

08a: ST Questions

**From: Councillor Stan Anderson to the Cabinet Member for Adult Social Care and Public Health**

What work has the Council undertaken to safeguard care home residents who are discharged from hospital with a positive test result for COVID-19?

**Reply**

The Council has been working in partnership with South West London CCG and a local care provider since September to establish a dedicated facility that provides a safe discharge destination for care home residents who have tested positive for COVID-19 while in hospital. To limit the spread of COVID-19 in care homes when the hospital confirm that a resident is ready to be discharged but has tested positive we have commissioned with the CCG this temporary alternative accommodation.

The resident will be discharged from hospital and will likely remain there for approximately 2 weeks until they are no longer infectious and can return to their permanent care home. This work pre-empted national Government direction to local authorities to ensure the availability of provision of this type in their area. As a result of our early focus on the need for a unit of this type we have been able to establish a 13 bed unit in a local care home that is physically separated from the main part of the care home, has its own dedicated staff team and has been inspected by the Care Quality Commission who have confirmed it meets all necessary infection control standards. The unit opened for admissions in early November and is the first unit of its type to be up and running in South West London, with further units planned to be available in neighbouring boroughs in coming months. The unit is funded by South West London CCG who have also made arrangements to ensure that there is specific GP support for individuals while they are resident in the unit.

More broadly, officers from the Council's Public Health and Adult Social Care services continue to work closely with NHS colleagues and with care home managers to ensure that all care homes in Merton are supported to continue providing safe and high quality care to residents through the period of the pandemic.

**From: Councillor Thomas Barlow to the Leader of the Council**

Does the cabinet member agree with the Independent Reconfiguration Panel's advice that **Epsom and St Helier University Hospitals NHS Trust's buildings are not fit for purpose and has the absence of a workforce** in emergency care to deliver accepted clinical standards?

**Reply**

We recognise that the buildings St Helier need bringing up to date in order to provide the facilities our residents need and deserve. This is why we have been calling for investment there as opposed to the downgrading of services proposed by the CCGs. We do not agree that it is not capable of hosting a world class workforce to deliver emergency care. What is required is a strategic approach to workforce development rather than an acceptance that services must be built around the contrived constraint of a shortage of clinical staff. It is extremely disappointing that the IRP appears to

have ignored the many cogent arguments put forward by the Council, particularly in relation to the impact of the proposals on the more deprived communities in our borough. It is of great concern to us that the Improving Healthcare Together partnership has not seen fit to pause and reconsider in light of a proper analysis of the impact of Covid-19, including the disproportionate effect on people from BAME communities including the disproportionate effect on people from BAME communities and those from other protected groups including those facing socio-economic disadvantage.

**From: Councillor Laxmi Attawar to the Cabinet Member for Adult Social Care and Public Health**

What work is being done to address the disproportionate impact of COVID-19 on vulnerable groups?

**Reply**

Merton's Local Outbreak Control Plan prioritises community engagement and protecting vulnerable residents and those groups that have had a disproportionate impact of COVID-19 including young people, older people, Black Asian and Minority Ethnic communities, carers and residents with a disability. We are working closely with our partners in the Merton Health and Care Together partnership including South West London Clinical Commissioning Group, to align communications and engagement approaches and to tackle health inequalities that have been exacerbated by COVID-19.

The Council's approach, overseen by the Health and Wellbeing Community sub-group, includes the development of a network of Community Champions who pass on key messages to their networks, a series of community engagement workshops to understand the lived experience in our communities and pro-active engagement and support to Faith Groups and Voluntary and Community Sector (VCS) organisations including Merton Mencap and BAME Voice, who are leading on community led programmes of engagement and resilience building.

We have contributed funding to Merton Chamber of Commerce and Merton Voluntary Service Council's Merton Giving initiative, which launched its Coronavirus Fund Phase 2 'Response, Resilience & Recovery' Programme on Monday 16<sup>th</sup> November with £150,000 available for VCS organisations across three themes; addressing disproportionate impact, supporting vulnerable people and connecting our communities.

Mitigating the health harm of COVID-19 is a key part of the Council's approach and we are launching a 'Better Health Merton' campaign to encourage residents, staff and volunteers to improve their health and reduce the risk of severe COVID-19 by eating healthily, stopping smoking, getting a flu-jab and managing their long term conditions e.g. diabetes.

**From: Councillor Paul Kohler to the Cabinet Member for Adult Social Care and Public Health**

Could the Cabinet Member please explain the large increase in excess deaths due to non-Covid related causes during the period 28/3/20 - 24/4/20 – setting out steps that have been taken to identify deaths that were due to changes in care provision and/or access to health services and the measures being taken to ensure this does not happen in the future?

**Reply**

During the first COVID-19 peak, there was an increase in deaths across the borough, in similar patterns seen across the UK. Some of these excess deaths might have been due to undiagnosed COVID (people who had symptoms but were not tested), and some of may have been due to people not accessing healthcare services. We have recognised this and are working to address the backlog to ensure those who are awaiting health services can access them. The national campaign promoting the NHS is open continues, with messaging to the public reinforcing the importance of accessing healthcare, taking up vaccinations, and symptoms to look out for. We continue to monitor closely the situation in Merton, and are working closely with our partners in the CCG and NHS, and can report the following:

- **Waiting times:** South West London and CCG performance against waiting standards is just under 60%. This is the highest performing in London, but work is being done to meet the full recovery target of 92%.
- Since June, there has been a steady return to business and usual activity (BAU) and in August, the backlog of patients waiting over 18 weeks reduced by 5,719. South West London is now at 98% of BAU activity for first outpatient work and 81% for admitted activity. Patients on waiting lists are actively contacted and booked in.
- **Two-week waits for cancer:** Provider and CCG performance also achieved the two week wait standard for cancer in August, at 96.6% and 96.4% respectively. South West London again leads London in performance against this target . Referral volumes are steadily increasing however they remain approximately 20% lower than the same period last year (as of August 2019). There are national and local campaigns for patients to present early
- **Diagnostics:** The activity in diagnostics were tracking at 89% against pre-COVID-19 activity levels showing that South West London is making progress on the reduction of the backlog. Some diagnostics are being carried out in primary care to support this, and reduce waiting times for patients.
- **Urgent and Emergency Care:** attendances at A&E are tracking at 78% of BAU levels but are also impacted by initiatives to use 111 more effectively . 111 calls are 32% higher than this time last year
- **Mental Health:** Mental health service activity across inpatient, community and primary care is well in excess of levels in 2019 / 2020.
- Referral and access to psychological therapies (IAPT) also continues to increase. IAPT recovery has maintained a steady performance throughout with the move to virtual appointments. South West London CCG continues to meet the dementia diagnosis target, but challenges in undertaking assessments during COVID-19

means work is being undertaken, such as monitoring by the Mental Health Transformation Board, to ensure this performance is not interrupted

- **Primary Care:** GP practices are actively reaching out to their most vulnerable patients, including those living with long term conditions, those living with a learning disability and severe mental illness. They continue to target children for immunisations and women for cervical smears and have made very good progress on delivering the flu vaccination this year. Once again, they are ranked first in London. They are also promoting new ways of working such as remote consultations.

**From: Councillor Mary Curtin to the Cabinet Member for Adult Social Care and Public Health**

How has the Council ensured vulnerable groups are still able to access activities and support despite the necessary closure of day centres during the pandemic?

**Reply**

Merton closed all of its four in-house day centres in March apart from JMC in Mitcham. This site was kept open to support a number of customers with learning disabilities and families who were in most need of support. This was agreed to be fifteen people per day. At that time attendance at all sites had dropped to a handful of people per day due to widespread concern about COVID-19 and the vulnerability of our customers.

Day service staff worked with colleagues across Adult Social Care to identify alternative support for customers and families. This involved regular phone calls and video link ups but also social workers arranging extra care calls and increases to personal budgets if required, and support with shopping and collecting medication. The teams worked closely with the Merton Response Hub to arrange practical support. The learning disability team made its health and therapy staff available to support families.

Within a couple of weeks day service staff from the learning disability centres were organising Zoom calls and running dance, exercise and music sessions on line, linking people together. Staff also began making home visits where safe to do so, and as restrictions eased, collected people from home to go for walks and visits to cafes. In mid-July Leyton Road re-opened under strict conditions and took in ten people per day while continuing the alternative support to its wider group of customers.

Customers living in residential care homes and supported living sites were kept at home. They have participated in the video calls and activities and where appropriate part of local walks.

Our older people's services, Woodlands and Eastway were both closed in March; Woodlands was a planned closure and the customers were supported by Eastway staff. Again social work teams arranged extra care calls and worked with families to agree extra personal budgets if required. Help with shopping and medication was

provided. Respite care was arranged in a number of cases. In August when 'shielding' was lifted, day service staff began home visits to customers as part of the support arrangements.

These arrangements are continuing and kept under review by day service and social work staff.

**From: Councillor David Williams to the Leader of the Council**

Does the cabinet member agree with the Independent Reconfiguration Panel's advice that the greater availability of senior staff across a range of specialist expertise leads to better, faster decisions about the sickest patients?

**Reply**

No.

This advice is predicated on a view that larger hospitals allow for a greater range of specialisms. But that is not the only consideration at play. We do not consider there is a proper evidence basis to support larger hospitals based on that argument. Taking services further away from patients and visitors, with the risk of creating a reluctance for patients or visitors to attend because of the distance and there is real doubt as to the evidence that, will have an impact on health outcomes whatever the size of a hospital. It is extremely disappointing that the IRP appears to have ignored the many cogent arguments put forward by the Council, particularly in relation to the impact of the proposals on the more deprived communities in our borough. It is of great concern to us that the Improving Healthcare Together partnership has not seen fit to pause and reconsider in light of a proper analysis of the impact of Covid-19, including the disproportionate effect on people from BAME communities and those from other protected groups including those facing socio-economic disadvantage.

**From: Councillor Peter McCabe to the Leader of the Council**

Can the Leader give an update on Merton scrutiny's reference back on the government's plans to move health services from St Helier to Belmont?

**Reply**

Following the decision of the Older People and Healthier Communities Panel, the Council made a referral to the Secretary of State asking him to exercise his powers to seek advice from an Independent Reconfiguration Panel about the proposals to downgrade St Helier hospital. We were pleased that he agreed to this request. However, on 30 October we were informed that the advice of the Independent Reconfiguration Panel was that the proposals should proceed. The Secretary of State indicated that he was prepared to accept that advice. This was extremely disappointing, not least because the IRP appears to have ignored the many cogent arguments put forward by the Council, particularly in relation to the impact of the proposals on the more deprived communities in our borough. It is of great concern to

us that the Improving Healthcare Together partnership has not seen fit to pause and reconsider in light of a proper analysis of the impact of Covid-19, including the disproportionate effect on people from BAME communities and those from other protected groups including those facing socio-economic disadvantage. We are taking advice about what options now remain open to us.

**From: Cllr Eloise Bailey to the Cabinet Member for Partnerships, Public Safety and Tackling Crime**

During Covid - 19, it has been reported that the need from those suffering domestic abuse for support has risen significantly, with victims finding it even more difficult to escape during lockdown. Could the Cabinet Member please explain the situation across Merton?

**Reply**

Referrals for domestic violence incidents are screened and then presented at the Multi Agency Risk Assessment Conference (MARAC), which is held every three weeks. The MARAC is chaired by a representative from the police and includes membership from all relevant sectors including Adult Social Care, Housing, Children Schools and Families as well as voluntary sector partners. A social worker from the Merton safeguarding team is a regular participant to the MARAC meetings where full sharing information agreements are applied. If there are urgent cases that fall out of the set meeting timescales 'extra ordinary' multi-agency meetings are arranged. The arrangements for working with victims of domestic abuse have remained in place during the pandemic and while the group meet using video conferencing the work has continued to support people throughout with victim support continuing to operate a virtual one stop service.

Merton's Domestic Violence and Abuse services are still operating virtually and have done so since the end of March.

- Information about services has been put out on social media on a regular basis since the end of March.
- Victims have been advised that they are allowed to leave their house if they are not safe and that police officers will go into a house to ensure someone's safety.
- 16 days against violence and abuse campaign takes place in November 25<sup>th</sup> November – 10<sup>th</sup> December and there will be information going out on Social media to advertise services.
- Support services within Merton are still operating virtually and continue to support victims.

For more information, please visit: [www.merton.gov.uk/domesticviolence](http://www.merton.gov.uk/domesticviolence)

**From: Councillor Omar Bush to the Cabinet member for Adult social care and Public Health:**

Is it 'business like' to fail to bid for available funding to improve air quality in Merton?

**Reply**

I can assure members that the Council's Air Quality service is actively pursuing funding for air quality initiatives wherever possible. Examples of the council's activity includes two bids submitted in October for Defra's air quality grant scheme that provides funding to help improve air quality. These bids were for:

1. **Behavioural Insight - Whole School Air Quality Approach:** This project would seek to use behavioural insights as a means of educating and nudging primary school children to change their behaviour, promote health & wellbeing, and the principles of sustainability in relation to air quality.

A behavioural insight team would strive to develop a series of interactive educational learning activities to inform the children about air quality (NO<sub>2</sub> and PM<sub>10,2.5</sub>) and incentivise them to implement changes within their schools and their community through learning and nudge techniques.

This would also allow through teaching, the children to come up with ideas to impact on air quality and these ideas will be implemented at their school sites (for example, bug hotels, green screen/wall, urban wilderness, gorilla gardening, food growing, sensory gardens, Parklets etc.). This could be done in school class bubbles in line with COVID-19 guidelines, utilising outside areas to hold the interactive pop-up activities and stalls.

This also links in with the current concepts that are being implemented within Merton (School Streets, Anti-Idling projects) and also emphasising initiatives such as Active Travel (walking and cycling to and from school).

2. **Clean Air Villages 4 (CAV4)** : Cross River Partnership's (CRP's) Clean Air Villages 4 (CAV4) project will build on the work undertaken through the Defra-funded Clean Air Villages 1, 2 and 3 projects, and deliver ambitious Freight Solutions for a Clean Air business recovery from Covid. CAV4 will enhance CRP's measure BEST monitoring tool, to capture, measure and analyse pollutants (including NO<sub>2</sub>, CO<sub>2</sub>, PMs) within 23 of London's most polluted 'hotspots'.

The CAV4 project has been designed to be delivered virtually, and / or physically, or using any hybrid combination of the two, over the period 1st April 2021 – 31st December 2022.

The outcome of these bid applications will be announced and awarded in early 2021.

**From: Councillor Joan Henry to the Cabinet Member for Adult Social Care and Public Health**

Can the Cabinet member outline what work is being done to counteract impact of food poverty on the health of young people in the borough?

## Reply

In response to COVID-19, promoting healthy weight remains a priority and activities will be reviewed and adapted to respond to current challenges. Food poverty and insecurity has been a main focus of Merton's COVID response. This included the development of a Community Fridge Network, which established a food distribution hub from Merton College, with fresh food supplied by the London Food Alliance/ Fareshare. Food parcels were distributed to existing partners, to pass on to residents in need. On average over 300 parcels a week were distributed, the majority of which went to families living in the east of the borough.

In September 2020, The Merton Community Fridge voluntary and community sector organisations (Sustainable Merton, Wimbledon Guild, Commonsense Trust and The Polish Family Association) successfully won a bid of £50,000 from the CIL (Community Infrastructure Levy) Neighbourhood Fund, to set up four Community Fridges across the borough. Moving forward, these four organisations will operate as the Merton Community Fridge Network.

The Community Fridge Network in addition to distributing fresh food will also support local communities by providing a Community hub where people can: learn about preparing and cooking fresh healthy food, expand their food choices through education and access, support children's after school cooking sessions and develop further links with local food growing enterprises and volunteer led community gardens to supply locally grown fruit and vegetables.

All schools are supported by the borough Healthy Schools London network to develop School Food policies which promote a healthy eating environment and include links to healthy eating resources. We are also very active in ensuring that parents register for free school meals and approve applications within a few days where eligible. During the October half term break, the Council agreed to fund families eligible for free school meals, if families need further support schools are encouraged to sign post them to the Merton Covid Community Hub.

We are committed to promoting healthy eating messages and are continuously seeking more effective ways of achieving this with our partners, and have tabled this as an agenda item at the next Community Response Steering Group meeting.

<https://news.merton.gov.uk/2020/10/26/merton-council-pledges-to-cover-the-cost-of-free-school-meals-this-half-term/>