Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 17 June 2019

Time: 7.15 pm

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

AGENDA

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Stephen Crowe (Vice-Chair)
Rebecca Lanning
Dave Ward
Carl Quilliam
Nigel Benbow
Pauline Cowper
Mary Curtin

Substitute Members:
Andrew Howard
Joan Henry
Hina Bokhari
David Chung
Oonagh Moulton

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 mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

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

Scrutiny's work falls into four broad areas:

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

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

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
12 MARCH 2019

(7.15 pm - 8.40 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

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

John Morgan (Assistant Director, Adult Social Care), Phil Howell (Interim Head of Older Adults and Disabilities), Stella Akintan (Scrutiny Officer).

Katie Denton, (Director for Primary Care) Merton CCG, (Dr Karen Worthington Clinical Director Transforming Primary Care) Merton CCG. Katie Thomas (Deputy Director of Acute Redesign and Pathways), Merton and Wandsworth Local Delivery Unit and Busayo Akinyemi ,(Head of Integrated Care and Mental Health), Merton and Wandsworth Local Delivery Unit.

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 interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

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

4 PRIMARY CARE STRATEGY - MERTON CLINICAL COMMISSIONING GROUP (Agenda Item 4)

A panel member asked if the Personal Independent Payment process issues are being pursed through political channels. The Scrutiny Officer reported that this is hand and correspondence is currently being drafted.

The Director for Primary Care and Clinical Director Transforming Primary Care gave an overview of the report highlighting that there has been significant investment to improve access this has resulted in a local incentive scheme for surgeries to deliver core and extended hours. They have set up two GP access hubs with two GPs on

duty at both sites instead of one, other improvements include; additional nursing services, blood pressure checks, chronic health management and cervical screening services in the evening.

It was reported that challenges include; patients attending surgeries on a Sunday is low in Merton and nationwide. Non-attendance rate for appointments is at 15%. Raising the profile of the hubs amongst local community remains an issue.

It was also reported that the social prescribing pilot was successful, there has been a reduction in GP appointments and an improvement in the wellbeing measure amongst those who participated.

A panel member reported that patients found blood testing and other samples is a laborious process as they had to go to different sites, people should be able to hand them into their local surgeries. The Director for Primary Care reported that the Practices are starting to work as networks and it is expected there will more changes over the next 18 months. The Clinical Director Transforming Primary Care said the situation is complex, it is due to IT system in the practice and historical set up, some tests cannot stand overnight and there is a pick time. More practices are signing up for phlebotomy services which will help the situation.

A panel member asked if they are monitoring GP feedback, it was reported that they do monitor GP feedback and conduct surveys once every six months as well as consider intelligence from clinical leads. This information is all fed back to the CCG.

A panel member said access is an issue and asked if there are any key performance indicators for surgeries. The Clinical Director Transforming Primary Care said practices must provide a specific number of appointments per week. Practices themselves have put in a number of measures such as morning and evening surgeries. Other professionals such as social prescribers also help to free up GP time. Merton has scored 5th in the country for best access to appointments.

In response to a query on digital access and how to ensure senior citizens are not excluded from access if they are not able to use digital means, it was reported that the CCG are committed to ensure that new systems do not disadvantage any groups of patients. The complaints system is one way to monitor this, there is some concern about the ease of getting through on the telephone. Merton is below the benchmark and it is hoped that online access will free up telephone time.

The Director for Primary Care gave an overview of workforce issues highlighting that many professionals are coming to retirement age, there is a programme of work trying to attract new GPs into the borough. A new GP contract will support recruitment and retention and there is a new overseas GP recruitment programme, it is early days but it is hoped this will increase capacity in primary care.

A panel member asked if there is there is an increasing gap between supply and demand for retiring GPs. The Director for Primary Care said the government has projected some ambitious figures for increasing GP numbers. Merton is focused on

making the borough a good place to work so GPs want to work here and we are able to retain them locally.

A panel member asked if surgeries are tackling loneliness amongst older people which can be causing them to seek GP appointments. The Director of Primary Care said social prescribing will help to address this issue and will help patients with their wellbeing. It will be rolled out to all practices across the borough and is currently funded for two years.

RESOLVED

The Officers were thanked for their report and for attending the meeting.

5 ACCIDENT AND EMERGENCY SERVICES - REDUCING PRESSURE AND SUPPORTING FREQUENT ATTENDERS (Agenda Item 5)

The Deputy Director of Acute Redesign and Pathways gave an overview of the report highlighting that the NHS 111 service seeks to increase the number of calls handled by a clinician which will reduce the need for onward referral or signposting.

The Head of Integrated Care and Mental Health said they have developed a number of initiatives to support people at A&E .For example frequent attenders can go to crisis café or are directed to primary care.

A panel member asked how we define frequent attenders The Deputy Director of Acute Redesign and Pathways said primary care define it as six times in 12 months and hospital schemes define it as the top 50 most attending.

A panel member asked for more information on the Crisis Café. The Head of Integrated Care and Mental Health said it is for adults over 18. It is a social model they can attend the café and people are there to provide support and there is no need for a referral. It was also agreed to provide more information on the mental health support for the under 18s.

A panel member asked if business type cards are given to people so they are aware of the correct numbers to call in a moment of panic or great need. The Deputy Director of Acute Redesign and Pathways reported that South West London have various communication methods and recognise that there is an ongoing challenge to know who to call.

A panel member asked if the pressure on A&E in South West London is greater than the national average. The Deputy Director of Acute Redesign and Pathways said all Trusts nationally are failing to meet the four hour wait target in A&E, this is a challenge everywhere.

Resolved

Officers were thanked for their report.

6 TRANSITIONS TASK GROUP - UPDATE REPORT (Agenda Item 6)

Councillor Rebecca Lanning reported that Panel will receive the final report and recommendations from the task group in June. She highlighted that they decided to focus on Special Educational Needs and Disability as there had been serious failings in half of inspection reports around the country. Many transitions services can find it challenging to deliver a streamlined service.

The task group has focused on the following areas:

- Communication is a key theme – with the aim to improve information to families'
- Improving process by planning for Transitions at an earlier stage
- Promoting independence and preparing people for adulthood.

RESOLVED

The task group were thanked for their work on this important issue.

7 WORK PROGRAMME REPORT (Agenda Item 7)

The Scrutiny Officer gave an overview of the report and reminded Panel members that the topic selection workshop will take place on the 20th May.

A panel member said they were pleased with the previous work programme as the Panel had been provided with a varied range of organisations to scrutinise.

The following suggestions were made for the 2019/2020 work programme;

- Review of day care and lunch club provision
- Adult Social Care Green Paper
- Update on the Improving Healthcare Together Programme which is looking at the reconfiguration of Acute Services at Epsom and St Helier Hospitals.

Report to The Healthier Communities and Older People Overview and Scrutiny Panel

Update on Primary Care Network Development

17th June 2019

Executive Summary

This report provides The Healthier Communities and Older People Overview & Scrutiny Panel with an update on the development of Primary Care Networks in Merton.

The national context and direction of travel are outlined, and information is provided about local developments and next steps.

Local data and information about the general practice workforce is also included.

1. Five-year Contract Framework

On 7th January 2019 The NHS Long Term Plan[1] 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 Plan[2].

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.

[1] See: https://www.longtermplan.nhs.uk/
[2] See: https://www.england.nhs.uk/publication/gp-contract-five-year-framework/

Key developments relate to the following areas:

• Primary Care Networks – new Network contract (*more to follow*)
- A new Directed Enhanced Service (DES) Contract will support Primary Care Networks of local GP Practices working together with local community teams around a population of approximately 30,000 – 50,000 people.
- The Network DES will see practices entering into a new contract, which will provide a designated single fund through which all network resources will flow. As a DES contract it will be an extension of the core GP contract rather than a separate contract. Under delegated commissioning the commissioner responsibility for the contract will fall to CCGs.

• New Workforce – Additional Roles Reimbursement Scheme (additional funding for different primary care roles: clinical pharmacists, social prescribing link workers, physiotherapists physicians associates, first contact community paramedics); network Clinical Directors.

• Improving access –
- As from 1 July 2019, the funding from the current Extended Hours Access DES will transfer into the Network Contract DES and PCNs' constituent practices will deliver extended hours.
- Funding and responsibility for providing the current CCG-commissioned enhanced access services transfers to the Network Contract DES by April 2021 latest.

• Seven new Network services – five from 2020 and two more from 2021.

• Network Dashboard (from April 2020), Investment and Innovation Fund (starts in 2020) and Testbed programme (to be launched in 2019).

• Indemnity – Clinical Negligence Scheme.

• QOF (Quality Outcomes Framework) reform – 28 indicators retired from April 2019, 15 new indicators introduced and new Quality Improvement domain introduced.

• Digital – various requirements e.g. at least 25% of appointments available for online booking by July 2019.

2. Primary Care Networks - Context

2.1 Vision and Opportunities

As noted above, the five-year 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 the foundation of Integrated Care Systems. They will be fundamental to significant developments in terms of how health and care services are delivered.

The vision is for PCNs to enable the provision of proactive, accessible, coordinated and more integrated primary and community care in order to improve outcomes for patients. They are formed around natural communities based on GP registered lists, serving

populations of around 30,000 to 50,000. Networks are small enough to provide personal care and large enough to have an impact through deeper collaboration between practices and other health and social care partners.

Various opportunities have been identified in relation to the establishment and development of Primary Care Networks.

For patients:
• More joined up services and multidisciplinary/ holistic care
• Access to a wider range of services in a community setting
• Focus on prevention

For practices:
• Greater resilience and efficiency – making the best use of shared staff, buildings and other resources
• Better workload management – more tasks routed directly to appropriate professionals
• Shared learning to support quality improvement

For the system:
• Improved integration across organisational boundaries
• Driving a more population-focussed approach
• Strengthening of primary and community services, reducing the need for acute care

2.2 Network Contract

The Network DES Contract DES directions will begin on the 1 April 2019 and following sign up to the DES the requirements will apply from 1 July 2019. It will remain in place, evolving annually until at least 31 March 2024.

The specification sets out the requirements for the first year. The focus in 2019/20 is the establishment of primary care networks and the recruitment of new workforce, with many other service requirements coming in from April 2020 onwards.
The specification includes information about:

- Eligibility
- Sign up process
- Form, functions and leadership of PCNs
- Network ‘infrastructure’ e.g. Clinical Director responsibilities, data sharing requirements, patient engagement, subcontracting arrangements
- New PCN workforce
- Extended hours access
- Financial entitlements
- Monitoring

2.3 New Roles

During 2019/20 a key area for development will be the introduction of the new roles in primary care networks, in particular: Clinical Directors, Social Prescribing Link Workers and Clinical Pharmacists.

For all new roles, local consideration will be needed in terms of strategies for recruitment and retention, including training, development and support for professionals joining primary care teams.

Clinical Directors

Clinical Directors will be accountable leads for the networks and Network Clinical Directors will need to work together to shape the integrated care system. Clinical Directors would not be solely responsible for the operational delivery of services. This will be a collective responsibility of the network.

Key responsibilities of the Clinical Director may include:

- Providing strategic and clinical leadership to the network
- Leading and supporting quality improvement and performance across the network (including QoF)
- Developing relationships across the network to enable collaboration for better patient outcomes
  Working alongside clinical leaders of other networks and the ICS/ STP
- Supporting local clinical improvement programmes
- Supporting research development
- Representing the network at CCG-level clinical meetings and the ICS/STP, contributing to the strategy and wider work of the ICS.

Each Network will receive an additional ongoing entitlement to the equivalent of 0.25 WTE funding per 50,000 population size, funded centrally.

Social prescribing link workers

In Year 1 (19/20), Networks can receive 100% reimbursement for a social prescribing link worker.

In Merton there is already a well-developed social prescribing service in Merton which has delivered positive outcomes for patients and practices. Collaborative work is underway to establish a coherent, integrated model.

Clinical pharmacists

In Year 1 (19/20), Networks can receive 70% reimbursement for a clinical pharmacist.

Additional clinical pharmacy input in primary care brings significant opportunities to improve patient care, particularly supporting the proactive management of patients with complex needs.

3. Primary Care Networks in Merton

Prior to the publication of the new contract guidance, practices in Merton had been working in groups/ networks for over a year, with four established across the borough.

With the publication of the new Network Contract and guidance around the development and resourcing of PCNs, practices have been working together to align themselves into networks that make the best use of resources, are geographically coherent and meet the requirements as set out in the DES.

To be eligible for the Network Contract DES, Primary Care Networks needed to submit a registration form to the CCG by 15th May 2019 and have all member practices signed up to the DES.

The following applications from six PCNs were received:

Primary Care Network	Practice	List Size	Collective List Size
North Merton	Mitcham Family Practice	3625	37411
	Riverhouse Medical Practice	5822	
	Merton Medical Practice	8163	
	Mitcham Medical Centre	8988	
	Colliers Wood Surgery	10813	
East Merton	Rowans Surgery	7330	45728
	Figges Marsh Surgery	8083	
	Tamworth House Medical Centre	9241	
	Wide Way Medical Centre	9486	
	Cricket Green Medical Practice	11588	
South West	Grand Drive Surgery	8870	39441
	Nelson Medical Practice	29571	
Morden	Ravensbury Park Medical Centre	5515	37735
	Stonecot Surgery	8586	
	Central Medical Centre	8909	
	Morden Hall Medical Centre	14725	
North West Merton	Vineyard Hill Surgery	4333	31748
	Alexandra Road Surgery	5646	
	Wimbledon Medical Practice	9358	
	Wimbledon Village Practice	12411	
West Merton	Francis Grove Surgery	13720	31517
	Lambton Road Medical Practice	17797	

There was a move from four to six PCNs to maximise the level of resource that would be received by the networks (which is particularly relevant in year 1) but the practices that are now part of smaller networks still intend to work collaboratively in the original groups to achieve benefits from working at a greater scale.

The applications were reviewed by non-conflicted members of the Primary Care Operational Group, ensuring that they met the requirements as detailed in the Network Contract. The outcomes of the review process concluded that the proposed PCNs:
• Covered 100% of the Merton CCG practices;
• Provided 100% coverage of the registered population;
• Were geographically contiguous;
• Did not include any practices outside of the CCG boundary;
• Did not include any networks with a registered population of under 30,000; and
• Did not include any networks with a registered population of over 50,000.

As such the proposed Merton PCNs met all the requirements for approval as set out in the Network Contract guidance.

The Primary Care Committee subsequently supported the recommendation that the six Primary Care Network applications in Merton should be approved.

4. Primary Care at Scale

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.

Merton Health, Merton's GP Federation, has been leading the delivery of Primary Care at Scale (PCaS) work programmes which have been supported through specific transformation funding. Other services and developments (funded through other channels) align with PCaS objectives and have taken into consideration PCN developments.

4.1 2018/19 Achievements

Some of the key achievements in 2018/19 and thus far in 2019/20 have included:

• Development of a comprehensive understanding of all practices' priorities, barriers and preferences in relation to PCaS, including project ideas and training needs.
• Supporting the delivery of practice PLTs through joint working with Merton Community Education Provider Network (CEPN).
• Improving Quality, Safety and Education – for example the Practice Support Team has successfully delivered a range of support for practices with a variety of needs.
• Establishment of PCNs and alignment of Merton Health's governance structures and leadership teams to the PCNs.
• Delivery of borough wide initiatives – for example introducing an intranet across all practices and the Federation (GP Team Net), the procurement of toolkits to support

practices with policies and procedures (Practice Index Plus) and the planned rollout of standardised websites.
• Development of models that will be delivered across PCNs to improve patient care e.g. enhanced support for care homes and a Local Incentive Scheme to improve the management of type 2 diabetic patients.
• Review of Access Hub service in light of PCN and digital developments.

To illustrate the varied nature of the work, further details are included below in relation to a few of the initiatives outlined above:

GP Team Net and Practice Index Plus

GP Team Net brings benefits for individual practices and supports joint work across practices. It can help with information sharing, HR functions (e.g. monitoring staff training) and CQC compliance (e.g. through having up-to-date policies, procedures and other key documents readily available and accessible to the required members of the practice team).

Practice Index Plus offers a suite of services, including access to a range of tools and resources such as policies and procedures which can support practices to implement best practice.

Access Hub Provision

Improving access to primary care services is a key priority in Merton. Merton Health 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.

Work is currently underway to select additional Hub sites bearing in mind the configuration of Merton PCNs. There will also be significant digital developments, including expanding digital access routes and offering dedicated video consultation appointments.

Enhanced Support to Care Homes

A model has been developed to achieve robust, high quality and equitable primary care support for care home residents. A new Care Home Local Incentive Scheme (LIS) will be introduced for nursing and residential homes for older people.

The Care Home LIS will follow the same structure as an End of Life Care and Complex Patients LIS that is already in place with a few developments to ensure that it is appropriately tailored to best meet the needs of care home residents. Core requirements of the scheme relate to the following areas:
• Leadership

• Identification
• Individual case review
• Conversation about end of life care and advance care planning
• Inclusion on the practice's Palliative Care/ Supportive Care Register
• Care planning and review, including offer and development of a Coordinate My Care (CMC) Record
• Multidisciplinary meetings/ approach
• Responsiveness to requests
• Reflective practice, information sharing and completion of After Death Audits

The funding for the scheme will be available from July 2019 and the scheme will be launched at this point. A Protected Learning Time (PLT) event took place on 8th May at which the Care Homes LIS was introduced to practices. Work is underway in terms of plans for implementing the scheme.

Future arrangements will need to be considered during 19/20 as Enhanced Health in Care Homes is a new national Network Service Specification which will be introduced from April 2020 and delivered through the Network Contract DES.

4.2 2019/20 Plans

National developments and timescales in relation to Primary Care Networks have meant that it would not have been viable to formulate a PCaS plan for 2019/20 before now.

2019/20 PCaS funding will help to support PCNS with their operational and organisational development and their ability to introduce new ways of working and models of care. PCaS initiatives will include a focus on the following priority areas:
• Leadership Development
• Communications and Engagement
• System Partnerships
• Business Intelligence, Support and Data Analytics
• Quality Improvement
• Efficiency and shared back office functions

A detailed plan is being developed which is guided by feedback from PCNs regarding needs and priorities. This plan will be reviewed by the CCG's Executive Management Team in June.

There is a need to work towards ensuring that there is a coherent fit between the Primary Care Networks, the PCaS work led by the Federation and CCG workstreams.

5. Primary Care Network Development

PCNs will receive support to help them mature and be in a position to operate and deliver care differently.

Nationally, based on feedback from engagement events, a decision has been made not to procure a national development offer. This recognises that 'one size' does not fit all given PCNs are at different stages of maturity and enables local flexibility.

Instead, it has been agreed to co-develop a PCN development support prospectus with systems, PCNs and stakeholders that sets out a consensus view and description of 'good' development support. The prospectus will therefore set out an agreed consistent view for regional and local teams to use and build upon to ensure any support put in place meets local needs.

Development support funding is expected to flow through ICSs (Integrated Care Systems)/ STPs (Sustainability and Transformation Partnerships). Work will need to make place to agree the most effective way to ensure PCNs can easily access good development support.

Seven modules of support will be described in the draft prospectus:

- Module 1: PCN set-up
- Module 2: Organisational development support
- Module 3: Change management quality and culture
- Module 4: Leadership development
- Module 5: Collaborative working (MDTs)
- Module 6: Asset based community development and social prescribing
- Module 7: Population health management

Additionally, it has been agreed to co-develop a PCN clinical director development support syllabus to help ensure appropriate support is put in place for these new leadership roles.

Further details will be shared in June, including the financial resources that will be available for South West London and expenditure parameters.

As noted above, work is already underway to support PCNs through Primary Care at Scale transformation funding and consideration will need to be paid to the 'fit' between this and the further initiatives that will stem from the additional resources that will be received as part of the PCN development offer. This will require a collaborative approach between the CCG, Merton Health and the Merton Community Education Provider Network (CEPN).

6. Workforce

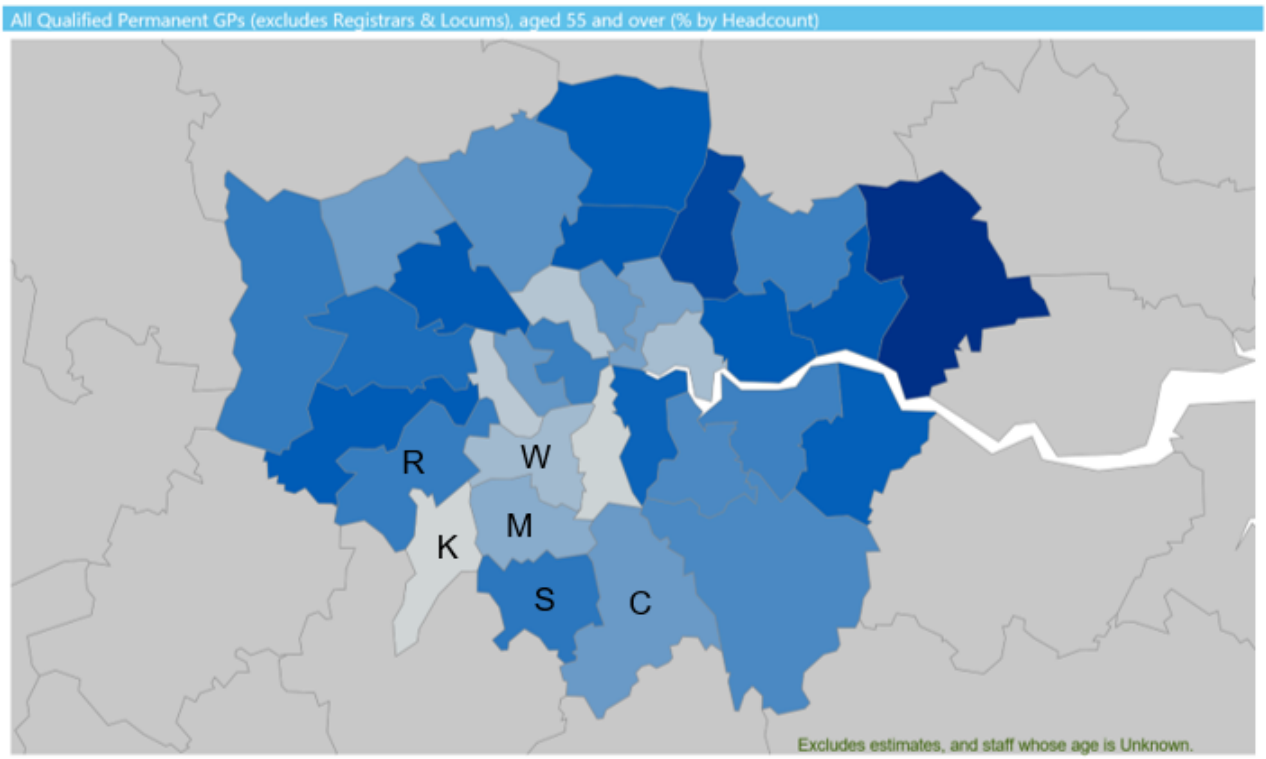
Nationally primary care faces workforce and workload challenges and action is needed to ensure that it is sustainable and able to meet current and future needs.

It is envisaged that developments including the introduction of the network contract will lead to greater resilience and workload management by making the best use of shared staff, buildings and other resources. Also, it should enable more tasks to be routed directly to appropriate professionals (such as clinical pharmacists, social prescribers, physiotherapists) which should help to manage the workload of GPs.

A range of primary care workforce data is available here:

https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services
Included below is some relevant data that may be of interest to the committee.

All Qualified Permanent GPs (excludes Registrars & Locums), aged 55 and over

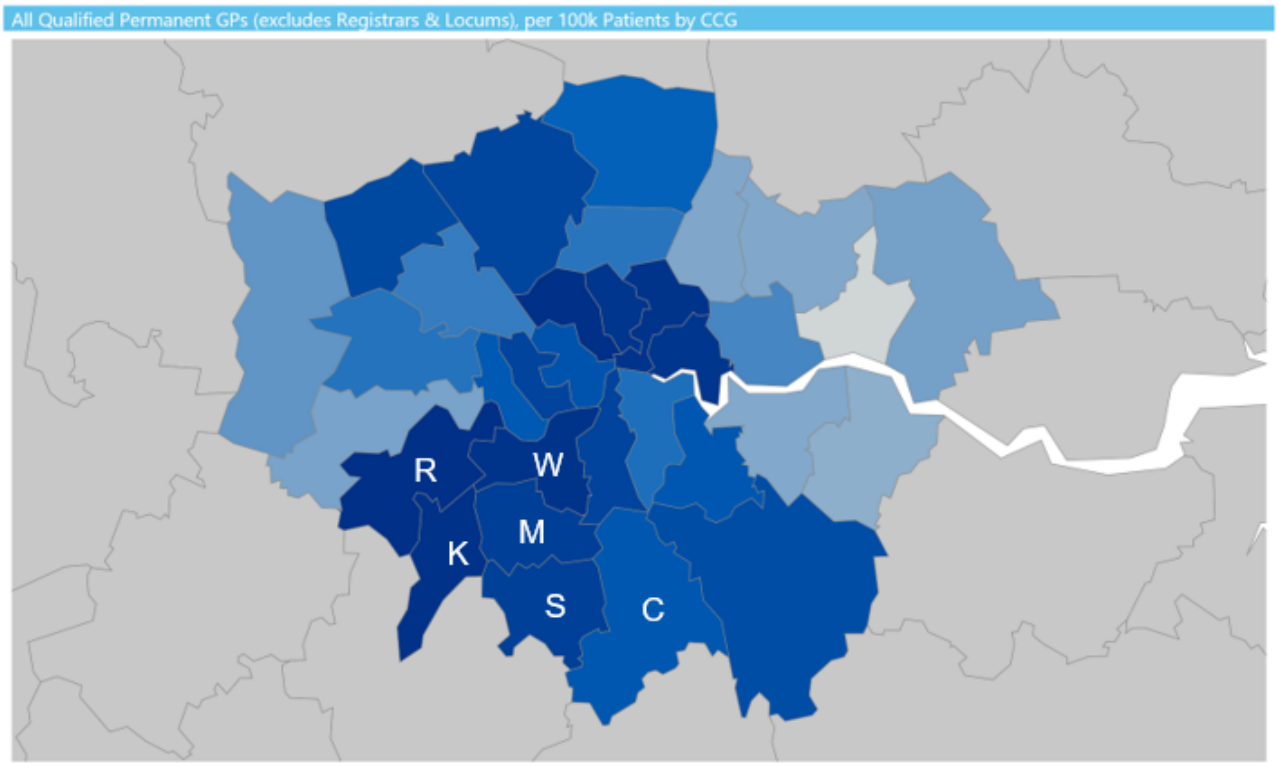


Note: The darker the blue, the higher the percentage.

Borough		Permanent GPs aged 55+			
		% 55+ by headcount *(represented on map above)*	Ranking (lowest to highest)	% 55+ by Full Time Equivalent (FTE)	Ranking (lowest to highest)
C	Croydon	24.1%	4th	21.1%	3rd
K	Kingston	17.5%	1st	17.4%	1st
M	Merton	22.1%	3rd	22.9%	4th
R	Richmond	27.5%	5th	28.0%	6th
S	Sutton	28.1%	6th	27.0%	5th
W	Wandsworth	20.5%	2nd	18.9%	2nd

South West London CCG average for % permanent GPs aged 55+ (FTE) = 22.5%
England average for % permanent GPs aged 55+ (FTE) = 19.6%

All Qualified Permanent GPs (excludes Registrars & Locums) per 100k Patients

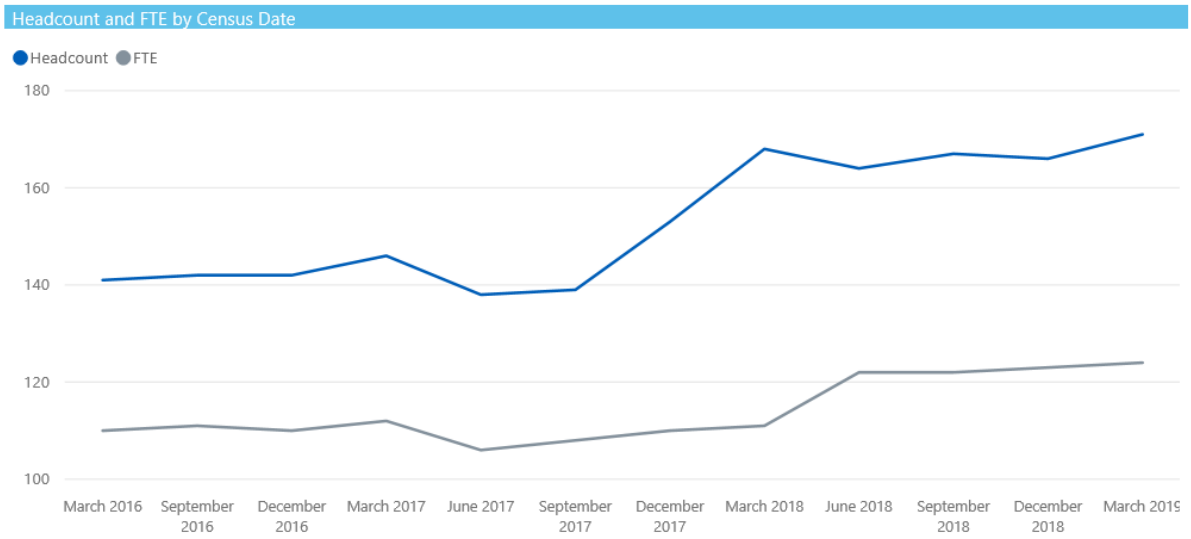


Note: The darker the blue, the higher the number.

Borough		Permanent GPs per 100k Patients			
		Headcount	Ranking (highest to lowest)	Full Time Equivalent (FTE)	Ranking (highest to lowest)
C	Croydon	56.16	6	55.90	4
K	Kingston	67.09	2	57.86	2
M	Merton	63.15	4	55.45	5
R	Richmond	67.58	1	58.59	1
S	Sutton	62.88	5	54.06	6
W	Wandsworth	66.42	3	57.78	3

South West London CCG average for FTE permanent GPs per 100k patients = 56.61
England average for FTE permanent GPs per 100k patients = 58.19

Merton CCG GP Headcount (all job roles)



	March 2016	March 2019	% Change
Headcount	141	171	+21.3%
FTE	110	124	+12.7%

Merton's number of full time equivalent permanent GPs per 100,000 patients is 55.45 (according to the latest data). This is just slightly lower than the average for South West London CCGs (56.61) and the England average (58.19). However, South West London compares favourably in this regard to other parts of London.

The overall GP workforce in Merton has grown over the past 3 years, both in terms of head count and the full time equivalent.

Local work is taking place in terms of recruitment and retention and the Practice Support Team can support individual practices which face challenges. The Primary Care Quality Review Group seeks to support with the early identification of vulnerable practices and workforce issues are explored at this group.

7. Next Steps

The CCG will continue to work with the PCNs going forward on the priorities as detailed in the Network Contract as well as on local programmes.

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.

Committee:	**Healthier Communities and Older People Overview and Scrutiny Panel**
Date:	**17th June 2019**
Wards:	**All**
Subjects:	'Tackling loneliness in Merton' update on the Action Plan.
Lead officer:	Dr Dagmar Zeuner, Director of Public Health
Lead member:	Councillor Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment
Contact officer:	Barry Causer, Head of Strategic Commissioning, Daniel Butler, Senior Public Health Principal.

Recommendations: That members of Healthier Communities and Older People Overview and Scrutiny Panel

A Note the progress on the Action Plan to tackle loneliness in Merton.

B Note the range of wider services that support social connection amongst older people and the priority given to tackling loneliness in the refreshed Health and Wellbeing Strategy 2019 - 2024.

A. PURPOSE AND EXECUTIVE SUMMARY

1.1 To provide an update on progress on the recommendations of the Action Plan to tackle loneliness, provide information on wider services that support social connection amongst older people and outline the priority given to tackling loneliness in the refreshed Health and Wellbeing Strategy.

B. DETAILS

Context

2.1 At their meeting on 6th September 2017, the Healthier Communities and Older People Overview and Scrutiny Panel made seven recommendations as part of an Action Plan for reducing loneliness and isolation in Merton. These were subsequently agreed by Cabinet on 16th October 2017.

2.2 An initial update was presented to the Healthier Communities and Older People Overview and Scrutiny Panel on 13th March 2018. The Panel noted the progress made and asked for a further update in the future.

Update on the recommendations

2.3 Progress on delivering against the seven recommendations is provided below.

1) To ensure loneliness is included within other strategies such as Falls Strategy, Hoarding Protocol and Volunteering Strategy

Update provided in previous report. This is available here (at agenda item 6).

2) **Merton Health and Wellbeing Strategy and the East Merton Model of health to make reference to current work connecting communities which will address loneliness.**

One of the actions of the Health and Wellbeing Strategy 2015-2018 Action Plan was the development of a Merton Befriending pilot, which was delivered by Age UK Merton.

The pilot was successful, and after a slower initial set up period nearly 200 older people were befriended between 2015-2017. The new service currently supports around 120 older people each year with a similar number of volunteers. Lessons have also been learned and have informed the new service model that includes a number of new elements including; a greater focus on engaging BME communities; physical activity and befriending (such as chair based exercises or walking); engaging older people in care homes/sheltered housing (small numbers and where appropriate or continuing a befriending relationship) and extending the befriending offer to include weekends.

This new service model, delivered by Age UK Merton and the Wimbledon Guild is in place until the end of January 2020, with an option to extend for a further year.

As reported to this Panel in February 2019, Merton's Health and Wellbeing Strategy (2019-2024) is currently being refreshed and will go to the Health and Wellbeing Board in June 2019. The refreshed Strategy, titled 'A Healthy Place for Healthy Lives', is a tool to support the Health and Wellbeing Board as a system leader and identifies a number of areas where it can add most value.

The Strategy focuses on a small number of 'key healthy place attributes' that the Health and Wellbeing Board will focus action on and includes '*promoting good mental health and emotional wellbeing'* across the life-course.

The Strategy identifies a small number of key outcomes which it will focus on over the next five years including 'Less loneliness and better social connectedness'. Progress against these key outcomes will be reported to the Health and Wellbeing Board and as part of the regular Health and Wellbeing Board annual report to this Panel.

As mentioned in the March 2018 report, the Wilson Hospital redevelopment includes the "Wilson Wellbeing" work-stream, which will position the new facility as the hub of wellbeing activity across East Merton. A steering group of local residents and local voluntary/community groups is being established to develop plans for wellbeing activities, including exploring ideas for using empty space in the existing building and the grounds later in 2019, ahead of the building work commencing. The process for the selection of steering group members has been developed and there will be publicity led by MVSC to encourage local people to put themselves forward as potential steering group members.

3) **Public Health and Merton Clinical Commissioning Group (utilising existing infrastructure e.g. social prescribing and directories) develop an agreed list of voluntary and community sector groups who provide services to tackle loneliness and provide community activities for older people.**

The March 2018 update provided information on the 'A Practical Guide to Healthy Ageing' resource that includes an agreed list of services and organisations that support older people. This was produced by Merton CCG, provides resources on Merton's community and voluntary sector, including for social isolation and has been promoted widely across Merton including within all libraries.

At their January 2018 meeting, The Merton Health and Care Together Board agreed five prevention priorities, one of which is the development of a "Wellbeing Digital Hub". This hub aims to be the single point of access for 'digital first' self-management tools and an electronic directory for residents to access digital and face-to-face self-care activities and will be used by front-line staff as part of their everyday interactions with local people. It will enable the promotion of all prevention and wellbeing services, including those related to loneliness and isolation, and will incorporate key behaviour change techniques, becoming an active rather than passive provision of information.

Initial scoping and mapping for this project is underway, with engagement with patients and residents due to take place early summer 2019. The hub is anticipated to go live in January 2020.

Social Prescribing (SP) has gone from strength to strength in Merton. In December 2016, a pilot programme (supported by the Health and Wellbeing Board) commenced in East Merton Primary Care Network (PCN) which evidenced reduced health resource utilisation (primary care, A&E) and increased self-reported health and wellbeing.

This informed the development of a networked approach covering 13 practices by June 2018 and will have complete coverage from 1st April 2019 by a team of five Social Prescribers.

Between July 2018 and early March 2019 319 residents were supported by the social prescribing service (with 620 total meetings), with the reason for 20% of referrals being social isolation.

Promoting social interaction to reduce isolation and loneliness is a key feature of the Wellbeing section of the Strategic Grants Programme (2019 – 2022). The Grants prospectus contained a number of areas to tackle loneliness including; services should encourage social interaction and build connectedness; a focus on interventions that support people who cannot get out to feel less isolated and an asset based approach that supports volunteering and recognising every person can make a contribution. The five organisations (outlined at 2.8) who have been successful in their applications to the Wellbeing section of the Strategic Grants Programme will provide support to people who are isolated and to people who are experiencing loneliness.

4) Merton Clinical Commissioning Group to use the Practice Manager's forum to have a session to highlight the issues around loneliness.

Public Health and the Age UK Befriending Coordinator attended Merton's Practice Manager's forum on 22nd August 2018 to highlight the issues surrounding loneliness and isolation and the benefits and referral routes to the Age UK Befriending Service. Information was also provided to Practice Managers on community activities and services that support greater connectivity

for older people and case studies from people who have benefitted from the service were shared.

The referral pathway into the service was explained and electronic referral forms were disseminated to all practice managers as well as being uploaded to DSX, the referral database used by GP Practices. Leaflet drops were requested by practices and have subsequently been provided for GP waiting rooms. This has helped staff in Primary Care to understand the service and increase the numbers of people benefitting from the service.

5) **Public Health Team to lead discussions with partners such as the Chamber of Commerce on innovative ways to connect local communities to reduce loneliness. These discussions could draw on examples set out in this report. New approaches could use existing resources such as training material from Making Every Contact Count initiative and the Campaign to End Loneliness.**

As commissioners of the befriending service, provided by Age UK Merton, Public Health have promoted engagement by the service with local businesses. Work by Age UK Merton has led to an innovative partnership with Abel and Cole who are an organic fruit and vegetable home delivery service. Work has included regular recruitment drives, giving staff flexibility in how they use their volunteering allowance (such as extended lunch hours) and hosting a lunch for all befrienders and their matches at the Abel and Cole offices. There have been 8 volunteers from the company who have joined the Befriending service and several Abel and Cole volunteers have been befriending for almost 2 years. Age UK Merton are also engaging with Barclays Bank and Marks & Spencer on befriending.

To further support engagement with business and community groups articles written on the health impacts of loneliness and isolation have featured on the MVSC website and newsletters and we will also submit an article to the Chamber of Commerce e-newsletter.

Also relevant is the Active Ageing work funded by Public Health. A number of pilot projects have been commissioned, which are run by Age UK Merton. By design, much of Merton's Age UK physical activities combines elements of social connection.

6) **An Article in My Merton to profile the agreed list of community activities and services that lead to greater connectivity for older people with case studies from people who have benefitted from them.**

A full page article '*No need to go it alone'* was published in the Winter 2018 My Merton publication (Issue 76, p19). This looked at the impact of loneliness on health, services that are available such as the library visiting service and Age UK Merton's befriending service as well as the wider community/voluntary sector offer. The article also looked at support for residents with a mental health issue including the Sunshine Café and Imagine Independence peer support. Finally, the article linked to a separate article on volunteering opportunities. We will also commit to developing a future article in My Merton magazine on the Wellbeing Digital Hub, once it is up and running.

7) **Public Health to host lunchtime seminar for councillors on 'connecting communities with the aim of tackling loneliness' highlighting key issues and good practice.**

All councillors were invited to a bespoke evening event (22nd November 2018) as part of the training programme for new Councillors, following the 2018 local elections. The event, led by Dr Dagmar Zeuner (Director of Public Health) focused on raising awareness of loneliness and isolation in Merton's older population and our approach to tackling this. Guest speakers from Age UK Merton sought to raise awareness of the services and activities on offer to reduce loneliness in Merton residents. A paired service user and volunteer gave further insight into their relationship stemming from the befriending service.

A Dementia Friends (DF) session for councillors was provided by an Alzheimer Society Dementia Champion. The session teaches what it is like to live with dementia, explored the important role that Councillors can play in connecting isolated residents to local activities and services and asked all councillors to take one action to improve the lives of those living with the disease.

The event was positively received and was promoted via a series of tweets on the council's twitter page.

Further dementia friends training sessions were held for Merton Voluntary Service Council (MVSC) staff and Health and Wellbeing Board (HWBB) Members.

Update on other work that contributes to tackling loneliness and isolation.

Information and updates on services that support greater connection and address isolation in Merton are provided below.

2.4 **Home Visiting Service – Libraries.** Merton's Home Visits Library Service provides books and other materials to any resident who cannot make it to their local library. The service also provides a talking book postal service for visually impaired people and delivers deposit collections of stock to care homes across the borough.

Utilising specially trained volunteers the Home Visits Library Service is a valuable service for those in receipt of it and provides a regular volunteer to a person's home who supplies specially requested materials on behalf of the customer. Specialist stock is available including an e-book service and a dementia collection, which helps to stimulate the minds of people living with dementia. There were 3,114 visits made by Home Visits Library Service volunteers to resident's homes during 2018/19. This is a 59% increase in visits from the previous year.

2.5 **Fire Safe and Well Pilot – London Fire Brigade.** Fire Safe and Well adds health and wellbeing interventions to the home fire safety visits that the London Fire Brigade conducts in people's homes. Merton is one of five London Boroughs to pilot this approach and has visited 243 households to date, leading to 33 referrals to Merton's befriending service. Additionally the service has referred 74 people to the falls prevention service, 53 for winter warmth advice and four for smoking cessation.

2.6 **Tuned In Project – Merton Libraries.** Tuned In is an open group session hosted at the Merton Arts Space in Wimbledon Library every Monday evening. Under the guidance of professional musicians participants are encouraged to get involved and play music regardless of their skill levels or interest with instruments provided. The group is open to all but is specifically targeted at men over the age of 50 and has been organised as a way to engage this cohort.

Since starting in January 2019 77 people have participated in sessions with 72% of participants being male and 48% of the participants being over the age of 50. As part of the project participants health and wellbeing is recorded using a range of methods and is specifically being tracked to see if participants feel less isolated and / or report any improvements in their personal health. Support services are available at each session that provide information and advice on healthy living and participants are signposted to other events that may be beneficial to their wellbeing.

The project is currently in the process of collecting the first 3 months of data to determine impact with the project running until the end of the calendar year.

2.7 **Walking Football – Age UK Merton** – as part of Public Health's commissioned 'active ageing' programme Age UK Merton are delivering a new weekly walking football session in conjunction with AFC Wimbledon at Canons Leisure Centre. Aimed at men over 50 (but open to women as well) the sessions aim to increase physical activity of participants as well as social interaction.

2.8 **Strategic Grants Programme –** there are five providers of the current programme including;

- **Merton Mencap** aims to support people with Learning Disability and or Autism to develop friendships and access activities to encourage positive social interaction.
- **Imagine Independence** will support people with current and previous experience of mental health issues to develop their skills as volunteers to provide peer support and connect with other people with mental health issues.
- **Age UK Merton** supports older people to connect with their local community and navigate services through their Living Well service; providing support for people to improve community access through transport schemes, income maximisation and exploring housing options; and a comprehensive social, lunch and physical activity programme to bring older adults together around food, interests and exercise. They are also exploring additional activities for communities at risk of isolation and loneliness in later life, e.g. an LGBT+ social club.
- **MertonVision'**s outreach team and volunteers aim to support people who are newly visually impaired and people who have lived with sight loss for some time to promote independence and connectedness to assist reduction in social care dependency.
- **Wimbledon Guild** will provide an ongoing support service for people who have limited networks and help people to access activities and support with their daily living to enable a person to remain independent in their community. Wimbledon Guild will also facilitate peer support groups for older people, people who have been bereaved and people with mental health issues.

2.9 **Lunch club review** - Four lunch clubs have received funding for a year from Adult Social Care as part of the Lunch Club Review work stream. Outcomes include a focus on building connectedness and supporting older people to remain in touch with people they care about.

2.10 **Winter Pressure Funding** - **support for lunch clubs**. Ten lunch clubs in Merton were given additional funds over winter 2018/19 to support continued attendance and increase ongoing membership. This has had very positive outcomes, with residents also accessing other activities and support services.

2.11 **Warm and Well Service** – Age UK Merton and Wimbledon Guild run the 'warm and well' service in partnership with Merton Council. This service provides advice and information on keeping warm in winter. Activity also promotes social connectedness, such as information and advice on local lunch clubs and social activities that are available.

2.12 **Merton Giving** – this is a small grants programme (grants of £500-£1500 with first round total funding of £20,000) to fund projects for community, faith and voluntary organisations who provide services that benefit Merton residents. It also aims to raise awareness of key issues affecting Merton residents, recognising we can all make a contribution. One of the key themes of the Grants Fund is "*Connecting our Communities – projects that deliver services and/or activities that bring neighbourhoods and communities together and strengthen and promote community cohesion and social capital".*

2.13 **Carers Hub Merton** - supports carers to continue in their caring role and connecting with others including other carers. They do this through a range of activities including assessments, wellbeing and social activities, counselling, peer support groups, information and advice. In 2018/19 the Hub carried out approximately 200 assessments. This number is expected to increase to around 300 assessments during 2019/20.

2.14 **Dementia Hub Merton** – people with dementia and their carers are at greater risk of social isolation. The Council and Merton CCG commission community dementia services located at the Dementia Hub in Mitcham. The Hub sees approximately 1200 service users each year and provides a range of services, education, advice and information and activities for both people with dementia and their carers – that promote social interaction and connectedness. One example of a programme delivered from the hub is the 'Side by Side' programme, where volunteers support a person with dementia to continue to engage in hobbies or other activities that they enjoy doing.

C. CONSULTATION UNDERTAKEN OR PROPOSED

N/A

D. TIMETABLE

N/A

E. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

N/A

F. LEGAL AND STATUTORY IMPLICATIONS

N/A

G. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

There are a number of equalities implications with regard to loneliness and activities carried out from the OSC Action Plan should have positive impact in terms of these equalities strands;

- In terms of gender women are more likely than men to report being lonely 'often /always' or 'some of the time', at 24.71% compared to 18.24%[i]. Men may however be reluctant to admit to feelings such as loneliness within a survey.

- People with a disability were more likely to report being lonely 'often/always' or 'some of the time' compared to those without a disability, at 30% compared to 16.94% without a disability[ii]. People with dementia are also more likely to be lonely, through loss of social networks and support.

- Age; people over 75 are 63% less likely to report feeling lonely compared to younger people aged 16 – 24. Discussion within the ONS paper highlights; older people may develop greater resilience to feeling lonely over time; or the negative physical health impacts of loneliness may reduce the number of older lonely people population[iii]. There could also be generational issues/stigma around admitting to being lonely.

- Age; whilst older people may report less loneliness we know they are more likely to be lonely or isolated (and face health impacts of loneliness) and face risk factors associated with loneliness, such as living alone, poorer health, loss of partner and ability to meet up with family and friends. The English Longitudinal Study of Ageing found that 23% of older men had contact with their family less than once a month whilst a further 31% had contact only once a month[iv].

- Ethnic minority residents are more likely to be lonely (excluding those from the Indian subcontinent) despite large social networks. This is because they are less likely to take part in social activities or access services for older people[v].

H. CRIME AND DISORDER IMPLICATIONS

N/A

I. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

N/A

K. BACKGROUND PAPERS

N/A

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[i] ONS, Community Life Survey 2016/17 available at https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10

[ii] Ibid, figure 6.

[iii] Ibid, Chapter 4

[iv] Beach B, Bamford S-M. Isolation: the emerging crisis for older men. ILC-UK 2014:60

[v] Victor Cr, Burholt V, Martin W. loneliness and ethnic minority elders in Great Britain: an exploratory study. Journal of Cross-Cultural Gerentology 2010 27:65-78

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Committee: Healthier Communities and Older People overview and scrutiny panel

Date:

Wards: All

Subject: Market Provider Failure

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 and comment on the content of the report and the work of Community and Housing Department to reduce the risk of provider failure and the procedures in place to manage a provider failure event.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This paper sets out the responsibilities of the council, in the event that a third party provider of care and support fails. Provider failure procedures form part of the overall approach to contract management and quality assurance of providers. It is not only for reasons of failure that the council may end its' contractual relationship with a provider. Breach of contract, quality and safeguarding concerns can lead to suspension and indeed termination of contracts.

1.2. However, this report focuses on the catastrophic failure of regulated social care providers such that the provider closes and care is at risk of ending. It is not concerned with other safeguarding or quality failures. The three main types of provider failure seen in adult social care are:

1.3. Business failure – whereby the business is no longer viable and is put into administration or insolvency, or is put up for urgent sale.

1.4. Regulatory closure – CQC can issue a range of warnings, improvement and closure notices. A closure notice should be the last resort, but in extreme cases may be the first action taken.

1.5. Discretionary closure – A provider or their ultimate owner, may choose to close a unit, branch or subsidiary due to loss making and/or loss of reputation. In some circumstances, this action pre-empts enforcement by CQC or wider business failure.

1.6. Local authorities have a responsibility under the Care Act 2014 to ensure the safety of service users and continuity of care in provisions that they host, whoever is the commissioner or whether they are a self-funder. This responsibility means that, should if other alternative re-provision is not viable, the local authority is the default provider of last resort.

2 DETAILS

2.1. National and local legislation and policy context

2.1.1 In 2011, the largest national care provider, Southern Cross, faced severe financial difficulties which put thousands of people across the UK at risk of losing their care service: the actions of local authorities, other providers and other stakeholders such as the Department of Health and Southern Cross's own landlords prevented this happening but it did cause significant concerns for residents of Southern Cross' homes and their families at the time. This led the Government to establish a new system in England to better predict a similar situation happening in the future. The Market Oversight scheme ('the scheme') at the Care Quality Commission (CQC) is the result.

2.1.2 Since April 2015, the Care Quality Commission has had a statutory responsibility to monitor and assess the financial sustainability of those care organisations in England that local authorities would find difficult to replace should they fail and become unable to carry on delivering a service. Collectively, these providers represent around 30% of the adult social care market in England.

2.1.3 Quality of care and the financial performance of a care organisation are closely linked. If one starts to deteriorate, the other can quickly suffer too. CQC have a national role in overseeing the quality of adult social care services and collecting information and intelligence about them. Therefore, the responsibility for the Market Oversight Scheme rests with the CQC.

2.1.4 The scheme includes only those providers who are large in size, regional presence or specialism. If any of these providers were to fail and their services closed, they would be very difficult to replace at local, regional or national level. Failure would present significant challenges for local authorities in affected areas to ensure that people continued to receive a care service that meets their needs. Providers are not in the scheme because it is thought they are more likely to fail – it is only that they would be difficult to replace.

2.1.5 Legislation sets out criteria to identify providers who are large in size locally, regionally or nationally. Different criteria apply to both residential and non-residential adult social care services.

2.1.6 For a residential care provider, the provider must have bed capacity:

(a) of at least 2,000 anywhere in England (i.e. significant size of provider); or

(b) between a total of 1,000 and less than 2,000 with at least 1 bed in 16 or more local authority areas (i.e. significant scale regionally or nationally); or

(c) between a total of 1,000 and less than 2,000 and where capacity in at least 3 local authority areas is more than 10 per cent of the total capacity in each of these areas (i.e. significant scale in a local or geographic area).

2.1.7 For non-residential care, such as domiciliary care, the provider must:

(a) provide at least 30,000 hours of care in a week anywhere in England (i.e. significant in size); or

(b) provide at least 2,000 people with care in a week anywhere in England (significant in scale); or

(c) provide at least 800 people with care in a week anywhere in England and the number of hours of care divided by the number of people provided care must be more than 30.

2.1.8 CQC has no responsibility or regulatory power to monitor and assess the financial sustainability of the adult social care sector as a whole. Local Authorities are required to have market oversight for their own regulated providers who fall outside of the CQC Market Oversight Scheme. A small independent provider with specialism may be just as difficult to replace, though impacting a smaller number of people. Therefore, it is important that we have an assured approach to local oversight and market management.

2.1.9 Locally the majority of our providers fall outside the criteria for inclusion in the CQC scheme.

2.1.10 The Care Act 2014 section 48 places a temporary duty on local authorities in respect of the carrying on of a regulated activity where a provider in the local authority area becomes unable to carry on that activity because of business failure. This duty falls to the local authority as soon as it is aware of the business failure.

2.1.11 CQC has no responsibility or regulatory power to intervene to prevent the failure of an individual corporate provider that is subject to CQC's financial monitoring and assessment. Instead, it is required to inform local authorities when it is believed that service cessation as a result of business failure is likely to happen, in order to seek to assist local authorities with their responsibility to ensure continuity of care.

2.1.12 The local authority is required to provide continuity of care by ensuring that care and support needs are met in the same way as they were immediately before the registered care provider became unable to carry on the regulated activity.

2.1.13 The local authority has these responsibilities irrespective of whether an individual is ordinary resident of the borough, irrespective of whether a needs assessment has been carried out and irrespective of whether the needs being met by the regulated activity meet the national eligibility criteria. Thus, the emphasis is on continuity of care and support for any individual impacted by a provider failure in the borough.

2.1.14 In September 2017, ADASS published a checklist for provider failure. It set out the following key principles:

- Person-centred care – individuals' needs are paramount and any process/practice should maintain dignity and respect.
- Safeguard – while providers may fail, service continuity should not. The local authority's duty to safeguard and ensure continuity of care comes first.
- Communicate – service users, carers, their families and care workers themselves must never be left out of the loop.
- Managing information – holding good, accessible data on people receiving care.
- Management of personal data will be crucial in fulfilling the duties in the Care Act and ensuring continuity of care for all individuals in a locality, including self-funders.
- Be prepared – preparing, testing and regularly reviewing contingency plans.

2.2. <u>Recent examples of failure</u>

2.2.1 In 2011, the largest national care provider, Southern Cross, faced severe financial difficulties which put thousands of people across the UK at risk of losing their care service: the actions of local authorities, other providers and other stakeholders such as the Department of Health and Southern Cross's own landlords prevented this happening but it did cause significant concerns for residents of Southern Cross' homes and their families at the time. This led the Government to establish a new system in England (CQC MO) to better predict a similar situation happening in the future.

2.2.2 More recently Allied Healthcare and Medacs Homecare have both been examples of provider failure where the Merton, as a local authority impacted directly, has acted to ensure continuity of care.

2.2.3 Two of these three examples have made the headlines because they were amongst the largest national providers. Beneath these headlines, however, there have been numerous take-overs, re-structures and re-financing actions as well as smaller provider closures.

2.2.4 Business failure is not the only cause of catastrophic provider failure. Providers and units can be closed by CQC taking regulatory action. It can also be caused by other government agencies, such as the Home Office raiding providers and removing staff who do not appear to have the right to work. Business owners may also choose to close provision due to adverse publicity, attribution of blame for deaths by a coroner, loss making and so on.

2.2.5 Business failures can be drawn out, through administration or liquidation, but providers can hand back contracts at short notice. Whilst there might be notice clauses and legal remedies, neither of these will protect service users against an unwilling provider.

2.3. Types of failure and risks involved

The three main types of provider failure seen in adult social care are:

2.3.1 Business failure – whereby the business is no longer viable and is put into administration or insolvency, or is put up for urgent sale. The national Market Oversight programme led by CQC monitors the major providers and provides warnings on potential failure. However, recent experience suggests that the regime does little more than provide warnings, although they have more powers than they seem prepared to use. Action is left to local authorities.

2.3.2 Regulatory closure – CQC can issue a range of warnings, improvement and closure notices. A closure notice should be the last resort, but in extreme cases may be the first action taken. Closure notices are immediate. However, the protocol agreed with ADASS suggests that the host authority can ask CQC for a few days to arrange alternative provision. CQC do not routinely inform authorities of this, and in a recent case an authority moved vulnerable clients late into the night when they could have managed it over several days.

2.3.3 Discretionary closure – A provider or their ultimate owner, may choose to close a unit, branch or subsidiary due to loss making and/or loss of reputation. In some circumstances, this action pre-empts enforcement by CQC or wider business failure.

2.3.4 Such failures can affect providers of all sizes, from small sub-borough providers to national providers with international ownership.

2.3.5 The key risk is to the safety and wellbeing of service users. The local authority has a duty to all users of regulated services in their area, whoever placed them or pays for their care. There is an obvious risk of non-delivery of essential care, and risk of harm or death as a result. There are also risks from disruption of care, such as not understanding an individual's needs, loss of dignity, increased medication errors etc.

2.3.6 Allied to this, is the risk of loss of care staff from the threat of loss of employment and general disruption. There is a shortage of care staff and any losses are difficult to replace. In any contingency plan, there must be a clear understanding of the likely TUPE implication in respect of business transfer or service provision transfer and the extent to which this would rely on staff transfer. The risk of TUPE for a commissioner is that it is a right for the individual employee and is a process between employers. Commissioners have no formal role or powers to intervene. In many such transfers, there is a loss of key staff during the process.

2.3.7 There is a risk of loss of provision and choice, particularly in relation to buildings based provision. Closed units tend not to be replaced. As a result the overall supply diminishes.

2.3.8 There are a range of risks to authorities, including prosecution, reputational loss, financial penalties and the cost of recovery operations. This is not an exhaustive list, but gives a flavour of the seriousness of the issues involved.

2.4. <u>Planning for potential future failure</u>

2.4.1 There are a number of steps we are taking to plan for further events of provider failure

2.4.2 **Preventative** – improving our quality monitoring to provide better intelligence on potential failure of local providers. Quality issues can be an issue in themselves and a flag to potential business failure. We have an effective Joint Intelligence Group with CQC, the CCG and Merton Seniors Forum, but current capacity means we are often limited to undertaking reactive monitoring visits.

2.4.3 In developing our new Target Operating Model we recognise this deficit in capacity to proactively monitor contracts and quality. We are investing in a Head of Service for Commissioning and Market Development to lead and have oversight for our statutory commissioning duties. In addition we are investing in more contract and quality assurance staff. This will give greater ability to proactively monitor providers and assess the risks of potential failure before they arise.

2.4.4 **Suite of documents** – having templates letters, guidance and draft plans stored alongside other business continuity documents.

2.4.5 **Training** - ensuring managers and key staff are aware of the risks and expected responses. We cannot predict who will be available in the event of a sudden failure evet. We all need to be aware of the ADASS guidance, our statutory responsibility and the role of CQC etc.

2.4.6 **Reviewing capacity** - we need to consider how we could develop greater capacity in the independent sector. At present there are beds available but home care is in short supply. This might include greater in-house capacity or in partnership.

2.4.7 **Arm's length company** – This may be required in order to transfer in an operation at short notice. The council has to consider the best and most efficient way to ensure continuity of care within the legal and regulatory frameworks in the event that the independent sector is unable to step into the breach. Whilst a company can be registered online in 24 hours and at a cost of £12, more time is required to create memorandum and articles of association, choice of directors etc, to ensure

that it is fit for the intended purposes. A company can be created and left dormant, but there are still regular returns required and this task (usually the Company Secretary) needs to be assigned. HR and payroll would also need to be primed to issue contracts and on-board new employees at short notice. There are also issues such as Vat recoverability to be considered.

2.4.8 Responding to failure

2.4.9 Like every business continuity event, each provider failure is unique and response needs to be tailored to the particular circumstances. There are some common tasks that are key, however:

2.4.10 Establish contact with provider, CQC and ADASS – to ascertain the most up to date information

2.4.11 Risk assessment – An assessment of the risk to the provider/unit and service users, needs to be undertaken. As the situation develops, the service user risk assessment needs to be refined to identify those who might be more at risk, e.g. those with complex care arrangements. The risk assessment should also document the key legal, procurement and financial risks based on the predicted timetable of the failure being managed.

2.4.12 Ascertain service users at risk – we need accurate lists of all users of the service at risk, including self-funders and those placed by other agencies. The host authority has responsibility for all service users in a failing service, although would naturally coordinate action with other commissioners.

2.4.13 Emergency response – In the event of significant risk to individual or cohorts of users, we may need to move the urgently. Where care arrangements (eg home care package) cannot be replicated at short notice, a move into a residential or nursing home might be required in the short term. Service users and families should be consulted first. In some cases, families may be able to step in in the short term. In extremis and as a last resort, service users may need to be conveyed to hospital as a place of safety.

2.4.14 Consideration of precipitation – Authorities can precipitate failure by acting prematurely. For example the removal of significant numbers of service users can force closure and the movement of all users, when a unit or branch could have been sold as a going concern. The best interests of service users takes precedence over the interests of the authority.

2.4.15 Communication with service users, families and care workers – We need to communicate our role and reassurance to these key groups. Families can be an important additional safety measure, and often will increase their own contact during periods of disruption.

2.4.16 Communication to members and the media – these are key conduits for information to the public and ensuring accurate messaging is important. Professional media outlets are generally responsible and responsive to requests not to cause undue alarm, but social media needs to be monitored.

2.4.17 Establish alternative capacity - internally and externally, in similar or alternative provision.

2.4.18 Develop contingency options - There will usually be a range of options, such as transfer of staff and service users to new providers, transfer of care only, novation of contract on prospective sale. Ensure that contractual terms allow us to implement contingency plans successfully – these centre on termination clauses, release of information, cooperation from providers

2.4.19 Risk mitigation – this might involve moving some, eg higher risk, service users quickly utilising available capacity.

2.4.20 Execute contingency plan – this may be novation of contract to a new owner, transfer of staff and service users or transfer of care only.

2.4.21 Learning from the Allied Healthcare business failure scenario in November 2018, it is clear that we can place very limited reliance on CQC and DHSC in the event of national failures. The CQC was clear its role is to issuing warnings and was very clear that local authorities must act to satisfy themselves of their contingency plans and ability to enact continuity of care. DHSC and ADASS have tried to coordinate discussions at a national level, but as a result communication was limited in detail. Commitments were made by the outgoing provider which were not kept, but none of the national agencies seemed willing to try to enforce these. It is hoped that national bodies will, in time, provide learning from the apparent flaws in the market oversight regime which put service users and care workers at unnecessary risk during a time of intense and detailed work at a local level.

2.4.22 We are fortunate to have a brokerage team, which means we have people with detailed provider knowledge and capacity to respond. We were able to establish lists of service users quickly. We are also able to use our homecare electronic call monitoring system to access carer information, where a provider proves unwilling or uncooperative in providing this level of detail.

2.4.23 In the event of provider failure, beyond the safety and continuity of care to the individual; ensuring the workforce is supported in a difficult time and communicating that they are a vital and valued part of the local system goes a long way to ensuring people continue to carry out their work duties, even facing an uncertain personal future. The care workforce is itself vital to mitigating some of the risk of provider failure and in our most recent experience they value the local authority giving clear communication about the actions we take during these events.

3 ALTERNATIVE OPTIONS

3.1. n/a

4 CONSULTATION UNDERTAKEN OR PROPOSED

5 TIMETABLE

5.1. n/a

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Temporary financial support and additional resource requirements, including additional human resource are considerations required for each individual event and will vary based on the decisions taken to manage risk and avoid provider failure wherever possible. Short term support to providers who are able to support continuity of care is also a consideration, unique to the situation.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1 The responsibilities for continuity of care and market oversight as set out in the statutory regulations of the Care Act 2014

7.2 Consideration of CSOs and EU Procurement regulations as a result of providing continuity of care, and the long term impact on compliance with these regulations.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 The nature of regulated services failure is such that in most, if not all cases, the individuals affected will have protected characteristics. Ordinarily these will relate to age and disability. During provider failure events these individuals will be disproportionately and directly affected. The council makes every effort to ensure no one is severely or negatively impacted by provider failure and that people experience continuity of care, are kept save and that their wellbeing is of prime importance whilst failing providers are managed or replaced.

9 CRIME AND DISORDER IMPLICATIONS

9.1. n/a

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. Risks of provider failure are managed within our commissioning and contract management functions and form part of the overall contractual management of providers and quality assurance framework. The risk and risk mitigation plans feed into departmental business continuity planning.

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

- n/a

12 BACKGROUND PAPERS

12.1. n/a

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 17 June 2019

Wards: ALL

Subject: Report and Recommendations arising from the 'Transitions from children's to adult services for children with special educational needs and disability' Task Group Review

Lead member: Councillor Rebecca Lanning, Chair of the 'Transitions from children's to adult services for children with special educational needs and disability' Task Group.

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

Recommendations:

A. That the Panel comment on the report and recommendations arising from the 'Transitions from children's to adult services for children with special educational needs and disability' Task Group.

B. That the Panel send the report to Cabinet for final agreement.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. In June 2018 this Panel commissioned a task group to consider 'Transitions from children's to adult services for children with special educational needs and disability'. The full report is attached.

2 ALTERNATIVE OPTIONS

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

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

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2019/20..

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Report and Recommendations arising from the 'Transitions from children's to adult services for children with special educational needs and disability.

11 BACKGROUND PAPERS

11.1. None.

Transitions from children's to adult services for children with special educational needs and disability

Final report and recommendations

Healthier communities and older people overview and scrutiny panel

Task group membership

Councillor Anthony Fairclough
Diane Griffin, co-opted member
Councillor Natasha Irons
Councillor Rebecca Lanning (Chair)
Councillor Dickie Wilkinson

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Acknowledgments

The task group would particularly like to thank the parents, voluntary and not-for-profit organisations and council officers who shared their views and experiences with us.

All contributors and are listed in appendix one of this report

Contents Page

Foreword by the Task Group Chair, Councillor Rebecca Lanning.

Navigating the transition from childhood to adulthood – while often an inspiring and exciting period in one's life – can be challenging. But not all challenges are equal.

For young people with special educational needs and disability (SEND), the journey to adulthood is more complex. And too often the challenges outweigh, and in some cases, extinguish any initial optimism. These young people, who represent 15% of children in England, are: three times more likely to lack a close friend, seven times more likely to be excluded, twice as likely to experience persistent bullying most days at school and four times more likely to experience mental health problems than their non-SEND peers. By the time they reach adulthood, they are nearly twice as likely to see friends only once a year, twice as likely to be living in poverty, four times as likely to be single[1,2] and, while far less likely to be employed, if they do have a job, it will likely be part-time and poorly paid[3].

This is not the future that we in Merton want for our young people. Indeed, our aspiration for young people with SEND is no different to the aspirations we hold for any of the children and young people across our borough: to lead happy and fulfilled lives. As such, we hope that through our review and recommendations, we will continue to empower young people with SEND to play a central role in determining what they want to achieve. To equip them with the information and skills they need to realise life-transforming outcomes through greater independence, access to employment and community inclusion.

I would like to take this opportunity to thank the task group members who committed and contributed to this review of a complex, challenging and critically important area. I would also like to share my gratitude to Stella Akintan, scrutiny officer, who supported each of us in our first task group review as new councillors.

This review wouldn't have been possible without the time and expertise afforded to us by: Linda Jordan who shared the complex national landscape with us; council officers who explored their local insights and experience; Andrew Whittington, Chief

[1] Special Educational Needs, House of Commons Hansard 20 March 2019, Volume 656
[2] Why are so Many SEN Children excluded from school: Because we are failing them. The Guardian Online 27 October, 2016.
[3] Evidence submitted by Mencap to the Work and Pensions Select committee. The Work Programme, Experience of different user groups. 2012-2013

Executive, Merton Mencap who shared the voluntary sector perspective, and the parents of young people who have experienced transition in Merton – those who we most earnestly hope our recommendations will support.

List of task group's recommendations

Recommendation	Responsible decision-maker(s)	Pages
1. Simplifying the transitions process for young people and their families		
Recommendation one: Continue to embed the Preparing for Adulthood recommendations within the EHCP framework, in collaboration with parents, service users and voluntary organisations	Cabinet Children, Schools and Families Department	Page 16
Recommendation two: Develop a visual pathway for Merton's process for transition to children social care to Adult social care. to inform parents and young people on what they should expect from transition. This should provide clear, comprehensive and accessible information and support advice about the opportunities that are available. Ideally these would be separated into themes that young people and carers can identify with, such as the four pathways suggested by PfA: Employment, Independent Living, Community Inclusion and Health. This could also be represented in an infographic style, as developed by the BMJ (This is based on NICE Guidance NG43: Supporting Young People in their transition to adults services.)	Cabinet Community and Housing and Children, Schools and Families Departments	Page 16
Recommendation three: Clarify the role of local authority officers in relation to the London Borough of Merton's statutory functions and ensure clear staff communication on handovers, in the event of different workers working with a family	Cabinet Children, Schools and Families Departments	Pages 16-17
2. Clear, comprehensive and accessible information: The Local Offer		
Recommendation four: a) Conduct a wholesale review of the local offer, in consultation with service users, parents and groups such as Merton's Learning Disability Forum, Kids First and Adults First. This review should improve the quality of information published on the website, and ensure the language used is appropriate, simple and sets out easy-to-	Cabinet Community and Housing and Children, Schools and Families Departments	Pages 17-18

navigate information on provision available for children, young people and their families b) Improve the visibility of services available for young people with SEND on the local offer, aligned with the visual pathway above for continuity. Include brief details on eligibility, price, whether there is a waiting list and whether services form part of a universal, targeted or specialist offer c) Include a contact telephone number and / or email address on the local offer website for general information and advice, to aid accessibility and navigation for families d) Improve the comment box on the local offer website to invite young people, parents and carers to provide feedback on the local offer, and create a hyperlink to the homepage to facilitate ease of use. This will not only support the Code of Practice recommendations but also provides an opportunity for continual review, adaptation and improvement of the local offer for families e) Publish a glossary of SEND acronyms and abbreviations on the local offer website, in line with the proposal to publish an FAQs and 'myth buster' page f) Increase the promotion of Merton's Disability Database and M-Card via the local offer website and encourage all local partners, including voluntary groups, schools and the CCG to publish a link to the database and the local offer g) Review and improve signposting opportunities on the local offer, particularly for those who may not meet the national eligibility (Care Act 2014) for adult's social care, to ensure they are able to achieve and maintain independence		

3. Enabling families to better navigate the transitions process		
Recommendation five: Undertake a pilot project whereby a named social worker or 'transition worker' is appointed to the SEND Team to provide expertise and direction to young people in Year 9 and their parents who have been identified as having substantial needs but unlikely to meet the threshold for adult social care services. This would help families better navigate the planning process from the age of 14 years onwards, describe what can be expected to have happened by key stages in the transition process and plan for the future	Cabinet Children, Schools and Families Department	Page 18
4. Empowering young people and their families through advocacy		
Recommendation six: Invite bids or otherwise explore opportunities to implement an advocacy service with an appropriate provider, akin to Core Assets, to support young people with SEND and their families	Cabinet Children, Schools and Families Department	Page 19
5. Encouraging early planning to assist adult social care		
Recommendation seven: Implement a monitoring and tracking framework for children with SEND with an EHCP who do not meet the national eligibility criteria for adult social care, but are otherwise referred to adult social care between the ages of 14-25 to ensure that no young person does not receive the support they need	Cabinet Community and Housing and Children, Schools and Families Departments	Page 21
6. Actively promoting employment and volunteering opportunities		
Recommendation eight: Collaboration with Merton's Learning Disability Forum, Kids First and Adults First to co-develop marketing and promotional tools for adult education and vocational courses within available resources and link to the local offer	Cabinet Community and Housing and Children, Schools and Families Departments	Page 22
Recommendation nine: Recognising the value of peer support, explore the expansion of befriending and mentoring opportunities for young people with SEND	Cabinet Children, Schools and Families Department	Page 22
Recommendation ten: Encourage expansion of work placements, apprenticeships and voluntary opportunities available in the borough through outreach to a wide range of local employers, educational establishments and trade bodies.	Cabinet Environment and Regeneration Department	Page 23

The SEND team to liaise with the Merton Partnership Economic Wellbeing sub-group to establish links with local employment and training providers. SEND team to work with the Business Rates team to make contact with key businesses in the borough		
Recommendation eleven: Strengthen the volunteering opportunities available at the end of all adult education courses by launching a pilot volunteering project across Merton libraries to attract more people with SEND. To ensure these opportunities are accessible for those who need more support, request collaboration with Merton Mencap's job coach to provide training to existing staff and volunteers. This then has potential to evolve into a peer support model, with appropriate safeguards in place	Cabinet Community and Housing Department	Page 23
7. Empowering parents through travel training		
Recommendation twelve: Expand the travel training offer by equipping parents with the tools to provide the accredited training course. As part of Merton Mencap's travel training programme, introduce a termly initiative whereby travel training is provided to parents, who can become trainers and support their children to travel independently. The ambition of this recommendation is to: a. Encourage a peer support network for parents; b. Improve resilience for parents and young people; c. Increase the potential for young people to access education, employment and leisure opportunities; and d. Reduce parental fears and anxieties and enable more independent time, for example to continue employment or further study	Cabinet Community and Housing and Children, Schools and Families Departments	Page 24

Introduction

Purpose

1. In June 2018 the Healthier Communities and Older People Scrutiny Panel commissioned a task group review to consider the experiences of young people transitioning from children's to adult's services. The task group agreed to focus on one service area to ensure the review would be thorough and comprehensive.

2. The task group agreed to focus their attention on young people with Special Educational Needs and Disabilities (SEND) as it emerged that this area has undergone significant service change following the Children and Families Act 2014, and associated SEND Code of Practice. The task group also found that demand for SEND services in Merton are increasing, and it is an area of high spend within the council.

3. From the outset of the review, the task group were keen to ensure Merton had adopted the aspirational approach to transitions enshrined in the Children and Families Act 2014 and the associated SEND Code of Practice 2015. This will form the basis of an Ofsted / CQC inspection into SEND provision in Merton over the next two years. At the time of writing 68 inspections have been carried out so far across the country, with serious failings found in just under half[4].

4. Transition planning is an important step in preparation for adult life. The SEND Code of Practice outlines a good transition as focused on achieving a young person's full potential, based on their desires, skills and abilities. There should be a strong partnership approach between children's, adults, education and health services. The ambition of the young person should be central to all planning.

5. However, the delivery of this aspiration is set within a challenging context of rising demand alongside diminishing resources available to local authorities to implement these duties. The demand for services for children and young people with SEND has increased dramatically in recent years, and this trend is reflected nationally. The number of children or young people with SEND requiring an Education Health and Care Plan (EHCP) has risen by 35% between 2014 and 2018. As London's school age population continues to grow, this figure is set to rise.[5]

6. The task group members have recognised the challenging financial climate and looked at creative ways to strengthen existing services. It is not an in-depth review of all aspects of the transitions process but looks at the Merton experience for young people and their families.

[4] High Standards and Highly Inclusive, OFSTED blog, 10 September 2018.
[5] Have we reached a 'tipping point'? Trends in spending for children and young people with SEND in England. Local Government Association, 2018

7. As a result of discussions with the National Development Team for Inclusion and officers from children's services and the adult social care department, the task group largely focused on transitions support for young people who have an EHCP, although opportunities for those with mild-to-moderate needs were also considered and form part of this review. It was agreed that this approach was important and timely because:

    - A SEND inspection is imminent in Merton
    - The SEND service has undergone rapid change to implement new legislation and a scrutiny review could help to identify the strengths and areas for development from this process so far
    - This is an area of high spend within the council so a review could help to improve service provision and could also identify much needed financial savings for the council.

8. The task group's terms of reference were:

    - Review the transitions process and make recommendations for improvement
    - Review opportunities to increase volunteering and employment to reduce isolation amongst adults with SEND
    - Review support for those with substantial needs to ensure they are able to maintain independence and not revert to critical care in future

9. Appendix one contains a list of witnesses at each meeting.

10. **The national policy context**

11. New duties in relation to special educational needs and disabilities (SEND) contained in the Children and Families Act 2014 (part 3) came into force in September 2014 and placed responsibility on local authorities together with health commissioners and providers (early years settings, schools and the post-16 further education sector), to identify and meet the needs of disabled children and young people and those who have special educational needs aged 0 to 25.

12. Changes included a new assessment process resulting in a single Education, Health and Care plan (EHCP) for those whose needs could not be met solely within schools. It also included personal budgets and a 'Local Offer' which could help families engage better in developing a local service provision 'market' that could meet their child's needs. The new system was aimed to be easier to navigate and to give families and young people a greater say over the support they receive.

13. In July 2014 the Government published a new SEND Code of Practice that provided statutory guidance on the responsibilities of local authorities, educational establishments such as early education settings, schools and

academies together with health organisations to those with special educational needs in accordance with the Children and Families Act 2014.

14. SEND area inspections

15. As well as legislation, a SEND Inspection regime – jointly run by Ofsted and the Care Quality Commission (CQC) – is tasked to assess how well local areas support children and young people with SEND.

16. As part of these local area inspections, the council is expected to take a leadership role in providing SEND services. Half of all local areas have been inspected since the inspections came into force four years ago. Local areas are not given a grade as a result of the inspection but if the service is found to be below standard, they are provided with a written statement of action.

17. Many local authorities are still getting to grips with these changes and this is reflected in the relatively high number of councils receiving statements of written action from Ofsted. In October 2018, 68 local areas had been assessed, and inspectors said they had "serious concerns" in 30 cases (44% of those examined), requiring those areas to detail how they would address "significant areas of weakness in the local area's practice"[6]. Merton has not yet been inspected but it is expected shortly and the neighbouring borough of Sutton had their inspection in January 2018.

18. The task group met with Linda Jordan from the National Development Team for Inclusion which provided the context and helped to set the tone for the review.

19. She explained that the Children and Families Act 2014 represented a monumental cultural change in the delivery of services to children with SEND. Prior to this, it was found that professionals worked in silos with little coherent planning. As a result, families received a poor and disjointed service. These changes seek to ensure key stakeholders work together on commissioning and planning services and take a holistic approach to the needs of the young person.

20. It is important that young people with SEND are integrated within – and feel included in – society from a young age. Early year's provision within the borough should be integrated with people with a range of abilities to nurture friendships and to ensure that disability is normalised and supported within peer groups. It was suggested that this would help to combat the isolation many people with SEND experience in adulthood.

21. The task group were challenged to remember that all young people – irrespective of need or ability – want to lead fulfilling lives and reach their full potential.

[6] Young People with Special Educational Needs failed in 44% of areas in England, Guardian online, 24th October 2018.

22. **SEND support in Merton – The current picture**

23. A child is considered to have a special educational need or disability if they have greater difficulty in learning than those within their age range, or if they are not able to make full use of the educational facilities for pupils of their age. This covers a broad range of need from autistic spectrum disorder to communication and physical disability. More than 1.2 million school pupils (about 15% of all those in England) have SEND[7], of whom 250,000, or one in five, have either a statement of SEN or an education, health and care plan in place[8]. The percentage of pupils with identified SEN but whose needs are not complex enough to qualify for a statement or EHCP reduced from 18.3% in 2010 to 11.7% in 2018, while the proportion with complex needs remained static[9].

24. Those with a higher level of need will have their support needs set out in an EHCP. At the time of writing, there were 1796 pupils in Merton with an EHCP. Merton's case load also includes over 3000 children who have been identified as having mild-to-moderate needs, and also receive some support from the Council.

25. The task group were informed that of these figures, approximately 15 to 20 cases per year meet the eligibility criteria under the Care Act for adult social care services.

26. The trends in Merton are similar to the national picture and the borough is facing rising demand in primary age pupils requiring SEND support. The council is aiming to meet this need through expansion of the local special needs' schools which will also reduce reliance on more expensive out of borough placements.

27. **Simplifying the transitions process for young people and their families**

> **"**Transitions should be embedded into early years and not considered simply a move from children's to adult services" **Linda Jordan, Senior Development Advisor, National Development Team for Inclusion**

28. Planning for individual transitions begins in year nine when a young person is 14 years old[10]. There is a multi-agency approach to transitions, involving the council, health, education and disability teams. This planning sets out the aspirations of the young person – preparing them for adulthood – and meetings take place annually until they leave school.

29. The assessment to determine if a young person is eligible to receive adult social care provision begins at age 16, when decisions need to be taken about services the young people will receive post-18.

[7] Young People with Special Educational Needs failed in 44% of areas in England, Guardian online, 24th October 2018.
[8] Special Educational Needs, House of Commons Hansard 20 March 2019, Volume 656
[9] Special Educational Needs, House of Commons Hansard 20 March 2019, Volume 656
[10] Based on discussions with senior officers from the children's and adult's social care department during the task group review

30. Parents shared their varied experiences of transitions and one of the clearest shared concerns centred around communication of the transitions process. As open and adequate communication that supports parents, carers and young people to prepare for adulthood is at the core of the SEND Code of Practice, this was an area that the task group was keen to understand and help address.

31. While parents of service users in Merton spoke highly of the staff they came into contact with, some remarked that the communication from all stakeholders – including the Council – had not sufficiently enabled nor empowered them to take control of their support, limiting their ability to actively participate in the local community. They noted:

- Lack of clarity provided on the transitions portal
- A paucity of information on the local offer
- Challenges in navigating the pathway from year 9 into adult services
- High turnover of case workers and having to start from the beginning each time there was a change in staff

> *"A good transition is where people understand their choices"*
> **Departments of Children's Schools and Families, and Community and Housing, Merton**

32. This has led to a sense of isolation and, in some cases, despair on the part of some local parents, which appears to have limited the extent to which young people are involved in decisions about their future. Contrary to the aspirations of the Code of Practice, a view was conveyed that some Merton parents feel uncertainty that their child – with the right support – could find employment, be supported to live independently, and participate in their community.

33. The high levels of frustration amongst parents and the feeling they need to 'fight' for provision for their child is reflected nationally. The new system rightly encourages parents to get involved in decisions about their child's care. However, some parents feel they have to advocate strongly for their child's future and as a result it is the most forceful and articulate parents who obtain the best support.[11]

34. The task group raised these concerns with the Head of Service for the Special Educational Needs and Disabilities Integrated Service (SENDIS) who reassured the group that a wide range of engagement with service users takes place, in addition to working closely with parent's forums such as Kids First, with whom the task group met. The Head of Service for SENDIS has an important role in listening and implementing changes where possible and managing the

[11] Together: Transforming the lives of children and young people with special education needs and disabilities in London. , London Assembly 2018.

expectations of parents and service users as the council adheres to a legislative framework and works within significant budget restraints.

"A more specific checklist for transition from childhood to adulthood, especially around that 18-year-old mark is really key"
Comments from Merton parents with children of transition age

35. The concerns raised by parents did not come as a surprise to the Head of Service for SENDIS who is aware of these issues from her regular meetings with Kids First. While parents expressed a concern about the high turnover of case workers, Merton does have a stable team. The 'turnover' is a result of each case worker having over 250 cases which requires the service to be flexible in the allocation of specific pieces of work to ensure that work is managed in a timely manner. The information on accessing Adult Social Care on the Local Offer is currently being reviewed so it is clearer on the process and what is in place if a young person does not require Adult Social Care services. Nonetheless, there were a number of recommendations identified by task group members to simplify the transition process for young people and their families.

Recommendations

1. Continue to embed the Preparing for Adulthood recommendations within the EHCP framework, in collaboration with parents, service users and voluntary organisations

2. Develop a visual pathway for Merton's process for transition to children social care to Adult social care. to inform parents and young people on what they should expect from transition. This should provide clear, comprehensive and accessible information and support advice about the opportunities that are available.

   Ideally these would be separated into themes that young people and carers can identify with, such as the four pathways suggested by PfA: Employment, Independent Living, Community Inclusion and Health. This could also be represented in an infographic style, as developed by the BMJ (This is based on NICE Guidance NG43: Supporting Young People in their transition to adults services.)

3. Clarify the role of local authority officers in relation to the London Borough of Merton's statutory functions and ensure clear staff communication on handovers, in the event of different workers working with a family

36. Clear, comprehensive and accessible information: The Local Offer[12]

"The answer to everything is 'it's on the local offer' but if you don't know what you are looking for that doesn't really help"
Comments from Merton parents with children of transition age

37. Many parents felt that existing information and communication has not enabled nor empowered them to take control of their support, limiting their young people's ability to actively participate in the local community.

38. Parents told the task group that the Local Offer needs to be clearer, easier to navigate and kept up to date. They felt that there is a limited range of services available in the borough, particularly in regards to daytime activities for older children. This led the task group to consider employment and volunteering opportunities which will be discussed later in the report.

39. Following discussion with parents and the Chief Executive of Merton MENCAP, the task group outlined detailed recommendations to improve access to the Local Offer. These suggestions should be taken forward in collaboration with representatives from those who use the service including parents and young people. The Head of Service for SENDIS agreed with this approach and noted that the Local Offer is a fluid resource and is regularly updated in consultation with community groups.

Recommendations

4. Conduct a wholesale review of the local offer, in consultation with service users, parents and groups such as Merton's Learning Disability Forum, Kids First and Adults First. This review should improve the quality of information published on the website, and ensure the language used is appropriate, simple and sets out easy-to-navigate information on provision available for children, young people and their families

   Improve the visibility of services available for young people with SEND on the local offer, aligned with the visual pathway above for continuity. Include brief details on eligibility, price, whether there is a waiting list and whether services form part of a universal, targeted or specialist offer

   Include a contact telephone number and / or email address on the local offer website for general information and advice, to aid accessibility and navigation for families

[12] *The Local Offer is a web based list of service provision for children and young people with SEND to enable them to access a full range of support including 24 hour respite care within the borough, and is an road map for parents to sign post them to organisations to support them (their need). The Children and Families Act 2014 places a duty on the local authority to produce a Local Offer and stipulates that it must contain information from across education health and social care. The Local Offer is considered as an important tool to give greater choice and control to parents.*

Improve the comment box on the local offer website to invite young people, parents and carers to provide feedback on the local offer, and create a hyperlink to the homepage to facilitate ease of use. This will not only support the Code of Practice recommendations but also provides an opportunity for continual review, adaptation and improvement of the local offer for families

Publish a glossary of SEND acronyms and abbreviations on the local offer website, in line with the proposal to publish an FAQs and 'myth buster' page

Increase the promotion of Merton's Disability Database and M-Card via the local offer website and encourage all local partners, including voluntary groups, schools and the CCG to publish a link to the database and the local offer

Review and improve signposting opportunities on the local offer, particularly for those who may not meet the national eligibility (Care Act 2014) for adult's social care, to ensure they are able to achieve and maintain independence

40. **Enabling families to better navigate the transitions process**

"Children's services stop the day before the young person turns 18. [It's] a cliff edge [that] makes turning 18 seem a punishment"
Comments from Merton parents with children of transition age

41. Local parents informed the task group that having the support of a social or 'transitions' worker could make a significant difference in helping to navigate the transitions process, as the easiest transitions are for those with access to a social worker and to adult social care.

42. The Head of Service for SENDIS has identified the need for clear social work assessments to determine whether social care provision is required. A provisional discussion regarding a dedicated social worker in the team has been put forward to the CSF DMT and further discussions are taking place to appoint a fixed term position to develop the assessment systems within CSF and to liaise with the Transitions Team in Adult Social Care. The task group would like to endorse the request for this post.

Recommendations

5. Undertake a pilot project whereby a named social worker or 'transition worker' is appointed to the SEND Team to provide expertise and direction to young people in Year 9 and their parents who have been identified as having substantial needs but unlikely to meet the threshold for adult social care services. This would help families better navigate the planning process from the age of 14 years onwards, describe what can be expected to have happened by key stages in the transition process and plan for the future

43. **<u>Empowering young people and their families through advocacy</u>**

"Parents have great aspirations for their children but poor information and red tape quickly erodes this and undermines what is possible"
Merton Mencap

44. The task group was informed that when the latest SEND changes were first implemented the Department for Education provided advocacy support through an organisation called Core Assets to support the change from a Statement of Educational Need to an EHCP. It was run by parents whose children had SEND. The parents understood the SEND Code of Practice and were able to assist parents – based on their experiences – to ensure their views fed into the EHCP. They attended meetings with parents, spoke to case workers on their behalf and met with the Special Educational Needs Co-ordinators (SENCOs). Their role was strengthened by the fact they were independent of the school and the council.

45. The task group were told that this organisation made a significant difference to parents as it not only provided support during the process but also enabled parents to access services they would otherwise not have known they were entitled to.

46. The Head of Service for SENDIS said she recognised the benefit of this service however the decision was made by the Department for Education not to continue with this support programme.

Recommendations

6. Invite bids or otherwise explore opportunities to implement an advocacy service with an appropriate provider, akin to Core Assets, to support young people with SEND and their families

47. **Support for young people who do not meet the threshold for adult social care**

"Children's services stop the day before the young person turns 18. [It's] a cliff edge [that] makes turning 18 seem a punishment"
Comments from Merton parents with children of transition age

48. The task group found that young people do not always transition from children's to adult's services which can be challenging for young people and their families. To retain eligibility and qualify for adult social care they must have a long-term disability and be assessed as having a critical need. Therefore, a large cohort experience a significant reduction in support from what they received in children's services.

49. A concern raised by the task group was whether monitoring of those who do not meet the threshold for adult social care is undertaken to ensure young people are sufficiently independent and have the right level of care once leaving children's services, so that they do not re-enter the social care system at a later date. This is most likely to impact upon those on the autism spectrum for which there has been 214% increase in numbers of young people diagnosed with this condition.

50. The Care Act guidance stipulates that local authorities should identify and track those who are not receiving children's services but are nevertheless likely to have care and support needs as adults.

51. The task group believes it is important to identify and track children and young people who have low level need as they could be vulnerable in future. The London Borough of Newham has adopted this approach and have developed a project to address this.

Case study

Newham employs a transition service that has a particular focus on 14- to 25-year-olds and has appointed a health care professional to this team to continue the integration agenda. This service meets regularly with special educational needs coordinators (SENCOs) to provide information about the team and the work, including the referral process. Relationships are built through regular visits to schools and via workshops for staff and parents. In addition, data are made available from the education sector on all of those identified as having special educational needs. This is added to a tracking list, which is cross-referenced with social care and health, allowing early identification to be made.

Reference: https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/early-comprehensive-identification/appendix/london-borough-newham.asp

Recommendations

Review and improve signposting opportunities on the local offer, particularly for those who may not meet the national eligibility (Care Act 2014) for adult's social care, to ensure they are able to achieve and maintain independence*

**Forms part of the recommendations under the 'local offer'*

52. **Encouraging early planning to assist adult social care**

"One area of improvement for adult social care is that can begin the planning and preparation for transition at a much earlier stage"
Department of Community and Housing, Merton

53. There was general consensus from witnesses across task group meetings that adult social care services could plan and prepare for transition at an earlier stage. This would help families to better prepare for the future and potentially reduce pressure on budgets. Meetings with families in Year 9 should cover expectations (particularly related to eligibility for adult social care), and explain differences in service provision from children's to adult's social care. It was also suggested that earlier planning could help to reduce pressure on budgets as adult social care services may be able to better forecast.

54. Parents also described transition as particularly stressful and suggested the process outlined in the Code of Practice is rarely followed. As a result of poor communication, it was suggested that the easiest transitions are for those with a social worker and access to adult social care. Difficult transitions exist for those who are not accessing social care, and where parents are supporting their child with SEND without additional support. This often necessitates parents leaving paid employment to become an informal carer for their child(ren). A concern raised by the task group was whether monitoring of those who do not meet the threshold for adult social care is undertaken to ensure young people are sufficiently independent and have the right level of care once leaving children's services, so that they do not re-enter the social care system at a later date.

Recommendations

7. Implement a monitoring and tracking framework for children with SEND with an EHCP who do not meet the national eligibility criteria for adult social care, but are otherwise referred to adult social care between the ages of 14-25 to ensure that no young person does not receive the support they need

55. **Actively promoting employment and volunteering opportunities**

"People with SEND want friends and to do things that others do"
Linda Jordan, Senior Development Advisor, National Development Team for Inclusion

56. The task group strongly support increasing and promoting opportunities that help young people build the skills for independence and create pathways for voluntary work or employment, where possible. The Code of Practice suggests that 'the vast majority of young people with SEN are capable of sustainable paid employment with the right preparation and support', which the task group believes Merton should continue to encourage. Linda Jordan from the National Development Team for Inclusion said that prior to 2014, many young people were progressing to college but not gaining the skills for paid employment, nor supported to plan for their long-term future. The parents the task group met in late 2018 echoed these concerns for young people transitioning in the borough now.

57. The task group heard firsthand about social isolation amongst young people with SEND. All parents talked about a 'cliff edge' at the end of EHCP at about age 19. A lack of activities in the community and social isolation only gets worse after college. Parents told the task group that they opt to continue education as they feel it is the only form of activity available.

58. The task group found that there are some excellent employment opportunities in Merton which are designed to support people with SEND. However these tend to provide places to a small number of people and are only available for the short term.

59. The task group heard from the Head of Libraries and Heritage Services that a variety of encouraging Learners for Learning Disabilities (LLD) programmes are now available, which focus on life skills. Many of these courses are free of charge. However, it was disappointing that the parents had not heard of these courses. Task group members were pleased that the Head of Library, Heritage and Adult Education Services said that there are plans to improve the marketing of these courses in collaboration with interested groups.

"We are keen to promote the courses as they are new and have only been running for two years"
Library, Heritage and Adult Education Services, Merton

60. The Routes into employment for vulnerable cohorts overview and scrutiny task group which took place in 2017[13] seeks to address this issue, as does the Business Skills strategy however the task group are concerned they may not be addressing the needs of those who are furthest from the job market.

Recommendations

8. Collaboration with Merton's Learning Disability Forum, Kids First and Adults First to co-develop marketing and promotional tools for adult education and vocational courses within available resources and link to the local offer

9. Recognising the value of peer support, explore the expansion of befriending and mentoring opportunities for young people with SEND

61. Merton has a nationally recognised volunteering scheme involving over 700 people from the community. The scheme ensures that everyone can contribute including ex- offenders, those with substance misuse issues or seeking a Duke of Edinburgh Award.

62. It was noted that there have also been seven people with SEND who have volunteered with libraries in the last year. The task group would like to build on our excellent track record and provide further opportunities for this group of young people. The Chief Executive of Merton Mencap said they could work with

[13] Routes into employment for vulnerable cohorts
https://www2.merton.gov.uk/routes_into_employment_for_vulnerable_cohorts_in_merton.pdf

the council to develop this offer and include the use of their 'work place' coach to provide support and expertise for helping to integrate a young person into a volunteering role.

Recommendations

10. Encourage expansion of work placements, apprenticeships and voluntary opportunities available within the council and in the borough through outreach to a wide range of local employers, educational establishments, BIDs and trade bodies.
    The SEND team to liaise with the Merton Partnership Economic Wellbeing sub-group to establish links with local employment and training providers. SEND team to work with the Business Rates team to make contact with key businesses in the borough

11. Strengthen the volunteering opportunities available at the end of all adult education courses by launching a pilot volunteering project across Merton libraries to attract more people with SEND. To ensure these opportunities are accessible for those who need more support, request collaboration with Merton Mencap's job coach to provide training to existing staff and volunteers. This then has potential to evolve into a peer support model, with appropriate safeguards in place

63. **Empowering parents through travel training**

"Travel training is a turning point in their son or daughter's life"
Merton Mencap

64. The Travel Training Programme provides young people with SEN the skills and confidence to make journeys on public transport. Parents and the Chief Executive of Merton MENCAP told us that travel training is an important step in helping a young person gain independence. This provision needs to be expanded and made available to more young people so can access employment and volunteering opportunities. In light of the current financial restraints and challenge with finding more money to expand this service. The task group, parents and Chief Executive of Merton Mencap believe that parents and carers could potentially be trained to provide travel training.

Recommendations

12. Expand the travel training offer by equipping parents with the tools to provide the accredited training course. As part of Merton Mencap's travel training

programme, introduce a termly initiative whereby travel training is provided to parents, who can become trainers and support their children to travel independently.

The ambition of this recommendation is to:

a. Encourage a peer support network for parents;
b. Improve resilience for parents and young people;
c. Increase the potential for young people to access education, employment and leisure opportunities; and
d. Reduce parental fears and anxieties and enable more independent time, for example to continue employment or further study

Appendix

The Task Group have met with the following witnesses:

Senior Development Advisor, National Development Team for Inclusion
The Head of Service for SENDIS, Merton Council
Interim Head of Older Adults and Disabilities, Merton Council
Head of Library, Heritage and Adult Education Services, Merton Council
Five parents from Kids First, Merton Mencap Parents Forum
Chief Executive, Merton Mencap

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 17 June 2019

Wards:	All
Subject:	Healthier Communities and Older People Overview and Scrutiny Panel Work Programme 2019/20
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:

That members of the Healthier Communities and Older People Overview and Scrutiny Panel:

i. Consider their work programme for the 2019/20 municipal year, and agree issues and items for inclusion (see draft in Appendix 1);

ii. Consider the methods by which the Panel would like to scrutinise the issues/items agreed;

iii. Agree on an issue for scrutiny by a task group and appoint members to the Task Group;

iv. Consider the appointment of co-opted members for the 2019/20 municipal year, to sit on the Panel and/or on the Task Group;

v. Consider whether they wish to make visits to local sites; and

vi. Identify any training and support needs.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to support and advise Panel members to determine their work programme for the 2019/20 municipal year.

1.2 This report sets out the following information to assist the Panel in this process:

a) The principles of effective scrutiny and the criteria against which work programme items should be considered;

b) The roles and responsibilities of the Healthier Communities and Older People Overview and Scrutiny Panel;

c) The findings of the consultation programme undertaken with councillors and co-opted members, Council senior management, voluntary and community sector organisations, partner organisations and Merton residents;

d) A summary of discussion by councillors and co-opted members at a topic selection workshop held on 20 May 2019; and

e) Support available to the Healthier Communities and Older People Overview and Scrutiny Panel to determine, develop and deliver its 2019/20 work programme.

2. Determining the Healthier Communities and Older People Overview and Scrutiny Panel Annual Work Programme

2.1 Members are required to determine their work programme for the 2019/20 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of Merton.

2.2 The Healthier Communities and Older People Overview and Scrutiny Panel has a specific role relating to public health, health partners, adult social care and mental health scrutiny and to performance monitoring that should automatically be built into their work programmes.

2.3 The Healthier Communities and Older People Overview and Scrutiny Panel may choose to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work. Any call-in work will be programmed into the provisional call-in dates identified in the corporate calendar as required.

2.4 The Healthier Communities and Older People Overview and Scrutiny Panel have six scheduled meetings over the course of 2019/20, including the scheduled budget meeting (representing a maximum of 12 hours of scrutiny per year – assuming 2 hours per meeting). Members will therefore need to be selective in their choice of items for the work programme.

Principles guiding the development of the scrutiny work programme

2.5 The following key principles of effective scrutiny should be considered when the Commission determines its work programme:

- **Be selective** – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
- **Add value with scrutiny** – Items should have the potential to 'add value' to the work of the council and its partners. If it is not clear what the intended outcomes or impact of a review will be then Members should consider if there are issues of a higher priority that could be scrutinised instead.
- **Be ambitious** – The Panel should not shy away from carrying out scrutiny of issues that are of local concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental well being of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.

- **Be flexible** – Members are reminded that there needs to be a degree of flexibility in their work programme to respond to unforeseen issues/items for consideration/comment during the year and accommodate any developmental or additional work that falls within the remit of this Panel. For example Members may wish to question officers regarding the declining performance of a service or may choose to respond to a Councillor Call for Action request.
- **Think about the timing** – Members should ensure that the scrutiny activity is timely and that, where appropriate, their findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. Members should seek to avoid duplication of work carried out elsewhere.

Models for carrying out scrutiny work

2.6 There are a number of means by which the Healthier Communities and Older People Overview and Scrutiny Panel can deliver its work programme. Members should consider which of the following options is most appropriate to undertake each of the items they have selected for inclusion in the work programme:

Item on a scheduled meeting agenda/ hold an extra meeting of the Panel	▪ The Panel can agree to add an item to the agenda for a meeting and call Cabinet Members/ Officers/Partners to the meeting to respond to questioning on the matter ▪ A variation of this model could be a one-day seminar-scrutiny of issues that, although important, do not merit setting up a 'task-and-finish' group.
Task Group	▪ A small group of Members meet outside of the scheduled meetings to gather information on the subject area, visit other local authorities/sites, speak to service users, expert witnesses and/or Officers/Partners. The Task Group can then report back to the Panel with their findings to endorse the submission of their recommendations to Cabinet/Council ▪ This is the method usually used to carry out policy reviews
The Panel asks for a report then takes a view on action	▪ The Panel may need more information before taking a view on whether to carry out a full review so asks for a report – either from the service department or from the Scrutiny Team – to give them more details.
Meeting with service Officer/Partners	▪ A Member (or small group of Members) has a meeting with service officers/Partners to discuss concerns or raise queries. ▪ If the Member is not satisfied with the outcome or believes that the Panel needs to have a more in-depth review of the matter s/he takes it back to the Panel for discussion.
Individual Members doing some initial research	▪ A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the Panel if s/he still has concerns.

2.7 Note that, in order to keep agendas to a manageable size, and to focus on items to which the Panel can make a direct contribution, the Panel may choose to take some "information only" items outside of Panel meetings, for example by email.

Support available for scrutiny activity

2.8 The Overview and Scrutiny function has dedicated scrutiny support from the Scrutiny Team to:

- Work with the Chair and Vice-Chair of the Panel to manage the work programme and coordinate the agenda, including advising officers and partner organisations on information required and guidance for witnesses submitting evidence to a scrutiny review;
- Provide support for scrutiny members through briefing papers, background material, training and development seminars, etc;
- Facilitate and manage the work of the task and finish groups, including research, arranging site visits, inviting and briefing witnesses and drafting review reports on behalf on the Chair; and
- Promote the scrutiny function across the organisation and externally.

2.9 The Healthier Communities and Older People Overview and Scrutiny Panel will need to assess how it can best utilise the available support from the Scrutiny Team to deliver its work programme for 2019/20.

2.10 The Panel is also invited to comment on any briefing, training and support that is needed to enable Members to undertake their work programme. Members may also wish to undertake visits to local services in order to familiarise themselves with these. Such visits should be made with the knowledge of the Chair and will be organised by the Scrutiny Team.

2.11 The Scrutiny Team will take the Healthier Communities and Older People Overview and Scrutiny Panel's views on board in developing the support that is provided.

3. Selecting items for the Scrutiny Work Programme

3.1 The Healthier Communities and Older People Overview and Scrutiny Panel sets its own agenda within the scope of its terms of reference. It has the following remit:

- Formal health scrutiny including discharging the Council's responsibilities in respect of the Health and Social Care Act 2001;
- Physical and mental health
- Public Health including promoting good health and healthy lifestyles and reducing health inequalities;
- Community Care (adult social care and older people's social care;
- Active ageing
- Scrutiny of the Health and Wellbeing Board

3.1 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Issues that have been raised repeatedly at Community Forums have also been included. The Scrutiny Team has consulted departmental management teams in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.

3.2 The councillors who attended a "topic selection" workshop on 20 May 2019 discussed these suggestions. Suggestions were prioritised at the workshop using the criteria listed in Appendix 2. In particular, participants sought to identify issues that related to the Council's strategic priorities or where there was underperformance; issues of public interest or concern and issues where scrutiny could make a difference.

3.3 A note of the workshop discussion relating to the remit of the Panel is set out in Appendix 3.

3.4 Appendix 1 contains a draft work programme that has been drawn up, taking the workshop discussion into account, for the consideration of the Panel. The Panel is requested to discuss this draft and agree any changes that it wishes to make.

4. Task group reviews

4.1 The Panel is invited to select an issue for in-depth scrutiny and establish a task group.

5. Co-option to the Panel membership

5.1 Scrutiny Panels can consider whether to appoint non-statutory (non-voting) co-optees to the membership, in order to add to the specific knowledge, expertise and understanding of key issues to aid the scrutiny function. Panels may also wish to consider whether it may be helpful to co-opt people from "seldom heard" groups.

6. Public involvement

6.1 Scrutiny provides extensive opportunities for community involvement and democratic accountability. Engagement with service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Panel.

6.2 Service users and the public bring different perspectives, experiences and solutions to scrutiny, particularly if "seldom heard" groups such as young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities are included.

6.3 This engagement will help the Panel to understand the service user's perspective on individual services and on co-ordination between services. Views can be heard directly through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time the Panel/Task Group may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.

6.4 Much can be learnt from best practice already developed in Merton and elsewhere. The Scrutiny Team will be able to help the Panel to identify the range of stakeholders from which it may wish to seek views and the best way to engage with particular groups within the community.

7. ALTERNATIVE OPTIONS

7.1 A number of issues highlighted in this report recommend that Panel members take into account certain considerations when setting their work programme for 2019/20. The Healthier Communities and Older People Overview and Scrutiny Panel is free to determine its work programme as it sees fit. Members may therefore choose to identify a work programme that does not take into account these considerations. This is not advised as ignoring the issues raised would either conflict with good practice and/or principles endorsed in the Review of Scrutiny, or could mean that adequate support would not be available to carry out the work identified for the work programme.

7.2 A range of suggestions from the public, partner organisations, officers and Members for inclusion in the scrutiny work programme are set out in the appendices, together with a suggested approach to determining which to include in the work programme. Members may choose to respond differently. However, in doing so, Members should be clear about expected outcomes, how realistic expectations are and the impact of their decision on their wider work programme and support time. Members are also free to incorporate into their work programme any other issues they think should be subject to scrutiny over the course of the year, with the same considerations in mind.

8. CONSULTATION UNDERTAKEN OR PROPOSED

8.1 To assist Members to identify priorities for inclusion in the Panel's work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:

a. Members of the public have been approached using the following tools: articles in the local press, My Merton and Merton Together, request for suggestions from all councillors and co-opted members, letter to partner organisations and to a range of local voluntary and community organisations, including those involved in the Inter-Faith Forum and members of the Lesbian Gay and Transgender Forum;

b. Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2019, and by contacting the Scrutiny Team direct; and

c. Officers have been consulted via discussion at departmental management team meetings.

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

9.1 There are none specific to this report. Scrutiny work involves consideration of the financial, resource and property issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific financial, resource and property implications.

10. LEGAL AND STATUTORY IMPLICATIONS

10.1 Overview and scrutiny bodies operate within the provisions set out in the Local Government Act 2000, the Health and Social Care Act 2001& 2012 and the Local Government and Public Involvement in Health Act 2007.

10.2 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

11. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

11.1 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 engagement. The reviews will involve work to consult local residents, community and voluntary sector groups, businesses, hard to reach groups, partner organisations etc and the views gathered will be fed into the review.

11.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.

12. CRIME AND DISORDER IMPLICATIONS

12.1 In line with the requirements of the Crime and Disorder Act 1998 and the Police and Justice Act 2006, all Council departments must have regard to the impact of services on crime, including anti-social behaviour and drugs. Scrutiny review reports will therefore highlight any implications arising from the reviews relating to crime and disorder as necessary.

13. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

13.1 There are none specific to this report. Scrutiny work involves consideration of the risk management and health and safety issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific risk management and health and safety implications.

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

14.1 Appendix I – Healthier Communities and Older People Overview and Scrutiny Panel draft work programme 2019/20

14.2 Appendix 2 – Selecting a Scrutiny Topic – criteria used at the workshop on 20 May 2019

14.3 Appendix 3 – Notes from discussion of topics relating to the remit of the Healthier Communities and Older People Overview and Scrutiny Panel, Scrutiny Topic Selection Workshop on 20 May 2019

15. BACKGROUND PAPERS

15.1 None

Draft work programme 2019/20

Suggested work programme items:

- Substance Misuse
  NHS Long Term Plan
- Sexual health
- Learning from safeguarding adult reviews
- Health and Wellbeing Board Annual Report
- Updates from Acute Trusts
- Primary Care Strategy
- Update from the Cabinet Member for Adult Social Care and Health.
- Update on the Development of the Wilson Hospital
- Public Health Annual Report
- Homeshare scheme – task group update
- Improving Healthcare Together Programme update

Suggested Task Group Review: Long term placements in mental health

Appendix 2

Selecting a Scrutiny Topic – criteria used at the workshop on 20 May 2019

The purpose of the workshop is to identify priority issues for consideration as agenda items or in-depth reviews by the Panel. The final decision on this will then be made by the Panel at its first meeting on 17 June 2019.

All the issues that have been suggested to date by councillors, officers, partner organisations and residents are outlined in the supporting papers.

Further suggestions may emerge from discussion at the workshop.

Points to consider when selecting a topic:

- Is the issue strategic, significant and specific?
- Is it an area of underperformance?

- Will the scrutiny activity add value to the Council's and/or its partners' overall performance?
- Is it likely to lead to effective, tangible outcomes?
- Is it an issue of community concern and will it engage the public?
- Does this issue have a potential impact for one or more section(s) of the population?
- Will this work duplicate other work already underway, planned or done recently?
- Is it an issue of concern to partners and stakeholders?
- Are there adequate resources available to do the activity well?

Healthier Communities and Older People Overview and Scrutiny Panel
Topic Suggestion Workshop
20 May 2019, 7.00pm Members Resource Room

Present: Councillors: Peter McCabe, Paul Kohler, Rebecca Lanning, Nigel Benbow,

Officers: John Morgan, Assistant Director for Adult Social Care, Dagmar Zeuner, Director of Public Health , Hannah Doody, Director of Community and Housing and Stella Akintan, Scrutiny Officer.

Apologies: Councillor Mary Curtin, Councillor Carl Quilliam, Saleem Sheikh, Co-opted Member.

There was as brief discussion on each of the topics;

Substance Misuse

It was agreed this is an important topic to review.

Street Drinking

It was agreed to refer this issue to the Overview and Scrutiny Commission.

Healthy Place

This will be considered as part of the Health and Wellbeing Strategy Update

NHS Long Term Plan
The Director of Community and Housing suggested this is an important area to review. This is one of biggest changes in NHS architecture on the integration of health and social care. The Panel can consider some of the approaches to implement this across London.

Sexual health
This service has recently been recommissioned. The Panel agreed to have a report towards to end of the municipal year after the new service has had time to embed.

Adult social care

The Panel had an update on adult social care in March 2019 and it was agreed that it will be considered throughout the year as part of other agenda items.

Learning from safeguarding adult reviews

Scrutiny could consider how departments use the learning and embed into everyday frontline practice. This can be considered alongside the Safeguarding Adults Annual Report.

GP Surgeries in Morden

This will be considered as part of the update in the Primary Care Strategy later in the municipal year

Eye Health
It was agreed that eye health is covered by the work on diabetic retinopathy and a general look at the topic is not a priority for Merton. The Director of Community and Housing will engage with Merton Vision to support with the promotion of eye health.

Men's health

This topic is being picked up across a number of service areas. It was not considered a priority for the work programme at this time.

Council engagement with people with disabilities

There are a number of Forums to ensure people with disabilities have their voices heard. The Director of Community and Housing will also ensure this group is involved in the housing strategy work. The Chair said scrutiny is responsive to needs of residents and has supported disability groups on a range of issues including Personal Independent Payment assessments. This topic is not to be taken forward.

Review of Long term placements in mental health

The Community and Housing Department along with Health Partners are considering how to reduce the number of people in long term placements outside of the borough and bring them closer to home. It was agreed that this will be a suitable topic for a task group review and can consider a range of issues including looking at good practice from elsewhere and if there is need for specialist provision in Merton or South West London.

Budget issues in adult social care

This topic was put forward as an opportunity to look at the adult social care precept and ensure it is well spent, the impact on the community and how it compares with other boroughs. It was reported that we cannot isolate precept money from other spend and there will be an opportunity to consider this during the budget discussion.

Keeping older people socially and physically active with a focus on community

This topic was considered by the Panel in it was agreed that no further scrutiny is required at this time.