Public Document Pack

Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 12 February 2014
Time: 19:15
Venue: Committee rooms B, C & D - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

This is a public meeting – members of the public are very welcome to attend. The meeting room will be open to members of the public from 7.00 p.m.

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Logie Lohendran (Chairman)
Richard Chellew
Caroline Cooper-Marbiah
Brenda Fraser
Maurice Groves
Peter McCabe (Vice-Chair)
Debbie Shears
Gregory Patrick Udeh

Substitute Members:
Laxmi Attawar
John Dehaney
Gilli Lewis-Lavender
Suzanne Grocott

Co-opted Representatives
Myrtle Agutter
Laura Johnson
Sheila Knight
Saleem Sheikh

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?
Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

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

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
15 JANUARY 2014

(19.15 -20.20)

PRESENT: Councillors Logie Lohendran (in the Chair), Richard Chellew, Caroline Cooper-Marbiah, Brenda Fraser, Maurice Groves, Peter McCabe, Debbie Shears, Gregory Udeh, Laura Johnson, Sheila Knight and Saleem Sheikh

ALSO PRESENT: Stella Akintan, Caroline Holland (Director of Corporate Services), Simon Williams (Director, Community & Housing Department) and Rahat Ahmed-Man (Head of Commissioning)

1. DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

There were no declarations of pecuniary interests

2. APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies for absence were received from Myrtle Agutter

3. MINUTES OF THE MEETING HELD ON THE 13 NOVEMBER 2013 (Agenda Item 3)

Caroline Holland, Director of Corporate Resources said that she was in attendance at the meeting and this is not recorded in the minutes.

4. MATTERS ARISING FROM THE MINUTES (Agenda Item 4)

There were no matters arising from the minutes

5. SOUTH WEST LONDON AND ST GEORGES MENTAL HEALTH TRUST - FOUNDATION TRUST PROPOSAL (Agenda Item 5)

The Director of Nursing and Quality Standards gave an overview of the report stating that gaining Foundation Trust Status will enable them to use their assets in a better way and there will be more accountability to the public.
A panel member said that the report mentions that the Trust want to be more flexible does this mean there will be a change of direction, if so what will this be?

The Director of Nursing and Quality Standards said that the general Direction is set by the Trust Development Agency. No major changes in direction are planned.

A panel member said that this panel should be provided with more statistical information on; carers, patients and numbers admitted to the acute wards. This would provide more accountability. The Director of Nursing and Quality Standards said that he would be happy to come to a future meeting with these figures.

A panel member said that a BBC4 programme had highlighted that the Trust had closed 154 beds. The Panel had visited Jupiter Ward for Merton residents at Springfield Hospital in February last year and found that it was full and 14 Merton residents had to be placed elsewhere. Also, there is no development worker for the user groups in Merton

The Director of Nursing and Quality Standards said that beds have been reduced but the home treatment service is the highest in Sutton and Merton. There is a national initiative to treat people in their own homes. The Trust does not place people outside the borough as some areas do. There is a cross borough reference group, which the Trust support and works closely with.

Panel members also said that the reduced beds put more pressure on the Community Mental Health Teams to discharge people earlier than they are ready for. Also, please provide more information made about a reference made on page ten of the report about work to engage ethnic minority groups.
The Director of nursing and quality standards said in Wandsworth they had trained black pastors in family therapy and put Improved Access to Psychological Therapies (IAPT) services in the churches and Civic Centres. They are working to do similar work across all boroughs.

A panel member congratulated the Trust on the progress with their Foundation Trust proposal as they are further ahead than many areas. Also can they provide more information about the Quality Summit?

The Director of Nursing and Quality Standards said that there were some issues with the Trust and CQC had a number of concerns. A new team was brought in. Many of these issues have been resolved and the CQC is no longer concerned. The Quality Summit looked at how the Trust had moved on.

RESOLVED
The Panel agreed to support South West London & St George's Mental Health NHS Trust's Foundation Trust proposal.

6. BUSINESS PLAN UPDATE 2014-2018, (Agenda Item 6)

Caroline Holland, Director of Corporate Resources gave an overview of the business Plan.

A panel member asked why we were planning cuts of £242,000 to the community and housing budget and how can we expect to find this high level of savings?

The Director for Community and Housing said that there is a strategic approach to efficiencies and these have been verified by two external reviews. These are not new savings rather the department will ensure that we extract the maximum savings from existing proposals.

The Director of Community and Housing said Brokerage team has been tasked with finding and efficiencies. It is reasonable to set target high and keep it under review. The Head of Commissioning said the team had been working with providers to redefine care packages in some instances they have been able to save up to £1000 per week.

A panel member asked how we can make these cuts given the population rise. The Director for Community and Housing said that the council had provided growth monies for demographic pressures.

A panel member pointed out there had been no uplift for providers for seven years, are we close to the tipping point where the providers will no be able to provide the service?

The Director of Community and Housing said a good working relationship has been developed with providers to deliver services during this difficult period. It had been agreed not to add another year to this proposal.

A panel member said that the reality for councillors is while no-one wishes to make savings we are required to set a legal budget and difficult decisions need to be made. Officers can be commended for their work to minimise the harm and risk to vulnerable people.

A panel member asked about the deletion of four posts in saving CH4. The Director for Community and Housing said these are posts are currently vacant so it will not involve any redundancies.

A panel member asked about the revenue costs on the capital programme and the variations in the public health programme.

The Director for Community and Housing said the revenue is part of the support to the social care IT system so it is on the capital programme. In terms of public health, in the first year there were no reoccurring expenditures. NHS England removed money to the Clinical Commissioning Group, there was not enough time to spend the money but we can roll forward the funding. The Director for Corporate Resources confirmed that there is a £1.2 million current under spend that will be carried into 2014/15.
A panel member asked how we will know that the new social care IT system will be a good one given previous public sector disasters in implementing new systems?

The Director for Community and Housing said that a project manager, who is an industry expert has been put in place. Software upgrades is the area that can lead to significant costs, so we are being careful in the specification and putting in stringent terms and conditions to hold the contractor to account.

RESOLVED
The panel agreed to express their concern to the Overview and Scrutiny Commission about saving CH1 as there is a significant increase in budget saving required in years 2016/17. Panel members would like officers to provide more information about how this saving will be achieved.

7. WORK PROGRAMME (Agenda Item 7)

A panel member asked for the Director of Public Health to provide an update on their progress after one year of working within the local authority.

NHS
Merton
Clinical Commissioning Group
c/o 120 The Broadway
Wimbledon
SW19 1RH
Tel: 0203 668 1221

Report to the London Borough of Merton Healthier Communities and Older People Overview and Scrutiny Panel

Date of Meeting: 12th February 2014

Title of Document: **Report on Long Term Conditions in Merton**	**Purpose of Report:** Requested by the LBM Healthier Communities and Older People Overview and Scrutiny Panel
Report Author: Catrina Charlton, Commissioning Manager, Merton CCG	**Lead Director:** Adam Doyle, Director of Commissioning and Planning
Contact details: catrina.charlton@mertonccg.nhs.uk	
Executive Summary: This report has been produced to provide the London Borough of Merton Healthier Communities and Older People Overview and Scrutiny Panel meeting, to be held 12th February, with the information requested regarding Long Term Conditions on Merton.	
Key sections for particular note (paragraph/page), areas of concern etc: N/A	
Recommendation(s): N/A	
Committees which have previously discussed/agreed the report: N/A	
Financial Implications: N/A	
Other Implications: N/A	
Equality Analysis: N/A	
Information Privacy Issues: N/A	
Communication Plan: N/A	

1. Introduction

This report has been produced to provide the London Borough of Merton Healthier Communities and Older People Overview and Scrutiny Panel with the information requested regarding Long Term Conditions.

For the purposes of this paper Mental Health conditions (e.g. Dementia) have not been explicitly addressed.

Although Cancer is not considered a Long Term condition, as it has been identified by Public Health Merton as the main cause of premature death in Merton it is included in this report.

Merton Clinical Commissioning Group is working to enhance the quality of life for people with long-term conditions (in accord with the NHS Constitution) and delivery of this outcome is dependent on alignment with both the Adult Social Care and Public Health Outcomes Frameworks, and requires partnerships with our fellow commissioners of services for Merton's population.

Whilst continuing to commission disease specific services Merton CCG is seeking to provide a person-centred approach to patient care, with the patient, rather than their condition, at the centre of care services. Among the six key delivery areas of the Merton CCG Operating Plan areas (each of which will have a responsible Clinical Director) there are several which will impact on people living with one or more Long Term Conditions, specifically:

- Older and Vulnerable Adults
- Keeping Healthy and Well
- Early Detection and Management

These key areas will be delivered by Merton CCG in partnership with the Local Authority and Public Health (London Borough of Merton). This delivery will be supported at a strategic level by the Better Care Fund (formerly the Integration Transformation fund) and through the Health and Wellbeing Board.

The shift of Public Health to the local authority provides new opportunities to tackle health inequalities and make a real difference to people's lives. The Merton Health and Wellbeing Strategy has been developed to take advantage of the opportunities and takes a broad view of health to address the wider determinants of good health and wellbeing. The Merton Health and Wellbeing Strategy 2013/14 includes as Priority 3 *Enabling people to manage their own health and wellbeing as independently as possible*.

2. Types of LTC in Merton

The following information has been provided by Public Health Merton

Overall for premature deaths (that is deaths in people aged under 75 years of age- many of which are considered preventable), in the period 2009-11 Merton had 1,204 premature deaths which equates to 236 premature deaths per 100,000 population adjusted for various factors, including the age of the population. Out of 150 local authorities this ranked Merton at 29th putting Merton overall in the 'best outcomes' category.

In terms of under-75 mortality rates from all causes, in 2010 Merton had a directly standardized rate of 220.77 per 100,000 population, compared with 272.77 for England and 271.87 for London. This equates to 1157 deaths in Merton from all causes. Compared with other boroughs in South West London, Merton had a mortality rate lower than Croydon and Kingston upon Thames, but higher than Richmond upon Thames, Sutton and Wandsworth. In terms of trend since 2006, compared with London and England, Merton's mortality rates have been consistently lower than both and is decreasing in 2010 more than the rates in London or England.

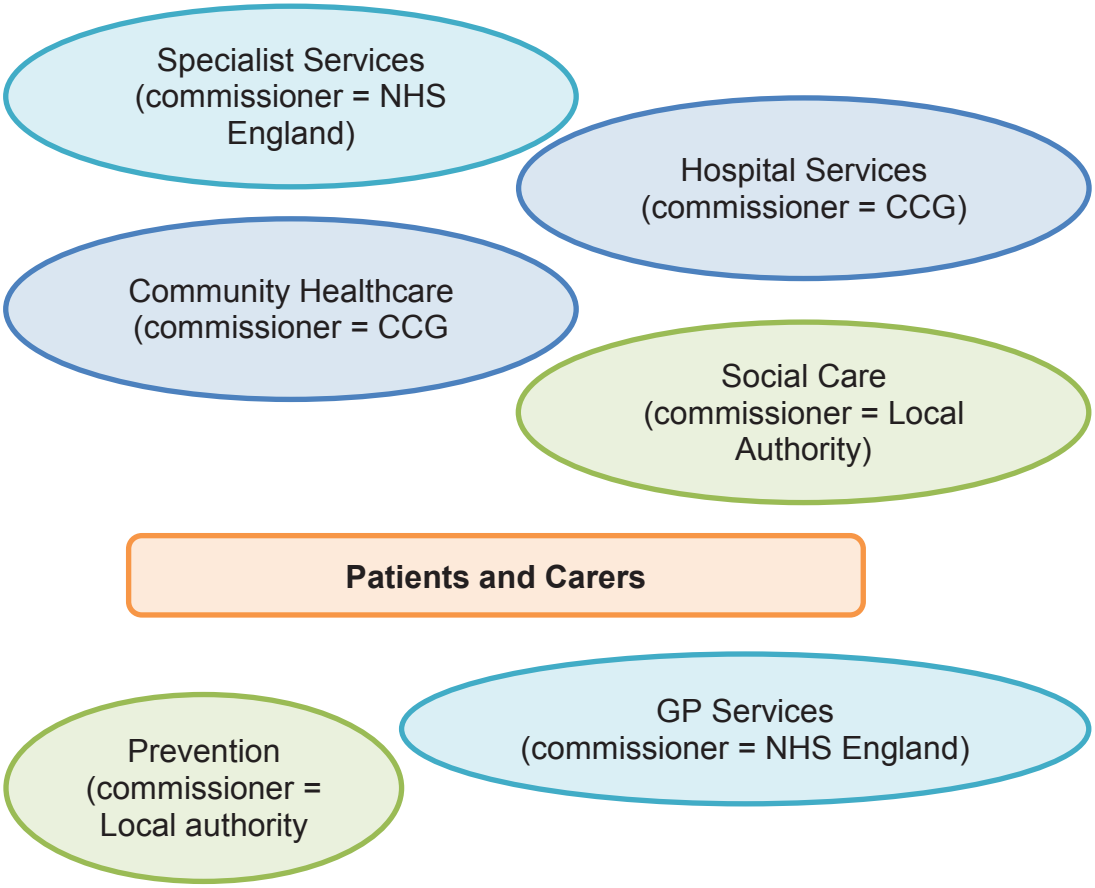
Breaking down the mortality by causes of death, the top three causes of death in those under 75 years of age were (in order of frequency from most to least common) cancers, circulatory disease and accidents and injuries- which accounted for 70% of all deaths in Merton.

Main long term conditions of interest in Merton are:

- **Respiratory Diseases**: deaths from Respiratory Diseases have declined, but there are wide variations in hospital admissions by area. This needs to be studied in more depth.
- **Circulatory Disease**: Under 75s death rate from Circulatory Disease (including Stroke) is higher than England and although the overall trend is downward there was a slight upturn in the last period and it is still the second biggest cause of premature death. The rate of stroke for under 75s increased for both men and women in the last period, although the overall trend is also downwards (2008-10).
- **Diabetes**: Diabetes recorded in primary care is 5.3% for the CCG overall, but ranges from 2% to nearly 10% by Practice. Comparing modelled to recorded prevalence of Diabetes suggests a proportion remains undiagnosed.
- **Cancer**: rates of deaths from Cancer in people aged under 75 have reduced, particularly for females, however it is still the main cause of premature death and inequalities remain with a higher rates of deaths in the eastern wards.

3. Services offered to support people with LTC

There are a range of services to support people living with long term conditions provided by and commissioned by a number of organisations, as shown below:.



The majority of care for someone with a long term condition will be provided by his or her GP; this care is commissioned by NHS England.

Other health services for this group of people are commissioned predominantly by the Clinical Commissioning Group. In addition to the clinical services provided by local hospitals Merton CCG has continued the work of Sutton and Merton PCT to commission services which can be accessed in the community (including, in the case of people who are housebound, in the patient's place of residence). These services, providing both treatment and, where appropriate, rehabilitation include:

- A specialist community respiratory service enabling people with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory conditions to access care and rehabilitation services provided by a range of professionals including Specialist Nurses, Physiotherapists and Occupational Therapists.
- A specialist community diabetes service enabling people with diabetes to access care provided by a range of healthcare professionals including Specialist Nurses, Dieticians and Podiatrists. This is a consultant led

service providing, in community locations, a high level of care suitable for all but the most complex patients (who may need hospital based care services).

Merton CCG commissions a range of other community based specialist nursing services and other rehabilitative services including:

- Specialist Heart Failure Nurses
- a Parkinsons Disease Nurse
- a Specialist HIV Nurse
- neurological rehabilitation services following Stroke
- Speech and Language Therapy Services for people with both neurological and non-neurological conditions.

In addition to providing clinical advice and treatment, and rehabilitation services, the majority of the above services are commissioned to provide education for people to help them to understand and, where possible, manage their own condition and retain their independence and quality of life.

The work of these teams is supported by other specialists such as podiatrists, dieticians and physiotherapists, and other services such as Telehealth which will enable some people with conditions such as Heart Failure or COPD to safely monitor and manage their conditions themselves.

These services are all intended to deliver patient-centred care and in support of this patient-centred approach the CCG is delivering an Expert Patient Education programme for people with Long Term Conditions. The Expert Patient Programme is an education programme which recognises that many of the issues and problems encountered by people with a long term condition are the same, regardless of the condition. The programme is a series of courses run by local accredited trainers who themselves have one or more long term condition. These courses provide people with advice on how they can best manage the problems associated with living with a long term condition (including feelings of isolation and loneliness) and also how best to access health services.

In fact, Merton CCG recognises the necessity of addressing the needs of the many people who are now living with more than one long term condition. This is reflected in the Merton Health and Wellbeing Strategy 2013/14 Priority 3, *Enabling people to manage their own health and wellbeing as independently as possible* (further details of which are included further in this document) and in the deployment of the *Better Care Fund* (formerly the *Integration Transformation* fund), which supports the integration of Health and Social Care services.

4. What is being done to increase the diagnosis in the borough

Early diagnosis of long term condition can be critical to the successful management of the condition, and therefore to quality of life. In the early stages of disease, however, people often do not experience symptoms and therefore do not present themselves to a healthcare professional.

A significant contributory factor to encouraging people to visit their GP early enough is through targeted screening programmes such as the NHS Health Checks programme currently managed by Public Health Merton (this is discussed further in this report).

In addition, publicly available data on number of cases of disease that probably exist in the borough (the expected prevalence) can be used to identify where/in what condition there may be significant numbers of undiagnosed patients, and targeted activity can be supported to increase levels of diagnosis.

For example, publicly available data suggests a significant 'gap' between the expected COPD prevalence and the reported COPD prevalence in Merton. Merton CCG therefore decided to support Practices to report the number of people on their Practice COPD register and, more importantly, to proactively screen those patients at risk of COPD (such as smokers) in order to increase the level of diagnosis of the condition. As a result of this programme a number of people have been diagnosed with COPD at an early stage enabling effective management of their condition.

In recognition of the importance of early diagnosis in effective cancer care Merton CCG will be taking on a Macmillan GP (with the additional support of the Public Health Merton) with the specific objectives of improving levels of screening uptake and early diagnosis, in addition to developing the quality of cancer care in Merton..

Finally, the development of the Nelson Local Care Centre is allowing the CCG to put in place improved access to diagnostic services enabling a patient to be seen swiftly. This will streamline the process of identifying if a patient has a long term condition, and also improve access to appropriate advice and treatment.

Merton CCG is also meeting with key stakeholders to ensure that we have a model of care for East Merton focussed on early detection and intervention. We are currently planning to take the update on this work to the March Health and Wellbeing Board.

5. Costs of Long Term Conditions

Due to the mixed commissioner and provider landscape it is extremely difficult to quantify spend for Long Term Conditions. As a result Programme Budgeting, a well-established technique for assessing investment in programmes of care rather than services, is widely used across the health economy.

Public Health England combine the Programme Budgeting data with overall indicators of health outcome (where available) in a *Spend and Outcome Tool* to produce a *SPOT* factsheet presenting CCGs with their position (in comparison the national average) and providing an analysis of the impact of their expenditure, enabling easy identification of those areas which require priority attention.

The most recent SPOT factsheet for Merton CCG (2011/12) is attached as Appendix 1. This report has been analysed by Public Health Merton who have provided the following information in relation to Long Term Conditions:

- **Circulatory Disease**: Higher Spend and Worse Outcomes.
- **Diabetes**: Lower Spend and Worse Outcomes (based on Endocrinal, nutritional and metabolic Programme Budgets – there is no diabetes specific Programme Budget).
- **Cancer**: Lower Spend and Better Outcomes
- **Respiratory Diseases**: Higher Spend and Better Outcomes.

A further report provided by Public Health Merton, showing expenditure per head of population for the last 2 years for which data is available (2010/11 and 2011/12), is attached as Appendix 2.

It should be noted that all Public Health data pre-dates the formation of CCGs and is therefore derived from NHS Sutton and Merton (PCT) data apportioned for Merton.

6. Current challenges within this area and how they are being addressed.

People with long term conditions are intensive users of health and social care services. This has major implications for resources in a time of significant financial pressure. It also means there is a greater need than ever for effective community based services and preventative services. Achieving the highest possible standards of care within increasingly scarce resources is a key priority for Merton.

Life expectancy is increasing and the number of older people in Merton is projected to increase, so the number of people with long term conditions is rising and particularly people having two or more conditions. At any age long

term conditions can have a significant impact on a person's ability to work and live a full life and stay connected to the community and those who matter to them.

The multiplicity of commissioners of services for patients (and in particular for patients living with a long term condition) can present a challenge to delivering the necessary patient centre care. In addition to the GP services commissioned by NHS England there are a number of specialist services which are commissioned at a 'centrally' (e.g. regular retinal screening for people with diabetes).

Furthermore, in addition to complex health needs this group of patients may also have social care needs which are met by services commissioned by the Borough rather than by the CCG.

To ensure that all of the issues facing people with long term conditions are addressed in a comprehensive manner the Health and Wellbeing Board has identified as one of its' key strategies *Enabling people to manage their own health and wellbeing as independently as possible*. This strategy aims to improve the quality of life for people living with health conditions and to help them to live in their own homes as long as possible, through helping people to manage their own health and wellbeing as independently as possible.

There are a number of initiatives being taken forward under this priority area including:

- Implementation of a new pathway for direct access to reablement services for people with LTCs
- Implementation of a multi-disciplinary model of case management and risk stratification for people with LTCs
- The Ageing Well Programme launched in April 2013 focusing on support services for carers provided by Carers Support Merton such as Neighbourhood peer support groups/networks; Self-financed activities for carers as respite; Carry on caring workshops; Emotional Support and Coaching.
- Introduction of systematic arrangements for analysis of Practice feedback collected Practice Participation Groups

7. What preventative work is being done on LTC

The following information has been provided by Public Health Merton

The main public health activities on prevention of long term conditions are:

- NHS Health Checks: This is run from 25 GP practices in Merton and 3 community pharmacies, with a high uptake. In total in the year 2013-14 till date (quarters 1-3) 4689 Merton residents have undergone an NHS Health Check. The NHS Health Checks programme is directed at adults from the ages of 40-74 years, and each year 20% of the eligible population are invited for a check. New contracts have been developed and are being signed between individual GP surgeries and the LBM, as the programme has transferred from the erstwhile PCT to Public Health Merton in LBM. A new approach is being adopted of providing a universal service with a targeted element towards those most at risk. A system is under development to enable such targeting, and support call and recall and data management and make the process more streamlined for GP surgeries

- Smoking cessation, healthy weight management and physical activity- through the LiveWell programme funded by Public Health Merton

- Health Champions: community volunteers are being recruited and trained to promote health living and support LiveWell in all its health promotion activities

- Development of an adult health book- to support health champions and other healthcare professionals to inform and engage target populations in Merton on various health issues including long term conditions

- Tiers 2 & 3 services for obesity and weight management

- Alcohol prevention- a number of services are being designed to address the whole spectrum of alcohol related challenges from preventing the harms from excess alcohol intake right through to the management of the resulting long term conditions. This includes training on brief advise, designing and disseminating scratch-cards as a health promotion tool, and the development of an alcohol strategy for Merton

- Promoting workplace wellbeing- Public Health Merton is in the process of trying to sign-up LBM to the GLA Workplace Wellbeing Charter

- Training of front-line staff- this is being done with Merton fire-fighters and LBM library services, so that they are able to provide brief advice on smoking cessation and sign-post to LiveWell and other health services as relevant

- Good neighbours project (pilot) in partnership with MVSC to create neighbourhood networks with the initial focus on addressing loneliness and isolation in elderly residents as well as other residents who might be affected/ at risk.

- Additional work is being developed to address health issues in the elderly residents in Merton, in partnership with local agencies (i.e. Age UK Merton, Ageing Well Programme) with a particular emphasis on East Merton, through evidence based and culturally competent services.

- Inequalities work to address the prevalent variances in health outcomes for long term conditions across the borough.

- In addition a GP lead for long term conditions is being funded by Public Health Merton and this post will work with the Public Health lead to develop a long terms condition strategy and action plan.

Public Health England

RightCare

NHS England

Spend and outcome factsheet 2011/12
NHS Merton CCG

Introduction

Programme budgeting is a well-established technique for assessing investment in health programmes rather than services. All Primary Care Trusts (PCT) in England have submitted a programme budget return since 2003/4. All CCG financial figures are based on the above PCT returns.

NHS England has commissioned PHE Knowledge and Intelligence Team (Northern and Yorkshire) to produce a factsheet for each Clinical Commissioning Group (CCG) in England. This factsheet presents an overview of spend and outcomes for NHS Merton CCG. The factsheet presents:

- A diagram that categorises each programme into four quadrants in terms of spend and outcome to allow easy identification of those areas that require priority attention by the CCG.
- A spine chart that shows variation in spend and outcomes compared to similar CCGs, the Strategic Health Authority (SHA) and England, and allows instant visual identification of programmes which may benefit from further review.
- A bar chart which shows spend by programme compared with CCGs in the same Office of National Statistics (ONS) cluster.

Key facts

- NHS Merton CCG's highest spend areas, excluding programme 23 (Other), are £185 per head per year on Mental Health, £138 on Circulation and £111 on Musculoskeletal.
- NHS Merton CCG has no outlier outcomes, but in the area(s): Disorders of Blood, Maternity , Neonates, the CCG has outlier(s) on spend.

CCGs can use the Department of Health's programme budgeting spreadsheet to explore spend further by programme and sub programme.

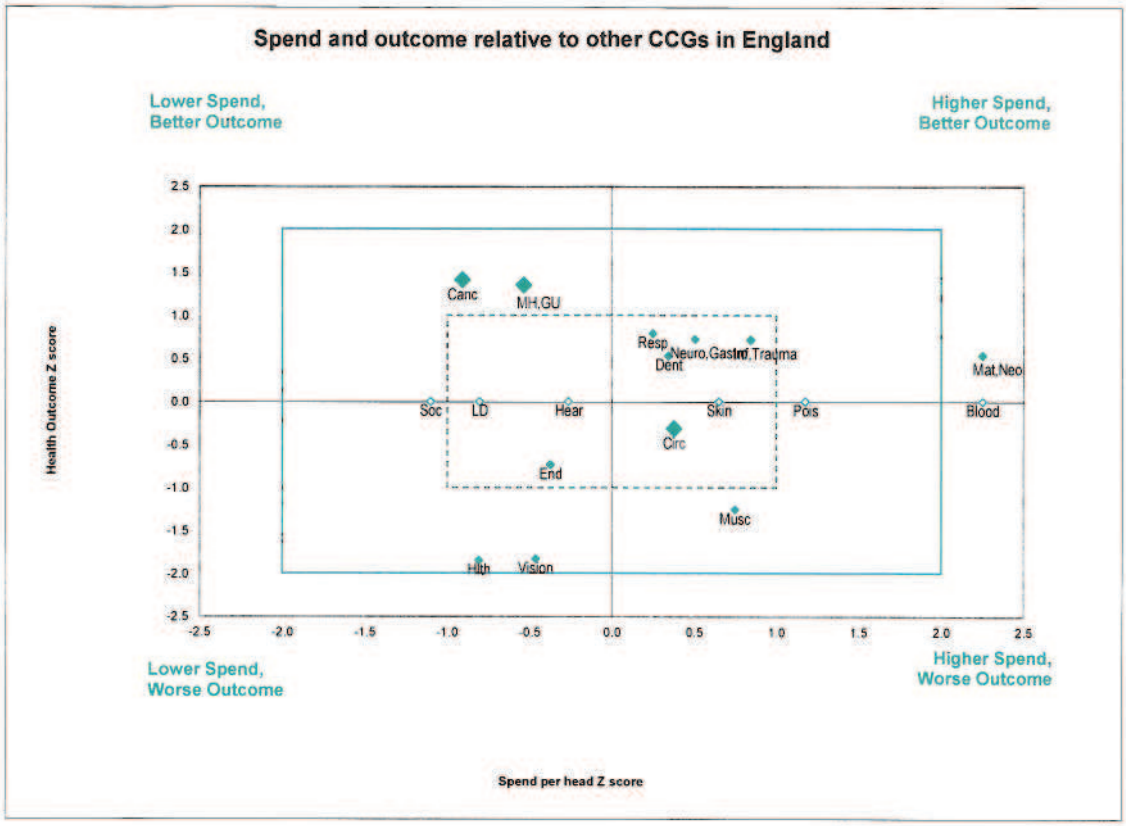
This factsheet and a Spend and Outcome Tool can be found on the PHE KIT (N&Y) website.

Public Health England

RightCare

NHS England

NHS Merton CCG 2011/12



◇ No outcome indicators readily available
◆ Outcome indicators available

Programme Area Abbreviations

Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hlth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pois	Trauma & Injuries	Trauma		

Interpreting the chart:

Each dot represents a programme budget category. The three largest spending programmes nationally (Mental Health, Circulatory Diseases and Cancer) are represented by larger dots.

The outcome measures on the chart have been chosen because they are reasonably representative of the programme as a whole. This means that for some programmes no outcome data is available.

The source data for the outcome measures shown on the chart can be found in the Spend and Outcome Tool.

A programme lying outside the solid +/- 2 z scores box, may indicate the need to investigate further. If the programme lies to the left or right of the box, the spend may need reviewing, and if it lies outside the top or bottom of the box, the outcome may need reviewing. Programmes outside the box at the corners may need a review of both spend and outcome.

Programmes lying outside the dotted/thin +/- 1 z score box may also warrant further exploration.

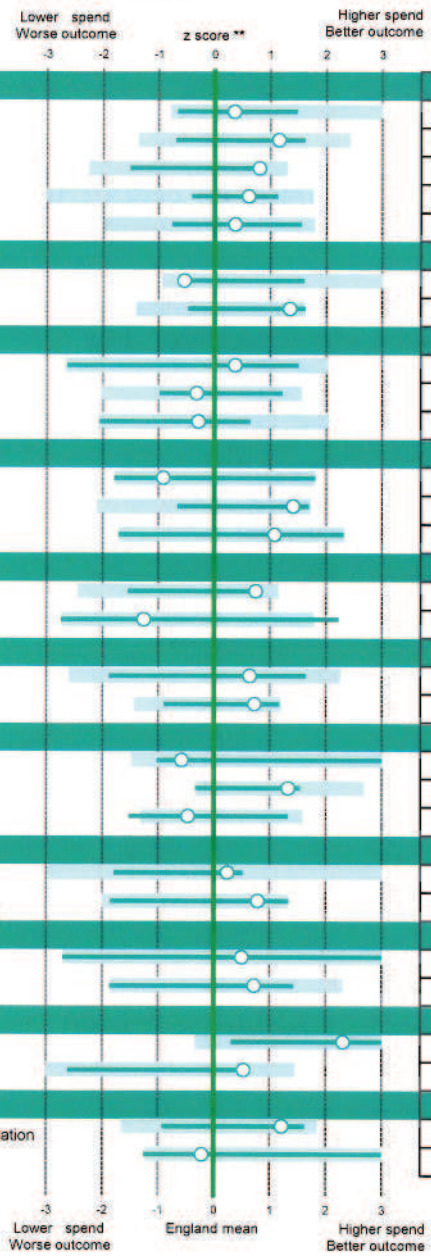
Z score:

A z score essentially measures the distance of a value from the mean (average) in units of standard deviations. A positive z score indicates that the value is above the mean, whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further.

Public Health England

NHS Merton CCG
London Suburbs
London SHA

NHS England



	CCG 10/11	CCG 11/12	2011/12 values ONS Cluster	SHA	England	Notes
Overall						
Overall spend per weighted head of population	£1,876	£1,787	£1,813	£1,868	£1,755	1
All age all cause mortality	490	468	509	511	537	8
Deprivation - Index of Multiple Deprivation 2010	15	15	23	25	22	7
Slope Index of Inequality in Life Expectancy (males)	7.1	7.1	7.6	7.6	8.8	5
Slope Index of Inequality in Life Expectancy (females)	5.1	5.1	4.9	4.8	5.9	5
Mental Health						
Mental Health spend per weighted head of population	£188	£185	£219	£255	£212	1
Mortality from suicide and undetermined injury, DSR*†	4.9	5.4	6.7	7.0	8.0	8
Circulation						
Circulation spend per weighted head of population	£140	£138	£132	£127	£131	1
Mortality from circulatory diseases, DSR*, under 75 years	76	70	64	65	63	8
Patients with CHD whose last blood pressure < 150/90	89%	90%	89%	89%	90%	4
Cancers and Tumours						
Cancer spend per weighted head of population	£117	£88	£94	£97	£105	1
Mortality from all cancers, DSR*, under 75 years	95	90	100	104	109	8
% cancer patients receiving treatment within 2 months	91%	91%	89%	88%	86%	3
Musculoskeletal system						
Musculoskeletal spend per weighted head of population	£106	£111	£88	£84	£98	1
PROMs* EQ-5D Hips Health Gain	0.45	0.36	0.40	0.39	0.41	6
Gastrointestinal Disease						
Gastrointestinal spend per weighted head of population	£96	£94	£85	£84	£87	1
Mortality from gastrointestinal disease	16	15	17	19	19	8
Genitourinary system						
Genitourinary spend per weighted head of population	£97	£82	£96	£97	£88	1
Genitourinary deaths within 30 days of admissions, ISR*	2540	2079	2273	2063	2722	6
% CRF* with hypertension on ACE*/ARB* therapy	91%	88%	90%	90%	90%	4
Respiratory Disease						
Respiratory spend per weighted head of population	£87	£86	£80	£80	£84	1
Mortality from Bronchitis, Emphysema & COPD*, DSR*, u75	7	8	10	11	11	8
Neurological Disease						
Neurological spend per weighted head of population	£76	£87	£78	£72	£81	1
Mortality from epilepsy, DSR*, under 75 years†	0.7	1.1	1.5	1.4	1.5	8
Maternity						
Maternity spend per weighted head of population	£109	£110	£102	£97	£68	1
% Low birth weights	6.7%	6.7%	8.1%	7.8%	7.3%	2
Other						
Primary Care GMS*/PMS* spend per weighted head of population	£159	£168	£149	£153	£149	1
Miscellaneous spend per weighted head of population	£142	£150	£197	£194	£160	1

**** z scores**

A z score essentially measures the distance of a value from the mean (average) in units of standard deviations. A positive z score indicates that the value is above the mean whereas a negative z score indicates that the value is below the mean. A z score below -2 or above +2 may indicate the need to investigate further.

CCG value
SHA range
ONS Cluster range

Notes

1. Department of Health 2011/12 ‡
2. NCHOD 2009 - 2011 data ‡
3. Healthcare Commission 2009/10 ‡
4. Quality and Outcomes Framework 2011/12
5. SHA and Cluster values are PCT averages
6. HSCIC 2009 - 2010 data ‡
7. Population weighted average of LLSOA IMD 2010
8. PHE KIT (N&Y) 2009 - 2011 data
9. Significant changes were introduced to the programme budgeting data collection methodology in 2010/11. Expenditure in 2010/11 should not be directly compared to expenditure in 2009/10. CCG mortality DSRs have been calculated using a methodology which assigns a geography to a CCG. These rates are subject to change either through further refinement to the methodology used or through changes to the CCG configuration. The metadata is available from PHE KIT (N&Y).

‡ CCG values based on PCT values

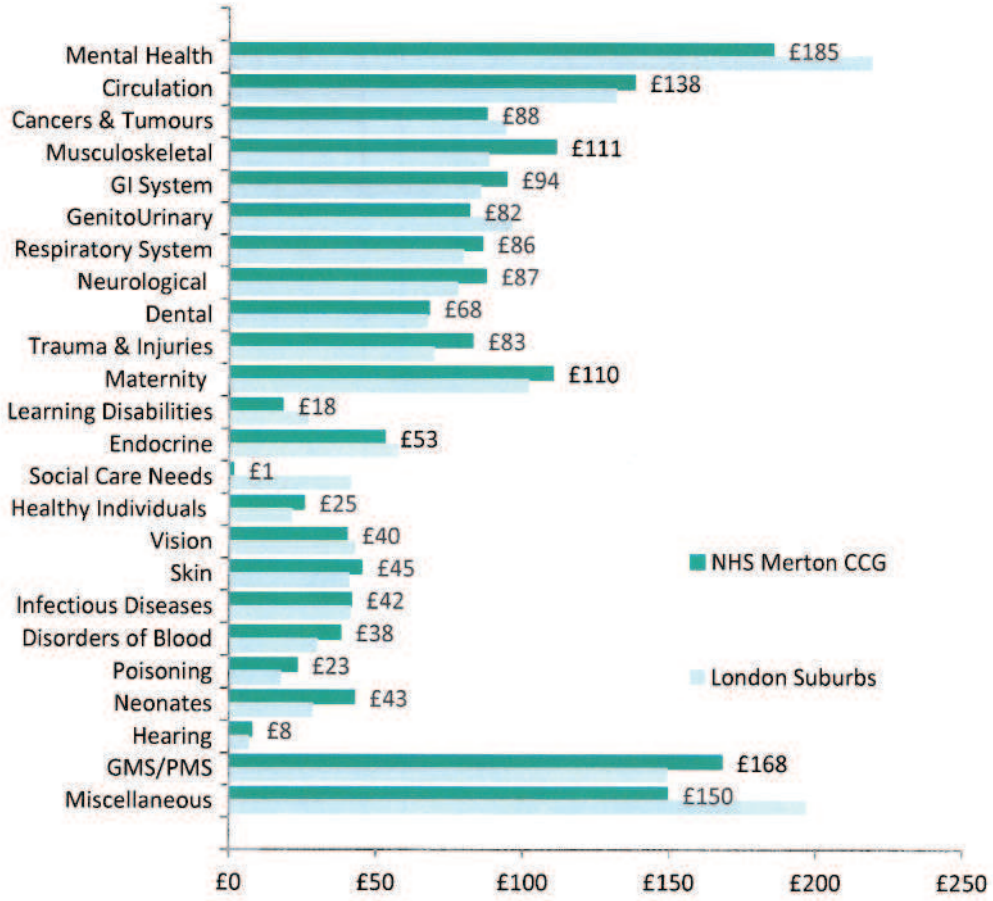
ONS Cluster

Clusters are used to group local authorities (LA) together according to key characteristics common to the population in that grouping. The Office of National Statistics derive these groupings, known as clusters, from census data. CCG values have been derived from LA values.

† Rates based on small numbers.

***ACE** - Angiotensin converting enzyme inhibitor
***ARB** - Angiotensin receptor blocker
***COPD** - Chronic Obstructive Pulmonary Disease
***CRF** - Chronic Renal Failure
*** DSR** - Directly Standardised Rate per 100,000
***GMS** - General Medical Services contract
***ISR** - Indirectly Standardised Rate per 100,000
***PMS** - Patient Medical Services contract
***PROMs** - Patient Reported Outcome Measures

Spend compared to ONS Cluster



This chart shows spend per head of population for your CCG and ONS cluster.

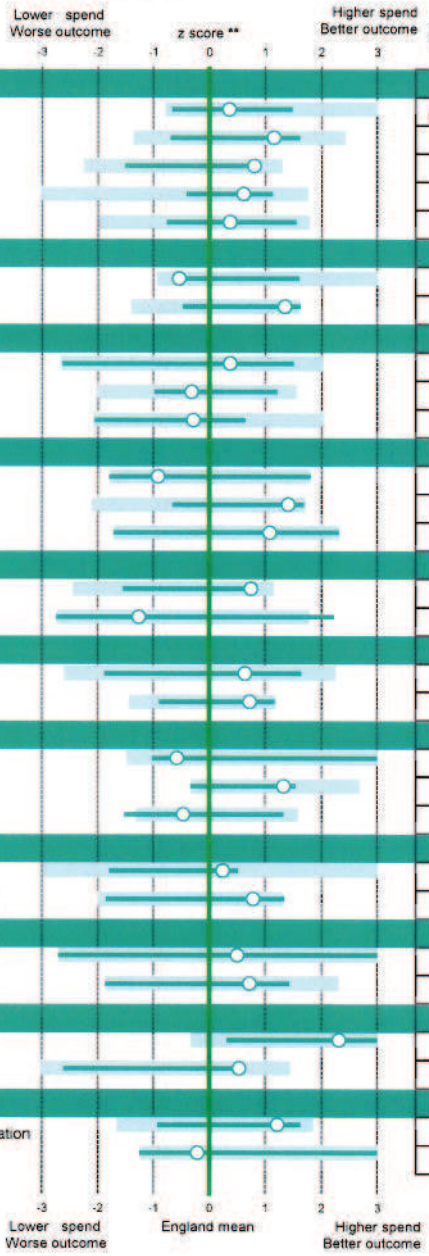
It also shows GMS/PMS spend on Primary Care (23a), and Miscellaneous spend (23x). Currently Primary Care prescribing is apportioned across programme areas but the spend on primary care staffing is not apportioned. If Miscellaneous spend is large then it may give a less accurate picture of spend on each programme, and CCGs may wish to take steps to reduce the amount of Miscellaneous spend in their programme budget return.

APPENDIX 2.

Public Health England

NHS Merton CCG
London Suburbs
London SHA

NHS England



	CCG 10/11	CCG 11/12	2011/12 values: ONS Cluster	SHA	England	Notes
Overall						
Overall spend per weighted head of population	£1,876	£1,787	£1,813	£1,868	£1,755	1
All age all cause mortality	490	468	509	511	537	8
Deprivation - Index of Multiple Deprivation 2010	15	15	23	25	22	7
Slope Index of Inequality in Life Expectancy (males)	7.1	7.1	7.6	7.6	8.8	5
Slope Index of Inequality in Life Expectancy (females)	5.1	5.1	4.9	4.8	5.9	5
Mental Health						
Mental Health spend per weighted head of population	£188	£185	£219	£255	£212	1
Mortality from suicide and undetermined injury, DSR*†	4.9	5.4	6.7	7.0	8.0	8
Circulation						
Circulation spend per weighted head of population	£140	£138	£132	£127	£131	1
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Committee: Health and Wellbeing Scrutiny Panel

Date: 30th January 2014

Agenda item: **Safeguarding Adults Annual Report 2012-2013**

Wards: All

Contact officer: Julie Phillips – Safeguarding Manager

Recommendations:

A. That the Scrutiny Panel notes the contents of this update for their information.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an overview of safeguarding Adults and Deprivation of Liberty information overseen by the safeguarding adults board between 1st April 2012 and 31st March 2013 . this report is attached at. Appendix one.

1.2 Appendix two contains an update of safeguarding alerts from April 2013-January 2014.

1.3 Appendix three contains an update on the implementation of recommendations arising from the Safeguarding Older People task group carried out by this panel in 2012.

2 DETAILS

2.1. Local details: During this year, Merton has continued to see an increase in the number of referrals received and in the number of referrals that progress through to investigation. This we believe can be attributed to increased awareness among staff in all partner agencies as well as increased community awareness through national safeguarding concerns covered by the media. We have received a total of 428 alerts. This shows an increase of 2.64% from the same period in the previous year.

2.2. This year saw a rise in referrals in physical abuse for learning disability. This is uncharacteristic of previous years and reason could be the awareness of the Winterbourne View case.

2.3. Results indicate that in most reported cases abuse takes place within the service user's own home. This is consistent with the figures from previous years. This is closely followed by alerts relating to residential settings. Nationally, abuse is more likely to go unreported in people's own homes but this is not reflected in our figures.

2.4. There are a good number of outcomes with police action. This could be a good indicator that practitioners are getting better at reporting, our link with the CSU and police recognising abuse cases as a criminal matter.

2.5. Deprivation of Liberty Safeguards: We received nine urgent DOLS requests in this year. Last year we received 10, so we are continuing to receive a steady amount of requests, almost working out 1 a month although requests

seem to come in spurts and are unpredictable to when they will be submitted. We are noticing that care homes will call the team more regularly for advice regarding deprivation of liberty safeguards and we expect that request rates will increase next year.

2.6. National Information: Progress is being made nationally for Safeguarding Adults being given statutory footing in the draft care and support bill once the Bill has negotiated the necessary legislative scrutiny channels in 2014. These statutory duties are contained within Clauses 34-36 and Schedule 1 of the Bill.

2.7. A significant duty imposed will be a duty upon the local authority to establish a SAB (safeguarding adult's board) to bring together the key organisations in the area with functions relevant to adult safeguarding. In Merton we already have a safeguarding adults board established but they bill will help to embed statutory working with key agencies.

3 ALTERNATIVE OPTIONS

3.1. n/a

4 CONSULTATION UNDERTAKEN OR PROPOSED

N/A

5 TIMETABLE

5.1. This report covers time period 1st April 2013-31st March 2014.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. There are no cost implications.

6.2. .

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. There are no implications.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. There are no implications.

9 CRIME AND DISORDER IMPLICATIONS

9.1. There are no implications.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. There are no implications.

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

- Appendix 1 - Safeguarding Adult annual report
- Appendix 2 – Safeguarding alerts
- Appendix 3 – Update on the Safeguarding Older People action Plan

12 BACKGROUND PAPERS

12.1. None.

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MERTON SAFEGUARDING ADULT BOARD ANNUAL REPORT

1 April 2012 – 31 March 2013

Contents

Introduction

Living a life that is free from harm and abuse is a fundamental right of every person. In Merton we believe that Safeguarding is everyone's business. This annual report is produced on behalf of Merton Safeguarding Adults Board known locally as the Vulnerable Adults Strategy Team (V.A.S.T). Each year we have been able to watch and report on the developments of the work carried out by Merton and its partners to safeguard our vulnerable residents from abuse. This report outlines the progress made during the year April 2012 – March 2013 and how local and national developments have influenced this. The Board comprises of senior lead managers from Social Services, St Georges NHS Trust, Epsom and St Helier NHS Trust, South West London and St Georges Mental Health NHS Trust, NHS Sutton and Merton, the Metropolitan Police, the Voluntary Sector, Membership as of 31st March 2013 is detailed in Appendix 1. The Terms of Reference for the board is attached in Appendix 2

The role of V.A.S.T. is to promote, inform and support the work of safeguarding adults in Merton. It does this by ensuring that safeguarding adults is a theme that is strategically driven, adequately represented across the borough and included in strategic thinking, documents and plans. This year we have developed strong new partnerships with the newly formed Merton CCG as well as Royal Marsden and Sutton and Merton Community Services.

- **Message from the Chair, Simon Williams Director of Community and Housing**

I am pleased to introduce our Annual Report for Merton Safeguarding Adults Board known locally as the Vulnerable Adults Strategy Team for 2012-13. This annual report details what we have achieved during 2012/13 and our plans for the future. The report's publication coincides with the governments draft legislation, the health and social care bill which, when becomes law, will influence and enhance the role of the Safeguarding Adults Board. I am pleased to say that VAST has worked hard to ensure that it has strong partnerships and is well placed to implement any policy changes.

We can only deliver an effective safeguarding agenda by working in partnership from strategic thinking to operational processes and practice. It is this spirit of co-operation which makes a big difference to our challenging workload and for which I thank everyone involved in the production of this report and, crucially, in the actual delivery of this challenging agenda.

- **Our lead Councillor for Adults Social Care, Linda Kirby says,**

"Safeguarding adults is an issue we take seriously in Merton. Abuse in any form is not acceptable and we are pleased that more people understand what this is and are keen to report it when they come into contact with it. Merton's team work hard to ensure that our residents' concerns are dealt with sensitively and efficiently. I am pleased to say that this year saw the launch of the Dignity in Care Visitors scheme in Merton. Volunteers trained up to go into the care homes that we commission to ensure that our residents have a good quality of life. That means: that they are respected, have privacy, a good environment to live in and that their voice is heard. This is a partnership arrangement with Merton Seniors Forum, the Council, MVSC, with the training being contracted to Age UK Merton. The visitors will be offering information and advice to the care home managers about what services and activities are going on in the borough that could benefit their clients and make their work more interesting. We hope this initiative will bring more transparency to what is going on in care homes in Merton and improve the quality of care".

- **David Flood, Safeguarding Lead St Georges Hospital Trust:**

"St George's Healthcare NHS Trust has a commitment and responsibility to ensure that all patients receive safe, effective and dignified care. In particular we have a duty under Outcome 7 of CQC regulations to ensure that those adults most at risk are "protected from abuse and that staff should respect their human rights". The last twelve months has seen a number of reports that have highlighted considerable concerns with regard to the care and dignity of those most vulnerable within society. Of critical importance was the publication of the Francis Report which documented the significant failings at Mid Staffordshire NHS Foundation Trust. A significant aspect of adult safeguarding is to ensure we have the necessary processes and systems in place when responding to allegations of abuse and neglect, both within our organisation and externally within the communities we serve.
St Georges is an active member of the Merton Vulnerable Adult Strategy Team and has positive working relationships with the safeguarding team to ensure any concerns around adults at risk are responded in an effective and timely manner. All staff continue to receive basic awareness training at induction and as part of a yearly update and we are rolling out additional training on Mental Capacity Act and Deprivation of Liberty Safeguards. Following an unannounced visit in January 2013, St Georges was found to be compliant with CQC Outcome 7- this was also reflected in the results of an external audit of St George's practices which identified that there were "clear governance and reporting arrangements for safeguarding within the health care trust."

- **Jenny Kay Director of Quality, Merton CCG June 2013**

"Merton Clinical Commissioning Group came into being in April 2013. It is responsible for commissioning or 'buying' healthcare services for the people who live or work in the borough.

Our group of 25 GP practices work together with our partners in the local NHS - pharmacists, dentists, hospitals and mental health providers, the London Borough of Merton and local community groups, to improve health and wellbeing, reduce health inequalities and ensure everyone has equal access to healthcare services. These responsibilities include the duty to safeguard vulnerable adults, and the Director of Quality, Jenny Kay is the CCG's lead officer for safeguarding.

As part of our commissioning responsibilities, we monitor how well these services are provided. We therefore have systems in place to assure ourselves that our 'provider' organisations are safeguarding adults in their care. Following the Francis report into Mid Staffordshire NHS Trust and the Winterbourne Review, this has included a particular focus on the care of elderly patients in local acute hospitals and care of patients with learning disabilities in 'out of area' placements.

We are already working collaboratively with the London Borough of Merton in ensuring that all agencies work in partnership to identify, prevent and manage any safeguarding concerns. In April 2013, responsibility for Deprivation of Livery Safeguards was handed over to the London Borough of Merton from the previous Primary Care Trust.

During the next months, as we develop our relationships with our providers and other partners, we will be developing our own expertise and more detailed policies and plans with regards to adult safeguarding.

National and Local Progress

National:

Care and Support Bill

Progress is being made nationally for Safeguarding Adults being given statutory footing in the draft care and support bill once the Bill has negotiated the necessary legislative scrutiny channels in 2014. These statutory duties are contained within Clauses 34-36 and Schedule 1 of the Bill.

Clause 34 places a duty upon local authorities to make enquiries, or ask others to make enquiries, where there is reasonable suspicion that an adult within the local authority area with care and support needs is at risk of abuse and neglect. The purpose of such an enquiry would be to establish what action, if any, would be required in relation to the case.

Clause 35 imposes a duty upon the local authority to establish a SAB to bring together the key organisations in the area with functions relevant to adult safeguarding. It is stated that the SAB would be coordinated by the local authority and that core members would be the authority, the relevant Chief Officer for Police and the appropriate Clinical Commissioning Group. The SAB will be expected to produce and publish a Strategic Plan and Report on an annual basis.

Clause 36 stipulates that a SAB will be required to arrange a safeguarding adults review in the event of an adult dying or if there is a concern about the conduct of a member of the SAB involved in the case.

Local:

- High Risk Service Review

This year saw the review of our High Risk Service policy. This was completed in order to gain an independent view of the effectiveness of the policy and procedure. The audit was completed by an independent safeguarding consultant, Mick Haggar. The full report can be found on the safeguarding adults Merton webpage

- Independent Safeguarding Case Audit

This year also saw an independent quality assurance audit of safeguarding adult cases completed by an independent safeguarding consultant. The full report can be found on the safeguarding adults Merton webpage

- Management review

We completed a management review of a complex case this year with partnership agencies. The meeting was chaired by a member of VAST and an action plan was devised in order to learn from the experience and improve practice across agencies involved with the case. All involved in the process will agree it was a useful exercise to reflect and on practice and current procedure and framework which we work within.

- Response to Winterbourne and Mid-Staffordshire Enquiry

In the wake of the Winterbourne View case and the Francis report which detailed findings from the Mid-Staffordshire NHS Foundation, VAST have produced multi agency action plans to respond to these inquiries.

Safeguarding Board Objectives 2012 – 2013

- Implement the Pan London Safeguarding Process ensuring a coordinated approach to developing awareness of and engagement in safeguarding Adults at risk.

The London Safeguarding procedures have been in place since January 2011 and continue to be followed across social care teams in the borough. The social care teams continue to develop familiarity with the procedures and support is given by the safeguarding team to team managers and practitioners as and when required.

- Further develop and implement multi agency performance management and quality assurance measures to ensure robust quality assurance framework embedded across partners agencies with a particular focus on improving practitioners recording.

This year, Access and Assessment developed our recording policy which provides guidance and advice on what Merton consider as competent recording. This aim of this is to set the standard as to what we expect from practitioners as part of their role. This policy was developed following recommendations from the Serious Case Review held the previous year.

- To promote and raise awareness with staff and providers around the Deprivation of Liberty Safeguards.

The referral rate for the Deprivation of Liberty Safeguards (DOLS) remains low in Merton. Part of the reason for this is that the Safeguarding Team are very proactive with discussion of issues with Merton care homes that could be viewed under DOLS. This provides valuable advice and guidance to care homes as to what can be viewed as restriction or deprivation, giving care homes confidence of when to refer. Much preparation work was carried out this year in preparation for the changes of DOLS from 1st April 2013 that the supervisory body take over hospitals and overseeing of any authorisations in place. This involved providing training to the local CCG regarding Safeguarding Adults and Deprivation of Liberty Safeguards and the local position for this.

- To set up a professional forum for Best Interest Assessors who undertake the assessments for the Deprivation of Liberty Safeguards to ensure consistency and quality in assessment.

The safeguarding adult's team have a dedicated person who oversees DOLS referrals and assessments. The yearly refresher training for Best Interest Assessors continued this year. Further professionals forums are planned to run to provide opportunity to reflect and discuss issues and developments regarding Deprivation of Liberty Safeguards.

- To look at including the safeguarding adults competency framework in supervision and appraisal for staff at all levels.

This objective will be carried forward into next year's objectives.

- Continue to ensure that learning is embedded into processes and practice following lessons from case reviews (including lessons learnt from Serious Incidents with an adult safeguarding component within SWLStG Mental Health Trust).

This is in place and a good example of this, is the multi agency case review held in March 2013 to reflect on practice and discuss in a multi agency forum what learning and development can be taken from this case.

- To continue with case file audits in order to identify areas for improvement in

Adult Social Services (both of adult safeguarding case files and DoLS case files).

The safeguarding support officer continues to regularly audit safeguarding adult cases and report finding to team managers and the safeguarding adults manager. The feedback is then fedback to practitioner through the supervision and appraisal process.

- To develop a data capturing tool regarding safeguarding plans in line with Pan London Process.

This objective will be carried forward into next year's objectives.

- To develop a process for capturing data in relation to Safeguarding Adults and Serious Untoward Incident (SUI) processes across Mental Health.

This objective will be carried forward into next year's objectives.

- To continue to raise the profile of adult safeguarding partnership work through regular and annual reporting to Committees, Boards and relevant statutory and governance bodies of all partner agencies.

The safeguarding adults' manager continues to represent safeguarding adults in Merton through regular attendance of various boards and reporting to committees such as scrutiny and the health and well being board.

- To work jointly with HR personnel across Merton and Sutton Councils to develop and implement a safeguarding policy for HR issues.

In place, our safeguarding adults manager continue to input regularly into this HR process as and when required.

- To hold a multi agency event in Elder Abuse Week raising awareness of the role and support offered to the community in relation to the protection of adults at risk.

In 2012, the safeguarding team held an advice and fundraising day in Merton Link to mark Elder Abuse week. We raised over £100 for the charity and provided much information to the public about safeguarding and keeping safe.

- To provide joint training to children's social care on safeguarding adults at risk.

Practitioners in access and assessment have access to children's social care training regarding child abuse refreshers, completing the CAF form and Information sharing. We continue to have links with children's services through the department's boards and quality assurance meetings. Access and Assessment also took part in a children's social care serious case review.

- We will review the high risk service, with a view to developing a self neglect panel which is an opportunity to regularly discuss cases of concern with partner agencies.

This was independently reviewed during period of December 2012-February 2013. Various recommendations were made in this document and discussed at the May 2013 VAST meeting. Please see report for full details.

Review of Training

Summary of Safeguarding Training 12/13 courses that took place

COURSE	PARTICIPANTS	NUMBERS
Safeguarding Basic	PVI and LBM Staff	121
Safeguarding Basic	Care Home Staff	12
Safeguarding Refresher	Care Home Staff	19
Safeguarding Investigation	LBM and PVI Staff	28
Safeguarding Report Writing	LBM and PVI Staff	18
SAM	LBM Managers	6
Safeguarding Assessing the Alert	LBM and PVI staff	18
Safeguarding Material/Financial Abuse	LBM and PVI staff	13
Advanced Investigating	LBM Staff	10
Chairing Safeguarding Meetings	LBM Staff	9
Report Writing for Social Workers	LBM Staff	8
Advanced Best Practice in Safeguarding for social workers	LBM Staff	12
MCA	LBM and PVI Staff	57
DOLS	PVI and LBM Staff	26

Evaluation of Courses

In 12/13 we ran a series of courses covering all aspects of Safeguarding, most of which were run in multiples to ensure we had enough places for both LBM and PVI (private voluntary and independent) staff. We split the sessions in some cases into courses just for care home staff, social workers and support staff following on from feedback that we had on the previous year's evaluation. We also offered safeguarding training on provider's sites according to need where whole teams were trained together for example at JMC and Mencap. Last year in particular we had a lot of Shared Lives carers attending training for the first time. In general the feedback was good and staffs were happy with the training in terms of the course offer and the content.

For this year we are offering the same training to all staff in ASC (adult social care) and the PVI sector and courses so far have been full. We are using an in house provider to give staff more of an advantage in understanding the Merton position as well as the Pan London procedures.

Funding

Total projected income for this year was £130,130 contributed by London Borough of Merton Community and Housing department.

The total projected expenditure was £131,000. For further detail and DOLS funding detail see Appendix 6.

Deprivation of Liberty Safeguards (DOLS)

The Mental Capacity Act (MCA) 2005 was amended to provide safeguards for people who lack capacity specifically to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty. This is known as Deprivation of Liberty Safeguards (DOLS). These safeguards came into force on the 1st April 2009. The purpose of this was to provide a legal framework for acting and making decisions on behalf of these individuals. The safeguards cover a particular group of people; these are:

- People who are 18 years and above with significant Learning Disabilities, Dementia, Autism, Brain or Neurological injury/conditions.
- They apply to people who are in a care home (residential and nursing) and acute hospitals. DOLS does not apply to people detained under the Mental Health Act 1983.
- The DOLS assessment function with the process for referral, allocation and monitoring is undertaken by the safeguarding team.

Summary of the Deprivation of Liberties Safeguards (DoLS) Statistics

We received nine urgent DOLS requests in this year. Last year we received 10, so we are continuing to receive a steady amount of requests, almost working out 1 a month although requests seem to come in spurts and are unpredictable to when they will be submitted. We are noticing that care homes will call the team more regularly for advice regarding deprivation of liberty safeguards and we expect that request rates will increase next year. We are currently reviewing our BIA list and intend to train some new practitioners in the coming year and operate a rota system.

Out of these ten, two standard authorisation's were given. Older person was the client group, both in care homes.

Summary of Safeguarding Adult's Statistics

During this year, Merton has continued to see an increase in the number of referrals received and in the number of referrals that progress through to investigation. This we believe can be attributed to increased awareness among staff in all partner agencies as well as increased community awareness through national safeguarding concerns covered by the media.

The following statistical information has been collated from our monitoring systems.

The table below shows the number of reported cases of adult abuse (alerts and including those that moved on into referral) for the last 5 years.

Period	Number of cases
1st April 2012-31st March 2013	428
1st April 2011- 31st March 2012	417
1st April 2010 – 31st March 2011	376
1st April 2009 – 31st March 2010	248
1st April 2008 – 31st March 2009	193

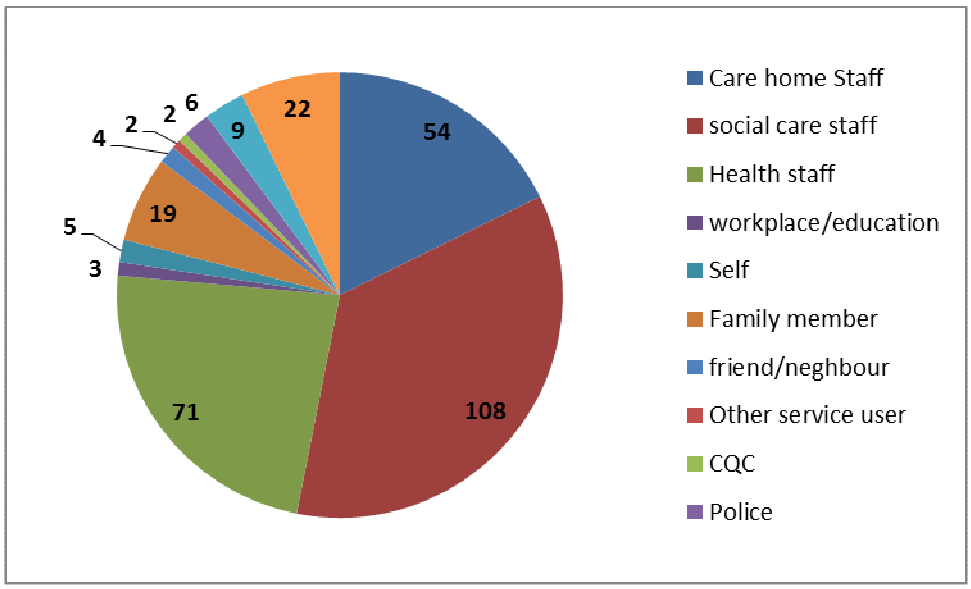
The number of referrals increased from 417 last year to 428 this year and represents an increase of 2.64%. Since 1st April 2009 cases reported have almost doubled which evidences the steep rise in reporting. Most London boroughs are reporting an increase in safeguarding referrals generally contributed to more awareness of professionals and the public.

Number of Cases by Month

	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2012-2013	42	34	39	31	25	43	34	42	25	44	35	29
2011-2012	16	30	46	30	33	32	33	39	52	39	32	35
2010-2011	26	34	24	23	25	25	33	45	25	40	31	45
2009-2010	17	24	19	14	13	16	17	29	24	33	22	20
2008-2009	11	12	15	13	16	15	28	9	27	8	20	19

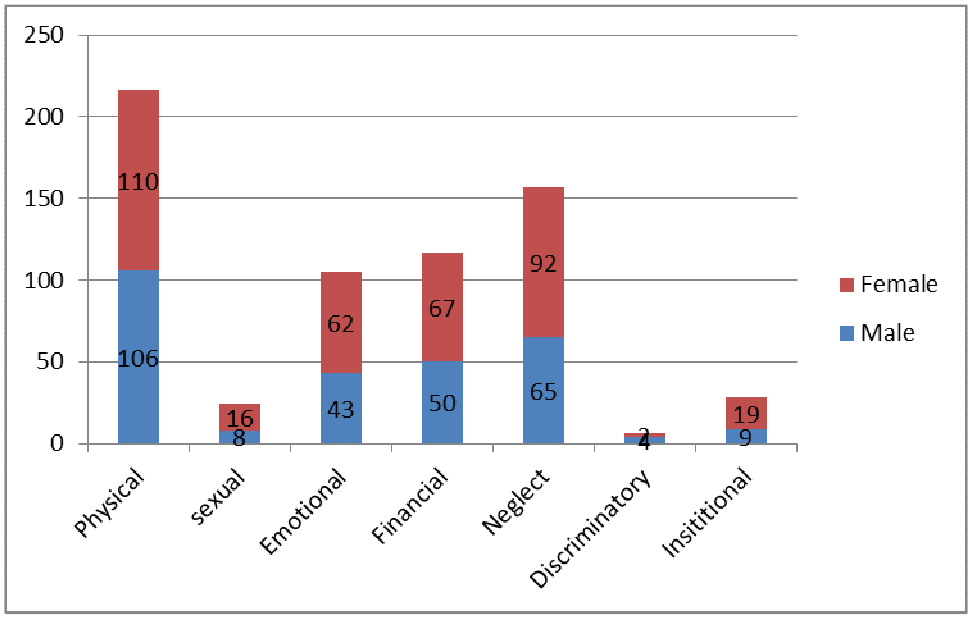
Drawing on comparison data between the distributions of safeguarding alerts over time for each of the last 5 years, broad patterns can be seen each year, with alerts tending to peak each side of Christmas.

Source of Referrals



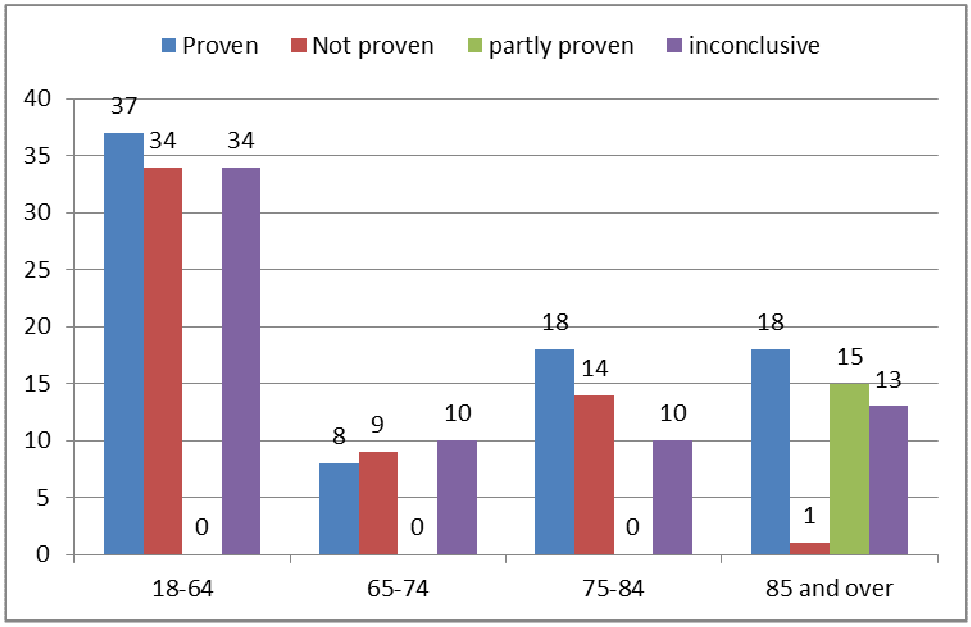
Social care staffs remain the biggest group of referrers this year, followed by health staff. Care home staff follows closely in third. This indicates that professional staff are taking the step to refer. Maybe this is due to receiving the right training and has the awareness of how to report. These figures may indicate that much work needs to continue with educating others about safeguarding adults from abuse and how to refer.

Gender of Victims



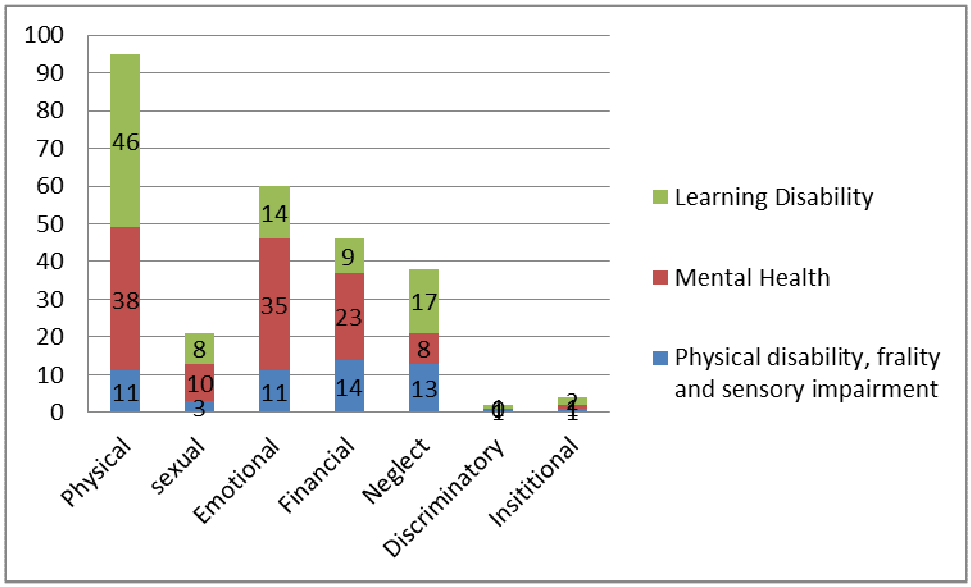
Females, and in particular single people, are more likely to be abused. This is particularly pertinent for older men and women who are more susceptible to 'sweetheart' abuse where a younger woman / man becomes romantically involved, usually for financial gain.

Case conclusion for completed investigations by age



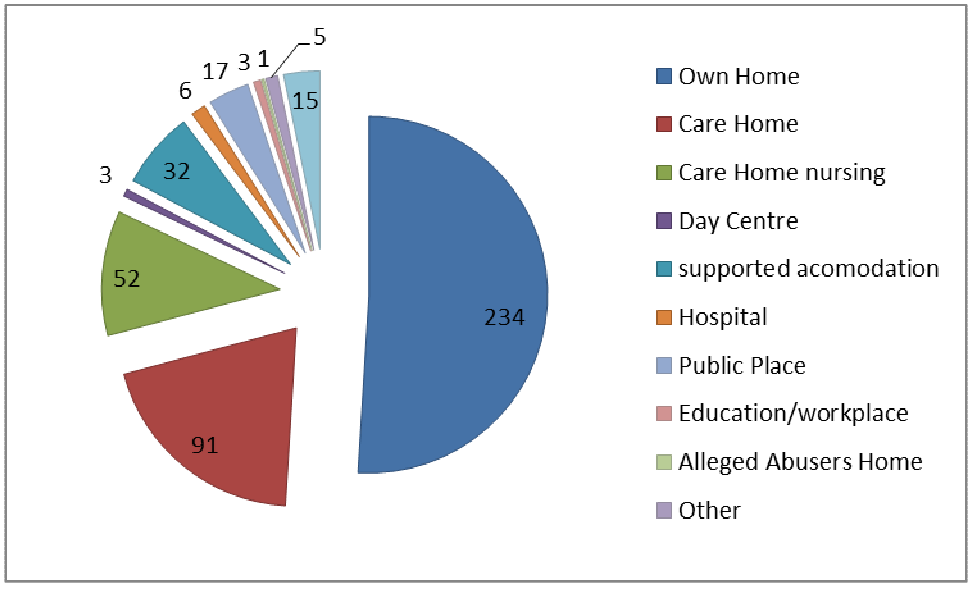
These figures could indicate that the younger a person is the more likely their case will be proven. This may be factors due to the person's ability to be involved in the investigation. Issues such as Dementia or Alzheimer's may be an issue in being able to explain what has happened to them.

Safeguarding Referrals by Client Group



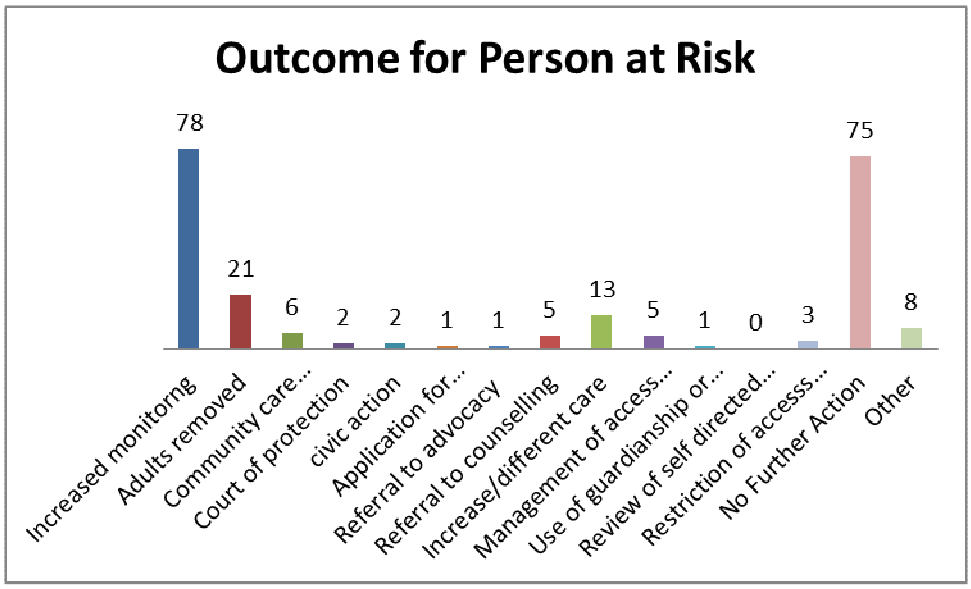
This year saw a rise in referrals in physical abuse for learning disability. This is uncharacteristic of previous years and reason could be the awareness of the Winterbourne View case.

Location of abuse

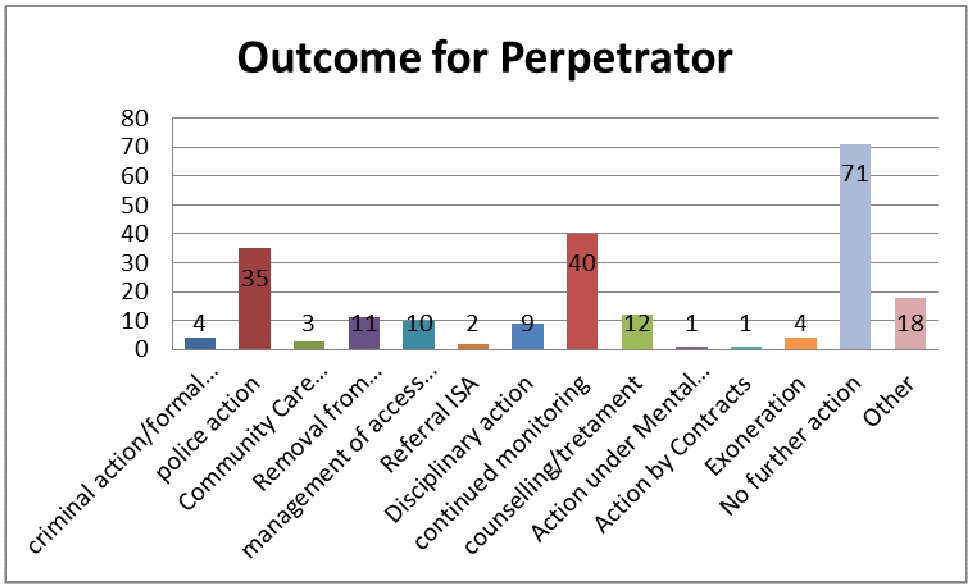


Results indicate that in most reported cases abuse takes place within the service user's own home. This is consistent with the figures from previous years. This is closely followed by alerts relating to residential settings. Nationally, abuse is more likely to go unreported in people's own homes but this is not reflected in our figures. Alerts in relation to people in their own homes suggests that raising safeguarding awareness with service users and carers is taking effect and has enabled them to become more aware on issues of abuse and how to report it.

Outcomes



Increased monitoring is the most popular outcome here with no further action following closely.



No further action continues to be the most popular outcome for perpetrators (person alleged to have caused harm). This could be corroborated with cases that are not substantiated however still remains high in comparison to other outcomes. It is worth noting here that there are a good number of outcomes with police action. This could be a good indicator that practitioners are getting better at reporting, our link with the CSU and police recognising abuse cases as a criminal matter.

Safeguarding Board Objectives 2013 – 2014

- To look at including the safeguarding adults competency framework in supervision and appraisal for staff at all levels.

- To develop a multi agency working policy in responding to people that hoard in the London borough of Merton.

- To develop a structure to collect service user feedback and using it to develop our practice and knowledge in safeguarding adults.

- To ensure that we have robust Quality Assurance processes in place which provides regular auditing of safeguarding adults work which focuses on the quality of work completed and the recording of case work undertaken.

- To carry out an independent audit of our DOLS assessments and authorisations. To alter the BIA management and ensure we can provide BIA training for three practitioners this year.

- To develop a data capturing tool regarding safeguarding plans in line with Pan London Process.

- To develop a process for capturing data in relation to Safeguarding Adults and Serious Untoward Incident (SUI) processes across Mental Health.

- To continue to raise the profile of adult safeguarding partnership work through regular and annual reporting to Committees, Boards and relevant statutory and governance bodies of all partner agencies.

- To revamp and map out the safeguarding adults process in line with London Safeguarding Adult procedures.

- To develop a consistent mental capacity act assessment form for practitioners to use.

APPENDIX 1

Safeguarding Adult Membership VAST as of March 2013

Name	Title and Agency	Email
Simon Williams	Director of Community and Housing (Chair)	simon.williams@merton.gov.uk
Julie Phillips	Safeguarding Adults Manager	julie.phillips@merton.gov.uk
Helen Cook	Head of Access and Assessment	helen.cook@merton.gov.uk
Jenny Rees	Head of Service	jenny.rees@merton.gov.uk
Rahat Ahmed-Man	Head of Commissioning	rahat.ahmed-man@merton.gov.uk
Lee Hopkins	Service Manager – Children School and Families	lee.hopkins@merton.gov.uk
Andy Ottaway-Searle	Head of Direct Provision	andy.ottaway-searle@merton.gov.uk
Selena Gardiner	Merton Learning and Development	selena.gardiner@merton.gov.uk
Deborah Wright	Associate Director of Social Work – Mental Health	deborah.wright@swlstg-tr.nhs.uk
Scott Pollock	Safeguarding Lead – The Royal Marsden	Scott.Pollock@rmh.nhs.uk
David Flood	Safeguarding Lead – St Georges Hospital	david.flood@stgeorges.nhs.uk
Jenny Kay	Merton CCG Quality Lead	Jenny.kay@mertonccg.nhs.uk
Zoe Pullman	Strategic Lead for Victims and Witnesses Safer Merton	zoe.pullman@merton.gov.uk
Jeff Lyle	Borough Commander – London Fire Brigade	jeff.lisle@london-fire.gov.uk
Dawn Helps	Neighbourhoods Manager – Merton Priory Homes	dawn.helps@circle.org.uk
Julie Sobrattee	Safeguarding Lead – St Helier Hospital	Julie.sobrattee@esth.nhs.uk

APPENDIX 2

VULNERABLE ADULTS STRATEGY TEAM (V.A.S.T)
REVISED TERMS OF REFERENCE 2010

Membership:

- Director Of Community & Housing, Merton (Chair)
- Safeguarding Adults Manager, Merton Social Services
- Lead Practitioner, Safeguarding Adults
- Safeguarding Adults Support Officer, Merton Social Services (minute taker)
- Head of Access and Assessment, Merton Social Services
- Safeguarding Lead, S.W London and St Georges Mental Health Trust
- Children's Safeguarding Representative, Merton
- Training Representative – Merton Adult Education
- Service Manager, Access and Assessment, Merton Social Services
- Head of Direct Provision, Merton
- Safeguarding Lead, St George's NHS Trust
- Safeguarding Lead, Epsom and St Helier NHS Trust
- Detective Chief Inspector, Metropolitan Police.
- Director of Wimbledon Guild
- Head of Commissioning, Merton
- Borough Commander, London Fire Brigade
- Safeguarding Lead, Royal Marsden NHS foundation Trust
- Interim Associate Director of Social Work S.W. London and St Georges Mental Health NHS Trust
- Strategic Priority Lead, Safer Merton
- Head of Group HR for Adult Social Services, Sutton and Merton

Terms of Reference:

- To oversee the implementation and working of the Pan London policy and procedures, including publication, distribution and administration of the document.
- To agree a strategy and maintain a strategic overview of an inter-agency working protocol relevant to the implementation of the policy and procedures.
- To oversee the development of information systems that supports the gathering of information necessary to carry out the evaluation of policy and practice.
- To oversee the monitoring and reporting of safeguarding concerns and investigations and to undertake a full review annually.
- To agree revisions and changes necessary to the procedures, which are identified as a result of the monitoring process completed by Audit Review And monitoring (ARM).
- To maintain a strategic overview of safeguarding adult training.
- To oversee promotion of the policy and procedures through formal events or information campaigns to ensure a wider professional and public understanding of adult abuse.
- To identify sources of funding required to implement all of the strategies associated with the policy and procedures and to monitor the use of these resources.
- To agree and maintain links with relevant corporate management groups.
- To create and discontinue task groups in line with development needs.
- To commission and oversee the work of the task groups.
- To accept and consider recommendations from the task groups.
- To ensure that agreed multi-agency strategies are implemented within individual agencies.

Frequency of Meetings: 6 weekly – 2 monthly

Safeguarding Adults Partnership Board (VAST)

Performance Report

January 2014

The Safeguarding Adults Performance Report is part of the Adult Social Care Performance Framework and is based on safeguarding standards and performance (LGA & ADASS April 2012)

During the period 1st April – 31st January 2014 we have received a total of 518 safeguarding alerts. 249 of these have been closed as alert only, 269 have proceeded to an investigation, of which 87 have been concluded to an outcome.

The table below shows the number of safeguarding alerts received each month from April 2013 to January 2014 totalling 518 alerts. This is an increase of 145% on last year's cases.

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN
36	46	51	74	60	44	70	42	44	51

During the same period in 2012 a total of 359 safeguarding alerts were received.

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN
42	34	39	31	25	43	34	42	25	44

Information on this table is the type of abuse that has been collected from each alert received and this data has been analysed into monthly data. The three main types of abuse are neglect followed by physical then financial. In Merton these three types of abuse are consistently higher than other categories year on year, but do change in their order throughout the year.

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	TOTALS
Financial	7	13	7	8	9	4	7	10	5	6	76
Physical	9	12	15	20	18	12	14	11	13	16	140
Sexual	2	2	2	6	2	1	3	0	4	2	24
Psychological	0	6	3	6	6	0	1	1	4	2	29
Neglect	16	12	11	20	18	21	31	15	13	22	179
Multiple	2	1	13	13	6	6	11	4	4	2	62
Institutional	0	0	0	0	0	0	0	0	0	0	0
Self Neglect	0	0	0	1	1	0	3	1	1	1	8
	36	46	51	74	60	44	70	42	44	51	**518**

- Figures shown for multiple abuse are as stated and are not within any other figures in this table

This table shows the safeguarding alerts and investigations that were undertaken by each team in Adult Social Care and the Mental Health Trust by month.

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	TOTAL
Safeguarding Team	16	2	11	10	1	6	14	10	6	5	81
LD Team	7	9	3	6	9	9	12	6	5	16	82
MHT	4	7	8	20	13	7	14	6	7	5	91
East Team	5	8	7	12	12	5	5	7	4	7	72
Raynes Park	1	11	10	6	15	4	8	8	9	7	79
West Team	0	5	4	7	5	5	8	4	5	7	50
Hospital Teams	3	4	5	9	5	8	8	1	6	4	53
Drug & Alcohol	0	0	3	4	0	0	1	0	2	0	10
Totals	36	46	51	74	60	44	70	42	44	51	518

This table shows the location where the alleged abuse took place and the month the alleged abuse happened.

Location of Abuse	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Total
Alleged perpetrators home	0	0	1	2	0	0	1	0	0	0	4
Care Home	16	9	13	22	13	17	24	13	18	13	158
Community Hospital	0	0	2	1	1	1	0	1	2	0	8
Day Centre / Service	1	3	0	2	2	1	2	0	0	3	14
Education/Training/Workplace	0	1	2	0	0	0	0	0	0	0	3
Mental Health Inpatient Setting	0	0	0	0	0	1	0	0	0	0	1
Not known	2	3	3	1	2	0	0	1	0	0	12
Other	2	2	1	8	6	11	7	1	4	9	51
Own Home	12	25	27	36	36	13	32	25	19	23	248
Public Place	1	1	1	0	0	0	1	0	1	0	5
Supported Accommodation	2	2	1	2	0	0	3	1	0	3	14
Grand Total	36	46	51	74	60	44	70	42	44	51	518

Key Performance Indicators

Measure	Performance	Target
Percentage of adults safeguarding cases closed within 6 weeks	77%	75%
Number of alerts closed within 24 hours	93%	95%
Number of strategy meeting held in 7 days	Future collection	75%
Percentage of audits showing good or excellent results	Future collection	50%
Percentage of adults who felt safer as a result of interveon	Future collection	70%

The table below shows the number of cases open and the outcomes of investigations that have been concluded.

Count of Outcome	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Grand Total
Alert Only	**17**	**25**	**24**	**43**	**32**	**16**	**18**	**19**	**22**	**16**	**232**
Inconclusive	**4**	**3**	**2**	**2**	**1**	**1**	**0**	**0**	**0**	**0**	**13**
Not Substantiated	**7**	**5**	**6**	**3**	**2**	**4**	**1**	**1**	**1**	**0**	**30**
Open	**6**	**11**	**16**	**23**	**21**	**22**	**49**	**22**	**20**	**35**	**225**
Substantiated	**2**	**2**	**3**	**3**	**4**	**1**	**2**	**0**	**1**	**0**	**18**
Grand Total	**36**	**46**	**51**	**74**	**60**	**44**	**70**	**42**	**44**	**51**	**518**

Deprivation of Liberty Safeguards (DOLS)

This information shows the number of DOLS requests we have had in since the 1st April – 31st January 2014

Number of request for DOLS authorisations	Number of DOLS authorised	Gender	Disability	Number of repeat referrals
22	12	12 female 10 male	Dementia 16 Mental Health 3 Brain Injury 1 LD 1 No diagnosis 1	8

ACTION PLAN ARISING FROM THE RECOMMENDATIONS FROM THE REPORT PRODUCED BY HEALTHIER COMMUNITIES AND OLDER PEOPLE SCRUTINY PANEL APRIL 2012

SAFEGUARDING ADULTS AND DEPRIVATION OF LIBERTY TEAM

AUTHOR: SAFEGUARDING ADULTS
DATE: 30TH JANUARY 2014

PURPOSE OF THE ACTION PLAN

To provide an update to the scrutiny group on the agreed recommendations as proposed by the Scrutiny Review Report (Safeguarding Older People 19th April 2012).

The action plan is rated in red, amber and green to enable scrutiny members to see progress against the agreed recommendations.

ACTION PLAN

	ACTION (RECOMMENDATION)	LEAD OFFICER	DEPARTMENTAL INTITIAL RESPONSE	UPDATE SEPTEMBER 2013
1 Red	Due to evidence provided highlighting the 52% rise in safeguarding referrals we recommend the appointment of a additional member of staff is made to the safeguarding team. (paragraph 21)	Safeguarding Adults Team - Julie Phillips	Agreed. Subject to budget.	No budget for this at present..
2 Green	To reduce risk of abuse, and reduce the high percentage of unintentional abuse referrals, we recommend providing structured lifting and handling training to unpaid carers offered on a personalised case by case basis. This should include training in areas that to help prevent or recognise abuse. This should be offered to carers as part of the reablement package.	Learning and Development	Agreed. A multi agency meeting to be arranged to discuss the financial implications of this recommendation. A budget will need to be agreed across all agencies to fund this training.	We have a strategy in place for integrated training and development. We will be ensuring that we offer courses out to our integrated partners in a more structured way.

	We further recommend that GP Surgeries across the Borough should be informed of the availability of this training as they maintain a register of unpaid carers. (Paragraph 35)	Learning and Development	Agreed. This could be undertaken with the general mail out of scheduled training for partner agencies.	
3 Green	Domiciliary care providers should be encouraged to use CM2000 monitors to check the time gap between appointments, to assess whether travel time between appointments is realistic and will not force carers to rush. If these gaps are not realistic, appointments should be re-schedules or re-allocated as necessary, while endeavouring to ensure continuity in care personnel for individual clients. (Paragraph 48)	Contracts Team – David Slark	Agreed, noting that providers will respond regarding the feasibility of this recommendation.	This is already in place. It is a contractual requirement that all Approved Domiciliary Care Providers have to use CM2000 to monitor their carers compliance to commissioned visit times. The Council monitor such data and agree with providers any appropriate actions to ensure visits are carried out in accordance within the requirements of the Council as set out in the contract.
4 Green	Merton Council should continue to require all domiciliary care providers to carry out new CRB checks on their frontline staff every three years. Care providers should submit evidence that this has been	Contracts Team	Agreed. This is already Merton Council's agreed process.	This is already in place. This is a requirement of all Adult Social Care Contracts.

	done to the Council within three months of the renewal date. This requirement should be introduced into all new domiciliary care contracts signed by Merton forthwith. (Paragraph 55)			
5 Amber	We recommend working with GPs to identify those with dementia living in their own home. (Paragraph 58)	Service Manager Jenny Rees	Agreed. The Merton Adult Access Team will receive and discuss referrals with outside agencies including GP surgeries who would like to refer customers to adult social care.	Health liaison workers in post to enhance better relationships between Social Services and GPs. Processes for looking at referrals in place. Further work looking at the use of this role being undertaken. A risk stratification process is in place to identify adults with 2 or more long term health conditions, including dementia. Once identified a multi-disciplinary team will consider the most appropriate interventions for the individual, and a keyworker will be assigned to co-ordinate this. This way of working is going to be expanded to all practitioners working within the integrated locality teams.

	We further recommend that their care packages should be regularly monitored, at least once a year and more often as need arises and situation deteriorates and whether or not a complaint has been made.	Service Manager Jenny Rees	This will be met through the usual review process within our review team in Access and Assessment. Clients that are allocated to a social care worker will have their review undertaken by that allocated worker. Any issues uncovered at a scheduled review will be taken back to management and discussed if case allocation is necessary.	We have a review process in place through our review team and allocated social workers. However we are currently looking at how we can develop the robustness of this process and how we can include our partners. A draft revised review policy has been developed whereby a range of staff and methods will be used to review packages of care to enable more review to be carried out. This will also mean setting clear outcomes so that it will be easier to measure the efficacy of care being provided.
6 Green	We recommend creation of a summary adult safeguarding document for distribution to adult social care users that contains clear, concise information stating what abuse is, who it should be reported to, what will happen next and what	Safeguarding Adults Team - Julie Phillips.	Agreed. This is in progress within the safeguarding adult's team.	We currently have information leaflets, which are being printed. .

	support they will get. (Paragraph 62)			
7 Red	We recommend production of a DVD on safeguarding issues. As a starting point, ahead of a full PR & publicity campaign, this DVD should be produced in time for the celebrating age festival in 2012. It should also be distributed to service users and/or screened at Community Forum meetings, day centres and relevant events. (Paragraph 65)	Safeguarding Adults Team – Julie Phillips.	Agreed, noting that the recommended timescale depends on the capacity to deliver this.	This was not achievable due to Inability to find an organisation that could take this forward and lack of funds. As an interim measure we have now purchased a DVD produced by Action on Elder Abuse. We will screen this at key events.
8 Green	We recommend using Elder Abuse Awareness Day (15th June) as an opportunity to increase understanding and awareness of elder abuse issues and how concerns can be reported via the abuse hotline. As a starting point that an article referencing this task group report and Elder Abuse Day should be prepared for the 2012 summer edition of My Merton (copy deadline early May). (Paragraph 66)	Safeguarding Adults Team – Julie Phillips	Agreed.	Completed, the My Merton article was in the December 2012 edition. Elder abuse day has been marked by a stand with information and leaflets in Merton link in 2012 . 2013 the safeguarding team did a presentation and talk to older people living in supported accommodation.
9	We recommend that the	Communications	We understand that in this	This was promoted as part of

Green	Safeguarding Hotline number be promoted in other Council publicity materials, including Council letters sent to residents, and as a footnote on Council emails. (Paragraph 68)	Team – Bronwen Pickering	recommendation the panel means this to happen on a selective basis (for example for a specific period of time or for targeted recipients), and agree to this on this basis	the My Merton article dated December. Will continue to promote this throughout the year.
10 Green	We recommend liaising with Sodexho to place information messages regarding elder abuse and how to report it on food or other packaging that goes into the homes of elderly or other vulnerable adults. (Paragraph 70)	Communications Team – Bronwen Pickering/ David Slark	We understand that the panel means such information to be made available to meals recipients at the beginning of their use of this service, and then at regular intervals, rather than to be on all products going into homes on a daily basis. On this basis we agree this recommendation	Complete: As part of our standard monitoring and management of all ASC Contracted services, we shall ensure providers continue to raise awareness to customers of elder abuse and how to report it.
11 Amber	We recommend adding clear, concise information about the right of an individual to remain anonymous when reporting suspicions of abuse on the 'Whistle blowing' and 'Safeguarding Vulnerable Adults' page of Merton Council's Website. These pages should also include an easy-to-understand timeline stating 'What Will Happen Next'	Safeguarding Adults Team – Julie Phillips	Agreed.	This is currently being done and will be completed by Feb 2014.

	after abuse or other suspicions are reported. Any printed material should be updated in the same way. (Paragraph 75)			
12 Green	We recommend producing a booklet offering advice to self-funders on how to choose and fund appropriate home care, and what pitfalls to look out for. (Paragraph 78)	Commissioning Team –Rahat Ahmed-Man	Agree - We entirely support the principle of making information and advice available to self-funders, but believe that this is best made available primarily through on line information in the portal to be launched later in 2012, with the use of this portal supported where needed by trained staff and volunteers. This will ensure that the information is kept up to date and is available to the widest range of potential users, for example relatives who live outside Merton.	Complete - Merton Eye Launched in November 2012.
13 Green	We recommend offering free CRB checks for self- funders (DP) who employ local people to provide care services on their behalf. (Paragraph 79)	Financial Assessments and Direct Payments Team.	We agree that the council should support self-funders(DP) in obtaining CRB checks. Officers will assess the budgetary impact of offering this as a free service and may recommend charging at cost, recognising that if the council assists with obtaining CRB clearances then the cost will be lower.	The Direct Payments Team are now supporting Direct Payment customers to undertake the DBS (CRB) checks free of charge. The cost of the £44 check is being met by adult social care.

14 Red	We recommend people aged over 70 and known to be living alone, who fall into Council Tax, rent, care services or other arrears that come to the notice of the Local Authority, should not be sent a summons until they have been contacted personally by a member of the safeguarding team who is assured that there is an legitimate and acceptable explanation for the arrears. This policy should be implemented immediately. (Paragraph 86)	Finance Team	We do not agree this recommendation.	Colleagues will make referral to safeguarding adults as and when necessary. This is because of the resource implications and because of potential complaints about how information has been used and Human rights. However we would support all officers in the council being aware of possible safeguarding issues when people fall into arrears, and in those cases where there are clear reasons to think such issues exist then to make a referral to the safeguarding team and ask for contact to be made.
15 Green	We recommend that Trading Standards liaise with the Safeguarding Team to identify adults likely to be at risk of rogue traders and cold callers, and warn them in writing, bi-annually, about the dangers of	Trading Standards Team – John Hillarby	Agreed.	Trading Standards have again revisited all banks and building societies in Merton to promote their Nail The Rogues campaign. This facilitates financial institutions providing an early warning to Trading

	cold-callers, sending 'No Cold-Callers' stickers they can put on their front doors. (Paragraph 87)			Standards where they have concerns that elderly and vulnerable adults are seeking to withdraw large amounts of money in respect of building and similar work. A Trading Standards rapid response team then go to the bank or residents home accompanied by Police where necessary. Training and advice is provided. A number of successful interventions have been made. Presentations have been made to community groups to promote awareness of doorstep crime issues and leaflet drops continue to be made in areas that intelligence indicates rogue traders are operating. .
16 Green	We recommend all new users of personal budgets receive the leaflet referred to in Recommendation 6 - or otherwise given written details of the Safeguarding hotline -	Jenny Rees MAAT, Hospital, East and West Assessment and Support Planning Team	Agreed.	We provide information to customers about who to contact should they have any concerns. However we will be reviewing the information pack provided to make sure all information is up

	when their budgets are approved, and encouraged to report any concerns about misuse of their personal budget via the helpline. (Paragraph 89)			to date.
17 Green	We recommend that the safeguarding adult's alerts are reported to the Healthier Communities and Older People Overview and Scrutiny Panel on green paper on a quarterly basis. (Paragraph 94)	Safeguarding Adults Team – Julie Phillips	Agreed.	Information is provided about safeguarding trends. Reports will be available on a quarterly basis. Report attached.
18 Green	We recommend that a separate working group consisting of Council officers, care home managers, residential care users and elected members be formed to develop a 'Merton Standard' for care homes that goes beyond statutory requirements, and establishes a quality measure against which care establishments in the Borough can be rated. Performance indicators should include how effectively homes meet the physical, emotional, social, and privacy requirements of their	David Slark Commissioning	We agree that the working group described could profitably work together in order to agree and improve the standards which the council expects from providers from which it commissions services, and from other local providers if they are willing. We also agree that any information about quality of care and environment should be as accessible to our residents as possible. We will be keen to support Health watch in its role to oversee and assist these activities.	This piece of work is being led by Age UK (Merton) through their "Visitor Scheme Project". Age UK (Merton) now have trained relevant "Visitors" (with completed DBS checks), who are now in the process of visiting care homes. Initial outcomes from these visits are expected before the end of the first quarter of this calendar year.

	clients, as well issues such as quality of fittings and furnishings, nursing and other staff to client ratios, etc. These ratings should be available to members of the public to assist them in choosing care homes. The Merton Standard could also stipulate continuing professional development requirements for managers, and pay levels for frontline staff. We further recommend that a Dignity and Care Conference be held for all interested parties in the Borough to explore this and other issues relating to the care of the elderly, including how the Council can work with HealthWatch to monitor and improve standards of care for the elderly in the future. (Paragraph 104)	Safeguarding Adults Team – Julie Phillips	We do not agree to the council applying public “ratings” to providers, on the basis that it is not appropriate for the council to duplicate the regulatory function of the Care Quality Commission, and that the resource implications would be significant. Agree. We support the holding of a Dignity in Care conference.	Completed Dignity Conference held 19th September 2013Jointly with Merton Senior Forum..

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 2014

Agenda item:

Wards: ALL

Subject: Review of Health Services in South West London – verbal update

Lead officer:

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That Panel members comment on the feedback from the discussion between the Chair, Vice Chair of this Panel and Dr Howard Freeman, Chairman of Merton Clinical Commissioning Group on the next steps for health services in South West London following the end of the Better Services Better Value Review.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To update the panel on the latest position on any planned reviews of health services in South West London.

2 DETAILS

2.1. On the 6th January 2014 The Six South West London Clinical Commissioning Groups issued a press release stating that the business case for the Better Services Better Value Review was rendered invalid following the withdrawal of Surrey Downs Clinical Commissioning Group from the process.

2.2. The proposals within the BSBV review had significant implications for Merton residents, including the possible closure of Accident and Emergency and Maternity departments at Epsom and St Helier University Hospital.

2.3. The review was clear that the current configuration of health services in south west London is unsustainable therefore it is expected that a similar review will take place in the future.

2.4. Dr Freeman was invited to attend the Panel but had to decline due to a prior commitment. Therefore a meeting was scheduled for afternoon of the 12th February with Dr Freeman and Councillor Lohendran and Councillor McCabe to discuss the next steps and any early proposals for health services in South West London. The outcome of the discussion will be reported to the panel meeting.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2013/14

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 2014

Agenda item:

Wards: ALL

Subject: Health and Wellbeing Board – Verbal Update.

Lead officer:

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel note and comment on the work of the Board

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to provide the panel with a verbal update from the last meeting of the Health and Wellbeing Board.

2 DETAILS

2.1. The last meeting of the Health and wellbeing Board took place on the 28th January. The Chair of the Board, Councillor Linda Kirby has agreed to provide the Panel with an update from the last meeting. This may help scrutiny members to identify areas of work which may be of interest to and to get a progress report on key work streams.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2013/14

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

Healthier Communities and Older People Work Programme 2013/14

This table sets out the Healthier Communities and Older People Panel Work Programme for 2012/13 that was agreed by the Panel at its meeting on 25 May 2013. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

The Healthier Communities and Older People Panel has specific responsibilities regarding Budget and Business Plan Scrutiny and Performance Monitoring for which Lead Members are appointed:

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting Date 03 July 2013

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny Review	South West London Health Overview and Scrutiny Committee on NHS Croydon Finances	Report to the Panel	Councillor Peter McCabe	Panel to agree to continue to monitor the outcomes of this review
Policy Development	Overview of the key issues in adult social care	Report to the Panel	Rahat Ahmed- Man, Head of Commissioning	Panel to decide if they want to look at any area in more detail.
Scrutiny Review	Safeguarding Older People task group – update on implementation of recommendations	Report to the Panel	Julie Philips, Safeguarding Adults Manager	Panel to satisfy themselves that recommendations are being implemented
Work Programme	Work programme 2013-2014	Report to Panel	Stella Akintan	Panel to agree which items to scrutinise for this municipal year

Meeting date – 25 September

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
partnerships	Merton Healthwatch update	Report to the panel	Barbara Price	To agree progress and make suggestions on work programme
partnerships	Health scrutiny protocol	Report to the panel	Stella Akintan	To agree progress
Performance management	Adult Social Care budget	Report to the panel	Rahat Ahmed-Man, Head of Commissioning	To review current position
Policy development	Integrated Care	Report to the panel	Simon Williams Director of Community and Housing	

Performance management	ASC Performance indicators	Report to the panel		To review current position
	Closure of Norfolk Lodge	Report to the panel		

Meeting date – 17 October -

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Alcohol Merton - high level aims and objectives framework, draft work programme and needs assessment.			
	Proposed changes to Sutton Hospital	Report to Panel		To determine if the proposals constitute a substantial variation in services

Meeting Date - 13 November

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy development	Public Health – Joint Strategic Needs Assessment	Report to panel		
Scrutiny review	St Georges Health NHS Trust – update	Report to panel		
Budget	Business Plan - update	Report to panel	Caroline Holland, Director of Corporate	

			Services	

Meeting date – 15January 2014 - BUDGET

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Review	Mental Health Trust Foundation Trust proposal	Report to the Panel	Mental Health Trust	Panel to comment on the Trust proposal
Budget	To review the Council Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the proposals

Meeting date – 12 February

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy development	Long Term Conditions	Report to the Panel	Adam Doyle, Director of Commissioning and Planning. Merton Clinical Commissioning Group	To review the work in this area and suggest improvements and areas of future scrutiny
Policy Development	Safeguarding adults team	Report to the Panel	Julie Philips, Safeguarding Manager	To review the work of the team and update from the safeguarding older people task group.
Policy development	Review of health	Verbal update to the	Cllr Lohendran	Update on plans for

	services in south west London	Panel		health services post BSBV
Policy development	Health and wellbeing board – update from last meeting	Verbal update to the Panel	Cllr Kirby	Update on latest developments with the Board

Meeting Date 17 March 2014

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy development	Update from Public Health	Report to Panel	Kay Eilbert, Director of Public Health	To review the work of the team after one year in operation at the council.
Scrutiny Review	Sport and Fitness for the 55 plus task group	Draft report to the panel	Cllr Lohendran	Panel to agree report and forward to cabinet
Scrutiny Review	Tackling Incontinence amongst women of child bearing age task group	Draft report to the panel	Cllr Evans	Panel to agree report and forward to cabinet
Policy development	Immunisations and cancer screens	Report to the Panel	NHS England	To review the success of programmes for Merton

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