police, NHS and Merton Voluntary Service Council.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1 None for the purposes of this report.

6. LEGAL AND STATUTORY IMPLICATIONS

- 6.1 There are none specific to this report.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8. CRIME AND DISORDER IMPLICATIONS

- 8.1 The Police and Justice Act 2006 requires every Council to have a scrutiny committee with the power to review or scrutinise decisions made, or other action taken by the Council and the other responsible authorities in the exercise of their crime and disorder functions. The other responsible authorities are the police, the police authority (Metropolitan Police Authority), the fire and rescue authority and the Primary Care Trust.
- 8.2 In Merton the responsible committee is the Overview and Scrutiny Commission.
- 8.3 Under the 2006 Act, the responsible committee is required to “meet to review or scrutinise decisions made, or action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions, no less than once every twelve months”. In doing so, it may require the attendance of officers from the Council, the police and co-operating authorities.

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 9.1 None relating to this report.

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

- 10.1 2018//19 work programme

11. BACKGROUND PAPERS

11.1 None

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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

Page 40

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
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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 an overview of the accessibility of Assessment Centres.

Page 42

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	James Blythe, Managing Director, Merton and Wandsworth CCG.	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	Josh Potter, Director of Commissioning, Merton CCG.	To review how pressure is being reduced on Accident and Emergency services and how people are directed to more appropriate provision.
Scrutiny Review	Update on the scrutiny review of Transitions from children to Adults Services people young people with Special Educational Needs and Disability.	Report to the Panel	Councillor Rebecca Lanning, Task Group Chair.	To give the Panel an opportunity to comment on the terms of reference and emerging findings from the review.

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