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# Merton Council

## Healthier Communities and Older People Overview and Scrutiny Panel



Date: 1 November 2022

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

### AGENDA

Page Number

1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 6
4	Merton Winter Resilience Plan	7 - 32
5	Day Opportunities Programme	33 - 36
6	Adult Social Care Reform	37 - 44
7	Work Programme	45 - 50

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

### Councillors:

Agatha Mary Akyigyina OBE (Chair)  
Jenifer Gould (Vice-Chair)  
Laxmi Attawar  
Max Austin  
Caroline Charles  
Eleanor Cox  
Simon McGrath  
Slawek Szczepanski  
Martin Whelton

### Substitute Members:

Mike Brunt  
Michael Paterson  
Dennis Pearce  
Tony Reiss  
Matthew Willis

### Co-opted Representatives

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

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Scrutiny's work falls into four broad areas:

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

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# Agenda Item 3

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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

6 SEPTEMBER 2022

(7.15 pm - 9.15 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Max Austin, Councillor Caroline Charles, Councillor Eleanor Cox, Councillor Simon McGrath, Councillor Slawek Szczepanski and Councillor Martin Whelton

Keith Burns (Head of Commissioning and Market Development) and Dr Dagmar Zeuner (Director, Public Health), James Blythe, (Managing Director for Epsom and St Helier Hospitals, Jacqueline Totterdell (Group Chief Executive), Mark Creelman (Locality Executive Director)

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

No apologies were received.

### 2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

### 3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed as true and accurate record.

Cllr Simon McGrath requested an update on ward boundaries from partners come to the panel. Following the meeting, the Health and Wellbeing Board Partnership Manager confirmed that whilst they are in the process of updating this data, it won't be publicly available until after the HWBB at the end of November.

### 4 PROPOSALS FOR THE FUTURE OF ROWAN SURGERY (Agenda Item 4)

Firstly, we want to acknowledge that we are not where we would want to be with the GP surgery and acknowledge that there have been years of frustration around possible new builds, so we want to start from a place of acknowledgement.

The current contract with the current provider ends on the 31 October and they've indicated they do not want to continue. Their lead clinical GP served notice of resignation which therefore leaves the practice with no clinical leadership or clinical supervision. Over the last five years we've had four different providers try to make the Rowans work and at the same time we have had a dwindling patient list, which is currently just under five thousand. We are recommending that we disperse the list, shut down that practice, and support people to re-register with surrounding practice. We believe this will ensure these three things:

- better access to primary care
- better continuity of service
- better quality of care

Currently we are running a series of engagement events - one was a face-to-face engagement at New Horizons, we've got another virtual event on the 13th and then a drop in at the practice on Thursday where we can talk to individuals about their concerns and their individual circumstances.

Local practices around Rowan's have all identified that they do have capacity to take additional patients.

If the decision is to proceed with the dispersal, we would write to all patients offering online and in person registration, we'd identify with the practice those that are most vulnerable and support them in re-registering to another practice.

In response to questions from the Panel Members, the Locality Executive Director answered:

In the long term we are fully committed to a new primary care facility incorporating GP services, primary care services alongside community health services such as cervical screening, immunisations, diabetes and postnatal care.

Across the four providers who have covered the surgery in five years, they have struggled financially to make the service viable. They couldn't really afford to run the services because the income they were receiving wasn't enough to generate the workforce to meet the need.

We anticipate this change will bring better access to services and although some people may have further to travel, the benefits to patients in terms of quality and safety will benefit patients overall.

Councillor Fraser commented on her experience of the surgery over many years as well as the need to tackle health inequalities in the borough with actions rather than words. People living in that part of the borough feel that local services are being taken away from them rather than provided for them

The Locality Executive Director responded that the new build is about ensuring that the people of east Merton and the surrounding area have access to quality services.

## 5 BUILDING YOUR FUTURE HOSPITALS - PROGRAMME UPDATE (Agenda Item 5)

James Blythe, Managing Director for Epsom and St Helier Hospitals, and Jacqueline Totterdell, Group Chief Executive, gave an overview of the report as read.

We have been working as part of the national new hospitals programme to start developing the detailed plans for the hospital and as part of that we are working very closely with Sutton Council in terms of the planning and the

access requirements to the new hospital.

We are also working closely with the NHS, locally in Merton and Sutton and the relevant area of Surrey, to ensure that our plans remain fully aligned with local health and care plans and local strategies tackling the wider health needs of those populations

We had hoped to open the new specialist emergency care hospital in late 2025 or early 2026, however we now know that it will not be ready until 2027 at the earliest.

In response to questions from Panel Members, the Managing Director provided further information.

It is not correct to say that the budget was cut by a £100million – We have never received an instruction that the budget is cut by a hundred million pounds.

The program is looking at collective approaches to procuring and, in some cases, constructing these new hospitals as much as practicable. The intent of which is to offset some of these inflationary pressures and ensure that the taxpayers get good value for money. For example, whether there can be some common design and manufacture elements, whether we can have a single way of designing a hospital room, of how bathrooms fit within the hospital rooms, whether there is a consolidated design for a ward or if digital elements could be designed and purchased on a consolidated basis.

We are very clear about the clinical model and the level of capacity that we need to provide.

There is no clear date in terms of planning applications yet.

There are severe constraints in the overall construction market now and that is one of the reasons we're working really closely with the national program to try and offset that wherever possible, but it would be far too premature to say that we are not susceptible to further delays.

There was very extensive consultation process undertaken with residents which was given very high praise by the consultation institute. There were public meetings, focus groups and surveys, all of which is summarised in the original decision-making business case and consultation outcome.

We have set up a patient panel and we are using that panel to find local service users to engage on specific questions as we continue with the development.

It is important to say that the decision was made by the commissioners for Southwest London and Surrey, and it was based on the needs of the whole catchment and how the whole catchment should be served.

With regards to communication and community engagement, we've continued to put out newsletters, we've got our people's panel and many of the senior staff in the trust and the wider hospital group have continued to attend meetings and give updates. If there's anything that any individual Council or stakeholder wants to suggest that it would be helpful to get an update into, we're very happy to do that and tailoring our communication to what works for a particular local community.

The Group Chief Executive elaborated on the Digital Strategy - one of the proposals is in the early stages of implementing an electronic patient record. At the moment we have a patient administration system which is paper based, so we are in a 2–3-year process to move to digitising all of our notes and having a fully electronic patient record. It is also now possible to get medical equipment that will automatically give your results and critical readings directly into the patient records.

We look at the evidence around health inequalities including what access you have to good housing, education and local health. If the evidence pointed towards local hospitals doing everything, we wouldn't have in London some of the best stroke outcomes in the world and neither would we have some of the best trauma outcomes in the world.

The Cabinet Member brought attention to the fact that on the 15th of June 2022, the Leader of the Council wrote to Sarah Blow with a series of questions which have yet to be answered. The Managing Director agreed to check with the Integrated Care Board to ensure it is responded to.

The element of maternity services that will move to the new site will be the labour ward and the birth centre only. The antenatal and postnatal services will remain on St Helier.

The Panel RESOLVED they would like to receive an update on what is going to be available at the Belmont site so that the wider community can also be informed.

The Chair thanked the NHS representatives for attending the meeting and for facilitating the visit to St Helier.

## 6 INTEGRATED CARE SYSTEM - GOVERNANCE UPDATE (Agenda Item 6)

Mark Creelman described the Integrated Care System as a partnership of organisations that join up and deliver services that improve outcomes for our residents.

The Integrated Care System splits itself into two governing boards. The Integrated Partnership has health and well-being board chairs, representatives from the voluntary sector, health watch etc. The Integrated Care Board is the NHS part of the of the system.

Following discussions, Mark Creelman committed to bringing an update to the next scrutiny meeting about some of the initiatives, particularly around inequalities, that are being looked at and appearing at the next health and well-being board.



The Chair requested a further update at the next meeting.

## 7 FUTURE COMMISSIONING OF HOME CARE SERVICES (Agenda Item 7)

Our existing home care contracts have just over two years to run although there are opportunities to end the contract earlier than that if we choose to.

Home care, particularly for older people, is an incredibly important key element of how we respond to social care need and it's a critical component of enabling people to remain in their own homes and communities for as long as possible.

The report summarises the current contractual arrangements, it notes that those current arrangements have generally worked reasonably well, and that the home care market nationally is a very fragile market, particularly in London, but we've managed to maintain capacity and maintain delivery at a local level. However, we are starting to see more and more challenges around that as the workforce issues become greater for providers due to the cost of living and cost of running a business.

The report talks about some of the ways in which we might want to think about a slightly different model for the future and identifies a number of key issues that that we will need to determine before we commence any commissioning process. This is an early opportunity for the Panel to be aware that we will be recommissioning these services at some point in the next two years and that may be something that the Panel would want to consider as we move through that process.

In response to questions,

In relation to the London living wage, the Council isn't yet a London living wage accredited organisation. There is a paper going to Cabinet this month that will seek agreement to become an accredited London living wage Council and that would mean that we could either choose to amend the existing contracts to pay the London living wage or we could do that as part of the recommissioning process. There is a significant financial impact, more than £1million a year, to implement the London living wage.

We are in the process of undertaking a nationally required exercise in relation to determining the fair cost of care and the proposals around that will be going to Cabinet in October, prior to being submitted to the Department of Health and Social Care.

A Member requested an additional recommendation B be added that "it should be made a contractual requirement that care workers be paid, as a minimum, the London Living Wage".

This was seconded and moved to a vote. There were four votes in favour and five against. Motion fell.

A Panel Member moved an amended version of the recommendation of "it should be made a contractual requirement that care workers be paid, as a minimum, the

London Living Wage. This is subject to consideration of the forthcoming Cabinet paper and the full financial implications for the Council”.

This was seconded and moved to a vote. There were five votes in favour and four abstentions. Motion carried.

The Panel RESOLVED that “it should be made a contractual requirement that care workers be paid, as a minimum, the London Living Wage. This is subject to consideration of the forthcoming Cabinet paper and the full financial implications for the Council”

## 8 WORK PROGRAMME 2022-23 (Agenda Item 8)

The work programme will be discussed at the next meeting.

## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 1<sup>st</sup> November 2022**

**Subject: Merton Winter Resilience**

Lead officer: Mark Creelman, Executive Director, South West London ICB

Contact officer: Shaun Stoneham, Director of System Resilience & Acute Partnerships, South West London ICB

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### **Recommendations:**

- A. The Committee is invited to review the Merton & Sutton winter plans and be assured the arrangements are in place to meet the NHS England national winter objectives and note that we are working closely with partner organisations to understand the potential demand and meet it with capacity in the right place.
  - B. The Committee should be assured that these plans aim to provide patients with access to the health and social care services they need to support them
- 

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

- 1.1. Urgent & Emergency Care services come under significant pressure each winter and NHSE requires us to make plans that will increase capacity and ensure operational resilience during this period. They provide extra funding each year to help support the system, and we are required to work with partners to develop Winter Schemes that will increase bed capacity both inside and outside of acute trusts, improve discharge processes and avoid unnecessary admissions.
- 1.2. NHSE have provided us with a range of objectives the system is required to achieve resilience and we have responded with the actions required to meet those objectives. These are detailed in our presentation.
- 1.3. The Merton and Sutton winter schemes are submitted together with the other SWL proposals and reviewed and agreed by NHSE. There is a robust monitoring and assurance process associated with these funds. We report monthly to NHSE and we are measured against a clear set of metrics.
- 1.4. It should be noted that Primary Care, Mental Health and Voluntary Sector services also contribute hugely to the Winter Plans.

## **2 DETAILS**

- 2.1. The presentation attached provides an overview of:
  - The urgent and emergency pressures
  - How partnership working will meet the challenges
  - The key objectives to achieving resilience and the assurance process we have in place

- Outlines the specific Winter funded schemes that will manage flow of patients through the system and provide extra capacity both in and out of acute hospitals.
- The communications and engagement approach to sharing information and keeping both providers and patients informed.

### **3 ALTERNATIVE OPTIONS**

3.1. None

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

4.1. These plans have been reviewed and signed off by the Merton Emergency Care Delivery Board and the Sutton A & E Delivery Board.

4.2. These plans have been reviewed and signed off by the Health & Care Committee

4.3. The Merton and Sutton winter schemes have been submitted along with the other SWL proposals and reviewed and agreed by SWL Urgent & Emergency Care Steering Group,

### **5 TIMETABLE**

5.1. Implementation of Winter Plans begins in November 2022 and funding is continued until March 2023.

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

7 NHSE have reviewed the SWL proposals and have confirmed their support and the funding for the schemes.

### **8 LEGAL AND STATUTORY IMPLICATIONS**

8.1. None.

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

9.1. None.

### **10 CRIME AND DISORDER IMPLICATIONS**

10.1. None

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

11.1. The schemes are risk assessed by individual providers and these risks have been submitted as part of the overall NHSE assurance process, it includes mitigations and necessary actions.

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

12.1. None

### **13 BACKGROUND PAPERS**

13.1. N/A

# Merton & Sutton Winter Resilience 2022-23

Page 9



Healthier Communities & Older People Overview & Scrutiny Panel – Nov 2022

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# Contents

1. Urgent and emergency care pressures
2. Managing winter in partnership
3. National objectives and assurance
4. Responding to the national action plan
  - Prepare for variants of COVID-19 and respiratory challenges
  - Increase capacity outside acute trusts
  - Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers
  - Target Category 2 response times and ambulance handover delays
  - Reduce crowding in ED and target the longest waits
  - Reduce hospital occupancy
  - Ensure timely discharge
  - Provide better support for people at home
5. Overview of additional winter funded schemes
6. Communications and engagement plans

Page 10

# Urgent and Emergency Care Pressures - St Georges & St Heliers Merton



- Urgent and Emergency Care is currently under significant pressure. Staff have faced one of their busiest summers ever with record numbers of A&E attendances and the most urgent ambulance call outs, all alongside another wave of COVID-19.
- In previous years, St. George's University Hospital NHS Foundation Trust (St George's) has modelled 30-40 bed deficit as standard for winter. In 2021, St George's forecasted approximately an 81 bed deficit, which includes escalation capacity. Bed modelling for 22/23 suggests an additional 50-60 beds are required to meet demand. Both Trusts have experienced sustained pressures on their services since last winter, which points to the expectation that this winter will be extremely challenging.
- There has been an increase in patients who are sicker, presenting at the acute trust, which is impacting patient flow and system pressures.
- South West London St. George's (Mental Health provider) have been on their highest operational escalation status for some time, with pressures finding beds for mental health adults and paediatrics. Both Trusts have demonstrated how the system is preparing for and responding to pressures and they are working to publicise alternatives to avoidable hospital stays to build confidence.
- Local authorities in Merton and Wandsworth are working at full capacity. The challenge for the discharge flow providers is to maintain what they have been providing through the Covid-19 pandemic.
- There are challenges across the system for the workforce; due to sickness, fatigue, stress and vaccination expectations. There are rolling recruitment and staff health and wellbeing strategies but maintaining the required levels is difficult.
- We anticipate the peak periods will be: the two weeks prior Christmas, post-Christmas and New Year are further peak periods.

## The winter planning process identified the following key system issues:

- Bed gap – extremely challenging bed deficit
- Workforce – challenges across the system; due to sickness, fatigue and vaccination expectations.
- Peak periods – The two weeks prior to Christmas, post-Christmas & New Year

# Managing winter in partnership

## Merton

### Daily

- Surge Calls with St George's
- Operational Pressures Escalation Level (OPEL) Calls with NHS England and system representatives
- Daily discharge meetings – when system pressure requires it

### Weekly

- Partners discuss the system pressures they are experiencing and agree solutions or escalation if necessary
- Review spend on winter schemes & track performance
- To co-ordinate NHSE Urgent & Emergency Care assurance responses – ensuring responses are complete, on-time and signed off
- To provide overview of discharge objective and discuss themes/issues from daily/weekly escalations

### Monthly

- Emergency Care Delivery Board - Sub Group – Chaired by Shaun Stoneham
- Emergency Care Delivery Board – Chaired by Nicola Jones
- South West London Urgent & Emergency Care Steering Group

### Other

- South West London Reset Event
- SH&C 'Take Me Home' Events at St Helier

## Sutton

- Surge Calls with St George's
- OPEL Escalation Calls with NHSE & system representatives
- Daily discharge Huddle meetings held by Sutton Health and Care at St Helier

- Review spend on winter schemes & track performance
- To co-ordinate NHSE Urgent & Emergency Care assurance responses – ensuring responses are complete, on-time and signed off
- To provide overview of discharge objective and discuss themes/issues from daily/weekly escalations
- Bi-weekly system call meetings to support and unblock

- Accident & Emergency Delivery Board – Chaired by Dr Dino Pardhanani
- Emergency Care Delivery Board – Clinical Reference Sub-Group – Chaired by UEC Clinical Lead
- SW London Urgent & Emergency Care Steering Group, Discharge Group and Clinical Leads meeting.

Merton and Wandsworth Winter Summit  
MADE' (Multi-Agency Discharge Events) through Winter



## NHS England – National Objectives and Assurance

- NHS England (NHSE) provides an Urgent and Emergency Care Assurance Framework to support NHS South West London in their responsibilities to both support and hold the system to account.
- The national response:
  - The immediate response has been to focus on ambulance performance, and the linked issue of speeding up discharges. Extra funding has been provided to the ambulance service and those most challenged by ambulance delays.
  - The role out of virtual ward across the country, enabling patients who would otherwise be in hospital to receive support at home.
  - In addition to maintaining progress on 2022/23 operational priorities NHSE has set out the next steps to rapidly increase capacity and resilience ahead of winter.
- NHSE provides extra local funding each year to support the system and we are required to work with partners to develop Winter Schemes that will increase bed capacity both inside and outside of acute trusts, improve discharge processes and avoid unnecessary admissions.
- Demand and Capacity Assurance – NHSE has funded system demand and capacity plans (Winter Plans) to enhance bed capacity. These plans are monitored monthly and we are required to report on our performance

# NHS England – responding to the national action plan

- 1. Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
- 2. Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- 3. Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers
- 4. Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- 5. Reduce crowding in ED and target the longest waits**, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- 6. Reduce hospital occupancy**, through increasing capacity in general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- 7. Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the ‘100 day challenge’.
- 8. Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.



# Merton Winter System Planning 2022/23

Page 15

**Prepared by:**

Melody Woolcock – Senior Transformation Manager – Merton & Wandsworth

**Oct 2022**

**Approved by:**

Shaun Stoneham – Director of System Resilience and Acute Partnership

Mark Creelman – Locality Executive Director

## Overview of extra funding spend - Merton

**CLCH**  
Additional spend - £790k

- Discharge to assess to support early discharges for medically fit patients to reduce discharge delays

**London Ambulance**  
Additional spend - £70k

- HALO officer to support timely handovers, prevent delays and early escalation of issues

**Merton Council**  
Additional spend - £880k

- Increased staffing in Mental Health Team to Hospital Discharge
- Reablement capacity - extra discharge capacity and rapid response home care service to support patients
- Volunteer schemes to support discharges from Emergency Department - handy person and telecare support
- Local Authority extended brokerage team to provide support 7 days a week and longer working hours
- Local authority and CLCH joint discharge support - equipment, handy person and telecare

**St George's**  
Additional spend - £2.2m

- Prescribing pharmacist to support Urgent Treatment Centre
- Emergency Department majors - extra capacity of 9 trolleys and 12 chairs and staff to support
- Additional emergency floor streamer to manage increased activity and direct patients accordingly
- Additional same day emergency care capacity
- Enhanced transfer of care hubs to support smooth discharge processes with MDT capacity
- New frailty zone in Emergency Department to manage increased activity and support enhanced Operational Pressures Escalation Level (OPEL)

# 1 Prepare for variants of COVID-19 and respiratory challenges

## Vaccination programme

- Providing Autumn booster to Care Home Residents, Housebound, Over 65 adults, 16-64 at risk, immunosuppressed (and household contacts), carers and health and social care staff
- Co-administration of Covid Autumn Booster and Flu is being provided where possible at practices and pharmacies and to care homes and housebound
- Practices and pharmacies began receiving vaccine deliveries through September and October
- From the week commencing the 17th October, providing to 50-64 adults
- Evergreen offer for all 1st, 2nd , boosters, including children
- Targeted piece of work for underserved communities such as homeless, asylum seekers and refugees

Page 17

## Vaccination sites in Merton

- Mass vaccination site at Centre Court – open until the end of the year
- Primary Care Network site at the Wilson hospital
- 3 community pharmacy sites
- Regular pop ups by the roving team at venues such as Civic Centre, New Horizons Centre and other community locations
- Ability to step up more capacity and sites in the event of change of eligibility, outbreaks or new variant

# 2 Increase capacity outside acute trusts

## Primary Care

- Improving access to Primary Care providing increased access 8am to 8pm – 7 days a week
- Implement a wound care service to supplement/increase current provision
- Pulse Oximetry - Implement a service to support patients to remain at home to be monitored
- Additional primary care access at times of higher demand e.g. Easter, Bank Holidays with Additional telephone lines for patients to book appts over Winter
- NHS 111 – booking patient appointments directly into primary care

## Community

### Winter Funded Schemes

- CLCH providing Discharge to Access – medically fit patients are discharged home and any assessments needed are completed in their home e.g. Occupational Therapy and Continuing Health Care assessments

## Social Care

### Winter Funded Schemes – Merton & Wandsworth local authorities

- Reablement Capacity – extra discharge capacity and rapid response home care services to support patients
- Increased Nursing Home Capacity to support discharges

## Intermediate Care

### Winter Funded Schemes

- Hospital @Home and Virtual Wards enable patients to be treated and monitored in their home, which both improves patient experience and reduces pressures on the hospitals. To provide a safe and supported alternative to hospital; as well as earlier, safe and supported discharge from hospital for clients with increased need often related to frailty.

# 3 Increase resilience in NHS 111 & 999 Services

## NHS 111

### Winter Funded Schemes

#### System Improvement Actions

- NHS 111 have increased the number of patients triaged by 111 First by increasing clinical triage capacity and call handlers
- NHS 111 Online has been implemented and now accepts referrals direct to St George's Emergency Department and Urgent Treatment Centre and Queen Mary's Hospital
- Work is in progress to update direct booking software with appropriate solution
- Work is in progress to establish an electronic triage system that will work with agreed clinical pathways to assess a patients condition, this will be integrated into St George's and Queen Mary's systems

## London Ambulance Service

### Winter Funded Schemes

- HALO Officer to support timely ambulance handovers prevent ambulance crews being delayed in Emergency Departments, to escalate issues early and support the take necessary actions

#### System Improvement Actions

- Reduce handover delays at St George's to achieve 65% seen within 15 mins and 95% seen within 30 mins

# 4 Target Category 2 response times and ambulance handover delays

London  
Ambulance  
Service  
&  
St George's  
Hospital Trust

Page 20

## Winter Funded Schemes

- HALO Officer who acts as a point of contact between London Ambulance conveyance desks and the Duty Incident manager, for escalation of issues around site capacity and delays. They will free capacity for both London Ambulance and the Acute Trust. It will improve patient safety by: reducing wait times in hospital, reduced wait times for ambulances, ensuring right place for care and referral to Alternative Care Pathways

## System Improvement Plans

- Ambulance triage team and crew utilise Directory of Service information, so that they are aware of alternative and more appropriate services than conveying a patient to the Emergency Department. By utilising these Alternative Care Pathways, reducing pressure on the Emergency Department as well as helping to make ambulance crew available for the next call sooner.
- Urgent Community Response services, with 2 hour referral response, are available in Merton & Wandsworth boroughs and are considered Alternative Care Pathways. As part of the Ageing Well programme, we are working to ensure uniform access across SW London with reduced waiting times to these services.
- London Ambulance and St George's work closely to improve the ambulance handover process.
- The Acute Trust has additional Emergency Department capacity, through winter funded schemes, to enhance on-site GP staff in and out-of-hours, prescribing pharmacists, staffing to manage additional chairs and trolleys and additional same-day emergency care capacity. These initiatives all help patient flow, with a resulting impact on reducing handover delays and therefore capacity for ambulances to respond sooner.



# 5 Reduce crowding in Emergency Departments and target the longest waits

St Georges  
Hospital NHS  
Trust

## Winter Funded Schemes

The Acute Trust has submitted plans to provide additional ED capacity through winter funded schemes.

Prescribing pharmacists in Urgent Care and ED to expand prescribing capacity to enable speedier discharge of patients.  
ED Majors extra capacity of 12 chairs and 9 trolleys with additional staff to support them.

New Frailty Zone in ED to manage increased activity

Additional Emergency floor streamers to manage increased activity and direct patients accordingly

## System Improvement Plans

A new UTC is now open treating adults & children, it can accept patients who have been redirected from the ED and also accepts direct bookings from 111 as an alternative to source of urgent care.

Increased on-site GP staff both in and out-of-hours with Emergency Nurse practitioners and an expanded Navigator posts to manage more patients.

Increase the range of Same Day Emergency Care and Frailty services to increase in the proportion of patients treated and discharged on the day of attendance

Increase the number of patients directed to virtual ward and community urgent care response teams by 10% to prevent admissions.

# 6 Reduce hospital occupancy – increasing hospital bed capacity and improving the patient journey

## St George's

### Winter Funded Schemes

- As part of the Merton and Wandsworth winter planning, system partners have agreed winter schemes that are expected to have a positive impact on the General & Acute bed demand forecast by St George's.
- Hospital at Home has been implemented to provide a safe and supported alternative to hospital; as well as earlier, safe and supported discharge from hospital for clients with exacerbations often related to frailty. Hospital at Home and virtual wards enable patients to be treated and monitored in their home, which both improves patient experience and reduces pressures on the hospitals.
- Intermediate care bed strategy – a review of the intermediate care bed strategy is underway, with a view to improve the local offer in Merton and Wandsworth . The changes will help to ensure that the available beds are suited to the demand for beds reflected in discharge trends. Interim changes have been made to improve the process, with the long term model still in development.

### System Improvement Plans

- Increase the range of Same Day Emergency Care and Frailty services to increase in the proportion of patients treated and discharged on the day of attendance
- Increase the number of patients directed to virtual ward and community urgent care response teams by 10% to prevent admissions.
- The New Urgent Treatment Centre has now opened and is treating adults & children, accepting redirected patients from Emergency Department to reduce crowding and long waits

# 7 Ensure timely discharge

## Intermediate Care

### System Improvement Plans

- Discharge escalation calls bring system partners together to support where there are barriers to discharge from the acute trust. The call times have been revised in-year to help ensure they run as effectively and efficiently as possible. The calls help to ensure partners are coordinated on key matters, such as bed availability and therapy support
- The Transfer of Care Hub was established last year in response to the need to improve the patients journey through hospital into the community, by supporting wards to coordinate referrals for discharge. The service brings better service integration and development of Trust oversight. The service is funded to run 7 days a week and will continue over winter 22/23
- The 100 day challenge set by NHS England has enabled the system to prepare for winter, by setting out ten best practice initiatives to follow. We are reviewing what we're doing across the system against these initiatives and have set improvement plans to help ensure the benefits are realised

Page 23

## Community

**Winter Funded Schemes - Discharge to Access** – medically fit patients are discharged home and any assessments needed are completed in their home e.g. Occupational Therapy and Continuing Health Care assessments

## Social Care

### Winter Funded Schemes

- Reablement Capacity – extra discharge capacity and rapid response home care services to support patients
- Increased Nursing Home Capacity to support discharges

## St George's

**Winter Funded Schemes - Enhanced Transfer of Care Hubs** to support smooth discharge process with Multi-disciplinary Teams with access to all support services

# 8 Provide better support for people at home

## Social Care

### Winter funded schemes

- Extended Brokerage Schemes – increased brokerage teams working 7 days a week for longer hours to support putting home care arrangements in place for patients to keep them at home and facilitate discharges
- Volunteer Schemes – to support patients to go home, providing welcome home packages, providing handy person to do DIY jobs and key safe fitting.
- Home First – Admission avoidance service

## Intermediate Care

- Hospital at Home has been implemented to provide a safe and supported alternative to hospital; as well as earlier, safe and supported discharge from hospital for clients with exacerbations often related to frailty. Hospital at Home and virtual wards enable patients to be treated and monitored in their home, which both improves patient experience and reduces pressures on the hospitals

## Community

- The Ageing Well programme contains initiatives which help older patients, those with long-term conditions, frail and/or health inequalities; to stay-well to prevent admission and readmission
- Multi-disciplinary teams in the community in Merton and Wandsworth, that bring together key partners for an anticipatory care approach for patients that would benefit.

## Urgent and Emergency Care

- High Intensity Users are people who are attending A&E regularly can be referred to the Social Prescribing service, which takes a holistic approach to people's health and wellbeing, to help address the issues that can escalate to an individual presenting at Emergency Department when this isn't the most appropriate setting for their needs.

# Communications and engagement - planning in partnership

Communications and engagement colleagues across health and care partner organisations in SWL collaborate and meet regularly.



## **Provider communications leads/NHSE**

Representation from all SWL NHS providers

Meet weekly to share information, discuss plans, shared priorities and acute collaborative projects

Weekly link to NHSE London and national comms teams



## **M&W communications and engagement professional network**

C&E colleagues from GESH, SWLStG, Merton & Wandsworth Councils, WCA, Merton Connected and Merton and Wandsworth Healthwatches

Meeting to discuss shared objectives and co-ordinate activity M&W Place Committees



## **Local authority communications leads meeting**

Representation from all SW London Council comms teams.

Meeting bi-weekly to share information and discuss shared objectives across SWL, and how we can support each other

# Winter comms and engagement objectives

## 1 Behaviour change

### Communications to support demand management

Integrated communications and engagement campaigns can encourage behaviour change in a target group - using a specific 'call to action' or providing information to support people to make an informed choice.

## 2 Workforce resilience

### Making staff aware of support available and raising morale

During challenging periods for services, staff are working harder to care for people and can experience the same risks of winter illnesses – there are also recruitment and retention challenges. Many staff working in our health and care providers are local residents too and are influencers and trusted for advice in their neighbourhoods.

## 3 Reassurance & confidence

### Outlining the robust health and care system response to winter pressures

People's perceptions of how the system is performing can also influence behaviour. When the NHS is under pressure nationally, we can reassure communities and stakeholders that the health and care system is working hard to prepare and respond. This can ensure people in need seek help, and can also help with staff morale.

## 4 Incident response

### System communications response to incidents under EPRR framework

Providing strategic communications and engagement advice to inform the system response to incidents. Coordination across the system, ensuring C&E activities are consistent, clear and aligned with the wider system, regional and national approach.

# Summary of activity for each objective

## 1 Behaviour change

- **Cost of living** – raising awareness of support available particularly in communities experiencing health inequalities
- **Mental health** – raising awareness of crisis services and borough-based earlier interventions - targeted work to increase service uptake amongst key communities (based on data)
  - Crisis telephone line and crisis cafes
  - Social prescribing link workers
- **Vaccinations** – ensuring equity of access to information about effectiveness and who's eligible for flu & covid-19
- **Pharmacy** - highlighting the support pharmacists can offer primarily through paid media

## 2 Workforce resilience

- **Cost of living** – highlighting support available for staff across partner organisations
- **Wellbeing** – organisation led initiatives to support staff health & wellbeing
- **Vaccinations** – staff comms and engagement to encourage uptake
- **Raising morale** – shining a light on staff on the front line to showcase their work. Outlining the system response and hopes for the future.

## 3 Reassurance & confidence

- **Winter narrative** – demonstrating how the system is preparing for and responding to pressures - to stakeholders and communities across all channels
- **Key content themes**
  - Staff across the system are working hard – day-in-the life stories
  - People are going home from hospital – and why it's better for recovery – including through virtual wards
  - The system is recovering from the pandemic – ongoing support to communities and clearing the elective backlog
  - Primary care focus – new ways of working and roles

## 4 Incident response

- **Regular check-ins** - comms and engagement colleagues across health and care partner organisations meet regularly through the meetings
- **Processes** – develop ways of working to ensure coordinated strategic C&E advice and strategies
- **Training and exercises** – test processes to ensure system is ready to respond to major incidents
- **Responding** – coordinated C&E activities to support wider system response to incidents



# Approach - sharing information and materials

## Residents and patients

- Using community networks mapped and relationships developed by borough engagement leads – to disseminate information and communications products
  - Outreach events and visiting existing community groups in most affected areas and communities
  - Commissioning community and voluntary sector organisations to engage on our behalf
- Producing communications materials targeting specific communities e.g. translated leaflets or whatsapp voice notes in different languages
- Public facing communications through media, social media and other digital channels (see separate section for details)

Page 28

## Stakeholders

- Ask community leaders with strong community links to disseminate information and record messages – MPs, councillors, voluntary organisations, Healthwatch, GP leads and other key stakeholders
- Include messaging in stakeholder updates
- Share materials and messaging through borough C&E professional networks – using all our channels
- Use webinars and virtual Q&As with health and care staff and local leaders

## Clinicians and staff

- Disseminate information to GPs via primary care communications channels encouraging them to share information
- NHS providers – work with provider communications leads to disseminate information to staff groups via established channels
- Share messages and communications tools with wider providers through commissioning teams e.g. care homes
- Use clinical spokespeople where appropriate

## Media, social media and digital channels

- Disseminate information through public facing channels – social media and website
- Use popular borough-specific social media channels to promote messaging – including Facebook groups and Nextdoor
- Press notice for media and discussing information with journalists – where necessary use creative strategies to secure media coverage
- Support spokespeople where required to undertake broadcast interviews
- Paid-for targeted multi-channel campaign to educate and encourage behaviour change – e.g. social media, google search, bus stop advertising
- Align with national and regional announcements



# Sutton Winter System Planning 2022/23

Page 29

**Prepared by:**

Dr Jonathan Cockbain, UEC Clinical Lead for Sutton  
Aishling Cahill, Assistant Head of Transformation (Sutton)

**Oct 2022**

**Approved by:**

Alex Shaw, ESTH COO  
Dr Dino Pardhanani, Place Convenor (Sutton)  
Michelle Rahman, Director of Transformation (Sutton)

# Sutton - Overview of Winter Initiatives



Initiative	Beds, and bed equivalents. (G&A beds/Virtual wards/other countable beds)	Scheme Cost £'s
<p>Sutton Primary Care Networks Led, 18 bedded Community Hospital on-site at St Helier from Dec 22 –Mar 23. The Hospital will provide new surge capacity during the winter for people to receive medical and therapy intervention on a short-term basis within a community hospital setting and supporting independence and personalisation as far as possible and supporting shorter length of stay in acute beds.</p>	<p>18 G&amp;A Beds (TBC based on confirmed allocation of winter monies)</p>	<p>£950,000.00</p>
<p>2-bed equivalents for non-elective admissions follow the implementation of the LAS rapid response car at the end of September.</p>	<p>2 bed equivalents</p>	<p>0 (funded by SWL)</p>
<p>2-bed equivalents for the programme of work in response to the 100-day discharge challenge (Patient Flow and Transfer of Care Hubs) focused on streamlining cross-site inpatient systems and processes.</p>	<p>2 bed equivalents</p>	<p>0 (funded from ESTH Transformation managers)</p>
<p>3-bed equivalents for Virtual Ward increasing in-reach into hospital wards and thereby reducing the length of stay in acute beds.</p>	<p>3bed equivalents</p>	<p>0 (funded from existing VW funding)</p>



# Sutton – Targeted work with Communities



## Cost of Living Crisis

- Working closely with LA to support local residents struggling to cope with rising costs of living.
- Carry out targeted C&E work to ensure equity of access to information about the services available

## Mental Health

- Supporting local residents experiencing mental health issues with emphasis on early intervention/prevention.
- Link worker/social prescriber

## Vaccination Programme

- Collaborate with PCN colleagues to carry out targeted outreach work with communities where uptake is low
- Focus on sharing information about eligibility, safety and effectiveness of the vaccine

## Urgent & Emergency Care

- Demonstrate how the system is preparing for and responding to pressures.
- Publicise alternatives to avoidable hospital stays to build confidence.

## Recovery/Transformation

- Demonstrating how the system is recovering from the pandemic - ongoing support to communities and clearing the elective backlog

Page 31

**Content Streams**

- Narrative on Sutton system response
- Cost of living support in Sutton
- Covid-recovery and care transformation stories – working with system partners
- Virtual Ward/UC2r patient case studies
- Vaccination case studies (social norming) and addressing misconceptions

**Front line staff focused stories:**

- Community pharmacist day-in-the-life
- Social prescribing
- Link worker
- Other primary care roles – pharmacist, paramedic, care-coordinator
- Social care worker (working with Council colleagues)
- Voluntary sector organisations

**Working with other NHS partners – St George’s, ESTH, SH&C:**

- Covid-recovery stories
- Front-line staff day-in-the-life
- Staff vaccine stories
- Virtual ward case study





## Sutton Carers' Support Service

In July 2022, Sutton council recommissioned this service and launched a new service that will provide residents, including unpaid carers, with a new single point of access, for information, advice, advocacy and support. This service includes the Carers Support Service, that will provide unpaid Carers with information, advice and support to continue their caring role, if they so wish to. The new single service is called Together for Sutton.

SWL ICB Sutton Place Team has commissioned Sutton Carers Centre to identify opportunities to strengthen the system's work with unpaid carers on hospital discharge and avoiding readmissions. Action plan will be developed for implementation in 2022/23.



## AGE UK Sutton

Age UK (Sutton) Home from Hospital service provides discharge support to people, regardless of how their care is funded, following a period of hospital care. The service consistently meets and exceeds its target for the number of people still in their usual place of residence 91 days following discharge. Age UK (Sutton) also delivers Community Helper and Caring Neighbour Schemes with the aim to prevent hospital admission and/or readmission by improving the health and well-being of people with long-term conditions.

## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 1 November 2022**

### **Subject: Learning Disabilities Day Opportunities Programme**

Lead officer: Gillian Moore, Head of Integrated Learning Disabilities Service

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Contact officer: Gillian Moore

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### **Recommendations:**

A: To note the Learning Disabilities Day Opportunities Programme as outlined within this paper.

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

- 1.1. For a number of years, the national and government intention in legislation and associated frameworks has required health and social care to improve services for Adults with a Learning Disability.
- 1.2. In 2019 Adult Social Care identified the need to review and expand the current offer of community options for people with a Learning Disability and or Autism. This recognised the need to modernise Merton's current facilities and commissioned services. Work began to plan a programme looking at the needs of those locally with a Learning Disability and the potential options for modernising the services offered.
- 1.3. The pandemic impact; a reduction in day centre usage, and increased operating costs have all compounded the need to review Community Options in Merton.
- 1.4. Merton currently has 3 in-house day centres and purchases a range of other day services and community provision, both within the borough and other local boroughs. However, the choice for customers remains limited to traditional options. It has also been recognised that Merton's in house day centre provision requires some modernisation to enable an optimal model to build better health and community relationships and increase independence.
- 1.5. This paper outlines the work that has been undertaken to date in the Learning Disabilities Day Opportunities Programme, and the options for moving forward.

#### **2 BACKGROUND**

- 2.1. Nationally, there is an intention to ensure that services for people with a Learning Disability are improved and support greater choice and independence. The range of needs of this group of people is extremely varied and wide ranging, and this must be reflected in the choices available to them.

- 2.2. A comprehensive offer of support is also important for carers who may be providing extensive care to their relative or friend with a Learning Disability/Autism.
- 2.3. There has been a range of guidance over the years that has sought to provide an improved direction for services. The Social Care Institute for Excellence (SCIE) produced a practice guide on community-based day activities and supports for people with learning disabilities which was published in June 2007. The guide was to ensure that people with learning disabilities 'have a good day'. It includes:
- Building community opportunities and support so that people can have ordinary daily lives
  - Day service modernisation
  - Community-based services
  - Employment, lifelong learning, leisure, relationships and more.
- 2.4. It is also clear that COVID has had an impact on the life of people with a Learning Disability. An Association Directors of Adults Social Services (ADASS) survey in October 2020 found that COVID restrictions had led to a 47% reduction in day centre capacity. Closures were estimated to have contributed to 42% of people with a learning disability and / or autism losing or having a service withdrawn. A rapid learning review was conducted in March 2021 and looked further at COVID's impact on services. This found a widespread determination to use this as a moment to re-assess, rather than simply re-open in the same way.
- 2.5. ADASS have started work on a programme called 'Beyond Building Based Services'. There has been a recurring theme to achieve a shift away from building-based support to buildings used as hubs/pods and increasing the availability of outreach. This has been an aspiration for Merton both prior to the pandemic and subsequently.
- 2.6. There is a need for a wider range of provision for younger people who have a Learning Disability and especially for younger people with Autism who do not have a Learning Disability. This group of people often prefer less traditional day service options. There is a range of work being done in relation to 'Preparing for Adulthood', and an intention to ensure that models can support young people to achieve as much independence as possible. It is particularly important to ensure that young people can be supported to access training and employment as part of their transition to adulthood.

### **3 PROGRESS TO DATE**

- 3.1. In September 2021, Merton commissioned Community Catalysts (a social enterprise company specialising in Social Care and Health) to support with engaging a range of stakeholders in a consultation on what people with a Learning Disability/Autism would like to see developed in Merton.

- 3.2. The consultation, called **“The Big Conversation”** “was held in Summer 2021. This was extremely successful and was highly effective in obtaining views.
- 3.3. 381 responses from people with learning disabilities, family carers and community organisations / service providers were evaluated in a report for Adult Social Care called **“The Big Explore”** Report.
- 3.4. The following future principles were identified from the Big Explore for consideration when commissioning the future service model:
- **Provide a greater range of choice of options in the community**
  - **Make better use of council and other buildings and facilities**
  - **Support day centres to become community hubs**
  - **A focus on people’s strengths, purpose, and life aspirations**
  - **Services and supports that are better connected and joined up**
  - **Extend services to young people in transition services and people with Autism**
  - **Better connect current work within the daytime agenda**
- 3.5. Following this, a report was produced by officers for the directorate, outlining a potential way forward, and options to achieve change. These principles informed a Learning Disabilities Day Opportunities and Community Options – Options Appraisal document, which was written in May 2022.
- 3.6. A commissioning framework paper has also been developed during 2022, setting out a way forward for commissioning a range of options.
- 3.7. In 2021 a stakeholder reference group was established to ensure the programme was provided in co-production with customers, carers and other partners.
- This has subsequently changed in 2022 to form two groups to avoid any conflict of interest. These are
- Stakeholder Reference Group – supported by the Programme Leads
  - Provider Reference Group – supported by the Commissioning Team

3.8.

#### **4 NEXT STEPS**

- 4.5. The proposal for moving forward and achieving change to the model is under consideration within Adult Social Care, including the Lead Councillor.
- 4.6. The proposal is to ensure a programme of work within the Learning Disabilities service that seeks to:
- **Explore the potential options for creating a community hub.**
  - **Implement a modernised day opportunities model that encourages independence and is in keeping with a strengths-based model**

- **Commission services that support increasing choice and personalisation,**
- **Is inclusive**
- **Contributes to long term savings.**

4.7. A proposed savings target of £700k has been identified against the Day Opportunities Programme as part of the Medium-Term Financial Strategy (MTFS). The Department is currently reviewing all existing savings proposals as part of the upcoming annual refresh of the MTFS to ensure that the quantum of savings from individual proposals remains deliverable.

4.8. Following agreement in principle to the programme set out in this paper by leaders a further analysis of the investment costs required for the development of the Learning Disabilities Day Opportunities Programme is required. Development of a new model would then proceed.

## **5 GOVERNANCE**

5.1. Following a decision on this proposal, a governance structure to ensure accountability for delivery will be put in place.

5.2. The current Learning Disability Offer Steering Group, which has met fortnightly since March 2021 will oversee the programme and report into the Directorate Transformation Board.

5.3. A continuation of the existing Reference Groups will ensure stakeholders are consulted and are part of the development of the new model as follows

## **6 RECOMMENDATIONS**

6.1. To note the Learning Disabilities Day Opportunities Programme as outlined within this paper.



## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 01 November 2022**

**Subject: Social Care Reform**

Lead officer: Keith Burns, Interim Assistant Director, Commissioning

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Contact officer: Keith Burns

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### Recommendations:

- A. That the Panel note the upcoming social care reforms scheduled to take effect in 2023 and the work underway to prepare for the implementation of the reforms.
  - B. That the panel note that the implementation timetable may change following the Government announcement on fiscal plans currently scheduled for the 31<sup>st</sup> of October 2022.
- 

## 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The report advises members of the Healthier Communities and Older People Overview and Scrutiny Panel of the upcoming social care reforms introduced by the White Paper People at the Heart of Care, published in December 2021.
- 1.2. The report provides an overview of the work underway to ensure that the Council can implement the necessary changes introduced by the reforms in a way that is compliant with Government expectations and timescales.

## 2 DETAILS

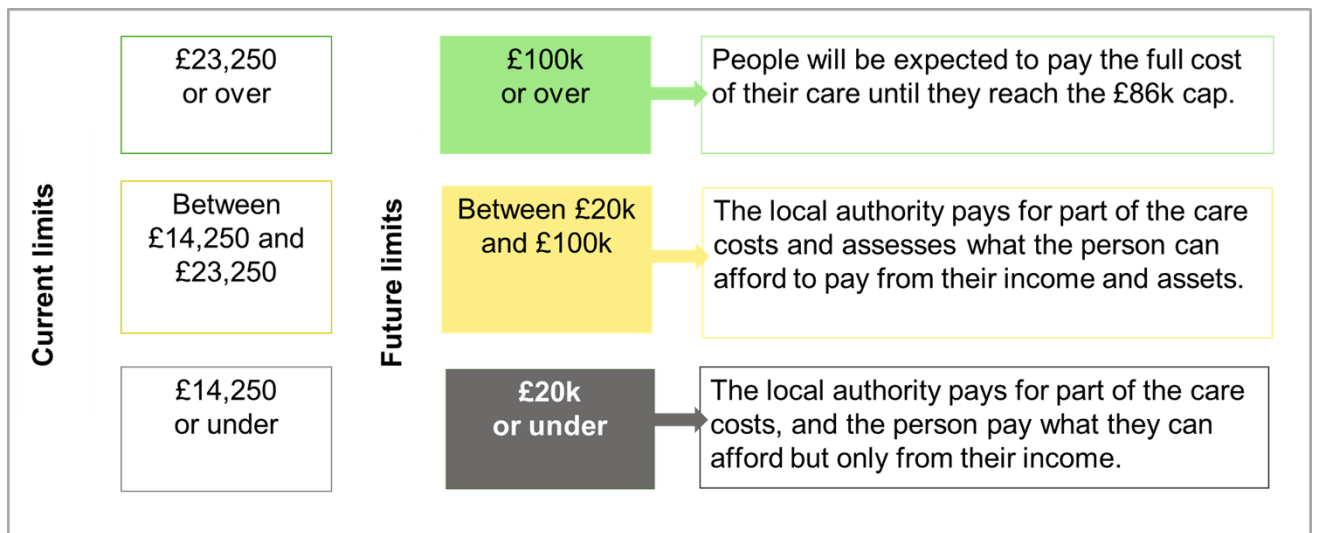
- 2.1. The social care reforms cover three main themes:
  - Charging reform (including the introduction of the Care Cap);
  - Care Quality Commission Assurance of local authority social care services; and
  - Support for the social care provider market.
- 2.2. People at the Heart of Care (the White Paper) set out a 10-year vision for a more sustainable and affordable care system that effectively works with other public services, with 3 person-centred objectives:
  - People have choice, control, and support to live independent lives
  - People can access outstanding quality and tailored care & support
  - People find adult social care fair and accessible.

These objectives are consistent with the original aim of the Care Act 2014 and the key purpose of the White Paper is essentially to bring into effect a number of elements of the Care Act that were not implemented when it originally came into force. The most significant of these elements are the

changes to capital thresholds and the introduction of a 'cap' on the lifetime cost of care for an individual. The Health and Social Care Act 2022 (the Act) received Royal Assent in May 2022 and gives legislative effect to the policies set out in the White Paper.

### **Charging Reform**

- 2.3. The Government currently intends that changes to the Financial Assessment regime for adult social care will take effect from October 2023. However, it is important to note that there is a possibility that the Government's upcoming 'fiscal event' scheduled for the 31<sup>st</sup> of October 2022 may result in a change to this timetable, with the planned changes possibly coming into effect a year or more later than planned. A verbal update will therefore be provided to the Panel at the meeting.
- 2.4. The Act introduces a number of changes to the Financial Assessment regime for Adult Social Care primarily focused on the capital limits applicable to assessing how much an individual contributes to the cost of their care as well as on the introduction of a cap on the lifetime cost of care.
- 2.5. There are currently two capital limits known as the lower and upper capital limits. The lower capital limit is £14,250, while the upper limit is £23,250. Where an individual has assets, usually savings or property, with a value above the upper capital limit they are required to pay the full cost of their care. Between the upper and lower capital limits the Council will (depending on the individual's income and other factors) contribute to the cost of the individual's care. Capital below the lower capital limit is disregarded for the purposes of assessing the individual's ability to contribute to the cost of their care.
- 2.6. From October 2023 changes to the upper and lower capital thresholds are scheduled to take effect. These changes will raise the upper capital threshold to £100,000 and the lower to £20,000. This will have the effect of meaning that the Council will (depending on income and other factors) commence contributing to the cost of an individual's care at an earlier point and for longer. It will also mean that the amount of capital to be disregarded increases. The implication of both changes is increased cost to the Council. The Government has announced additional funding for Local Authorities from 2023/24 onwards in respect of these additional costs. It is not yet known either whether the national funding will be sufficient to meet the increase in costs, nor what the formula for allocating funding to individual local authorities will be. There is, therefore, a degree of uncertainty about the net future impact of the proposed changes for the Council.
- 2.7. The changes to the capital limits are summarised in the diagram below.



- 2.8. As noted above, the Act also introduces a lifetime cap on the amount an individual will contribute to the cost of their care, known as the Care Cap. It is important to note, however, that the cap relates specifically to care costs. For individuals living in residential care daily living costs such as food, utilities and ‘rent’ are excluded from the definition of care. As a result, individuals will remain liable for those daily living costs even after reaching the Cap.
- 2.9. The daily living cost for those living in residential care has been set at £200 per week for October 2023.
- 2.10. It is also important to note that the definition of ‘care’ relates to care being provided in relation to needs that are eligible under the Care Act 2014. For individuals who have been assessed by the Local Authority and who have a care and support plan in place this eligibility has been established and the services included in the Personal Budget associated with the care and support plan are therefore relevant to the Care Cap for that individual.
- 2.11. For those purchasing their care privately and who have not had their needs assessed by the Local Authority, no such eligibility will have been established. If an individual wishes to have their care costs count towards the Care Cap they will first have to request an assessment by the Local Authority in order to determine whether they have needs which are eligible under the Care Act 2014. Following the assessment the Local Authority is required to determine how much it would pay to meet any needs which are identified as eligible. This amount is expressed as an Independent Personal Budget.
- 2.12. For individuals whom the Council is arranging care for, and who have a Personal Budget, it is the amount that the individual contributes to the cost of their care that counts towards the Care Cap. This amount is calculated by means of a Financial Assessment governed by national rules. For individuals paying for their care privately, the Independent Personal Budget calculated by the Local Authority, less daily living costs if appropriate, will be the amount that counts towards Care Cap.
- 2.13. In order to track an individuals’ progress towards reaching the Care Cap, local authorities are required to set up a Care Account for each individual

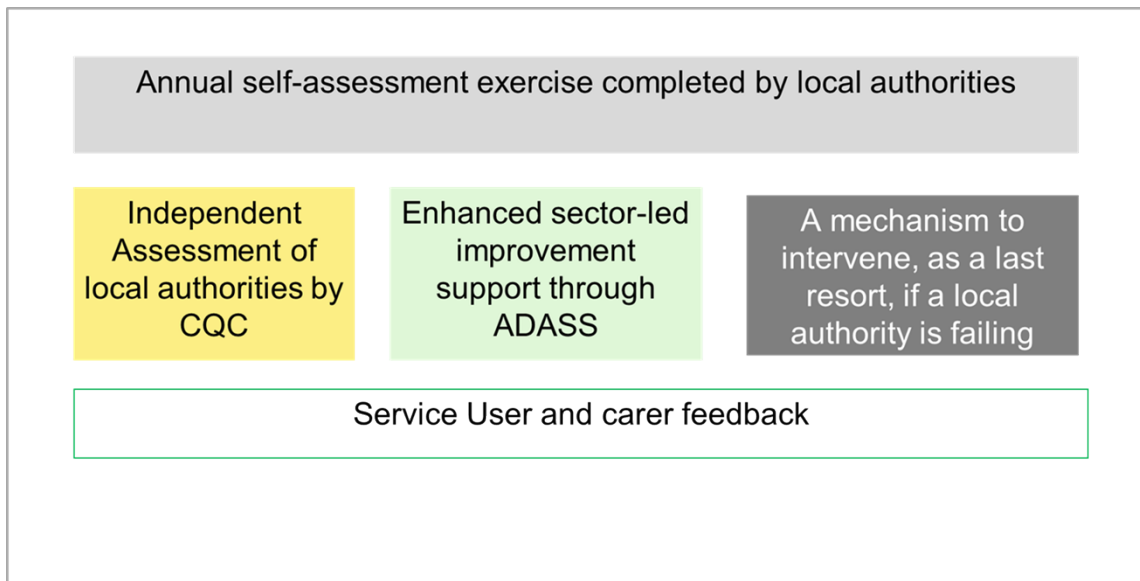
assessed as having eligible needs. The key characteristics of a Care Account are as follows:

- A care account is an up-to-date record of the individual's accrued costs that count towards the care cap. The care account must identify costs relating to daily living costs, but as noted above these are excluded when calculating progress towards reaching the Care Cap.
- Care accounts are portable from one local authority area to another.
- Councils must provide annual statements on care accounts and inform the person once those costs exceed the cap on care costs.
- Records on care accounts must be retained for 99 years.
- When Care Accounts are introduced in October 2023 no retrospective costs are to be included.
- Councils can, from April 2023, identify people who meet eligibility before that date to ensure they begin progressing towards the cap from the point it comes into effect.

### **Care Quality Commission Assurance**

- 2.14. From April 2023 the Care Quality Commission will have responsibility for assuring the quality of each local authorities Adult Social Care functions. The Commission's predecessor bodies previously had similar responsibilities but there has not been a national assurance framework for Adult Social Care since 2010. The new responsibilities are, in broad terms, similar to those OFSTED have in relation to Children's Social Care.
- 2.15. The Care Quality Commission have published a draft version of the Framework under which local authorities will be assessed and work is ongoing to finalise the methodologies that will be used. Analysis of data and the views of people with lived experience of using social care services and their families will both be key elements of the approach.
- 2.16. The draft Framework is built around four key themes:
- Working with People: assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, well-being, information and advice
  - Providing Support: market shaping, commissioning, workforce capacity and capability, integration and partnership working
  - Ensuring Safety: safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care
  - Leadership: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability
- 2.17. Underpinning each of the four key themes are a series of 'We' and 'I' statements. The 'We' statements describe what the CQC expect a 'good' authority to be able to say about the way in which Adult Social Care is delivered to local people, while the 'I' statements describe what an individual should expect from their involvement with Adult Social Care.

- 2.18. The diagram below provides a visual representation of the different elements that will make up the assurance framework:



- 2.19. It is likely, but not confirmed, that a rating will be published for each local authority on an annual basis. The approach to determining ratings is likely to be similar to that currently used for social care providers in that performance against each of the four key themes will be rated and then a consolidated rating determined to reflect overall performance. The current rating scheme for providers includes four ratings: Inadequate; Requires Improvement; Good; and Outstanding.

### **Support for the social care provider market**

- 2.20. Alongside the charging reforms outlined above the Government have also introduced a policy framework called Fair Cost of Care. This policy is intended, over time, to reduce the gap between what local authorities pay for care and what individuals privately funding their own care pay.
- 2.21. To support preparations for implementing a local approach to the Cost of Care local authorities were provided with additional funding for 2022/23. For Merton this funding amounted to £505k. Twenty five percent of this amount can be spent on preparing Fair Cost of Care plans, with the remaining seventy five percent to be paid to providers. This seventy five percent will be distributed to care homes for older people and home care providers using a methodology similar to that adopted for the distribution of various COVID-19 related funding streams.
- 2.22. Initial drafts of plans were to be submitted to the Department of Health and Social Care in October 2022, with final plans to be submitted in February 2023. The Government intends that these final plans be published by local authorities and have previously committed to additional funding being available to support progress towards achieving fee levels that more closely relate to the cost of care. No detail has yet been published with regards to the distribution of funding for 2023/24 and as with the funding for wider charging reform future funding may feature in the fiscal event planned for the 31<sup>st</sup> of October 2022.

- 2.23. Alongside a focus on cost of care, the White Paper made a number of commitments in relation to the social care workforce:
- Care workers to be paid for all the hours they work.
  - Improve terms and conditions, to ensure a sustainable future supply of care staff.
  - Knowledge and skills framework, career pathways and investment in learning and development to support career progression.
  - Portable Care Certificates and a delivery standard recognised across the sector.
  - Digital hub for the workforce to access support, information and advice, and a portable skills passport.
  - Wellbeing and occupational health offer including counselling, peer support, bespoke support helpline and mental health training.

2.24. Further detail is awaited on how it is intended that these commitments be rolled out nationally. At a local level officers will seek to incorporate these commitments into procurement and service delivery proposals wherever relevant and feasible.

#### **Preparing for reform**

- 2.25. The Departmental Change Board, which meets fortnightly, maintains oversight of preparation for the reforms.
- 2.26. Through an ongoing programme of work, called Ways of Working, officers are reviewing and improving the 'customer journey' for individuals who are in contact with our Adult Social Care Teams. Preparing for CQC assurance is an important element of the work being done within the Ways of Working programme.
- 2.27. The Department is closely linked into London wide work on preparing for CQC Assurance and a series of workshops that are being planned for the period between November 2022 and April 2023.
- 2.28. Additional resources are being secured to support the updating of a number of key policy and strategy documents as well as to refresh and update the Council's Adult Social Care webpages so that CQC are easily able to access evidence of good practice. These additional resources are being funded from within the Department's existing transformation budget.
- 2.29. Detailed work is also underway to gain a better understanding of the number of residents who privately fund their care in order to gauge the likely impact of additional requests for Care Act assessments as well as the potential financial impact of the charging reforms. This work will be completed by the end of December 2022 so that any necessary recruitment can be pursued, subject to confirmation of Government financial support.
- 2.30. A series of webinars on the social care reforms, focusing initially on charging reform for Adult Social Care staff have been held, with further webinars planned for the period November 2022 to April 2023.

### **3 ALTERNATIVE OPTIONS**

- 3.1 This report is for noting and comment only and alternative options are not therefore required.

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

- 4.1. Officers have undertaken initial internal engagement with colleagues across the Council to ensure that all necessary parties are aware of the upcoming reforms. A series of webinars have been held for staff within Community and Housing and further webinars are planned over coming months.
- 4.2. There is ongoing engagement with colleagues across South West London and London as a whole to share learning and good practice.
- 4.3. Further engagement with a range of external partners, including representative VCS bodies, is planned for coming months.

### **5 TIMETABLE**

- 5.1. The current timetable from Government is set out in the body of the report. This may change as a result of the Government spending announcement scheduled for the 31<sup>st</sup> of October 2022.

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

- 6.1. The report notes the likely financial pressures on the Council arising from the reforms, the national funding available to support implementation and the work underway to understand the extent to which the national funding will be sufficient to meet the projected cost pressures.

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

- 7.1. The reforms bring into force aspects of the Care Act 2014 that were not implemented when the Act originally came into effect and as such introduce new duties and powers that the Council is required to comply with.

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

- 8.1. The Government have undertaken and published an Impact Assessment relating to the reforms. Officers will complete an EQIA as part of the detailed implementation planning underway in order to test whether any mitigating actions are required as part of implementation.

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

- 9.1. None immediately arising.

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

- 10.1. The primary risks relate to the financial sustainability of the reforms and the ability of the Council to meet the increased demands arising from the reforms coming into effect. Detailed work is underway to develop an implementation plan that will include contingency and risk mitigation actions.

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

- None

**12 BACKGROUND PAPERS**

12.1. None



# Healthier Communities and Older People Work Programme 2022/23



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2022/23. 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 Panel wish to.

**Chair:** Councillor Agatha Akyigyina  
**Vice-chair:** Councillor Jenifer Gould

## Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -  
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For more information about overview and scrutiny at LB Merton, please visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

**Meeting date 6th September 2022 – deadline for reports – 19<sup>th</sup> August**

Page 46

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/ Lead Officer</b>	<b>Intended Outcomes</b>
Building Your Future Hospitals Programme.	Report to the Panel	Jacqueline Totterdell, Chief Executive Officer	To get a progress update and consider budget and timetabling issues.
Integrated Care System Governance - Update	Report to the Panel	Mark Creelman Executive Locality Director. South West London CCG Gemma Dawson,	Review the role and impact of the Integrated Care Systems on services provided in Merton
Home Care re-commissioning	Report to the Panel	Keith Burns	To ensure Merton residents receive value for money for re-commissioned services.
Rowan's Surgery	Report to the Panel	Mark Creelman Executive Locality Director, Merton and Wandsworth. South West London CCG	Review proposals for the future of the Surgery. Head of Commissioning and Marketing Development
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

### Meeting Date 1 November 2022 - BUDGET

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Winter / surge planning	Report to the Panel	Mark Creelman, Anne Brierley	To ensure sufficient services are in place to respond during this busy period.
Hospital Discharge arrangements/ process	Report to the Panel	Assistant Director Strategy and Improvement.	To review service provision and ensure continual learning and improvement is taking place.
Adult Social Care Reform Integration White paper Care Act part 2 Care Quality Commission Assurance	Report to the Panel	Keith Burns, Head of Commissioning and Market Development	An update on forthcoming legislation and its impact on policy direction
Learning Disabilities/ Day opportunities	Report to the Panel	Gillian Moore	Comment on the outcomes from the review of day services
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

**Meeting date – 10 January 2023 - BUDGET**

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/ Lead Officer</b>	<b>Intended Outcomes</b>
Budget and Business Plan 2022-2025	Report to the Panel	Caroline Holland, Director of Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
<b>Special Session on Access to Health Care</b>  The Wilson Development Primary Care Access Health on the High Street		Mark Creelman  Barry Causer/ Dagmar Zeuner	Review on how residents are able to access different healthcare services
<b>Adult Safeguarding Update</b>  Adult Safeguarding Annual Report  Safeguarding Adult Reviews  Liberty Protection Safeguards		Aileen Buckton, Independent Chair of the Safeguarding Panel  Janet Miller/ Trisha Stewart Lisa Stewart/ Claire Miguel	To review work under taken over the last 12 months.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

**Meeting Date – 10 February 2023**

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Suicide prevention	Report to the Panel	Public Health Team	Looking at services and support available across all age groups, including children given that this was an area where not as much work has been done.
Long Covid	Report to Panel	Barry Causer, Dagmar Zeuner, Director of Public Health	Review support for those living with Long-Covid
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23
Responding to the Impact on Mental Health following Covid 19	Report to the Panel	Vanessa Ford, CEX South West London and St George's mental health trust.	Review mental health provision following the pandemic
Mental health reforms		Richard Ellis,	

Meeting date – 14 March 2023

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Immunisations and screening Schedule	Report	NHS England	Review the take up of local immunisation and screening in Merton.
Report of the Health and Wellbeing Board	Report to the Panel	Dagmar Zeuner, Director of Public Health Peter McCabe, Cabinet Member for Health and Social Care	Review of the work undertaken by the Board over the previous year.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23
Annual Public Health Report 2022	Report to the Panel	Dagmar Zeuner, Director of Public Health	Members informed of key issues arising from 2022 Annual Public Health Report