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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 4 September 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 matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

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

Scrutiny's work falls into four broad areas:

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

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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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

17 JUNE 2019

(7.15 pm - 8.40 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Stephen Crowe, Councillor Rebecca Lanning,
Councillor Nigel Benbow, Councillor Pauline Cowper,
Councillor Mary Curtin and Di Griffin

Stella Akintan (Democratic Services Officer), Daniel Butler (Senior Principal Public Health Officer), Hannah Doody (Director of Community and Housing) and John Morgan (Assistant Director, Adult Social Care)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Dave Ward and Councillor Carl Quilliam and copted member Saleem Sheikh. Councillor Joan Henry and Councillor Hina Bokhari attended as a substitutes.

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 of the meeting

4 PRIMARY CARE NETWORK DEVELOPMENT (Agenda Item 4)

The Director for Transforming Primary Care gave an overview of the report highlighting the new GP contract marks a significant shift in primary care services. Practices are working together to improve services for patients, there will be additional funding for each network.

In regards to GP workforce challenges; It was reported that there is funding to help with the GP network, social prescribing has reduced GP workload. An IPSOS Survey found that Merton is performing reasonably well on GP access, GP appointments, and choice and appointment time above national figures while satisfaction is one point below. In regards to succession planning Merton is higher than England average. The challenge in Merton is to retain GPs once they have finished their training.

Panel members asked how they are supporting the workforce and making the profession more attractive for young people. The Director of Transforming Primary Care reported that they support staff development, provide good commissioning

through Merton Health and Care Together. There is numerous free training including a clinical leadership course, the Primary Care Networks should help to reduce GP workloads to make it more attractive, the integrated approach will help to make it a good career.

Panel members asked how planning for GP retirement impacts upon health inequalities in east of the borough and if older GPs are situated within specific areas or surgeries. It was reported that this is taken into consideration when making commissioning decisions in the East and West of the borough. Primary Care Networks will take ownership of resilience. GP federations has a locum bank who can be used in the short term.

5 PREVENTING LONELINESS TASK GROUP UPDATE (Agenda Item 5)

The officer reported that this Panel asked for an update following the scrutiny review in 2018. He gave an overview of the report and highlighted the action that had taken place.

A Panel member asked how older people from the Black and Minority Ethnic (BAME) community are being engaged. It was reported that more people within this group are lonely because lack of wider social networks. The Public Health Team have performance Indicators on engaging BAME communities and increasing the number of befrienders.

A panel member expressed disappointment that Friends in St Helier was not mentioned in the report as they are one of the biggest community groups in the borough.

A panel member asked how sustainable these projects will be as they tend to dissolve within a short period of time. It was reported that they will run for the next twelve months and then will be reviewed.

The Cabinet Member for Adult Social Care and the Environment reported that they re-commissioned befriending in the last year and increased the number of lunch clubs over the winter period. As a befriender, the Cabinet member encouraged all councillors to sign up as it is a valuable service.

6 REDUCING THE RISK OF PROVIDER FAILURE (Agenda Item 6)

The Assistant Director for Adult Social Care gave an overview of the report highlighting early intervention work with Providers to reduce risk of failure.

The Panel asked if providers are checked for financial sustainability and if a traffic light system is in place to understand levels of risk. The Assistant Director of Social Care reported that the council carry out checks before the contract is awarded and conduct due diligence.

The Director of Community and Housing reported that the council holds individual contracts with providers and the Care Quality Commission regulates the services. It

is critical that the quality monitoring of council and CQC regulatory monitoring work together.

A panel member asked if providers come forward if their service is facing challenges. The Director of Community and Housing reported that a Provider did require improvements and worked well with the council and managed to improve over 6-8 months. There is a duty under the Care Act if a Provider fails the council has a duty to step in and run the organisation.

7 TRANSITIONS FROM CHILDREN'S TO ADULT SERVICES FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY TASK GROUP - FINAL REPORT (Agenda Item 7)

The Task Group Chair, Councillor Rebecca Lanning, gave an overview of the report highlighting the background to the work of the review.

The chair thanked the task group for the work

A Panel member thanked the task group chair for the work as it helped them to reflect on their own experience through the education system

The Panel asked if there are employers willing to take people on after a pilot scheme, why the review focusses on opportunities in libraries and value of travel training.

The task group chair reported that libraries presented opportunities to build on the voluntary sector base which already exists at Merton. This approach could influence other areas with best practice.

It was reported that the Department of Transport used to provide funding for travel training and when this money stopped Merton continued to provide the service as they recognised the value of the service

8 WORK PROGRAMME 2019-2020 (Agenda Item 8)

The draft work programme was agreed

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 04 September 2019

Wards: ALL

Subject: St George's University Hospitals NHS Foundation Trust - Progress Report.

Contact officer: Michael Reynolds Michael.Reynolds@stgeorges.nhs.uk

Recommendations:

- A. The Panel are asked comment and discuss the recent progress at St George's NHS University Hospital Trust.
 - B.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The attached report provides an update on the Trust's progress in recent months, and other significant updates to be considered by Merton Healthier Communities and Older People Overview and Scrutiny Panel.

2 DETAILS

2.1. The **attached** report contains information in relation to the following areas:

- Our new five-year strategy and priorities
- Our recent Care Quality Commission (CQC) inspection
- An update on our Quality Improvement Programme, and the positive impact it is having.

An update on recent quality and performance data. This includes activity relating to:

- Flow and Clinical Transformation
- Safe and Effective Care
- Data Quality and Elective Care Recovery Programme
- Quality and Risk
- Estates and IT

Key developments in other areas, specifically:

- Cardiac surgery at St George's

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit,

taking into account views and suggestions from officers, partner organisations and the public.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. None relating to this covering report

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

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

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9 CRIME AND DISORDER IMPLICATIONS

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

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

St George's University Hospitals NHS Foundation Trust - Progress Report.

Progress since the last update:

'Delivering outstanding care, every time' – our new strategy

1. In April this year, we published our new five-year strategy, which is designed to give everyone connected with St George's clarity about our aims and ambitions for the future.
2. The strategy was shaped by the views and feedback of over 500 staff, patients and local people over a six month period last year.
3. The new strategy is based on four key priorities;
 - **Strong foundations:** An organisation with strong foundations that provides outstanding care, every time
 - **Excellent local services:** A provider of excellent local services for the people of Wandsworth and Merton
 - **Closer collaboration:** A partner in delivering joined up, sustainable health services across south west London
 - **Leading specialist healthcare:** A provider of leading specialist services for the people of south west London, Surrey, Sussex and beyond
4. We will continue to provide and improve the many different hospital services local people have come to depend – such as maternity and emergency care, for example.
5. We have decided, however, to also prioritise and channel investment into the development of our cancer, children's, neurosciences, and major trauma services.
6. Supporting strategies are currently being developed, in areas such as estates, quality and safety and digital, that will guide future work and investment at the Trust.
7. These supporting strategies are expected to be finalised at the end of 2019.

Care Quality Commission (CQC) inspection

8. In July, we had an inspection from the Care Quality Commission (CQC). This followed a provider information request received in May.
9. As well as observing our care in practice, the inspectors talked to staff, patients and our key stakeholders for their views on our services and the care we provide for our patients.
10. We are now preparing for the well-led inspection component of the inspection, which will assess the Board's management and governance of the Trust.

11. We're expecting the CQC's final report to be published at the end of this year, and will keep the Committee updated as soon as we have more information.

Quality Improvement Programme (QIP) update

12. Our QIP is a driver for change within the organisation, and a key part of our bid to provide outstanding care, every time for our patients.
13. We have refocused our 2017 Quality Improvement Plan to take account of progress already made, feedback from external assessments, national surveys, and local and national audits.
14. This will ensure we are focusing on the areas we need to in order to improve our rating of 'requires improvement' from the CQC.
15. Our new Quality Improvement Programme 2019/20, has integrated the work of our Quality Improvement Academy (QIA), which is working to support the cultural shift and focus on quality improvement that we are seeking to achieve. It is through the QIA that the Trust is building quality improvement capacity and capability across the organisation.
16. The Quality Improvement Programme 2019/20 continues to focus on the key areas in our previous quality plan.
17. To ensure it is not working in isolation, the refocused Quality Improvement Programme 2019/20 has been integrated with the Trust's Annual Plan 2019/20 and aligned to our corporate objectives and new organisational strategy.

Top four quality priorities

18. Following feedback from our staff, and in order to promote a more focussed approach to quality improvement this year, we have identified the following **top four quality priorities** as part of our Quality Improvement Programme:
 - All adult emergency inpatients to have a treatment escalation plan within 24 hours of admission
 - Training, assessment, documentation and application of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) in all eligible patients
 - Improvement in the detection and response to deteriorating patients, including sepsis, making the best use of electronic patient records and the establishment of a critical care outreach team
 - Improved clinical governance arrangements to ensure there is a robust, consistent approach to this at Trust, divisional, and speciality level.

Measuring the impact of the Quality Improvement Programme 2019/20

19. The Trust's Board receives a monthly performance report which includes quality and safety, workforce, performance and financial data, setting out

performance over the last 12 months against targets we have set. In light of the refreshed QIP, a comprehensive, revised set of metrics has been proposed, and will be incorporated into the report to Board.

20. Below, we have detailed the progress we have made in recent weeks within the different areas of our Quality Improvement Programme 2019/20:

Flow and Clinical Transformation

21. During July, our Emergency Department (ED) saw a 1.59% increase in the number of patients attending compared to the same month last year, which means we are treating an additional 7 patients per day.
22. Our four hour operating standard performance for ED was varied throughout July. By the end of the month, 86.4% of patients were seen, admitted or discharged from the department within four hours, which is below the national target of 95%, and below our monthly improvement trajectory of 94.2%.
23. In July, Trust performance remained compliant against the national standard for the six week diagnostic access standard, with a total of 74 patients waiting greater than six weeks and a performance of 99.6% against a target of 99%.
24. The Trust met six of the seven cancer standards in June, returning to compliance against the 62 Day Referral to Treatment Standard. The Trust's performance against the 14 Day Standard increased to 92.5%, but was below the target of 93%.

Safe and Effective Care

25. Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) level 1 training for staff continues its steady upward improvement in performance. In July, Level 1 training exceeded the target of 90%. Level 2 training was recently launched, and is showing consistent improvement month on month.
26. There was no significant change in the number of patient falls in July (123) compared to previous months. Of the falls reported, no patient sustained moderate or severe harm. The Trust's Falls Coordinator will continue to work with our clinical divisions, wards and falls champions to promote best practice for falls prevention, and carry out bespoke falls education and training.
27. Inpatient Friends and Family Test (FFT) scores in July were above our target of 95% positive responses, with 96.9% of patients reporting a positive experience, providing assurance on the quality of patient experience.

28. Maternity, Community and Outpatient FFT scores also remain above the local target of 90%, with work continuing to improve the number of patients responding.
29. Patients can now access FFT surveys on our website. A weekly performance report to matrons and ward managers is now in place. This gives the number of discharges versus the number of FFT responses completed, and identifies areas for improvement. Text messaging the FFT survey to patients after appointments has started in a number of clinics.
30. There was a successful Trust-wide rollout of the National Early Warning Score 2 (NEWS2) in late March 2019. NEWS2 is used to score observations to help identify deteriorating patients.

Data Quality and Elective Care Recovery Programme

31. The Trust returned to reporting its planned operation activity (Referral to Treatment data) in January 2019, after a break of over two years. This means we now have robust waiting list management processes on our Tooting site; with the roll-out of iClip to Queen Mary's scheduled for the autumn.
32. There has been a sizeable reduction in the number of patients waiting over 52 weeks for their first treatment from 116 in February down to 7 in June 2019. This is ahead of our planned trajectory and the Trust is on target to report ahead of trajectory for July.

Quality and Risk

33. One never event was reported in July 2019. Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The cause is being analysed to identify learning.
34. There has been a reduction in the number of serious incidents (SIs) reported in the month, with two reported. The target is less than eight per month.
35. The Ward Accreditation Programme (a scheme to improve quality of patient care and increase staff pride in their areas) is now well established. Our Paediatric Intensive Care Unit was the latest to receive a gold award.

Quality Improvement culture

36. In order to achieve our aim of providing outstanding care every time, we need to embed quality improvement throughout the organisation. Our Quality Improvement Academy (QIA) will help us do this.

37. After a successful period building awareness and interest in quality improvement, the team has focused on creating a clear plan for the new coming year. There has been a continued promotion of quality improvement conversations, particularly as part of the Trust's strategy development process and facilitation of CQC readiness assessment workshops.

Estates and IT

38. Last year, we invested a significant amount of money into our IT infrastructure; enabling us to increase network reliability and roll-out iClip (Cerner Millennium) to all inpatient wards at St George's, with plans to extend the same software to Queen Mary's Hospital later this year.

39. This year our capital funding allocation is £27 million which will be invested in our hospital estate at St George's and on upgrading core infrastructure – including fire and water safety, electricity, as well as theatre ventilation.

40. Between April 2016 and March 2019, there were two confirmed cases of legionella infection at St George's. The water at St George's Hospital is safe to use, and we continue to take steps to reduce the risk of legionella bacteria growing in our water system. This includes regular testing and monitoring of the water supply and temperatures. Our extra capital funding will enable the creation of additional water supplies to the site.

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Other significant updates:

Cardiac surgery at St George's

41. We are continuing to focus on addressing the challenges within our cardiac surgery service at St George's.

42. Mr Steve Livesey, cardiac surgeon, has joined the Trust on a permanent basis. He was initially appointed last year on secondment from Southampton to provide leadership for the service.

43. Mr Livesey is continuing to undertake clinical work as a key member of the team, and his appointment has helped bring further stability to the department.

44. Since joining the Trust in December, Mr Livesey has helped to introduce major improvements for the benefit of our patients and staff - this includes embedding significant governance improvements within the cardiac surgery service, and planning the forthcoming introduction of a new cardiac surgery case management team.

45. In January, we announced a mortality review of patients who underwent cardiac surgery between April 2013 and September 2018. The panel is currently reviewing medical records and examining the safety and quality of care that patients who died during or after cardiac surgery.
46. The panel is reviewing between 200-250 deaths as part of this process, which will be completed by the end of the year. Families and relatives of cardiac surgery patients who died at St George's during the review period have been contacted, and we remain in touch with them.
47. We expect the panel's final report to be published before the end of the calendar year, but will update the committee as soon we know more.
48.
The well-documented challenges within the service have had a knock on effect in relation to activity levels, which have fallen significantly in recent weeks, and this in turn has financial implications for the Trust which we are addressing. We continue to work closely with NHSI, NHSE and the CQC to ensure our patients receive the best possible care.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 04 September 2019

Wards: All

Subject: Home Share Scheme – Task Group Update

Lead officer: John Morgan, Assistant Director Adult Social Care, C&H

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

Contact officer: Tricia Pereira, Head of Operations Adult Social Care
tricia.pereira@merton.gov.uk

Recommendations:

- A. This report is to update the panel on the implementation and progress of Homeshare in Merton
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report provides an update, following Cabinets decision in February 2018 to support a Home Share scheme in Merton.

2 BACKGROUND DETAILS

- 2.1. In June 2017 the Healthier Communities and Older People Overview and Scrutiny Panel agreed to undertake a scrutiny review of Home Share schemes.
- 2.2. Home Share is a reciprocal arrangement that householders, usually but not exclusively older people, with a spare room, who also have low level support needs, with a sharer who commits to undertake a certain level of support in return for a licence to occupy the spare room.
- 2.3. Typically, the sharer is a younger person, student or public service worker who needs accommodation and is able to provide additional support. It is important to note that the sharer is expected to provide companionship and domestic support, not personal care. As such, these schemes are not regulated by the Care Quality Commission.
- 2.4. A task group was convened to consider if a scheme of this nature would be beneficial for the residents of Merton. The recommendation to proceed with a scheme were presented to and accepted by Cabinet at its meeting on 19 February 2018.
- 2.5. Officers undertook research and market testing to establish the options for choosing a referral partner. This was confirmed to be Share and Care Home Share.

3. **TIMETABLE**

Verification was completed by 30 June 2018

Partnership was launched by September 2018

4. **CONSULTATION UNDERTAKEN OR PROPOSED**

Home Share is a voluntary scheme that is in addition to other services the council offers. The Panel undertook significant research in coming to its recommendations. Further consultation was therefore not necessary.

5. **POTENTIAL BENEFITS OF HOME SHARE FOR MERTON**

5.1 Under the Care Act 2014, the council has a duty to promote wellbeing, and this scheme is part of the council meeting its duty.

5.2 Previous reports highlighted the benefits of the scheme, in supporting older people to remain living as independently as possible within their own homes, for as long as possible. In particular, for those individuals who report experiencing loneliness, and those who have long-term health conditions and require moderate support.

5.3 The home sharer provides companionship, which compliments domiciliary care. The home sharer is able to carry out practical tasks, such as shopping, cooking, light cleaning, gardening, taking out bins, changing lightbulbs, accompanying to appointments, or to social events.

5.4 However, the sharer is not permitted to provide any personal or nursing care to the person they live with. Therefore, it is not legal or appropriate for the Home Sharer to receive payment in the form of a Direct Payment.

6. **UPDATE ON PREVIOUS RECOMMENDATIONS**

6.1 **Adult Social Care to identify and work with a local home share scheme which the council could endorse and make referrals to where appropriate.**

This has been completed and the successful Home Share partner in Merton is Share and Care.

6.2 **Adult Social Care to work with local voluntary organisations to identify how they make best use of home share schemes.**

Home Share have met with various local voluntary organisations including The Wimbledon Guild, Age UK and this has resulted in referrals to the scheme.

6.3 **Adult Social Care to lead on raising awareness of an approved home share scheme amongst council frontline staff.**

Home Share met with Adult Social Care teams to explain about the scheme and presented a supplied marketing literature to all the teams this has resulted in referrals from Adult Social Care to Home Share.

Home Share have also met with GP practices to encourage referrals.

6.4 **Adult Social Care to promote the Home Share scheme on the Merton Council website and its publications.**

Staff within Adult Social Care currently promote the scheme via sharing the literature provided. Face to face and word of mouth has so far been a preferred method of communication for many older people. However, as the online directory is further developed all community services, resources and activities will be promoted online to encourage self-referrals, as well as providing leaflets, literature and face to face communication.

6.5 **Safeguarding and other policies.**

Home Share have confirmed all sharers undergo a full enhanced DBS check as well as providing three references, which are verified. They also request sharers become Dementia Friends and give preference to those who have experience of volunteering. Merton has not received any safeguarding alerts as to date. Home Share have also confirmed a compressive selection process reduces the risk of abuse. Home Share recently reported an incident where a sharer reported a safeguarding concern, which resulted in protecting the homeowner. The Safeguarding policy and procedure for Homeshare will be reviewed as part of Merton's Quality assurance process from the Quality assurance team during a quality assurance visit planned for this year.

6.6 **Interview sample householders and their sharers to establish their experience of Home Share as a provider.**

Home share continues to have positive impacts on both sharer and home owner. The below statement was taken from a sharer in July 2019

My homeshare has been brilliant. I've made a friend in B, with whom I've spent many evenings getting to know and listening to her stories. I have come to really value our relationship and think she is an amazing person. Share & Care have been extremely supportive throughout the experience - they seem to genuinely care I can't fault the service they have provided to us both.

7. **REFERRALS TO DATE**

7.1 Seven people in Merton have had Home Share, two have left the scheme to go into full-time care this year when their needs increased. The low numbers are expected as this is a new service. It is expected that once the scheme becomes better known, numbers of referrals will increase.

8. **NEXT STEPS**

8.1 Officers will take the following next steps:

A commissioning monitoring visit is planned for September 2019 to ensure continuous quality assurance and compliance with Merton's standards.

Checks will consist of:

- DBS checks of sharers:
- Confirmation of an agreement in place between the sharer and householder.
- Evidence/review of robust the interview and selection process

- Evidence of regular checks with the householder and sharer to ensure it is working satisfactorily & evidence of any support they give.
- Confirmation that for the duration of every Home Share agreement, the agency remains in regular contact with both parties to give advice and to ensure they are fully supported.

8.2 The safeguarding team in Merton will provide safeguarding training to Home Share, which will cover:

- Introduction to safeguarding
- Different types of abuse
- Reporting concerns and raising alerts

This will ensure continuous training and awareness in knowledge and practice to give confidence with LBM and its members

8.3 Continue to work with Care & Share to promote the scheme through written materials and ‘Lunch & Learn’ sessions for staff and partners. There are also plans to work with Share and Care to engage with the GP’s for information sessions in September 2019

8.4 Continue to promote and monitor the take up and success of any referrals made over the first year;

8.5 Continue to review the scheme again in six months and one year

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

9.1 The council is not making payment to Care & Share. As sharers do not provide personal care, it is unlikely that the householder payment would be part of a service users personal budget other than in exceptional circumstances and then it is likely to be part of a direct payment.

10. LEGAL AND STATUTORY IMPLICATIONS

10.1 The Authority will not be entering into a contract with Care & Share, the homeowners or the sharers. The Council’s role would be limited to referrals and sign posting persons who appear to be eligible to join the Home Share scheme in Merton along with monitoring the quality of the care . In making referrals and promoting the Home Share scheme, the Council must consider its various legal duties to residents of the borough and be satisfied that the scheme would promote the wellbeing of those who participate in the scheme.

11. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

11.1 Both the householders and the sharers enter into the arrangement voluntarily and have the right to terminate the arrangement with notice.

The scheme can be part of promoting inter-generational cohesion and inclusion as sharing is typically between an older householder and a younger sharer.

12. CRIME AND DISORDER IMPLICATIONS

- 12.1 There are potential risks in home sharing, but with appropriate safeguards in place these are no greater than in general day to day life. A householder with a sharer may actually reduce the risk of crime compared to an isolated householder.

13. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

There is a reputational risk to the council if a referral results in a home share that goes wrong. This is mitigated by the checks being undertaken before referrals and subsequent matching takes place.

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

None

BACKGROUND PAPERS

None

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Committee: Healthier Communities Overview and Scrutiny Panel

Date: 4th September 2019

Agenda item:

Wards: ALL

Subject: Annual Public Health Report 2019 Tackling Diabetes in Merton

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: Mike Robinson, Public Health Consultant; Barry Causer, Head of Strategic Commissioning Public Health

Recommendations:

The Healthier Communities Panel is asked to:

- A. Consider and champion the recommendations of the Annual Public Health Report (APHR) 2019: Tackling Diabetes in Merton.
 - B. Discuss and support the ongoing work of the Health and Wellbeing Board to tackle diabetes and the new Tackling Diabetes Action Plan.
-

1 Purpose of report and executive summary

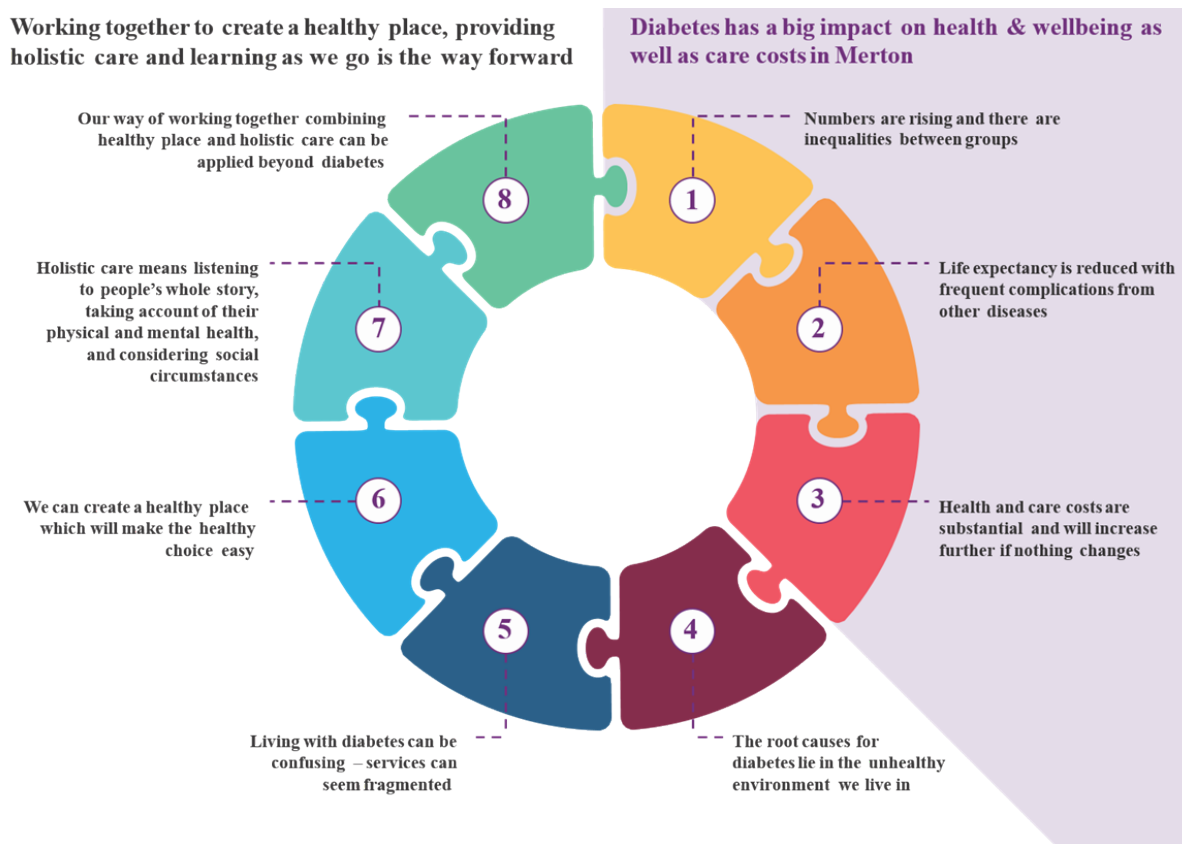
- 1.1. It is a statutory duty for the Director of Public Health to produce an independent Annual Public Health Report (APHR). The purpose of this paper is to share with the Healthier Communities Panel the APHR 2019 on Tackling Diabetes in Merton.
- 1.2. This report also sets out the recent work of the Health and Wellbeing Board on tackling diabetes, as a priority action and presents the new Tackling Diabetes Action Plan.

2. DETAILS

Annual Public Health Report 2019

- 2.1 Under the Health and Social Care Act 2012, the Director of Public Health is required to produce an Annual Public Health Report on a topic of their choice. For 2019, this report focuses on diabetes, complementing the Tackling Diabetes Action Plan overseen by Merton Health and Wellbeing Board. Fig. 1 (below) sets out the key messages from the APHR.

Fig 1. Learning from a whole system approach
Key messages from the Annual Public Health Report 2019



See Appendix 1 for a summary of the report and a link to the full report

Diabetes as a priority action for Merton Health and Wellbeing Board

- 2.2 In 2017, the Health and Wellbeing Board agreed to build upon its previous work on promoting child healthy weight and focus as a partnership on tackling diabetes. This followed a presentation to the Board by local GPs highlighting the unabated epidemic and insufficiency of trying to tackle diabetes as a medical problem only.
- 2.3 In response the Board agreed to adopt a 'whole system approach' across the life course, using the focus on diabetes as an exemplar for developing holistic care (covering physical, mental and non-clinical personal support) hand in hand with creating a healthy place. Both involve a strong focus on understanding what most matters to local people and actively engaging all partners across Merton; whilst accepting and encouraging lessons learnt along the way.

- 2.4 The first phase of this approach was the Diabetes Truth Programme (see Appendix 2 for details). Running from January to March 2018, this Programme saw each, individual Health and Wellbeing Board member ‘buddy up’ with a Merton resident who had a lived experience of diabetes. Through a series of one to one conversations, members of the Health and Wellbeing Board were able to gain an insight into the life and challenges that people at risk of, living with or caring for someone with diabetes face on a daily basis. This helped Board members identify the most important areas to focus on., made clear what matters to residents and also reinforced a commitment of the Health and Wellbeing Board to work with residents and communities as an integral part of the solution.
- 2.5 Engagement continued in October 2018 through two mini-conversations attended by 37 residents, which delved deeper into the issues and challenges. This insight, alongside data analysis and a review of the evidence, aligned with partnership work led by Public Health and Merton Clinical Commissioning Group, has informed the development of the Tackling Diabetes Action Plan.
- 2.6 This Diabetes Truth programme links to the work of this Panel’s Task Group that had previously reported in 2016 on Preventing Diabetes in the South Asian Community. An update on the implementation of recommendations of that report was made to this Panel in 2018, where it agreed that the work of the Task Group would feed in to this broader strategic framework of the Tackling Diabetes Action Plan as part of the Health and Wellbeing Board’s Whole System Approach to Diabetes.
- 2.7 There are clear synergies between tackling diabetes and promoting child healthy weight. As childhood obesity is still high and remains a local priority, the Child Healthy Weight Action Plan, originally approved by the Health and Wellbeing Board in March 2017, has also been refreshed (see Background Documents for a link).

The 2018/19 Annual Public Health report supports both Plans, by providing context and describing opportunities for further learning.

Tackling Diabetes Action Plan

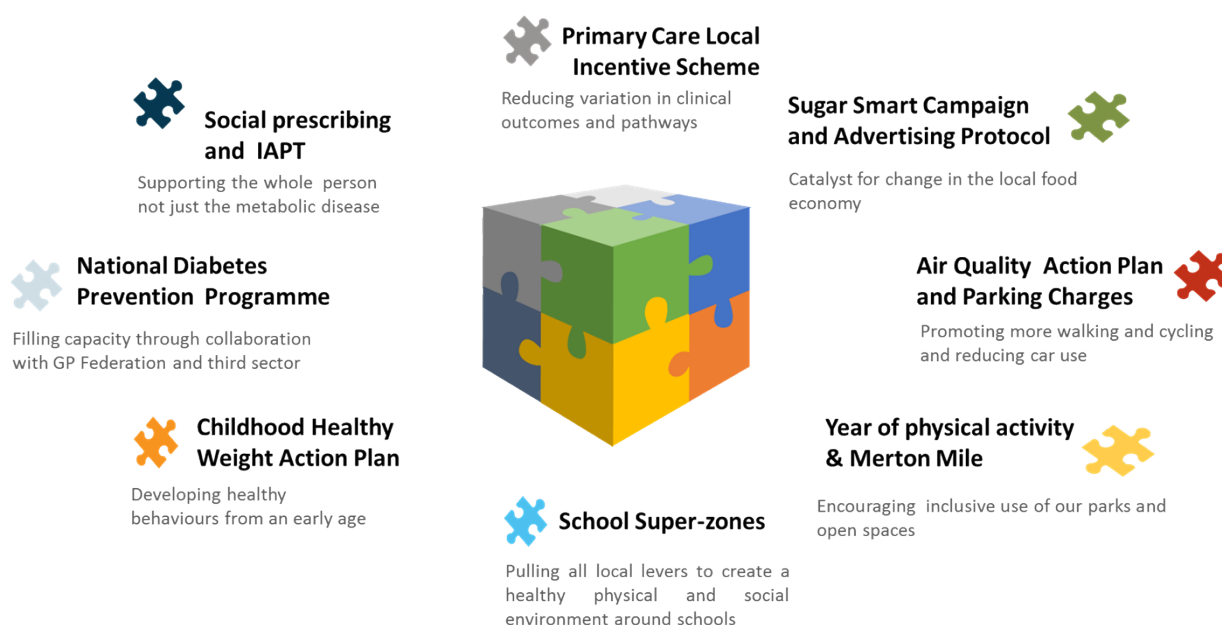
- 2.8 Approximately 6% (11,160) of the registered adult population within Merton Clinical Commissioning Group are currently diagnosed with diabetes; a further 2% (2,585) are estimated to be undiagnosed, and 11% (18,450) have non-diabetic hyperglycaemia (pre-diabetes).

If nothing changes, it is estimated that the total diabetes prevalence will rise by 5,000 to over 18,000 or 9% over the next 10 years. Diabetes currently consumes approximately 10% of the overall NHS budget, and this, too, is

projected to rise. The Annual Public Health Report provides additional facts and figures (see Appendix 1).

- 2.9 The Tackling Diabetes Action Plan sets out high-level actions, under three overarching themes: clinical oversight and service improvement; holistic individual care; and healthy place. It is not an exhaustive list of all activities and actions that contribute to tackling diabetes; it contains a small number of high value actions that, when delivered together, are expected to have the most impact in Merton. See Appendix 3 for a summary of the Plan.

Fig 2. Key actions from the Diabetes Action Plan



- 2.10 In terms of resources needed to tackle diabetes, a business case has recently been approved by Merton Clinical Commissioning Group to invest an additional £1.2 million over 3 years in holistic primary and community care including access to mental health services and non-medical support, e.g. social prescribing.
- 2.11 The Council, leading on creating a ‘Healthy Place’, will focus on the effective use of existing mechanisms. These include the Local Plan and new opportunities to work on cross-cutting issues to improve the food environment and encourage physical activity e.g. creating healthy neighbourhoods around schools, the Sugar Smart campaign, reviewing advertising protocols, the use of parking charges to improve air quality, promoting walking and cycling, and reducing sedentary behaviour.
- 2.12 Community engagement to raise awareness of how diabetes can best be managed and prevented is supporting implementation of the Action Plan. Following the recommendations of the Scrutiny Task Group on ‘Preventing

Diabetes in the South Asian Community, Healthwatch Merton has spoken with a number of BAME groups and created a survey which was promoted through their local community group network. The majority of people from the BAME community that Healthwatch surveyed obtained their diagnosis from their opticians. Healthwatch plan further work in autumn 2019 and spring 2020 to gain better understanding of how people from South Asian and BAME backgrounds are coping with diabetes and to help support co-production of services with the voluntary and community sector.

It is also planned to present the Tackling Diabetes Action Plan to the Joint Consultative Committee in September to encourage members to champion the work across their networks.

At the South West London Clinical Senate Conference earlier this year, Councillor Tobin Byers, as Chair of the Health and Wellbeing Board and Cabinet Member for Adult Social Care and Health, together with the Director of Public Health, shared the work of Merton Health and Wellbeing Board on diabetes with over 300 clinicians, which was well received.

2.13 The innovative approach taken in Merton has been presented at a number of forums, including the South West London Diabetes Steering Group and The Patient Engagement Group of MCCG, where it was positively received. Discussions are now underway on how this approach can be replicated more widely.

2.14 The Annual Public Health Report and the summary document are being shared widely with partners, stakeholders and the voluntary and community sectors. Copies were sent, along with letters of thanks, to each of the Diabetes Truth volunteers. Work is underway to develop a network of Diabetes Health Champions and the Diabetes Truth volunteers were asked if they would like to participate in this work; with some positive responses.

If members of this Panel have contacts who would like to receive summaries of the Annual Public Health Report or Diabetes Action Plan we will be happy to send copies.

3. NEXT STEPS

A report to the Health and Wellbeing Board in October will recommend a continuing focus on tackling diabetes as a key priority for action. Progress on implementing the Tackling Diabetes Action plan will also be monitored by the Merton Health and Care Together Board and ultimately overseen by the Health and Wellbeing Board.

4. Alternative options

N/A

5. Consultation undertaken or proposed

Significant consultation has taken place and informed the Tackling Diabetes Action Plan as set out in this report, including the Diabetes Truth programme, subsequent mini-conversations, a presentation at the Merton Clinical Commissioning Group led Patient Engagement Group, work by Healthwatch

Merton to engage with BAME communities and discussions with key stakeholders including voluntary sector and community representatives.

6. Timetable

As set out in the report.

7. Financial, resource and property implications

None to the Council. Additional investment by Merton Clinical Commissioning Group will support the delivery of this work.

9. Legal and statutory implications

It is a statutory duty for the Director of Public Health to produce an Annual Public Health Report.

10. Human rights, equalities and community cohesion implications

The Tackling Diabetes Action Plan is specifically aimed at tackling health inequalities.

11. Crime and Disorder implications

None

12. Risk management and health and safety implications

None

Appendices – the following documents are to be published with this report and form part of the report

APPENDIX 1: Annual Public Health Report 2019 Tackling Diabetes in Merton: learning from a whole system approach

APPENDIX 2: Diabetes Truth Programme summary and link to full report.

APPENDIX 3: Tackling Diabetes Action Plan 2019 - 2014

Background Documents

Merton Child Healthy Weight Action Plan 2019 - 2022

[Health and Wellbeing Board 26 March 2019](#) see item 5 Appendix 3

Appendix 1

Annual Report of the Director of Public Health 2019

Diabetes in Merton – Learning from a whole systems approach

Summary on next page.

For the full report Tackling Diabetes in Merton – Learning from a Whole Systems Approach (*Item 5 Appendix 1*) see:

[**Health and Wellbeing Board 26 March 2019**](#)

Highlights of the Annual Public Health Report 2019 – Tackling Diabetes in Merton

The report provides context for the Health and Wellbeing Board’s Diabetes Action Plan which is published alongside the Annual Public Health Report. It is a learning resource, to encourage the development of a whole system approach for all long-term health conditions.

Diabetes occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Type 1 diabetes tends to start at a younger age and diet and exercise are not contributory factors. Type 2 diabetes is strongly linked to obesity, poor diet and inactivity. People from South Asian, African and African-Caribbean origin are more at risk than average.

Key Messages – summary

Working together to create a healthy place, providing holistic care and learning as we go is the way forward

Our way of working together combining healthy place and holistic care can be applied beyond diabetes

Holistic care means listening to people’s whole story, taking account of their physical and mental health, and considering social circumstances

We can create a healthy place which will make the healthy choice easy

Living with diabetes can be confusing – services can seem fragmented

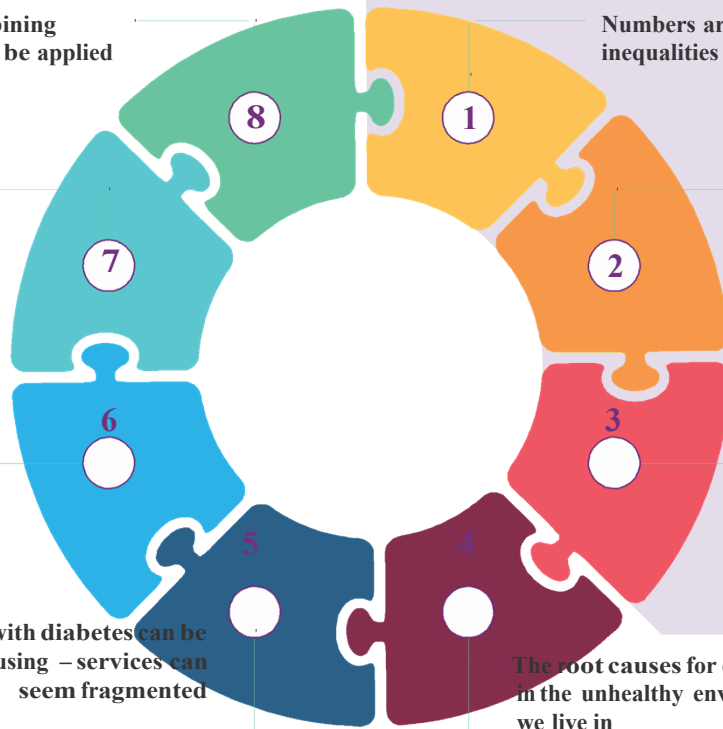
Diabetes has a big impact on health & wellbeing as well as care costs in Merton

Numbers are rising and there are inequalities between groups

Life expectancy is reduced with frequent complications from other diseases

Health and care costs are substantial and will increase further if nothing change

The root causes for diabetes lie in the unhealthy environment we live in



Key Messages – more detail

1 Numbers are rising and there are inequalities between groups

- Diabetes in Merton has been increasing year on year and if nothing changes will continue to do so. Over 8 in 100 people in Merton over the age of 16 are currently predicted to have diabetes (diagnosed or undiagnosed) and this is expected to rise to over 9 in 100 by 2035.
- Rates of diabetes in Merton vary by locality. Several practices in East Merton record rates three times greater than most practices in the West.

2 Life expectancy is reduced with frequent complications from other diseases

- Life expectancy for both types of diabetes is reduced compared to people without diabetes. People diagnosed with Type 2 diabetes in their 50s on average lose 6 years of life compared to their peers.
- Diabetes increases the risk of serious diseases such as blindness, kidney failure, heart attack, stroke, and amputations.



Health and care costs are substantial and will increase further if nothing changes

- Diabetes consumes approximately 10% of the overall NHS budget or about £10 billion per year. In Merton in 2016, the cost of Type 2 diabetes alone was £ 20.9 million. If nothing changes, costs in Merton will increase by about 2% per year meaning an extra £2.4 million per year in 5 years' time.
- Besides the NHS cost, diabetes also means extra social care costs for the Council. The current total for Merton has been estimated to be approximately £1.3m per year.



The root causes for diabetes lie in the unhealthy environment we live in

The environment in Merton has features which make it easy for children and adults to become overweight. It is not that people are becoming greedier or lazier. It is easier to travel by car than to walk or cycle and to eat fast food rather than healthier choices.



Living with diabetes can be confusing – services can seem fragmented

Early in 2018 each member of the Health and Wellbeing Board 'buddied up' with an 'Expert Witness' – an individual living with diabetes, at risk of diabetes or caring for someone with diabetes. The conversations which followed formed the basis of the "Diabetes Truth Programme". Some of its key findings were:

- There is plenty of information out there about diabetes but advice is often confusing. We need to make better connection between those who produce the information and those who need to use it.
- Type 1 diabetes is different to Type 2 – when focusing on diabetes we need to be aware of, and do justice to, both types.
- Type 1 and Type 2 diabetes are not just physical illnesses – they require services which focus on emotional and mental health too.



We can create a healthy place which will make the healthy choice easy

Creating a 'healthy place' means shaping the physical, social, cultural and economic factors in the places we live, learn, work and play.

Some of the features of healthy places will be:

- Promoting good mental health and emotional wellbeing
- Making the healthy life style choice easy
- Protection from harm, providing safety

Healthy choices are easy choices when:

- Healthy food is available easily and is affordable
- Streets are pleasant and safe to walk and cycle with clean air
- Advertising of unhealthy food and drink is restricted



Holistic care means listening to people's whole story, taking account of their physical and mental health and considering their social circumstances

Holistic care means consideration of the complete person, physically, psychologically, socially and spiritually in the management and prevention of disease. It is underpinned by

the concept that there is a link between our physical health and our more general 'well-being'.

Social prescribing is a key part of delivering holistic care. This allows GPs and other health care professionals to refer to non-medical support, for example to help relieve loneliness.

Other components of holistic care for diabetes in particular are:

- Improving Access to Psychological Therapies, meaning access to a therapist to help develop positive thinking and skills in problem solving.
- Structured Education, meaning a series of classes with other people with diabetes to learn about living as well as possible and reducing complications.
- National Diabetes Prevention Programme, designed for people whose blood test shows they are at high risk of developing Type 2 diabetes and which provides intensive support to achieve a healthy weight.



Our way of working together combining healthy place and holistic care can be applied beyond diabetes

When the Merton Health and Wellbeing Board made tackling diabetes a priority, members started by listening to the voices of Expert Witnesses from across the borough. This made the Board members more informed and aware of their potential for leading change.

The learning which followed was wide ranging; including the challenges people face as part of daily life, eating well and staying active; how carers and families can support people with diabetes; and how people can best use services.

This whole system approach to diabetes puts the patient and their family or carer in the centre. This alignment of a healthy place with holistic care can be applied to other long-term conditions.

Resources:

For the full report please go to:

www.merton.gov.uk/health-social-care/publichealth

Diabetes Truth Programme

<https://democracy.merton.gov.uk/documents/s22963/Item%205%20Appendix%201.pdf>

Diabetes UK

A useful resource for patient and families education.

www.diabetes.org.uk

NHS diabetes app – online Low Carb Program can help anyone with type 2 diabetes take better control of their condition. www.nhs.uk/apps-library/low-carb-program

For a longer list of resources please see the full report.

We welcome your feedback:

PHreport2019@merton.gov.uk

Appendix 2. Diabetes Truth Conversations Summary

Summary – Diabetes truth programme

What did we do?

Each Health and Wellbeing Board member paired up with an expert witness, a 'buddy' who was living with, at risk of, or caring for someone with Type 1 or Type 2 diabetes. We had conversations together and then shared what we had found out at a workshop.

Why did we do this?

We chose the complex problem of diabetes as an exemplar; to find out the true day-to-day issues and choices that people living with diabetes face and to see how we as a Health and Wellbeing Board can work with our community to help identify solutions, rather than impose preconceived ideas.

What did we find out?

- Type 1 diabetes is really different to Type 2 and when focussing on 'diabetes' we need to be clear on this.
- Type 1 and Type 2 diabetes are not just physical illnesses; they also require a focus on emotional and mental health resilience and support.
- We need to communicate and educate better about food and recognise that our food choices are often influenced by factors in our environment such as advertising and availability of fast food.
- There is plenty of information out there about diabetes but people do not always engage with it. We need to work on this – making better connections between those who produce the information and those who need to use it.
- Physical activity is important to help prevent and manage Type 2 diabetes. It can bring people together, which can help with adherence but it can be difficult to make the time. We need to promote the assets we have such as parks and open spaces and include activity in our everyday lives.
- Peer and community support has a huge role to play; we need to learn from those who have experience, face to face and on line.
- Pressures relating to lifestyle, working hours and lack of sleep mean that just knowing the causes and risks of diabetes, is not enough to change behaviour. Instead healthier choices need to become easier choices through the right cues and support in our environment and everyday life.

What will we do next?

Whilst some of the findings of this report are specific to diabetes, by exploring our approaches to this complex challenge we have created a new way of working as a Health and Wellbeing Board which we can use when addressing other conditions and wider work. This includes:

- Merton Health and Wellbeing Strategy, which sets the overall ambition for health and wellbeing in Merton, is being refreshed this year. The learning from the Diabetes Truth conversations will help to inform this Strategy and to shape the way we and our partners engage with our community.

□ We are now working as partners on an action plan to tackle diabetes. The Diabetes Framework will be informed by the Diabetes Truth conversations, be based on a joint approach across all our partners and will be launched later this year.

The conversations have also helped mobilise our community and some of the expert witnesses have already expressed an interest in becoming health champions and working together with us to tackle diabetes.

Illustration of Diabetes Truth Conversations



For full Diabetes Truth Programme report see (Item 5 Appendix 1): [Health and Wellbeing Board 26 June 2018](#)



Merton Health & Wellbeing Board's Tackling Diabetes Action Plan 2019 – 2024

Summary Plan on a Page

For full report Tackling Diabetes Action Plan (*Item 5 Appendix 2*) see:

[Health and Wellbeing Board 26 March 2019](#)

Theme 1: Clinical oversight and service improvement

Lead organisation: Merton Clinical Commissioning Group (CCG)

Vision: Merton delivers evidence based services, providers and commissioners actively seek out opportunities for service improvement and share learning and uses data to identify areas of best practice and variation.

In order to deliver this vision, we will:

Action 1) develop a 'diabetes dashboard' to monitor outcomes and use data to identify variation and empower practices to improve services;

Action 2) keep services and pathways under review & use patient views to identify and secure improvements in existing and future projects;

Action 3) provide access to training for staff to ensure that they are up to date with clinical guidelines, evidence based management and emerging approaches e.g. very low calories diets;

Action 4) approach commissioning of diabetes services in a manner that empowers and supports quality improvement across two levels; at a federation level and in individual practices;

Action 5) increase access to and uptake of evidence based and highly effective structured education programmes e.g. Desmond and DAFNE and deliver culturally specific programmes e.g. DoSA.

Theme 2: Holistic Individual Care

Lead organisation London Borough of Merton and Merton CCG

Vision: Merton takes a holistic care approach to diabetes and delivers what matters to residents, uses local assets and takes a partnership approach to increasing the uptake of NDPP and the wider digital prevention offer.

In order to deliver this vision, we will:

Action 6) roll out social prescribing at scale and consider wider opportunities to connect residents to services;

Action 7) increase resilience of communities and residents by ensuring that diabetes services are linked to mental health services

Action 8) produce a Directory of Services e.g. Adult Education and cooking classes that support residents at risk of or living with diabetes,

Action 9) develop a network of 'connectors' to enable the community as a whole to take action to prevent diabetes:

Action 10) increase uptake of the NDPP and deliver wider prevention programmes;

Action 11) promote the wider Merton digital prevention offer;

Action 12) actively engage communities and residents living with diabetes (Type 1 and Type 2) in service design and improvement.

Theme 3: Healthy Place

Lead organisation: London Borough of Merton

Vision: Merton as a place to live and work encourages people to be more active and make healthier choices.

In order to deliver this vision, we will

Action 13) work in key settings to ensure they support healthy lifestyles e.g. delivering Healthy Workplaces across Merton in (a) organisational members of the HWB and (b) external businesses,

Action 14) create a healthier food environment in Merton by working with partners and businesses,

Action 15) increase and promote opportunities to be physically active.

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Healthier Communities and Older People Work Programme 2019/20



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2019/20. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

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

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

Scrutiny Support

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

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

Meeting Date 17 June 2019 – Report Deadlines

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Primary Care Networks	Report to the Panel	Katie Denton Director for Transforming Primary Care – Merton and Wandsworth CCGs	To gain an overview of the new system and scrutinise progress with development in Merton.
Scrutiny of adult social care	Provider Market Failure	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To consider the department's approach to this issue.
Scrutiny review	Loneliness Task Group update.	Report to the Panel	Daniel Butler, Senior Public Health Principal	To consider the progress with implementing the recommendations from the review
Scrutiny Task Group Review	Transitions Task Group – Final report	Report to the Panel	Cllr Rebecca Lanning, Task Group Chair	To review the final report and recommendations and agree to send the report to cabinet.

Meeting date – 04 September 2019

Report Deadlines 23 August at noon

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Public Health Annual Report	Report to the Panel	Mike Robinson, Public Health Consultant	To review progress over the last twelve months and make suggestions for the future
Scrutiny Review	Homeshare Task Group Update	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	Review progress with implementing recommendations
Scrutiny of Health Partners	St George's NHS Trust – performance update	Report to the Panel	Senior NHS Staff	Review progress with improvements since last CQC inspection

Meeting Date – 05 November 2019

Report Deadlines 24 October at noon.

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget scrutiny	Draft Business Plan	Report to the Panel	Caroline Holland, Director of Corporate Services	To provide comments to the Overview and Scrutiny Commission on the current budget.
Scrutiny of Health Partners	Sexual health services for Merton residents	Report to the Panel and visit to services	Kate Milsted/ Julia Groom -Public Health Team	Review the service and ensure it meets the needs of Merton residents
Scrutiny of Adult Social Care	Learning from safeguarding adult reviews.	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To consider how the council utilises the learning from

				safeguarding adult reviews
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report	Report to the Panel	John Morgan, Assistant Director, Adult Social Care.	To review progress over the last twelve months and make suggestions for the future

Meeting date – 09 January 2020 – Budget

Report Deadline 30 December 12 Noon.

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

Meeting date – 11 February 2020

Report Deadline 31st January at 12 noon.

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Substance Misuse Services	Report to panel/ visit to services	Miguella Mark-Carew Barry Causer – Public Health Team	Review the service and ensure it meets the needs of Merton residents
	Adults immunisations schedule	Report to the Panel	NHS England	To review the uptake of adult immunisations for Merton residents.
Scrutiny of Health Partners	Improving Access to psychological therapies – update on services for Merton residents	Report to the Panel	Merton CCG	To review service provision for Merton residents.

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Meeting Date – 10 March 2020

Report Deadline 28th February at 12 noon

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Health and Wellbeing Strategy Update	Report to the Panel	Dagmar Zeuner, Director of Public Health	Update on progress with implementing strategy.
Scrutiny of Health Partners	Primary Care Strategy	Merton CCG		Update on progress with implementing strategy with a focus on access to GP

				appointments and succession planning for retiring GPs.
Scrutiny review	Mental Health Placements Task Group report and recommendations	Report to the Panel	Task group chair	To agree the report and recommendations and send to Cabinet for agreement.
Scrutiny of Health Partners	Merton CCG progress reports: <ul style="list-style-type: none"> • Merton Health and Care Together • Development of the Wilson • Progress with Implementing the NHS Plan 	Report to the Panel		To review progress with implementing the projects.