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Merton Council

Health and Wellbeing Board

Date: 29 November 2022

Time: 6.15 pm

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

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

- | | | |
|----|---|---------|
| 1 | Welcome and Introduction of new ICS members | |
| 2 | Apologies for absence | |
| 3 | Declarations of pecuniary interest | |
| 4 | Minutes of the previous meeting | 1 - 4 |
| 5 | Actively Merton/Borough of Sport | 5 - 12 |
| 6 | Health on the High Street
<i>A verbal update to be provided at the meeting.</i> | |
| 7a | NHS & Social Care: Social Care Reform | 13 - 20 |
| 7b | NHS & Social Care: ICP Innovation Investment Fund an
Inequalities Investment Fund
<i>A verbal update to be provided at the meeting.</i> | |
| 7c | NHS & Social Care: Mayor of London's Six Tests
<i>A verbal update to be provided at the meeting.</i> | |
| 8 | Young Inspector Invitation to HWBB | 21 - 24 |

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Health and Wellbeing Board Membership

Merton Councillors

- Peter McCabe (Chair)
- Brenda Fraser
- Jenifer Gould

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

Agenda Item 4

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

HEALTH AND WELLBEING BOARD

20 SEPTEMBER 2022

(6.30 pm - 9.15 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Brenda Fraser, Councillor Jenifer Gould, Mark
Creelman, Brian Dillon, Dr Sy Ganesaratnam, Dr Laura Jarvie,
John Morgan, Adrian Ash

ALSO PRESENT Jen Goddard, Elizabeth Fitzpatrick, Julia Groom, Sukpal Uppal,
Lola Kareem, Anna Huk, Gemma Dawson, Emma Gilgrass,
Annette Bunka, Barry Causer Clarissa Larsen, and Richard
Seedhouse

ATTENDING Dr Dagmar Zeuner, Simon Shimmens
REMOTELY

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for Absence were received from Jane McSherry (Director Children Schools and Families), Elizabeth Fitzpatrick (Assistant Director for Education and Early Health attended as substitute, and Sarah Goad (Chief Executive, Age UK Merton), Jen Goddard (Head of Services) attended as substitute and also from Dr Karen Worthington

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

There were some errors in the attendance schedule for the previous meeting which have been amended since the minutes were published.

RESOLVED:

That the minutes of the meeting held on 21 June 2022 were agreed as a correct record, subject to the agreed amendments to the attendance schedule.

4 UNDERSTANDING HEALTH INEQUALITIES AND PREVENTION (Agenda Item 4)

The Director of Public Health presented her report to the Committee. This gave an outline of health inequalities across Merton and the importance of action on risk factors and work on prevention to tackle these. She referenced the Marmot principles, and Councils and communities that are using them to steer and chart their progress in tackling health inequalities In response to questions the Director of Public Health highlighted that although her report does not break down the specific manifestations of inequalities, there was clearly an issue of disproportionate impact on some communities.

Committee members noted that there is a need to move into an 'action mode', and the Borough of Sport theme will allow access to a range of sports and the Council is actively working to ensure these are accessible to everyone, not just those who are able to pay.

The Director of Public Health also confirmed that the uptake of vaping by young people was an area of concern, there is a meeting in October to look at a concerted approach to vaping among children so that it does not become entangled with vaping as a cessation aid.

RESOLVED:

That the committee noted the report.

5 COMBATTING SUBSTANCE MISUSE (Agenda Item 5)

The Head of Strategic Commissioning introduced the report to the Committee outlining the current impact of substance misuse across the borough and the work in progress to tackle it. He set out the Government plan (launched December 2021) '*From harm to hope: A 10-year drugs plan to cut crime and save lives*', which aims to *break drug supply chains, deliver a 'world class' treatment and recovery system and achieve a shift in the demand for drugs* and asked members to support the proposal to establish a Combating Substance Misuse Partnership in Merton.

In response to questions he confirmed that data sharing could be between service providers, the Met Police and the Probation Service. The Partnership Board will establish how to share the data and ensure it is done securely and fairly. The day to day leadership will come from the Safer Stronger Executive Board, but are content to update the HWBB on the progress in the action plan in the first quarter of 2023.

The Combatting Substance Misuse Partnership will be accountable for the three high level strategic priorities - reducing supply, reducing demand and increasing the effectiveness of treatment. A preventive approach will be part of the process and it will include collaboration with health professionals.

RESOLVED:

That the Committee agreed:

- That the Health and Wellbeing Board supported the approach and renewed their commitment to working collaboratively on preventing and tackling drug and alcohol related harm.
- That the Health and Wellbeing Board considered and agreed governance of the Combatting Substance Misuse Partnership and the proposed ways of working between the Health and Wellbeing Board, the Safer Stronger Executive and Merton Health and Care Together (Partnership and Committee)

- That the Health and Wellbeing Board member organisation supported the delivery of the actions required, by nominating a senior lead officer to work with Public Health over the coming months.

6 CHILDREN AND YOUNG PEOPLE'S VOICE (Agenda Item 6)

The Participation and Engagement Manager, with the Young Inspectors Lola Kareem and Anna Huk, gave a presentation to the Board on engaging with young people. They outlined how they saw children and young people being heard in Merton and presented the key findings on the 'Being Healthy' theme from the engagement survey. Explaining what Young Inspectors have learned from their participation work during COVID, they went on to give examples of young people leading on participation-work. The presentation was welcomed by the Board and the ways in which young people can be involved and participate more fully in the HWBB going forward were discussed.

RESOLVED:

That the Committee noted the report.

7 NHS AND SOCIAL CARE (Agenda Item 7)

7a KINGS FUND REPORT ON INEQUALITIES (Agenda Item 7a)

The Deputy Director of Merton Health and Care Together gave a presentation on the recommendations of the April 2021 'Independent Review of Health Inequalities in Merton and Sutton' conducted by the Kings Fund. She outlined the response to this report, relating it closely to the current Merton Health and Care Plan, and its focus on addressing health inequalities, together with current plans for the Mitcham Health and Wellbeing Hub

In response to questions and comments from the Committee it was explained that implementation of the hospital programme sat with Epsom and St Helier NHS Trust, comments will be fed back to the programme at the Integrated Care Board and that the position of Merton Council is clear to them. There is also a commitment to ongoing public engagement once the parameters, timeline and funding mechanism for the programme are clear.

The Interim Director of Community and Housing suggested a report on Health on the High Street come to the next meeting of the Board to review the ongoing work programme and to seek the Board's for thoughts on future activity.

RESOLVED:

That the Committee noted the report.

7b MODEL OF PRIMARY CARE (Agenda Item 7b)

The Assistant Head for Primary Care, Merton and Wandsworth ICB gave a presentation the The Future of Primary Care including a summary of The Fuller Stocktake Report - a national review of primary care. She also outlined the reasoning and current plans for the closure of Colliers Wood Surgery and the Rowans Surgery.

In response to questions, the Locality Executive Director reiterated the commitment to delivering a new health facility as part of the Rowan Park development. There is a commitment to delivering clinical services across Merton, these are GP led health centres.

The number of patients requiring re-registering is falling on a week by week basis and latest figures showed around 4,800 remain.

RESOLVED:

That the Committee commented and noted the contents of the report.

7c BETTER CARE FUND (Agenda Item 7c)

The Assistant Head of Transformation for Integrated Care, SW London ICB presented the report to the Committee on the Better Care Fund (BCF) Plan for 2022-23. At the request of the Chair, a report was also provided on work that the BCF has funded to tackle health inequalities across the borough, including support for the Community Response Hub, the Living Well Service run by Age UK to improve physical and mental wellbeing, funding to the voluntary sector to support wellbeing reducing isolation, and contributing to social prescribing.

RESOLVED: That the Committee agreed the Better Care Fund Plan 2022-23 and noted the contents of the Inequalities Report.

The Committee also noted the contribution of Simon Shimmens, Chief Executive Merton Voluntary Service, to the committee and thanked him for his service.

Committee: Health and Wellbeing Board

Date: 29th November 2022

Agenda item: TBC

Wards: All

Subject: Actively Merton

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

Contact officer: Barry Causer, Public Health Lead for COVID-19 Resilience (LBM) and Gemma Dawson, Deputy Director Merton Health and Care Together (SWL ICS).

Recommendations:

- A. The HWB to discuss and agree the approach to increasing physical and social activity, in a way that residents want it, through the Actively Merton programme; the first Health in All Policies exemplar.
 - B. The HWB to note the synergies between Actively Merton and LBM's corporate priority for Merton to be a Borough of Sport and HWB members to agree to support and increase awareness for both programmes.
 - C. HWB member organisations to commit to provide input to the component parts of Actively Merton during initiation and on-going support to the programme.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This paper sets out the next steps for the Actively Merton programme, providing physical and social activity for all people in Merton, in the way that they want it and complementing the London Borough of Merton's priority to be a Borough of Sport.

2 BACKGROUND

- 2.1. Approved by the Merton Health and Wellbeing Board in June 2022, Health in All Policies (HiAP) is a collaborative approach to putting health, equity and environmental sustainability at the centre of all policy decisions. HiAP can reduce inequalities while improving residents' lives and as part of the refreshed HiAP action plan a small number of exemplars are being identified for collaborative action and shared learning, the first of these exemplars is Actively Merton.
- 2.2. Actively Merton will support residents to be more physically active and socially active, in the way that they want it (giving agency/control to residents). The focus on physical and social activity is due to their multiple physical and mental health and wellbeing benefits, ability to contribute to social cohesion and reducing health inequalities and the positive frame of bringing people together to participate in positive and fun activities; rather than asking people not to do something e.g. smoking. See appendix one for theory of change for the programme.

- 2.3. Actively Merton dovetails strongly with the London Borough of Merton (LBM) Borough of Sport corporate priority, which seeks to improve sports facilities, encourage participation and build upon Merton’s rich sporting heritage.

3 DETAILS

Introduction

- 3.1. Physical inactivity is a risk factor for many non-communicable diseases such as cardiovascular disease (CVD) and dementia and being physically active helps in the management of long-term conditions such as diabetes. All forms of physical activity are good for us; sport, active travel, outdoor activity such as gardening or taking part in a group-based exercise session in a community setting. Being physically active also brings people together, is fun, and has additional benefits to the mental wellbeing of participants and has wider social benefits e.g. the reduction of loneliness.
- 3.2. At first glance physical activity levels in Merton perform well against London figures, however when looking a little closer the number of Merton residents who are inactive or who feel lonely are stark.

	Merton	London	Crude numbers	Notes
Physically active adults (150 mins of moderate physical activity per week 2020/21). Physical Activity - Data - OHID (phe.org.uk)	67.3%	64.9%	Merton: 104,395	Older people, ethnic minority groups, those with a disability, those living in areas of deprivation and women and girls are less active. Merton population 19+ years: 155,119
Physically Inactive adults (less than 30 mins activity per week, 2020/21) Physical Activity - Data - OHID (phe.org.uk)	20.2%	24.3%	Merton: 31,334	Biggest health gain would be achieved by moving inactive people to be more active. Merton population 19+ years: 155,119
Physically active children and young people (at least 60 mins moderate-vigorous activity per day across the week, 2018/19)	49.6%	46.1%	Merton: 16,194	Merton population 5-16 years: 32,648

Physical Activity - Data - OHID (phe.org.uk)				
Loneliness (adults who feel lonely often or always, Oct 2020-Feb 2021) Loneliness rates and well-being indicators by local authority - Office for National Statistics (ons.gov.uk)	11.2%	7.3%	Merton: 18,135	Merton population 16+ years: 162,353

Table One – Activity, inactivity and loneliness levels in Merton.

- 3.3. Led by the Merton Health and Care Together Committee/Partnership (MHCTC/P), working closely with the Health and Wellbeing Board, Actively Merton will have four main components,
- (i) Menu of opportunities – pulling together and raising awareness of existing physical and social activities, across the life-course and a range of physical activities, social activities and assets in Merton. We will also bring evidence-based and highly visible programmes to Merton e.g. Beat the Street and Live Longer Better (see appendix two for details of these programmes).
 - (ii) Connecting – working through existing networks across Merton to connect residents to physical and social activities (using the menu of opportunities), either informally connecting through existing conversations, the use of digital connections and the provision of training to key front-line staff e.g. health and social care staff, social prescribers and volunteers. Early conversations with connectors could be helpful to gather insight and build our understanding of what works well Merton, what works less well and seek out opportunities for community action. This will support the design and delivery of Actively Merton and the Borough of Sport.
 - (iii) Communications and awareness raising – of the benefits of physical and social activity and opportunities in a visible and recognisable way. This will have an umbrella brand (aligned with the Borough of Sport) and shared and used widely by HWB member organisations to increase the reach of the programme and build a movement of support for Actively Merton and the Borough of Sport.
 - (iv) Evaluation - in line with being the first exemplar programme for HiAP Actively Merton is planned to be independently evaluated and discussions are underway to identify an external evaluation partner. Evaluation is a key thread of Actively Merton, ensuring an action learning approach and the evaluation will run alongside delivery ensuring continuous improvement and iterative learning.

- 3.4. Delivering Actively Merton in a way that residents want it means that the programme will build an individual's agency. Agency is the personal ability to act and make free and informed choices to pursue a specific goal. It means that participants are able to conceptualise a goal, develop a plan to pursue it, have the confidence in their ability to achieve it and then act towards their goal. Approaches that work at multiple levels e.g. individual, family and community, those that strengthen peer and community groups, facilitate the use of information and services and deliver positive social norms can be effective in developing agency.

Next steps

- 3.5. In line with being the first exemplar programme for HiAP, Actively Merton will be independently evaluated, and discussions are underway with regards to the identification of an external evaluation partner.
- 3.6. Applications/business cases to fund the delivery costs of Actively Merton have been submitted to the SWL ICB Innovation and Inequalities Fund and are being considered by the MHCTC/P, with decisions expected in the w/c 21st November 2023. Depending on these decisions, the full programme will either proceed to delivery phase or will deliver over a number of phases.
- 3.7. The programme will deliver cross-sector benefits and the way of working across the partnerships and approaches to shared infrastructure, the identification and/or re-allocation of financial and in-kind support e.g. staffing and communications support will evolve over time. If member organisations identify funding opportunities e.g. external funding bids or end-of-year underspends, then these would be welcomed to kick-start and increase the deliverables for Actively Merton and the Borough of Sport.
- 3.8. HWB member organisations are specifically asked to provide on-going support to Actively Merton and the Borough of Sport programme by contributing to the development of the menu of activity, identifying key networks and front-line staff across Merton who will connect residents to physical/social activities and to support the promotion of the programme in January 2023.

4 ALTERNATIVE OPTIONS

- 4.1. NA

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. As part of the early discussions with networks and partners across Merton, we will gather insight and build our understanding of what works well Merton, what works less well and seek out opportunities for community action; that will support the design and delivery of Actively Merton and the Borough of Sport.

6 TIMETABLE

- 6.1. W/C 21st November 2023 – Funding decisions from SWL ICB and MHCTC.
- 6.2. January 2023 – Communications and awareness programme starts.
- 6.3. February/March 23 – Planned start date for Beat the Street in Merton.
- 6.4. See appendix three for on-going milestones.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. Applications/business cases to fund the delivery costs of Actively Merton have been submitted to the SWL ICB Innovation and Inequalities Fund and are being considered by the MHCTC/P, with decisions expected in the w/c 21st November 2023. Depending on these decisions, the full programme will either proceed to delivery phase or will deliver over a number of phases.

8 LEGAL AND STATUTORY IMPLICATIONS

NA

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. Increasing physical and social activity levels, in the way that residents want it, will help reduce inequalities.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. NA

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. NA

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

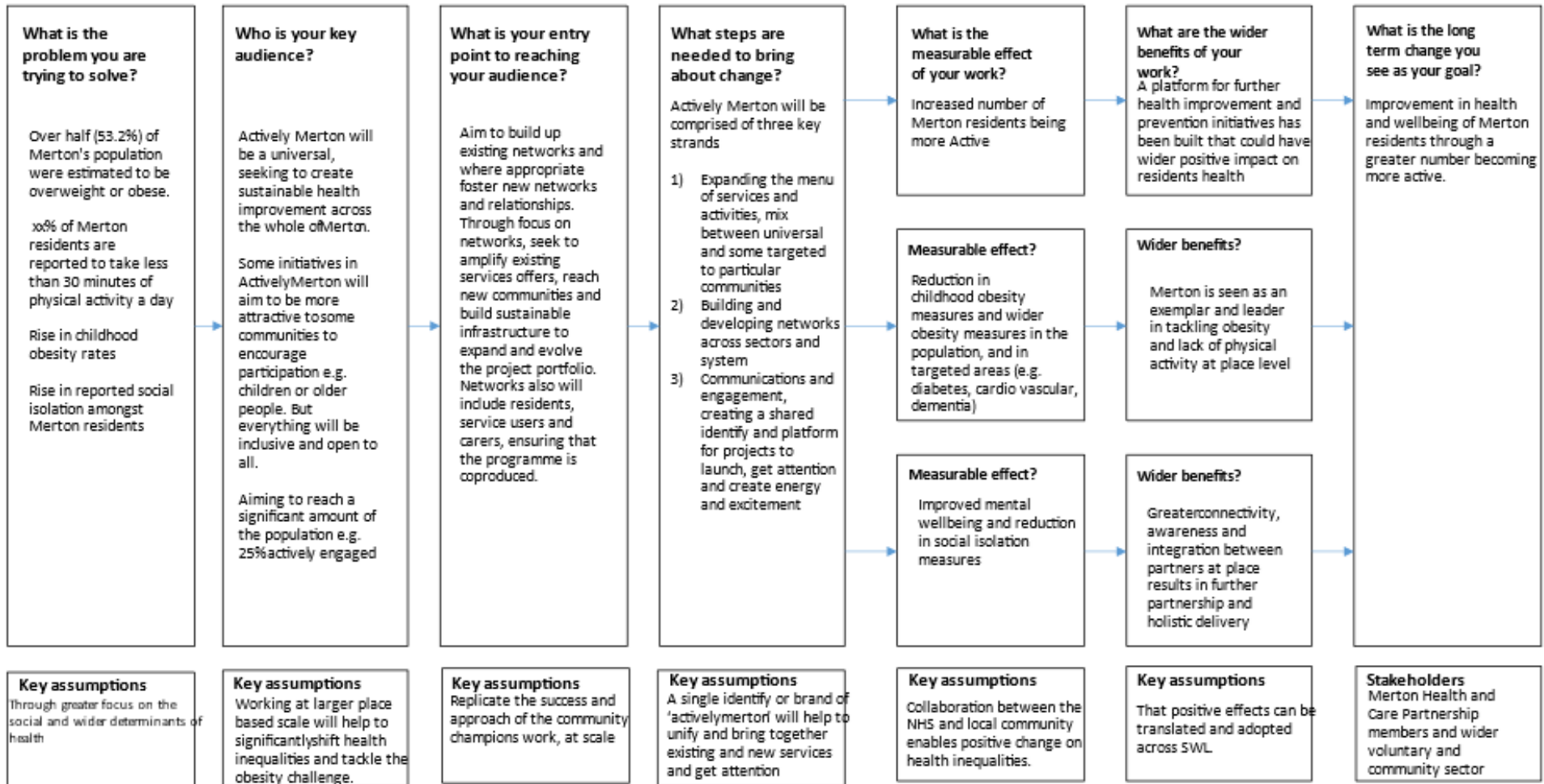
- 12.1. Appendix one – Actively Merton Theory of Change.
- 12.2. Appendix two - Planned highly visible programmes as part of Actively Merton.
- 12.3. Appendix three – Actively Merton programme milestones.

13 BACKGROUND PAPERS

- 13.1. NA

Appendix One –Actively Merton Theory of Change.

Theory of change – connecting the why and how with the impact



Appendix Two – Planned highly visible programmes as part of Actively Merton.

1. Beat the Street.

Beat the Street is an evidence based, mass participation behaviour change programme for children and young people (and their families) that will create a social norm around walking and cycling through the ‘gamification’ of the local area, transforming activity levels and improving mental and physical health well-being across Merton.

“Beat Boxes” are placed on street furniture, in parks and green spaces and local residents are provided with Radio Frequency ID cards and then walk, run, cycle or roll between boxes, tapping their cards on the boxes and earning points for themselves and their team as they do so. The game is managed on a website where leaderboards show school, workplace and community teams all on a journey together.

The programme will aim to engage with 11,000 participants across 44 primary schools in Merton, with the ‘game’ starting in February/March 2023.

[Beat the Street: The street game helping us get out more - BBC Sport](#)

Live Longer Better

A programme targeting older people (ages 55 to 64 and 65+) to increase their physical activity levels and provide them with the knowledge, motivation/confidence and tools to adopt habits that prevent, delay and slows frailty.

The programme will develop a collaborative network, bringing together organisations to drive adoption of the culture and adoption of the ‘live longer better’ principles, train front-line staff across Merton and directly deliver group-based activity for older adults.

The participant focussed group programme is delivered across 12 weeks and delivers knowledge (on what happens as we get older, the benefits of living longer better and how to do so), motivation/confidence (to set and achieve goals and change habits) and tools and resources to be active in Merton.

[LIVE LONGER BETTER - Home](#)

[Learn to Live Longer Better with Sir Muir Gray and Dr Chris van Tulleken - YouTube](#)

Appendix Three – Actively Merton Programme Milestones.

Timeline

Actively Merton

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August - Individual briefings and discussions with Merton Place committee members to get strategic steer and initial buy in

September

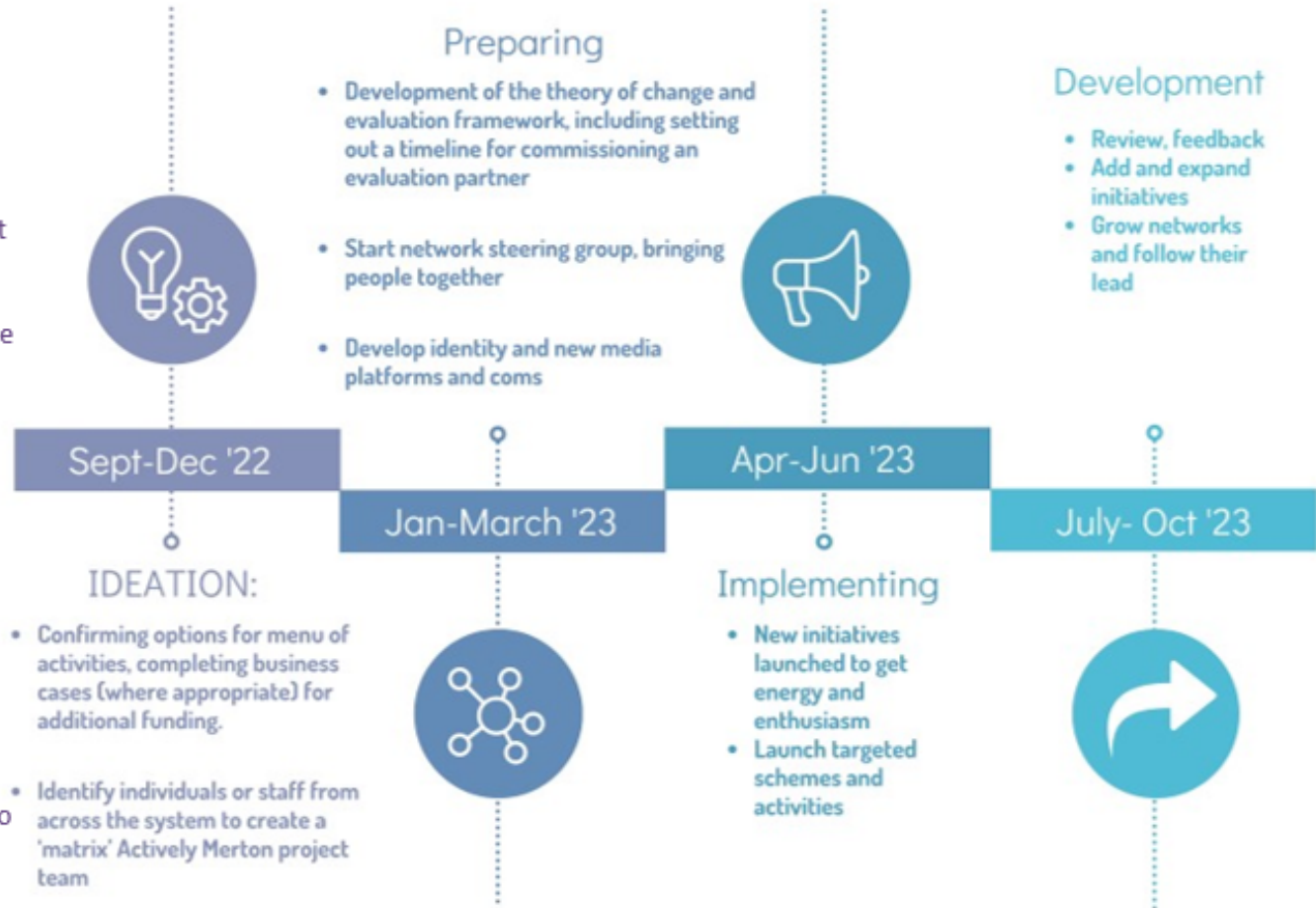
- Outline options appraisal brought to MHCT for discussion and steer (6th Sept)
- Development of full business case

October

- Merton Place committee review business cases for decision (11 October)

November

- Full plan and implementation presented to the HWB on 29th Nov meeting for endorsement
- Implementation would start in January, building up over the calendar year as new initiatives go live



Committee: Health and Wellbeing Board

Date:

Agenda item:

Wards: All

Subject: Social Care Reform

Lead officer: John Morgan, Interim Executive Director, Community and Housing

Lead member: Cllr Peter McCabe,

Forward Plan reference number: Cabinet Member for Health and Social Care

Contact officer: Keith Burns, Keith.Burns@merton.gov.uk

Recommendations:

- A. That the Board note the upcoming social care reforms now scheduled to take effect in 2025 and the work that has been undertaken to prepare for the implementation of the reforms.
 - B. That the Board note that the implementation timetable for charging reform changed following the Government's Autumn Statement on the 17th of November 2022, with implementation being moved from October 2023 to October 2025. The Care Quality Commission Assurance arrangements are still scheduled to come into effect in April 2023.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The report advises members of the Health and Wellbeing Board 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 that has been undertaken to date to prepare for implementation. This initial preparatory work on charging reform was undertaken on the basis that the Government originally intended the reforms to come into effect from October 2023. As the implementation date for the charging reforms, including the Fair Cost of Care, has now been pushed back to October 2025 the preparatory work will now be paused. The Care Quality Commission (CQC) Assurance arrangements are still scheduled to come into effect in April 2023 and our preparations for that are continuing.

2 BACKGROUND

- 2.1. 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.

- 2.2 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.
- 2.3 On the 17th of November 2022 the Government announced that the changes to capital thresholds and the introduction of the care cap would be delayed to November 2025.

3 DETAILS

3.1. The social care reforms cover three main themes:

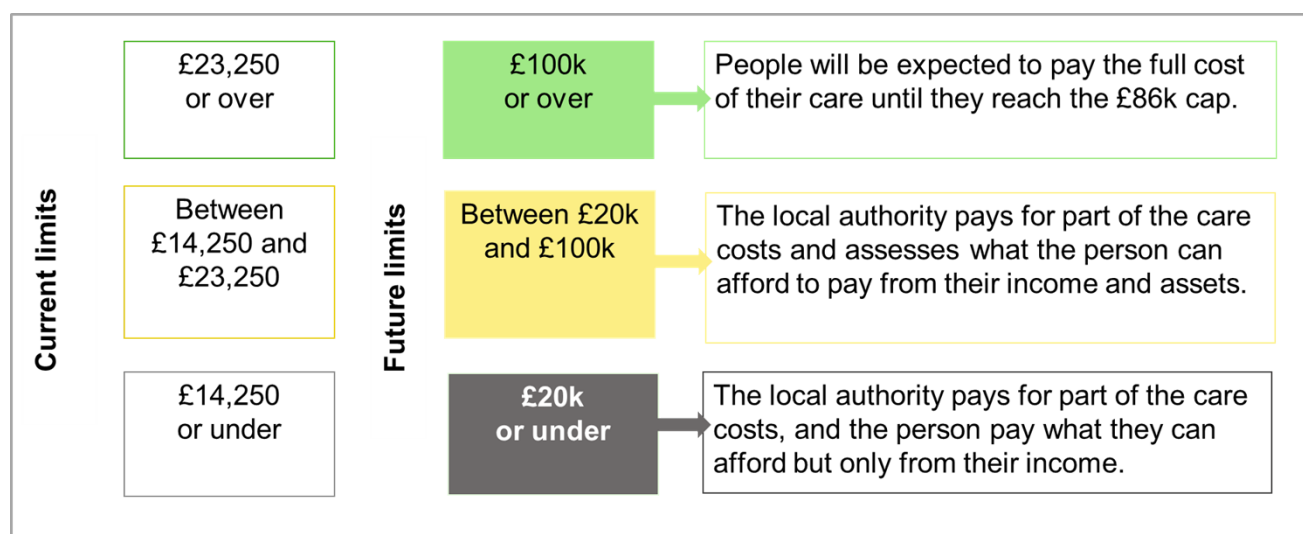
- Charging reform (including the introduction of the Care Cap);
- Care Quality Commission Assurance of local authority social care services; and
- Support for the social care provider market.

Charging Reform

- 3.2. The Government originally intended to change the Financial Assessment regime for adult social care from October 2023. However, as part of the Government's Autumn Statement on the 17th of November 2022 a two-year delay to implementation was announced. This means that the charging reforms are now intended to come into effect from October 2025.
- 3.3. The detail below is based on the changes that were scheduled to take effect in October 2023. It is possible that prior to implementation in 2025 there may be revisions to the changes, and nearer to the implementation date a further report will be brought to the Board to advise of any such amendments.
- 3.4. 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.
- 3.5. 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.

3.6. From October 2025 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 means 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 had previously announced additional funding for Local Authorities from 2023/24 onwards in respect of these additional costs. As a result of the delay in implementation announced on the 17th of November there is now no clarity as to whether additional funding will be made available to support the delayed implementation. There remains, therefore, a significant degree of uncertainty about the net future impact of the proposed changes for the Council.

3.7. The changes to the capital limits are summarised in the diagram below.



3.8. 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.

3.9. The daily living cost for those living in residential care has provisionally been set at £200 per week from the date of implementation.

3.10. 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.

3.11. 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.

3.12. 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.

3.13. 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 no retrospective costs are to be included.
- Councils can, 6 months prior to care accounts coming into effect, 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

3.14. 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.

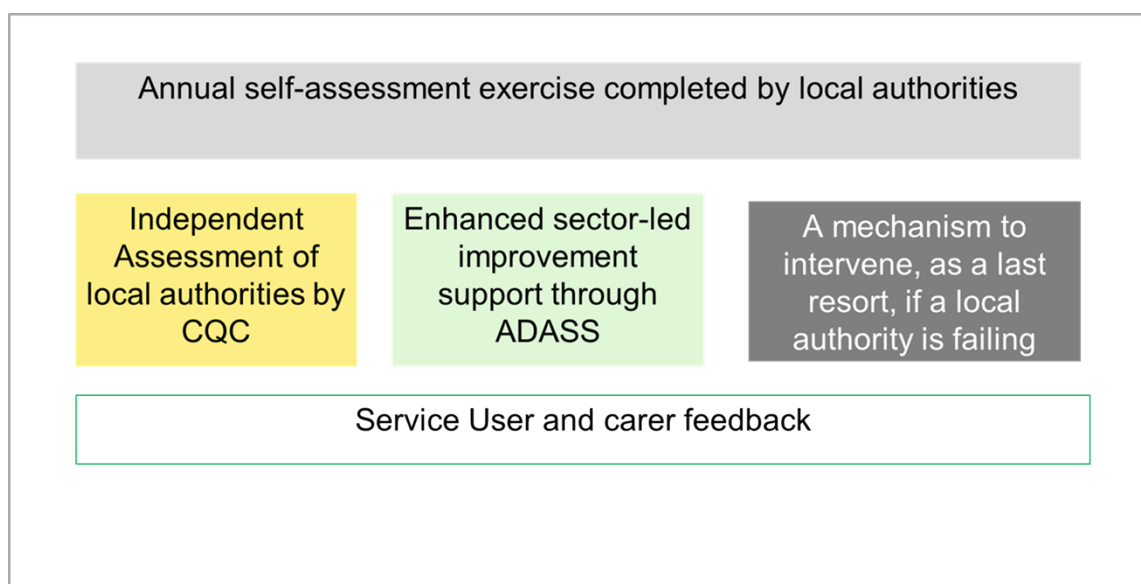
3.15. The Care Quality Commission have published a draft version of the Framework under which local authorities will be assessed and work is ongoing to finalise the methodologies that will be used. Analysis of data and the views of people with lived experience of using social care services and their families will both be key elements of the approach.

3.16. 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 and workforce: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

3.17. 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.

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



3.19. 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

3.20. 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. The policy applies to care homes for older people and home care for all adults aged 18+. It does not apply to the under-65 care home market as costs for

placements in these settings are generally individually negotiated and privately funded placements are unusual.

- 3.21. 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 is being 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.
- 3.22. Initial drafts of plans were to be submitted to the Department of Health and Social Care in October 2022, with final plans originally scheduled 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. As a result of the announcements made as part of the Autumn Statement there is no current clarity on whether Council's will still be asked to submit plans in February 2023 but it is assumed this will not now be required.
- 3.23. 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.
- 3.24. 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

- 3.25. The Departmental Change Board, which meets fortnightly, maintains oversight of preparation for the reforms.
- 3.26. 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.

- 3.27. 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.
- 3.28. How the Local Authority Assurance Framework and ICS Assurance Framework will link together in practice remains unclear but once there is more clarity on this it would be sensible to bring a further report to the Board setting out how this will operate at Place level.
- 3.29. 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.
- 3.30. 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 and will provide a baseline for future planning for the implementation of the reforms.
- 3.31. 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. The focus of these webinars will be reviewed in light of the delay to the charging reforms.

4 ALTERNATIVE OPTIONS

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

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. 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.
- 5.2. There is ongoing engagement with colleagues across South West London and London as a whole to share learning and good practice.
- 5.3. Further engagement with a range of external partners, including representative VCS bodies, is planned for coming months.

6 TIMETABLE

- 6.1. The current timetable from Government is set out in the body of the report.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. 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.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. 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.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. 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.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. None immediately arising.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. 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.

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

- None

13 BACKGROUND PAPERS

- None

Committee: Health and Wellbeing Board

Date: 29 November 2022

Agenda item: Young Inspectors

Wards: Merton

Subject:

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Peter McCabe, Cabinet Member for Adult Social Care and Public Health

Forward Plan reference number:

Contact officer: Julia Groom, Consultant in Public Health

Recommendations:

- A. To agree that a nominated Young Inspector be appointed to attend the Health and Wellbeing Board at the invitation of the Chair for an initial period of six months.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report proposes that a nominated Young Inspector be appointed to attend Health and Wellbeing Board meetings, for an initial pilot period of six months, in order to bring young people's voice and perspective to Board discussions.

2 BACKGROUND

- 2.1 At its meeting on 20th September, members of this Board received a presentation from Young Inspectors, Lola Kareem and Anna Huk on engaging with young people. They outlined how they saw children and young people being heard in Merton and presented the key findings on the 'Being Healthy' theme from the engagement survey.

Explaining what Young Inspectors have learned from their participation work during COVID, they gave examples of how young people themselves are leading on participation-work. The presentation was welcomed by the Board and the ways in which young people can participate more fully in the HWBB going forward were raised.

3 DETAILS

- 3.1. The Young Inspectors requested that the Health and Wellbeing Board Chair and members consider inviting a Young Inspector to future meetings to bring a young person's voice to deliberations and advise on how young people can have a say in decision making, as the HWBB is concerned with the health of all Merton's population of all ages.
- 3.2. Following consideration and consultation, it is proposed that a Young Inspector be nominated through a transparent process and appointed by the

Chair to attend Health and Wellbeing Board meetings for an initial pilot period of six months. This will include the January, March and June 2023 meetings of the HWBB, at which point the arrangement will be reviewed. This will be a non-voting position and on advice from Democratic Services, will not require a change to Terms of Reference.

- 3.3. Discussions have taken place with the Chair of the HWBB about the proposal to appoint a Young Inspector to attend the Board. A short job description of the role will be produced, setting out expectations and support, and Young Inspectors invited to make an expression of interest. Candidates will then be reviewed against the role criteria by the children and young people's Participation and Engagement Manager and the Public Health team and will meet the Chair of the HWBB (and other members by agreement) to consider the appointment. The successful candidate will then be fully briefed and invited to attend the January HWBB. Role criteria will also be used to evaluate the pilot period and a recommendation made to the Board in September 2023.

4 ALTERNATIVE OPTIONS

N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

N/A

6 TIMETABLE

The pilot approach will be for six months and then reviewed.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

N/A

8 LEGAL AND STATUTORY IMPLICATIONS

The Health and Wellbeing Board has some statutory membership but beyond that is able to determine its own members. It is also a public meeting.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Young Inspector representation at the Health and Wellbeing Board will allow for greater involvement of children and young people's voice.

10 CRIME AND DISORDER IMPLICATIONS

N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

None

13 BACKGROUND PAPERS

None

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