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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

21 NOVEMBER 2023

(7.15 pm - 9.57 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Max Austin, Councillor Caroline Charles, Councillor Joan Henry, Councillor Simon McGrath, Councillor Billy Hayes, Councillor Michael Paterson and Councillor Slawek Szczepanski

ALSO ATTENDING Asad Mustaq (Executive Director Finance and Digital), John Morgan (Executive Director Adult Social Care, Integrated Care and Health), Kate Slemeck (Managing Director, St George's University Hospital NHS Trust), Dr Richard Jennings (Group Chief Medical Officer, St Georges), Professor Arlene Wellman MBE (Group Chief Nursing Officer, St Georges), Mark Creelman (Executive Director SW London ICB), Russell Styles (Director Public Health), Graham Terry (Assistant Director, Adult Social Care), and Richard Seedhouse (Democratic Services Officer)

ALSO ATTENDING ONLINE Phil Howell (Assistant Director of Commissioning), Jummy Dawodu, Sarah Wright, Lola Kareem, Kezziah Hallam and Sandy Keen

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Cllr Laxmi Attawar, Cllr Billy Hayes attended as substitute and from Cllr Eleanor Cox, Cllr Michael Paterson attended as substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED:

That the minutes of the meeting on 5 September 2023 were agreed.

It was requested that future agenda packs include a list of visitors to the meeting.

4 BUDGET AND BUSINESS PLAN - ROUND 1 (Agenda Item 4)

The Cabinet Member introduced the report and thanked the Executive Directors and officers for their work in preparing the papers.

Inflation, cost of living and a rise in demand meant that limited resources were stretched. Government funding has been noticeably reduced since 2010. The proposals project a balanced budget including a number of reasonable savings and limited amount of investment.

It will be necessary to make cuts to afford the same services as last year. The Cabinet Member had written to the Chancellor to ask to reverse 13 years of cuts and to invest in the services provided.

The Executive Director, Finance and Digital, present the report which was an update on a report presented to Cabinet in June.

The key changes included that the pay award had been agreed and settled, inflation remains high, base rate remains high and investment income was relieving some pressures.

The monitoring report shows an £8million overspend, but that would change

The Autumn Statement may have an impact and the provisional local government settlement was due before Christmas, a one year settlement (the fifth in a row) was expected. A paper to Cabinet in January would note changes in assumptions, followed by the February Budget Cabinet and then Full Council in March.

The Executive Director, Adult Social Care noted 7 savings

- ASC ICPH 121, redevelopment of the JMC Day Centre and Riverside Drive Residential Home.
- ASC ICPH122, built a strong reablement function, an inhouse team, supporting 90% of hospital discharges.
- Mental Health s75 agreement would end
- ACS ICPH124
- ACS ICPH125 Adult Social Care placements/home care. A new provider in place since 2 October, pays the London Living Wage to the carers and a new call monitoring system meant that only time spent on a patient was charged.
- ASC ICPH 126, integration of commissioning function to improve efficiency in purchasing.
- ASC ICPH 127, now allowed to charge self funders for care provided, including assessment, review, and support planning.

In response to questions the Executive Director confirmed that

- The reablement service is free for up to 6 weeks, costs are means tested beyond that point
- When a referral comes from the hospital it goes into a single point of contact and the teams work together to establish a lead provider
- Occupational therapists assess needs for patients leaving hospital

- The reablement team will need to grow, we are looking for an external provider to work alongside the 50 staff we have.
- Savings on the ending of s75 agreement come from a reduction in management roles when the work returns inhouse, there will be no fewer front line staff
- The restricting is aimed to be in place by April next year, an ambitious target, but lessons learned can be taken from the other five boroughs who have already completed the work
- The end of s75 agreement does not mean an end to working with the trust, but allows a more efficient service, the aim is for a better service than currently offered.
- There's no dividends from CHAS that can be used here
- The contract for care workers does more than the living wage, it also pays for travel time, and social care charter, all providers are signed up. Zero hour contracts are only agreed at the employees request
- There are no plans for redundancies linked to the integration of the commissioning function, there are some unfilled vacancies which may be held.
- The cost to self funders is yet to be established, one inner London borough charges £55 per week, it's likely that we will be close to that.

The Cabinet Member expressed pride in the work completed, the ripple effect of the LLW would be good for the wider community from workers spending their money in the borough. The savings are created from more efficient ways of working, which means services do not need to be withdrawn.

The Chair thanked the Cabinet Members and Directors for their work.

5 UPDATE FROM ST GEORGE'S NHS TRUST (Agenda Item 5)

Managing Director for St George's introduced the report highlighting the focus on reducing admissions and lengths of stays in hospital over winter; A sustained increase in mental health attendances at emergency departments had been seen; waiting times in the area are lower than the national average, work is ongoing to bring waiting lists down, which have been affected by strike action. The CQC maternity review in August raised some concerns, leading to an inadequate rating, significant work has been undertaken to address the issues raised in the inspection. A new renal unit is to be built on the St George's site. Future Children's Cancer Services locations are under consultation.

In response to questions representatives confirmed that:

- The translation service for women was in consideration of maternity provision
- The report was not specific about 'dirt', and work has been taken across the board to rectify this.
- Mandatory training requirements had suffered due to COVID, industrial action and high workloads, work was underway to address this issue
- The trust did not agree with all of the scores received, which did not necessarily take into account all the factors.

- If Evelina wone the bid, around 40 staff from St Georges would be eligible for TUPE
- St George's already works closely with and shares staff with Marsden, so if St George's were successful in their bid, staff from Marsden may be TUPEd to St Georges.

The following resolution was proposed:

"The Healthier Communities and Older People Overview and Scrutiny Panel notes the NHS England consultation regarding the proposed future location of specialist cancer services for children living in South London and much of South East England.

The panel considers that the preferred option to relocate specialist cancer services would not be in the interests of the patients nd the health service in Merton and therefore supports the retention of the service at St George's.

The Panel resolves to refer the matter to the Secretary of state for Health and Social Care and instructs officers to produce a report for the Secretary of State for Health and Social Care and to inform NHS Englan of its decisions to exercise its power of referral"

A motion was proposed to defer this resolution until a future meeting so that both parties who might provide the service could be heard first.

A vote on this motion was lost.

The committee voted in favour of issuing the resolution.

6 CARER'S STRATEGY (Agenda Item 6)

The Assistant Director for Commissioning introduced the paper.

In response to questions he confirmed that:

- Respite care is a service that benefits the care recipient, although there is a knock on effect for the carer, for instance in the form of a short break during the day, overnight stays spaced out over the year or for a consolidated period of respite while the carer is away themselves. Also exploring short breaks through Shared Lives, an adult fostering service
- The hospital discharge toolkit is more a St George's intitative, details are in the rpoert, the aim is to ensure that care is supported and carers are able to maintain their roles.

- 3 organisations have been identified to seek bids for the carers card, and it will be in place by April 24

7 HEATHLANDS PROPOSAL (Agenda Item 7)

The Executive Director, SW London ICB introduced the paper along with officers. Heathlands is no longer considered fit for purpose, two-thirds of users could benefit from rehab at home, which allows quicker gains in independence. Where there is still a need for some in patient rehab, this would be provided at Queen Mary's Hospital. Funding released from Heathlands would be invested in the Home First model.

In response to questions it was confirmed that:

- Executive Director supported the proposal, it's better to have people in their own homes, in their own environment rather than becoming dependent on residential care. However, won't sign off on the proposal until sufficient and satisfactory pathways are in place
- Health Services are not means tested, 21 days at home support are provided without charge, after 21 days, responsibility is handed to the local authority at which point it becomes means tested. This is why the pathways are important. Most authorities charge for home care, the financial assessment allows us to maximise income. Charges are often lower than the attendance allowances and we can also help people to apply for the benefits they are entitled to.
- The model recognises that some patients need a lot of care and we may need to recruit more support workers and therapists.

8 UPDATE ON PRIMARY CARE SERVICES AT WILSON, ROWANS AND COLLIERS WOOD (Agenda Item 8)

The Executive Director for SW London ICB introduced the report, noting the questions around viability of a pharmacy at Rowlands. A recently completed survey at Wilson, looking at refurbishment rather than rebuilding may allow us to double the space for community services, this is positive news. There is work to be done to demonstrate value for money. Affordability issues exist at Colliers Wood, alternatives are being considered.

In response to questions it was confirmed that:

- In the longer term a different set of services will be provided at the Wilson
- The refurb is considering both front and rear buildings, sale of land around the site would fund the works. A Business case review is underway and expected to be completed in the coming months.
- The frustration felt at the length of time this has been going is recognised and we are seeking to prioritise work and make progress as soon as possible
- It is recognised that there is an interest in diagnostic facilities at Rowlands, nothing has been decided yet, the paper only lists what is available now.
- Agreed to make it clearer in future reports exactly what has changed.

9 REPORT AND RECOMMENDATIONS ARISING FROM THE REVIEW OF EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH AUTISM (Agenda Item 9)

Cllr Charles introduced the report, highlighting meetings with Kids First and views gathered from parents. It was noted that provision stops in people's 20s and there is a gap in support in gaining employment. Looking at opportunities for employment should start sooner, to ensure that young people are equipped to lead independent lives, improving self esteem and maintaining employment are key to this.

The proposal to be put forward would explore the scope for a supported internship model within Merton Council, examine the Council's status as a disability confident employer and improve its rating.

HR are to look at guidance from the National Autistic Society, LGA and other councils on best practice. SEND employability group will speak to the panel in the new year.

The Panel thanked Cllr Charles and the team for the work.

10 WORK PROGRAMME (Agenda Item 10)

The Care Quality Assurance Framework has not been inspected for some time. It is not known when CQC will come, but likely to be in the new year, the panel will be updated when it is known. Nevertheless, preparation work is underway.

Children's immunisation to be added to the work programme.