

Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

6 NOVEMBER 2018

(7.15 pm - 9.45 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Andrew Howard, Councillor Joan Henry,
Councillor Sally Kenny, Councillor Rebecca Lanning,
Councillor Dave Ward, Councillor Stephen Crowe, Di Griffin and
Saleem Sheikh

Hannah Doody (Director of Community and Housing), Caroline
Holland (Director of Corporate Services) and John Morgan
(Assistant Director, Adult Social Care) Stella Akintan (Scrutiny
Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Hina Bokhari. Councillor Carl Quilliam attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

Councillor Peter McCabe declared in respect of item 5 on the agenda he is Chief Executive of Headway, which supports people who have experienced a Brain Injury.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

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

4 BUSINESS PLAN UPDATE 2019-2023 (Agenda Item 4)

The Director of Corporate Services gave an overview of the report and said there are some new savings for the panel to consider and £6.2 million worth of savings overall previously agreed. The Government settlement is due in December.

The Chief Executive of Merton Centre for Independent Living addressed the Panel.

The Chief Executive of Merton Centre for Independent Living expressed concern about the £1.387 million cuts for 2018-19 and impact this would have on older and disabled people. She requested for more detail about where the savings will be made and asked for the associated equalities impact assessments to be provided. She reported that all areas of adult social care are struggling financially. She requested an ongoing dialogue and to have the opportunity to speak at scrutiny or other council meetings as she felt this was not always accommodated.

The Chair confirmed with her this Panel always accommodated her request to speak.

The Director of Community and Housing set out the current arrangements. The Council provides care for nearly 2,000 people every month, including older people with physical disabilities, people with learning disabilities, people suffering from poor mental health and people suffering from substance misuse. 43% of the overall council budget is allocated to Community and Housing Department. Adult Social Care budget is 92% of the total Community and Housing budget, the largest area of controllable spend the council has. Adult Social Care has seen £9.3 million of growth monies invested in 2017/18.

The green paper on funding is anticipated and will focus on the long term solutions for funding in adult social care at a time of unprecedented growth in older populations and solutions beyond the additional £2bn pledged until 2020. We also await the Ten Year NHS Plan.

We believe there will be a strong focus on integration. We will need to work up more detailed plans once published and when the budget and government grants are finalised. The Equality Impact Assessments are working documents that will develop as we scope further how we deliver the proposed savings plans.

Nationally adult social care needs the green paper proposals to deliver significant new money into the system. Merton is no different and this has to form part of future sustainability and it is important to look locally and find local solutions that delivers better outcomes for borough residents.

In response to a request from the Panel, the Director of Corporate Services agreed to provide details to the panel of the previously agreed savings which are also available on the Merton Council website. (Page 404 of the Business Plan report agreed at Council 28 February 2018)

The Director of Corporate Services said there will be an opportunity to debate savings again in January.

A panel member asked how officers manage issues such as child protection referrals which are on the increase nationally. The Director of Corporate Services said there has been national studies to understand increase, not a huge rise in Merton but the safeguarding MASH team is well resourced to respond.

RESOLVED

The Director of Corporate Services was thanked for her report

5 SERVICES FOR PEOPLE WHO HAVE EXPERIENCED A BRAIN INJURY (Agenda Item 5)

The Head of Older People and Integrated Care from Merton Clinical Commissioning Group gave an overview of the report. This Panel had received an update on this service in February. Prior to this concerns had been raised about the neuropsychology service in Merton which was limited to treat only those with severe

need. As a result, Merton was high recipient of specialist resources. There is now a proposal to integrate the psychology service into neuro-rehabilitation. St Georges will appoint addition staff and work in the community.

A panel member said they are glad to hear about the proposed changes and feel this will improve the quality of the service.

RESOLVED

The Head of Older People and Integrated Care was thanked for her report.

6 DELIVERY OF NHS ENGLAND CANCER SCREENING PROGRAMMES IN MERTON (Agenda Item 6)

The Consultant in Public Health gave an overview of the bowel and cancer screening programmes, outlined in the report. She reported that, 5% increase in coverage in Merton which is higher than across London, this is still below national target but trends are positive. Merton is below target on bowel screening but trends are positive. Cervical screening is declining across the country but Merton is above London average. Cervical screening is lower in London and Merton. Variation in practice coverage varies greatly in Merton by up to 26% which is significant in a single borough.

The Diverse, young and transient population leads to lower uptake. NHS England are working with partners to improve participation and involved in research and commissioned interventions. Text reminders have been very effective in increasing screening.

The Director of Public Health said her team work collaboratively with NHS England and have an oversight function. To help promote the importance of screening programmes, the team they channel national campaigns to the local level.

A Panel member asked if there are any targeted interventions for diversity and deprivation. The Consultant Public Health said interventions are not targeted to specific populations as they are universal. Text reminders are more effective for people from deprived groups.

A panel member asked if there is an estimation of life years lost and cost of treatment for missing a screening target. The Consultant Public Health said there was work on screening effectiveness which will be provided for the panel. Screening leads to a higher survival rate, it is a form of early detection.

A panel member asked if there is data on ethnicity and gender for screening programmes. The Consultant in Public Health reported that men have lower uptake in coverage in bowel screening. Ethnicity is not recorded in bowel screening. Women from some groups are less likely to participate, for example transgender groups or those who have experienced female genital mutilation or sexual assault.

RESOLVED

The Consultant in Public Health was thanked for her report and agreed to provide the Panel with more detail on screening effectiveness.

7 PERSONAL INDEPENDENT PAYMENT PROCESS IN MERTON - UPDATE ON IMPROVEMENT ACTION PLAN. (Agenda Item 7)

The Partnership Manager, DWP said they are attending the Panel to Respond to enquiries from the meeting held on the 22nd may.

A Panel member expressed concern about Merton residents travelling to Barking for assessments. The Partnership Manager said customers can request appointment at a nearer centre should they wish to, although this could mean they have to wait longer for their appointment.

A panel member said the target of ninety minutes should be reduced to an hour or lower. The Partnership Manager said this was agreed by the programme policy team and will ask the team to consider a reduction.

A panel member asked about progress with holding assessments in friendly and reassuring settings. The Independent Assessment (IAS) Regional Manager said they had tried a pilot in which had many challenges including restricted access to buildings and meeting security requirements for IT equipment.

A panel member expressed concern that travel to an assessment centre would be distressing for vulnerable people. The IAS Regional Manager said they conduct courtesy calls to check if customers are able to attend their appointment. They have 90% customer satisfaction levels in their surveys which are carried out by an independent organisation.

A panel member queried how satisfaction with the service could be so high when a large number of decisions are overturned on appeal. The IAS Regional Manager reported that tribunal evidence is based on new medical evidence, they are trying to ensure customers provide the right information at the beginning.

A panel member said whoever is causing the failure leading to high level of appeals should be held to account as they are costing the tax payer significant amounts of money.

It was highlighted that the Croydon site is not accessible.

The Chief Executive of Merton CiL reported that Personal Independence Payment appeals currently represents half of their case work. She expressed concern that these discussions have been ongoing since 2016 and a resolution has not been found. The Croydon Centre is difficult to find, parking is over 100 meters away, building works blocks cars from disembarking outside the centre.

Overbooking means people wait for long periods which is significant for disabled people who are experiencing chronic pain. Home visits are being refused.

The Chief Executive of Merton CiL Wrote to the DWP in July stating there should be assessment centres in the Borough. In Merton 1,200 cases go to appeal which is higher than other areas. Merton CiL agreed to participate in an audit of assessment centres but no taken action been taken.

In regards to claimants being sent home unseen, the IAS Regional Manager will look into this in more detail and ensure those in IAS control are improved.

A panel asked for a council officer to attend audits with Merton CiL. The IAS regional manager agreed to support this process.

RESOLVED

Merton Cil with support from scrutiny officer to conduct audit of assessment centres and report back to the panel.

8 CABINET MEMBER PRIORITIES - VERBAL UPDATE FROM COUNCILLOR TOBIN BYERS (Agenda Item 8)

The Cabinet Member for Adult Social Care and Health outlined a number of priorities including the following:

Bridging the gap – public health annual report looked at deprivation and east and west gap in life expectancy, this drives the work in public health. Merton council is committed to the protection of St Helier Hospital.

Sustainability - long term funding for social care, sustainable Merton budget, difficult decisions to target to most in need. The care sector market fragile so it is important to make it sustainable .

Prevention – This difficult due to financial restraints, Health and Wellbeing Board focused on child obesity and diabetes. They have directed funding to lunch clubs and befriending service. The council and health partners are pooling funds and working collaboratively to avoid duplication and target resources effectively.

Partnership – Health in all Policies is cross cutting working with environment and regeneration, working with learning disability forum, working closely with voluntary sector. Maintaining close relationships with CCG, good delayed transfer of care, this is challenging with funding decreasing, Merton Council and Health and Care Together Programme need to maintain relationships when we disagree.

A Panel member asked for clarification about what the main priorities will be.

The Cabinet Member for Adult Social Care and Health said the council must meet statutory requirements within funding streams and Care Act which leaves little funding to direct to other areas. Through the Health and Wellbeing Board they are able to identify priorities each year. Year one social prescribing and childhood obesity and last year was diabetes.

A panel member asked if high levels deprivation in St Helier are being given due consideration when looking at the future of major acute services. The Cabinet member said the Improving Health Together Programme is still looking at the weight given to each criteria, A number of workshops have been planned and the final one will look at scoring the options. Merton wanted deprivation analysis to include national evidence on deprivation and acute analysis, however the current work is limited to South West London area and has not looked in detail at particular conditions and health needs.

RESOLVED

The Cabinet member was thanked for providing an update to the Panel

9 IMPROVING HEALTHCARE TOGETHER 2020-2030 JOINT HEALTH SCRUTINY SUB COMMITTEE - VERBAL UPDATE FROM COUNCILLOR PETER MCCABE (Agenda Item 9)

The Chair reported that a sub-committee has been established to review the proposals for changes to major acute services at St Helier Hospital. The first meeting took place on the 16th October. There is concern within the local community about the credibility of the process. Further updates will be provided to this Panel as the work progresses.

10 WORK PROGRAMME 2018-19 (Agenda Item 10)

The Panel noted the work programme.