Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 3 September 2015
Time: 7.15 pm
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

		Page Number
1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 6
4	Preventing incontinence amongst women of child bearing age - Merton Clinical Commissioning Group response to recommendations	7 - 16
5	Transfer of commissioning responsibility for healthy child 0-5 services to public health Merton	17 - 28
6	Work Programme	29 - 36

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:
Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Laxmi Attawar
Michael Bull

Substitute Members:
Abdul Latif
Joan Henry
Gregory Patrick Udeh
Jill West

Co-opted Representatives
Myrtle Agutter (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)
Hayley James (Co-opted member, non-voting)

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

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

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
2 JULY 2015
(19.15 - 21.25)

PRESENT Councillors Councillor Peter McCabe (in the Chair), Councillor Brian Lewis-Lavender, Councillor Mary Curtin, Councillor Brenda Fraser, Councillor Sally Kenny, Hayley James, Councillor Laxmi Attawar and Councillor Michael Bull

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies of absence were received from Councillor Suzanne Grocott

2 DECLARATION OF PECUNIARY INTERESTS (Agenda Item 2)

none

3 MINUTES OF THE MEETING HELD ON 17 MARCH 2015 (Agenda Item 3)

The minutes were agreed as a true record of the meeting

4 UPDATE FROM EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST (Agenda Item 4)

Daniel Elkeles, Chief Executive of Epsom and St Helier University Hospitals NHS Trust gave an overview of the report highlighting that St Helier was the only hospital in the country to achieve their targets on accident and emergency. However improvements need to be made in infection control as seven people were affected. The Trust had a financial surplus through selling land, in reality this masks a small deficit. The Trust is addressing a number of challenges:

Staffing – there are currently five hundred vacancies. This is largely due to the uncertainty surrounding the future of the hospitals. In response the Trust has developed a five year strategy, guaranteeing that the hospitals will remain open for the next five years. This has provided the required reassurance and the Trust has been able to recruit people through open days.

Variability of care – standards of care can fluctuate based on the time of day and between the different hospitals. Evenings and weekends can be particularly problematic.

Quality of the Estate – the low quality of the estate is a significant problem affecting the quality of care. Many of the departments are not situated in the correct place causing clinicians to have to travel across the sites. An extra £1million is spent on

some services due to the poor quality of the estate these include; cleaning, maintenance and energy costs.

Daniel Elkeles paid tribute to the staff at the Trust who provide an excellent service often in difficult circumstances. This was demonstrated when St Helier remained fully functional during an IT failure.

The Trust will begin engagement with the local community over the summer to determine what people would like to see in a new hospital. A panel member asked how the Trust will raise the money for a new hospital. Daniel Elkeles reported that it is still early in the process however the only way is by a loan from the government and the Trust will need to develop a business case.

A panel member asked how the Trust will reduce infection rates. Daniel Elkeles reported it can be tackled through improved practice such as improving catheter use and ensuring everyone has clean hands. Other causes relate to the old crumbling buildings which makes the environment more susceptible to infections.

A panel member said that people want a new hospital but will be concerned about where it is located. It was added that every local campaign had been to keep the hospital on the current site and there would be strong resistance to moving it. Lisa Thomson Director of Communications said the purpose of the community engagement exercise would be to find out people's priorities for a 21st century hospital. The comments from the community will help to shape the options for the future of the hospital.

A panel member asked if one part of the estate has specific problems with infections. Daniel Elkeles reported that infections are not located within any specific area, but are caused by a number of reasons including; not having enough single rooms, the beds are too close together, and the fabric of the hospitals are difficult to maintain.

A Panel member congratulated the Trust on their commitment to St Helier and the estate. However there is great concern over the recent incident where the national press reported that consultants were overheard talking about future plans to create a super hospital in Sutton to replace Epsom and St Helier. Were the consultants paid for their work after the incident? Daniel Elkeles said they were embarrassed by the incident and understand that it could damage trust with the local community. The conversation that was reported did not reflect the discussions that took place in the hospital. The Trust took legal advice and the contract was re-negotiated to a substantially reduced amount. The level of the reduction cannot be disclosed due to commercial sensitivity but the consultants were paid around £93-97,000.

A panel member asked if there is a secret plan to close St Helier hospital Daniel Elkeles responded that this is not the case.

A panel member said they had a strong impression that the Better Services Better Value Review had a pre-determined outcome and as a result the local community had little faith in the proposals for hospital services. There is also anecdotal

evidence that some people feel their voice doesn't count and the decisions about St Helier will be based on the influence of the rich and powerful.

Daniel Elkeles said everyone in the catchment area is equally important. The Trust moto is 'Great care to every patient every day'. The Better Services Better Value review was a commissioners report and it was not supported by the providers.

A panel member asked if it was possible to take forward previous proposals to build a new hospital opposite the current St Helier site. Daniel Elkeles said the proposed site is metropolitan open land, therefore it is possibility and could be a cheaper option but the various options need to be modelled.

A panel member highlighted that millions of pounds have already been spent investigating possible land for a new hospital. The Trust is urged to make use of this information rather than spend more money on consultants. Daniel Elkeles said the all the historical information is available and will inform the review.

Lisa Thomson informed the Panel that the feedback from the community is scheduled for the October Board meeting but the Trust will need to work in conjunction with other reviews happening across the NHS in Southwest London.

RESOLVED

The Trust were thanked for their work and will be invited to a future panel meeting to provide an update on their discussions with the community

5 MERTON MENTAL HEALTH STEP DOWN ACCOMMODATION (Agenda Item 5)

Mark Clenaghan, Head of Operations, South West London and St George's Mental Health Trust gave an overview of the report stating that 7,000 Merton residents are treated for a mental health issue, 250 will go into hospital, 30 require accommodation for a short period after the acute phase has been treated; this is what is currently being reviewed. The Norfolk Lodge accommodation is owned by a private landlord. The current accommodation doesn't meet the required quality standards. It is not suitable for mixed gender accommodation and does not have en-suite bathrooms.

Mark Clenaghan reported that eighteen months ago the proposal for Norfolk Lodge included a reduction in service; this is no longer the case the plans are now for a re-provision of the service.

A panel member asked what will happen to residents if the new provision is not ready by September. Mark Clenaghan said interim arrangements are being put in place including block or individual placements.

Panel members asked if the quality will be maintained and if existing residents will be required to move out of Merton. Caroline Farrar, Assistant Director of Commissioning and Planning said people may be required to move just outside the borders but not

long distances away from the borough as this could have a detrimental impact upon their rehabilitation.

The Chair said this issue was brought to the panel two years ago when a proposal was developed to close Norfolk Lodge, without consultation with those affected. These concerns about lack of consultation remain, the Clinical Commissioning Group and the Mental Health Trust were aware of break clause in the accommodation contract, as well as the condition of the building. Despite this, the consultation process was not conducted in a timely fashion. Notice to end the lease was given in March but there is no alternative provision in place and people may suffer as a consequence. There are concerns that the voluntary sector may not have been sufficiently consulted to ensure they have the resources to support this work, also it is not clear if the ring-fenced funding is set at the level that it should be.

Mark Clenaghan said Norfolk Lodge has been part of two wide ranging reviews, but the momentum was not been built as it should have been. Approximately £650,000 has been ring fenced for step down mental health services which will provide more services than the current provision with Norfolk Lodge as there will be more value for money from the private sector.

The Chair accepted a question from Laura Johnson, Rethink Mental Health.

Laura Johnson said the closure of Norfolk Lodge has come as a shock, Rethink were invited to an informal working party in April. There is a cut in beds from eleven to six or seven. People in Norfolk Lodge have complex needs for example a service user can have autism and schizophrenia. Norfolk Lodge provides good assessment of need. There has already been a cut in acute beds for mental health patients from 140 to 126-128.

The tender for the new provision went into the Wimbledon Guardian today and although it has been accepted that interim placements will be found there are concerns about where they will be. Norfolk Lodge has run successfully for seventeen years without complaints from the wider community which is evidence of its success.

Mark Clenaghan said they will be working with a range of providers, service users and carers to find suitable placements.

RESOLVED

The Panel were concerned that MCCG and the Mental Health Trust has already served notice to end the lease at Norfolk Lodge. It is important they work closely with service users to agree interim arrangements. There must be full consultation on the long term plans for step down accommodation. Also there needs to be clarification on what level of provision will be available for this service.

6 HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY WORK PROGRAMME 2015/16 (Agenda Item 6)

RESOLVED

The Panel agreed to look at the prevention agenda and impact of the cuts in adult social care at the next meeting. The Panel agreed to prioritise the list of suggested topics and the Scrutiny officer will collate this information and develop a draft work programme to be agreed at the next meeting

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 3rd September 2015

Agenda item:

Wards: ALL

Subject: Preventing incontinence amongst women of child bearing age – Merton Clinical Commissioning Group response to recommendations.

Lead officer: Catrina Charlton, Senior Commissioning Manager, (Long Term Conditions) Merton Clinical Commissioning Group

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

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

Recommendations:

A. That the Panel agreed comment on the progress with the implementation of the task group review recommendations.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. In 2012/13 this Panel conducted a scrutiny review of preventing incontinence amongst women of child bearing age. Merton Clinical Commissioning Group provided a response to the review in October 2014 this is attached at Appendix A. MCCG will attend the panel to provide an update on progress with implementing the recommendations this is attached at Appendix B. A full copy of the task group report can be found at: www.merton.gov.uk/scrutiny/scrutiny publications

2 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.

2.1. 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.

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2015/16

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. 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.

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Merton Clinical Commissioning Group response to the recommendations October 2014 – Appendix A
- Merton Clinical Commissioning Group - progress with implementing the recommendations August 2015 – Appendix B

11 BACKGROUND PAPERS

11.1.

Incontinence Amongst Women of Child-bearing Age

Merton CCG Response to the Healthier Communities and Older People Overview and Scrutiny Panel Report – 10 October 2014.

1. Purpose of this paper

This paper outlines the initial response of Merton Clinical Commissioning Group (CCG) to the recommendations contained in the report *Tackling Incontinence Amongst Women of Child-bearing Age* produced for the London Borough of Merton (LBM) Healthier Communities and Older People (HCOP) Overview and Scrutiny Panel by the LBM *Incontinence amongst women of child bearing age task group*.

In particular, this paper describes how Merton CCG will address the recommendations raised in the report.

2. Scope of the Report

The *Tackling Incontinence Amongst Women of Child-bearing Age* report primarily addresses the issue of urinary incontinence in women between the ages of 16 and 44. The reasons given for this focus are:

- Urinary incontinence often occurs following pregnancy
- An improvement in services for this age group would have a direct knock-on effect on older age groups.

The report particularly focuses on

- "The prevention agenda – identifying problems at an early stage and addressing them before they become worse".
- "How to raise awareness of incontinence and tackle the stigma that prevents people seeking help"

In addition, the report references the 2011 *All Party Parliamentary Group for Continence Care report*.

3. Alignment with Merton CCG Priority Delivery Areas

Merton CCG has identified within its Operating Plan six priority delivery areas and the breadth of the issues related to continence mean that it touches several of these delivery areas. In order to provide focus the work to address the recommendations of this report will primarily be carried out within the *Early Detection and Management* delivery area, but will also link to the *Children's and Maternity* and *Older and Vulnerable Adults* delivery areas as necessary.

4. Findings of the Report

4.1. Services for people who suffer from incontinence in Merton (paragraphs 9 – 19)

The report notes continence services provided by Epsom and St Helier University Hospitals NHS Trust and St George's Healthcare NHS Trust, but identifies that the majority of continence services are community based. The community based continence service, which includes clinical services such as assessing people for treatment as well as specialist support to individuals, and also training for other staff, is currently commissioned by Merton CCG from Sutton and Merton Community Services (SMCS). In addition, SMCS also deliver a women's health physiotherapy service, which provides exercises to strengthen the pelvic floor muscles.

Merton CCG is pleased to note the report's finding that the community service had been improved following a review in 2010 but, in light of the fact that the task group considered that

many of the fundamental problems had not been addressed, the CCG will re-examine the review and identify outstanding areas for progression.

4.2. Under-reporting of continence problems (paragraphs 20 – 26)

Merton CCG notes the information regarding the number of people in Merton estimated to require help with incontinence and will work with Public Health to build on this information to provide, if possible, a current and local view of continence needs in Merton.

Merton CCG is disappointed that the *Incontinence amongst women of child bearing age task group* concludes that the service "is given a low priority by Commissioners" as it is not life threatening". In fact, Merton CCG supports findings of the report that, in addition to having a huge impact on quality of life, incontinence has a significant effect on many areas, such as being a potential contributory factor for falls in older people, or potentially having an adverse effect on mental health.

In recognition of the importance of this issue, therefore, Merton CCG has included a Continence Work Package in the *Early Detection and Management* priority delivery area with the aim of taking forward the relevant recommendations of this report.

4.3. Impact of incontinence on women of child bearing age (paragraphs 27 – 33)

Merton CCG notes the analysis contained within the report of the impact of incontinence in women of child bearing age and will take forward the relevant recommendations to local service providers through the relevant channels, including local Maternity Networks.

4.4. The Prevention Agenda (paragraphs 34 – 40)

Merton CCG agrees with the report's emphasis on prevention and targeting treatment early to prevent escalation and has therefore placed the work to take forward issues relating to incontinence within the *Early Detection and Management* delivery area.

4.5. Health pathways and co-ordination of Continence Services (paragraphs 41 – 43)

Merton CCG agrees with the report's emphasis on clear pathways of care across co-ordinated services. We note the report's finding that there is a fragmented service across south west London, and that some healthcare professionals are "not even clear where to refer people to". Merton CCG will therefore take forward the development of/identification of a clear pathway for unified continence services.

4.6. Raising awareness and tackling stigma (paragraphs 44 – 50)

Merton CCG welcomes the findings of the report in the important area of raising public awareness, dispelling myths and tackling the stigma that some people feel when raising the issue of incontinence and will work with the other relevant stakeholders (both commissioners and providers) to implement the relevant recommendations.

5. Recommendations of the Report

The report makes 13 recommendations of which ten are identified for implementation by Merton CCG. The Merton CCG approach to the implementation of these ten recommendations, many of which are also dependent upon contribution from current service providers, other local commissioners and LBM Public Health, is shown in Appendix A.

6. Next Steps

As described in Appendix A:

- Many of the recommendations of the report will be built into the work programmes of the relevant Merton CCG priority delivery areas.
- Merton CCG will liaise with LBM Public Health, both as part of the Early Detection and Management priority delivery group (which includes a representative from Public Health) and separately as issues arise, to address the relevant recommendations.
- Merton CCG will work with other local commissioners and with local maternity services providers through the local Maternity Networks to address the relevant recommendations.

In addition, Merton CCG will review the 2011 report of the *All Party Parliamentary Group for Continence Care,* and will re-examine the review of services carried out in 2010, with a view to identifying further items to incorporate into future programmes of work.

Appendix A: Recommendations of the Report *Tackling Incontinence Amongst Women of Child-bearing Age*

The report makes 13 recommendations of which ten are identified to be implemented by Merton CCG. The Merton CCG approach to implementation of these ten recommendations is shown below. For completeness, all 13 recommendations are shown (in the order in which they are presented in the *Tackling Incontinence Amongst Women of Child-bearing Age* report).

<table>
<tr><th>No</th><th>Recommendation</th><th>To be implemented by:</th><th>MCCG Action</th></tr>
<tr><td>1.</td><td>That midwives and health visitors follow up first, second and third degree tears following childbirth to check for signs of incontinence.</td><td>NHS England</td><td>N/A</td></tr>
<tr><td>2.</td><td>That health visitors ask women ‘trigger questions’ after childbirth to identify the onset of incontinence.</td><td>NHS England</td><td>N/A</td></tr>
<tr><td>3.</td><td>That women are warned incontinence may be a problem following childbirth and that pelvic floor exercises are important to help prevent it.</td><td>MCCG</td><td rowspan="3">As a member of the local Maternity Networks, Merton CCG will work with local providers of maternity services to take forward these recommendations. Merton CCG will monitor this through the Children’s and Maternity delivery group.</td></tr>
<tr><td>4,</td><td>That women should be given realistic information about the efficacy of pelvic floor exercises and advised what other options may be available in extremis.</td><td>MCCG</td></tr>
<tr><td>5.</td><td>That women are advised they should not hesitate to contact either their GP or the continence service if they experience any problems with incontinence at any time in the future.</td><td>MCCG</td></tr>
<tr><td>6.</td><td>NHS Trusts should place greater emphasis on early detection and prevention of continence issues. We suggest perhaps establishing local/regional clinical champions?</td><td>MCCG</td><td>Merton CCG will liaise with local service providers to identify the requirements to improve early detection and prevention.</td></tr>
<tr><td>7.</td><td>The Director of Public Health should investigate how easily accessible and free training can be rolled out to unpaid carers to help them deal with continence.</td><td>Merton Council</td><td>N/A</td></tr>
<tr><td>8</td><td>Incontinence issues should be prioritised as part of the Falls Prevention Strategy.</td><td>MCCG</td><td rowspan="6">These recommendations will be included as work packages within the MCCG Early Detection and Management delivery group programme of work, linking to the Older and Vulnerable Adults delivery area as required.

Merton CCG will liaise with local service providers to identify appropriate public information requirements and will work with Public Health colleagues to establish appropriate methods for communication to the public.</td></tr>
<tr><td>9.</td><td>Merton Clinical Commissioning Group should develop a clear pathway for unified continence services across the borough.</td><td>MCCG</td></tr>
<tr><td>10.</td><td>That MCCG and local acute NHS Trusts look into what role pharmaceutical companies may be able to take in hosting events to raise awareness on incontinence issues.</td><td>MCCG</td></tr>
<tr><td>11.</td><td>That commissioners and the continence service seek to involve patient participation groups in raising awareness of continence issues.</td><td>MCCG</td></tr>
<tr><td>12.</td><td>That an information leaflet is produced to advertise continence services.</td><td>MCCG</td></tr>
<tr><td>13.</td><td>That e-information leaflets and posters advertising continence services should be distributed in discreet locations such as Lavatory cubicles in local public buildings where women can access them privately.</td><td>MCCG</td></tr>
</table>

Incontinence Amongst Women of Child-bearing Age:

Merton CCG Update for the Healthier Communities and Older People Overview and Scrutiny Panel

1. Purpose of this paper

This paper provides an update to the London Borough of Merton (LBM) Healthier Communities and Older People (HCOP) Overview and Scrutiny Panel of the approach taken by NHS Merton Clinical Commissioning Group (CCG) in response to the recommendations contained in the report *Tackling Incontinence Amongst Women of Child-bearing Age* produced by the LBM *Incontinence amongst women of child bearing age* task group.

2. Background

The *Tackling Incontinence Amongst Women of Child-bearing Age* report primarily addressed the issue of urinary incontinence in women between the ages of 16 and 44.

The report particularly focused on

- "The prevention agenda – identifying problems at an early stage and addressing them before they become worse".
- "How to raise awareness of incontinence and tackle the stigma that prevents people seeking help"

NHS Merton CCG provided a response to the relevant recommendations in the report to the HCOP Overview and Scrutiny Panel meeting in November 2014. This paper provides an update to that response.

3. Merton CCG Operating Plan Delivery Areas

Merton CCG has identified within its Operating Plan six priority delivery areas and the breadth of the issues related to continence mean that it touches several of these delivery areas. In order to provide focus the work to address the recommendations of this report will primarily be carried out within the *Early Detection and Management* delivery area, but will also link to the *Children's and Maternity* and *Older and Vulnerable Adults* delivery areas as necessary.

4. Procurement of new Community Services contract

Merton CCG is currently re-procuring community services for its population, with a new contract to be delivered from April 2016 when the current contract ceases.

The procurement has provided an opportunity for the CCG to define new standards and requirements for services where relevant, and the new *Health Needs* requirement for the continence service requires that the service must provide holistic assessment and management, treatment and/or care of incontinence, that addresses the reason for the incontinence issues where possible or supports the management of long term needs with the overall aim of maximising self-care and independence

5. Recommendations of the Report

The report made 13 recommendations, of which ten were identified for implementation by Merton CCG. The Merton CCG approach to the implementation of these ten recommendations, many of which are also dependent upon contribution from current service providers, other local commissioners and LBM Public Health, is shown in section 6.

6. Actions to Date

The Merton CCG approach to implementation of these ten recommendations is shown below (in the order in which they are presented in the *Tackling Incontinence Amongst Women of Child-bearing Age* report).

<table>
<tr><th>Recommendation</th><th>MCCG Action</th></tr>
<tr><td>That women are warned incontinence may be a problem following childbirth and that pelvic floor exercises are important to help prevent it.</td><td rowspan="3">As a member of the local Maternity Networks, Merton CCG is working with other local commissioners and with providers across SWL to draw up a standard model specification for maternity services across SWL for 2016/17. The relevant issues are identified for inclusion in this specification. Merton CCG will monitor this through the Children's and Maternity delivery group.

The continence requirements in the new contract for community services currently being procured include the ability of women to self-refer into the service, and the requirement that patients whose continence does not improve with conservative management be discharged to their GP for onward referral to specialist services.</td></tr>
<tr><td>That women should be given realistic information about the efficacy of pelvic floor exercises and advised what other options may be available in extremis.</td></tr>
<tr><td>That women are advised they should not hesitate to contact either their GP or the continence service if they experience any problems with incontinence at any time in the future.</td></tr>
<tr><td>NHS Trusts should place greater emphasis on early detection and prevention of continence issues. We suggest perhaps establishing local/regional clinical champions?</td><td>Merton CCG will liaise with local service providers to identify the requirements to improve early detection and prevention.</td></tr>
<tr><td>Incontinence issues should be prioritised as part of the Falls Prevention Strategy.</td><td>LBM Public Health team is leading the Merton Falls Prevention Strategy being delivered through a multi-agency implementation plan. Merton CCG, as one of the organisations collaborating with LBM PH, will work to ensure that incontinence issues are prioritised within this strategy.</td></tr>
<tr><td>Merton Clinical Commissioning Group should develop a clear pathway for unified continence services across the borough.</td><td rowspan="5">A number of continence pathways have been identified as part of a programme of work taking place within the CCG to implement a Clinical Decision Support system identifying local Best Practice pathways and embedding these into GP Clinical systems.

The recommendations of the report will inform the development of the ongoing work plan of the MCCG Early Detection and Management delivery group, following the identification of the new community services provider (who will deliver a core component of the continence pathway).

Merton CCG will liaise with local service providers to identify appropriate public information requirements, and will work with Public Health colleagues to establish appropriate methods for communication to the public.</td></tr>
<tr><td>That MCCG and local acute NHS Trusts look into what role pharmaceutical companies may be able to take in hosting events to raise awareness on incontinence issues.</td></tr>
<tr><td>That commissioners and the continence service seek to involve patient participation groups in raising awareness of continence issues.</td></tr>
<tr><td>That an information leaflet is produced to advertise continence services.</td></tr>
<tr><td>That e-information leaflets and posters advertising continence services should be distributed in discreet locations such as Lavatory cubicles in local public buildings where women can access them privately.</td></tr>
</table>

7. Next Steps for Merton CCG

Merton CCG is currently taking forward the following actions:

- Community Services re-procurement process is currently being progressed and will be completed in October 2015, with newly contracted services to be delivered from April 2016 onwards.
- The continence pathways will be incorporated into the first phase of the pilot of the Clinical Decision Support tool in October 2015.
- The CCG will continue to work as part of the SWL Maternity Network drawing up a standard model specification for maternity services across SWL for 2016/17. The development of this standardised service specification is a priority of the SWL maternity Network for 15/16.

Catrina Charlton
Senior Commissioning Manager (Long Term Conditions)
3rd August 2015

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 3rd September 2015

Wards: All

A. Subject: Transfer of Commissioning Responsibility for Healthy Child 0-5 Services to Public Health, LB Merton

Lead officer: Kay Eilbert, Director of Public Health

Lead members: Councillor Caroline Cooper Marbiah, Cabinet Member for Adult Social Care and Health, Councillor Maxi Martin, Cabinet Member for Children's Services

Contact officer: Julia Groom, Consultant in Public Health

Recommendations:

1. This report has been sent to this Panel for pre-decision scrutiny. Cabinet will be asked to consider any comments from scrutiny when they are making the final decision on this issue.
   Cabinet are asked to make the following decisions:
2. To note arrangements for the transfer of commissioning responsibility for Healthy Child 0-5 Services to the London Borough of Merton.
3. To authorise the novation of the contract for Healthy Child 0-5 Services from NHS England to the London Borough of Merton on 1 October 2015.
4. To authorise the delegation to the Director of Public Health authority to enter into all documents necessary to effect the legal receipt of this commissioning responsibility, including the deed of novation.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This report outlines arrangements for the transfer of commissioning responsibility for Healthy Child 0-5 Services from NHS England to Public Health, LB Merton and recommends that Cabinet authorise the novation of the contract for Healthy Child 0-5 services on 1st October 2015.

1.2. The Healthy Child Programme is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. Health visiting services are a key component of the Healthy Child Programme (HCP) 0-5 years and support the 16,000 infants and children resident in Merton to achieve the best possible health outcomes.

1.3. The benefits of the transfer have been highlighted as an opportunity to link with wider systems, including early years services and enable greater integration of children's services. This recognises the huge impact that primary prevention, early identification of need and early intervention have on ensuring positive outcomes for children and young families. Public health services play a key role in ensuring that needs are identified in a timely way and families are supported to access the services they need.

1.4 From 1 October 2015, local authorities will take over responsibility from NHS England for commissioning public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme (a targeted service for teenage mothers). They also include five mandated universal services:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2 ½ year review

1.5 In Merton Health Visiting services are provided under the Sutton and Merton Community Services Contract (SMCS) between NHS England and the Royal Marsden Hospital NHS Foundation Trust. Staff deliver services in homes, health centres and children's centres. There are approximately 50 whole time equivalent staff covering Merton, including a number of shared specialist posts, plus non-caseholding specialists including safeguarding and management posts.

1.6 In order to prepare for the transfer of commissioning responsibility, a review of local health visiting services took place in 2014. The review identified a number of strengths, including from the parent survey 89% of parents and carers rated the service good or very good. The review identified a number of areas for improvement including coverage of the universal Healthy Child Programme which is below 90%. It also identified a range of additional support needs for parents and priorities for professionals.

1.7 The Department of Health ("DH") grant allocation for Healthy Child 0-5 services for Merton in 2015/16 (1 October 2015-31 March 2016) is **£1,476,000**, covering both health visiting and Family Nurse Partnership services. This includes £15,000 to allow the Local Authorities to invest in additional commissioning support. In addition, NHS England have agreed a non-recurrent transfer of £159,500 to DH for onward transfer to LB Merton. This was agreed to mitigate against potential cost pressures to LB Merton as NHS England recognised there was a gap between the contract value and RMH service delivery costs. Therefore the total funds to transfer to LB Merton for 2015-2016 (1 October 2015-31 March 2016) are: **£1,635,500.**

1.8 The contract value that has now been agreed between NHS England and the Provider, RMH, disaggregated for Merton and the 6 month period is: **£1,520,904.**

1.9 We are therefore assured that from October 2015–March 2016 the contract for Healthy Child 0-5 services will be delivered by RMH within the Merton DH Public Health grant allocation, which for 2015/16 only will include additional non-recurrent funds transferred from NHS England.

1.10 From 1 April 2016 a new service contract will commence, subject to the outcome of the current Community Health Services re-procurement process. The successful Provider will be required to deliver a new Healthy Child 0-5 service specification, as part of the Community Health Services contract, within the value of the recurrent DH Grant allocation for 2016/17 onwards.

1.11 In order to ensure robust contract and performance management and governance it has been agreed with Merton Clinical Commissioning Group that the contract will be managed alongside the current RMH Sutton and Merton Community Services NHS block contract until 31 March 2016. From 1 April 2016 this will be fully integrated into new Community Health Services contract.

1.12 In line with the transfer of other Public Health contracts to LB Merton in 2013, it is proposed that the NHS contract for Healthy Child 0-5 Services novate to LB Merton. **Cabinet are recommended to authorise the novation from 1st October 2015.**

2 DETAILS

2.1 BACKGROUND

2.1.1 From 1 October 2015, the Government intends that local authorities take over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership ((FNP) targeted services for teenage mothers). Only the commissioning responsibility is being transferred. Health visitors will continue to be employed by their current provider – in Merton this is the NHS (Royal Marsden Hospital NHS Foundation Trust -RMH).

2.1.2 A major part of the work of delivery through the 0-5 public health workforce is delivering the Healthy Child Programme (HCP). The HCP is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children.

2.1.3 The transfer of 0-5 commissioning will join-up that already done by LAs for public health services for children and young people 5-19. This will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families.

2.1.4 The following commissioning responsibilities which form part of the HCP 0-5 delivery will not transfer to LAs:
a. Child Health Information Systems (CHIS); and
b. The 6-8 week GP check (also known as Child Health Surveillance)

2.2.1 Healthy Child 0-5 Services

2.2.1 The importance of giving every child the best start in life and reducing health inequalities throughout life has been highlighted by Sir Michael Marmot[1] and the Chief Medical Officer (CMO)[2]. The Healthy Child Programme is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. Health visiting services are a key component of the Healthy Child Programme (HCP) 0-5 years and support infants and children to achieve the best possible health outcomes

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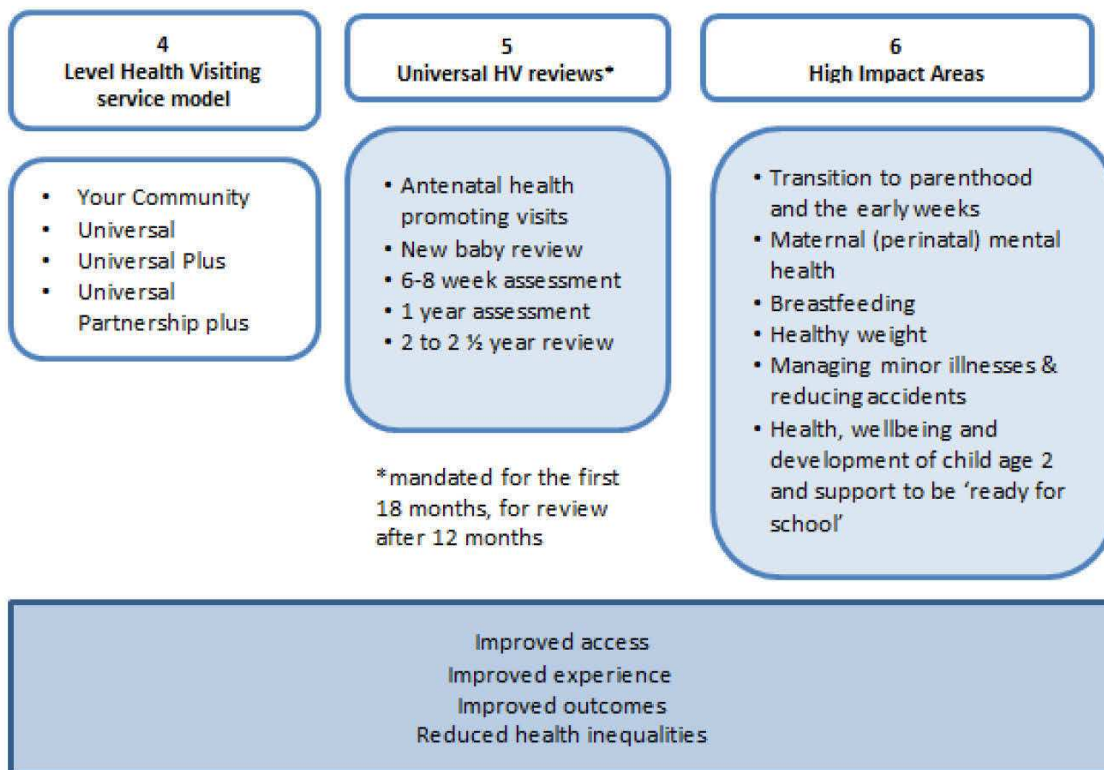
[1] Marmot et al (2010) Fair Society, Healthy Lives; a strategic review of Health inequalities in England
[2] https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

2.2.2 The health visiting service workforce consists of specialist community public health nurses (SCPHN) and teams who provide expert information, assessments and interventions for babies, children and families including first time mothers and fathers and families with complex needs. Health visitors help to empower parents to make decisions that affect their family's health and wellbeing and their role is central to improving the health outcomes of populations and reducing inequalities. Health Visitors have a significant role in safeguarding children.

2.2.3 There have been changes to both the delivery and commissioning of health visiting services in recent years, including a national 'Call to Action' to increase health visiting numbers. In terms of delivery, the Department of Health have set out a new Health Visiting '4-5-6' service model (set out below), which is based on delivery of a 4 tier service, with 5 core health reviews, mandated for a minimum of 18 months, and a focus on 6 high impact areas designed to improve access, experience, outcomes and reduce health inequalities.



2.3 Mandated services

2.3.1 Mandation means a public health step prescribed in regulations as one that all local authorities must take. The regulations are made under section 6C of the NHS Act 2006. From 1 October, Local Authorities will have a legal duty under *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* as amended by *the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and*

Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015 to provide or secure, so far as is reasonably practicable, the provision of the 5 mandated elements of the universal service, as set out in the Healthy Child Programme.

2.3.2 DH have stated that local authorities are very well placed to identify health needs and commission services for local people to improve health. The Government's stated aim is to enable local services to be shaped to meet local needs. However, it has identified that some services need to be provided in the context of a national, standard format, to ensure consistent delivery and universal coverage, and hence that the nation's health and wellbeing overall is improved and protected - this includes some of the HCP services.

2.3.3 The intention for mandating elements of the HCP was set out in *Healthy Lives, Healthy People.* A range of public health services are *already* mandated, for example, on national child measurement, delivered by the Healthy Child 5-19 service (school nursing).

2.3.4 Building on the mandation of services outlined above, the Government has mandated the following universal elements of the 0-5 HCP namely:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2 ½ year review

2.3.5 Therefore the expectation from DH is that uptake of the five mandated reviews will continue to be delivered, and that LAs must act with a view to securing continuous improvement in their uptake. This expectation, and the delivery of the mandated reviews, is "as far as reasonably practicable". That is, there would not be an expectation that delivery of the reviews will suddenly be expected to be 100% after the point of transfer.

2.3.5 Local authorities will be able to demonstrate progress on the Public Health Outcomes Framework through early years profiles. Local authorities will have flexibility to ensure that these universal services support local community development, early intervention and complex care packages. DH have stated that it is clear that it needs to avoid creating new burdens and that any ask of local government will be no greater than the ask of the NHS at the point of transfer.

2.3.6 The mandation requirements for local authorities will be in place from 1 October 2015, and they contain an end date of 30 March 2017 within the regulations. A review at 12 months, involving Public Health England, will inform future arrangements.

2.4 Local services 2015-16

2.4.1 There are about 16,000 children aged 0-5 years resident in Merton and health visiting services are provided by Sutton and Merton Community Services

(SMCS), Royal Marsden Hospital NHS Foundation Trust. Staff are based at Wimbledon (120 Broadway) and Mitcham (the Wilson) and deliver services in homes, health centres and children's centres. There are approximately 50 whole time equivalent (WTE) staff covering Merton, including a number of shared specialist posts, plus non-caseholding specialists including safeguarding and management posts.

2.4.2 The service has been required to implement a number of service changes over the past two years including a move of delivery of services from GP registered to resident population; the introduction of an antenatal review and the re-introduction of a 2-2 ½ year health review.

2.4.3 In order to prepare for the transfer of commissioning responsibility, a review of local health visiting services took place in 2014. This included a review of evidence, local needs, workforce and stakeholder engagement. Nearly 400 parents responded to a survey giving their views on services in addition to 2 focus groups. Over 100 professionals responded to a survey, in addition to interviews with 20 professionals.

2.4.4 The review identified a number of strengths including from the parent survey 89% of parents and carers rated the service good or very good. On the whole staff felt proud to work for and value the service, and the service has a low vacancy rate. There is a specialist health visitor for vulnerable families and Teams serving more deprived catchment areas within the South and East of the borough have smaller caseload sizes per WTE health visitor than teams serving less deprived areas. The service offers a full training programme and 80% of Health Visitor survey respondents reported that they felt supported in their continuing professional development needs. The service has recently introduced an evidence based Standard Operating Procedure which specifies content for all routine client contacts, use is mandatory.

2.4.5 The review identified a number of areas for improvement Coverage of the universal Healthy Child Programme[3] is below 90%. Data from SMCS for 2013/14 showed that only 80% of families are receiving a New Birth Visit by 14 days. This compares to coverage of approximately 95% in the best performing London boroughs. In LBM 76% of the families who do not receive a visit by 14 days are seen by 21 days. The service is reaching 60% coverage of 1 and 2.5 year check.

2.4.6 Evidence from the review has been used to inform the transfer of commissioning responsibilities and future commissioning arrangements in Merton.

2.5 Financial arrangements 2015-16

2.5.1 Funding for the transfer of commissioning responsibility for Healthy Child 0-5 services will sit within the overall ring-fenced Public Health budget. The

[3] Currently these are a New Birth Visit by 14 days after birth, 6-8 week maternal review, 12 month development review, 2.5 year review and handover to the school nursing service

allocation is based on a Baseline Agreement Exercise, determined on the basis of 'lift and shift' supported by funding adjustments including a minimum floor of £160 per head.

2.5.2 DH stated it would use 'lift and shift' principles as a basis for the transfer of commissioning responsibilities to support contracts which are in place and a safe mid-year transfer. However, the transfer of commissioning responsibilities to LB Merton is more complex than a 'lift and shift' because services are currently commissioned and provided jointly for Sutton and Merton. Therefore the baseline agreement exercise has also required a disaggregation of services.

2.5.3 Based on this process, the DH grant allocation for Merton for **2015/16 (for 6 months from October) is £1,476,000** which includes health visiting and Family Nurse Partnership services. This also includes £15,000 to allow the Local Authorities to invest in additional commissioning support. In addition, NHS England have agreed a non-recurrent transfer of £159,500 to DH for onward transfer to LB Merton. This was agreed to mitigate against potential cost pressures to LB Merton as NHS England recognised there was a gap between the contract value and RMH service delivery costs. Therefore the total funds to transfer to LB Merton for 2015-2016 (6 months) are: **£1,635,500.**

2.5.4 Going forward, 2016/17 DH allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and on the fair shares formula developed following advice from ACRA (the Advisory Committee on Resource Allocation).

2.5.5 The table below sets out the funds that will transfer to LB Merton for 2015/16 (6 months from 1st October) and the contract value that has now been agreed between NHS England and the Provider, RMH, disaggregated for Merton and the 6 month period.

	2015/16	
	£	£
	6 mths	Full Year
	£	£
DH Allocation	1,476,000	2,952,000
Less Commissioning costs	-15,000	-30,000
Total DH Allocation	1,461,000	2,922,000
NHS E Non-recurrent transfer to DH for onwards to LBM	159,500	
Total LBM Funds	1,620,500	
RM HEALTH VISITING TEAM	1,432,266	
RM FAMILY NURSE PARTNERSHIP	88,638	
Total RM Costs	1,520,904	
Surplus/ (Deficit)	99,596	

2.5.6 Within the Sutton & Merton health care commissioning system, the disaggregation principle is that the agreed Fair Shares formula is to be sustained until all procurement processes are concluded. LB Merton has agreed the basis of a Fair Shares formula disaggregation between Sutton and Merton based on the DH Grant allocation, which is 53.84% for Merton for Health Visiting only. Historically the Family Nurse Partnership has always been split 50:50.

This means that the total (HV and FNP) the contract value for LB Merton (1 October 2015 - 31 March 2016) is **£1,520,904.**

2.5.7 It is worth noting that both Merton and Sutton CCGs and NHS England have reminded RMH that there can be no dialogue for rebasing overhead costs until the community services procurement process is complete. We are recommending this position.

2.5.8 It is also worth noting that for 2015/16 only LB Merton will have a surplus of £99,596 due to the NHS England non-recurrent transfer. This will be managed within the overall PH Grant.

2.5.9 **We are therefore assured that from October 2015–March 2016 the contract for Healthy Child 0-5 services will be delivered by RMH within the Merton DH Public Health grant allocation, which for 2015/16 only will include additional non-recurrent funds transferred from NHS England. From 1 April 2016 a new service contract will commence, subject to the outcome of the current Community Health Services re-procurement process. The successful Provider will be required to deliver a new Healthy Child 0-5**

service specification, as part of the Community Health Services contract, within the value of the recurrent DH Grant allocation for 2016/17 onwards.

2.5.10 In light of cost pressures identified by NHS England, in addition to the financial transfer agreement there have been ongoing negotiations with NHS England on the potential for financial efficiencies.

2.5.11 NHS England agreed to facilitate a plan to agree a contract value aligned to the LB Merton DH Allocation. An action plan was agreed with Royal Marsden Trust (RMH) with the aim of minimising the gap between the current provider cost and commissioner contract value. This included identifying potential efficiencies through estates and workforce. Negotiations are still underway on opportunities for efficiencies on workforce.

2.5.12 Estates were identified as a potential cost pressure and in light of this and to support opportunities for closer integration, LB Merton is currently undertaking a feasibility study on the potential co-location of health visiting services with children's centres. This is due to report in September 2015. Interim findings indicate that this may result in financial efficiencies from 2016/17.

2.6 Contract and Governance arrangements

2.6.1 In line with the approach to the transfer of wider public health commissioning responsibilities to LB Merton on 1 April 2013 under the first phase of the Health and Social Care Act 2012, the NHS contract for Healthy Child 0-5 Services will novate to LB Merton on 1 October 2015 under the second phase of the Health and Social Care Act 2012. The contract between NHS England and the Royal Marsden NHS Foundation Trust has been reviewed by Legal Services and will be required to be novated to LB Merton under a Deed of Novation to effect legal receipt of the commissioning responsibility from NHS England to LB Merton. The Deed of Novation transfers the rights and obligations of NHS England under the contract with the Royal Marsden NHS Foundation Trust to LB Merton, and local authorities are required to agree this as part of the transfer process. In advance of Cabinet agreement a 'letter of intent' of LB Merton's intention has been agreed with NHS England, which sets out that any novation is subject to authorisation of this report by Cabinet.

Cabinet are recommended to authorise the novation from 1st October 2015.

2.6.2 In order to ensure robust contract and performance management and governance it has been agreed with Merton Clinical Commissioning Group that the contract will be managed alongside the current RMH Sutton and Merton Community Services NHS block contract until 31 March 2016. This has the benefits of ensuring that monitoring and governance sits alongside other public health services, including School Nursing services. This will include monthly Contract Monitoring meetings and Clinical Quality Review Group meetings. In addition there will be regular meeting with the Service managers.

2.6.3 From 1st April 2016, following the joint procurement process with Merton CCG, performance management and governance will be part of the new Community Health Services contract arrangements.

2.7 Commissioning and Financial arrangements from April 2016 onwards

2.7.1 From 1 April 2016 onwards Healthy Child 0-5 services will be commissioned by Public Health LB Merton as part of a wider procurement of community health services in partnership with Merton CCG. A separate paper to Cabinet sets out details of this procurement.

2.7.2 For Healthy Child 0-5 services a robust service specification has been developed in accordance with the national requirements, including mandated services, but has also been localised to reflect priorities for Merton.

2.7.2 Responses to the Invitation to Tender have been received and evaluation is taking place in August 2015, with a view to awarding the contract by October 2015. There will then be a mobilisation period leading up to the contract start date on 1st April 2016. The Provider will be required to deliver the service within the value of the DH Public Health Grant allocation.

2.8 ALTERNATIVE OPTIONS

2.8.1 It is a statutory requirement for Local Authorities to take over commissioning responsibility for Healthy Child 0-5 services, including mandated services (see paragraph 2.3.1). There are no alternative options.

2.9 CONSULTATION UNDERTAKEN OR PROPOSED

2.9.1 In 2014 Public Health commissioned a review of Merton Health Visiting Services. This included engagement with a wide range of stakeholders including parents and professionals on their views about the quality of Merton Health Visiting Services. Nearly 400 parents responded to a survey giving their views on services in addition to 2 focus groups. Over 100 professionals responded to a survey, in addition to interviews with 20 professionals.

2.10 TIMETABLE

2.10.1 The commissioning responsibility for the Healthy Child 0-5 Services transfers to LB Merton from NHS England on 1st October 2015. The Contract for Healthy Child 0-5 Services is due to novate to the London Borough of Merton on 1st October 2015, to give effect to the statutory transfer of commissioning responsibility of this service.

2.11 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

2.11.1 The DH allocation for 6 month Oct 2015 to March 2016 , is £1.476m plus an additional one-off non-recurrent payment of £159,500 from NHS E to DH for onwards transfer to LBM.

2.11.2 The Royal Marsden total cost for the service is £1,520,904

2.11.3 There is an estimated surplus of £100k budget available to cover any unforeseen expenditure that may be incurred.

2.12 LEGAL AND STATUTORY IMPLICATIONS

2.12.1 The Health and Social Care Act 2012 transfers commissioning responsibilities for Health Visitor and FNP services from NHE England to upper tier local authorities.

2.12.2 Under section 6C of the National Health Services Act 2006, LB Merton will be required by statute to undertake the commissioning of the functions transferred to them under the Health and Social Care Act 2012.

2.12.3 LB Merton has the power to enter into a contract to effect the transfer of functions, including a deed of novation, under the powers conferred to local authorities under the Local Government (Contracts) Act 1997.

2.12.4 Legal services will continue to advise as to the contractual documents throughout the process to ensure that the transfer of commissioning responsibilities is contractually recorded (by way of a deed of novation) to take effect as of 1st October 2015 (the transfer date).

2.13 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

2.13.1DH undertook an Equalities Analysis (DH July 2015) on the transfer of commissioning responsibilities. This concluded that 'overall we believe the evidence suggests a neutral to positive impact on those affected by this transfer, mainly those within the 'pregnancy and maternity' protected characteristic group. The transfer aims to support stability in the system, with a longer term view of moving towards a system based on need, as advised by ACRA'.

Further details are available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449075/Equality_analysis_July.pdf

2.13.2 The Council has a duty to reduce health inequalities and by the transfer of the commissioning responsibility to the Council from NHS England, the 0-5 service will enable the Council to comply with this duty.

2.14 CRIME AND DISORDER IMPLICATIONS

2.14.1 None.

2.15 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

2.15.1 LB Merton has considered the risks of the readiness and capacity of delivery of the commissioning responsibility by LB Merton of the Healthy Child 0-5 Services. The process included identification of the statutory functions, the uncertainty around funding from DH, adequate staffing and contractual arrangements.

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

2.16.1 None

2.17 BACKGROUND PAPERS

A full set of DH Background papers are available at:
https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 3rd September 2015

Agenda item:

Wards: ALL

Subject: Draft Work Programme 2015/16

Lead officer: Stella Akintan, Scrutiny Officer.

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

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

Recommendations:

A. That the Panel agree the draft work programme 2015/16.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. A draft work programme for the panel is attached. It is drawn from suggestions from the local community, council officers and councillors. Topics have been prioritised based on preferences from panel members.

2 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.

2.1. 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.

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2015/16

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. 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.

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Healthier Communities and Older People Panel - Draft work programme 2015/16

11 BACKGROUND PAPERS

11.1.

Healthier Communities and Older People Work Programme 2015/16

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2015/16. 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).

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 02 July 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	Epsom and St Helier University NHS Trust – update on current priorities	Report to Panel	Daniel Elkeles, Chief Executive, Epsom and St Helier Lisa Thomson, Director of Communications, Epsom and St Helier	Panel to receive an update on the Trust's plans to modernise Epsom and St Helier hospital
	Merton Step down accommodation	Report to Panel	Mark Clenaghan, Service Director, South West London and St Georges Mental Health Trust Caroline Farrar, Assistant Director of Commissioning and Planning	Panel to receive an update on proposals to close Norfolk Lodge mental health facility.
	Work Programme			

Meeting date – 03 September 2015

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Pre-decision scrutiny	Healthy Child 0-5 Transfer	Report to the Panel	Julia Groom, Consultant in Public Health	Panel to comment on the report before it goes to Cabinet.
Scrutiny Review	Preventing incontinence task group update report	Report to the Panel	Catrina Charlton, Senior Commissioning Manager. Merton Clinical Commissioning Group	Panel to comment on progress with implementing the recommendations.
	Work Programme –	Report to the Panel	Stella Akintan/ Cllr Peter	

	agree final draft		McCabe	

Meeting date – 22 October 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Adult Social Care Savings		Simon Williams, Director of Community and Housing	
Performance Monitoring	Use of Volunteers in day centres			
	Care Act			
Policy Development	Preventing ill health	Report to the Panel	Dr Kay Eilbert, Director of Public Health	To look at the prevention agenda and consider how the Panel can provide ideas and support.

Meeting Date – 10 November 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	Update from Epsom and St Helier Hospital on Estates Strategy Community Consultation			
Policy Development	Support for older people with physical and mental disabilities in the community			
	Budget			

Meeting date – 12 January 2016 BUDGET

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	Budget			
Policy Development	Making Merton Dementia Friendly			

Meeting date – 09 February 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Integrated Care			
Policy Development	Out of hospital Care			
	Update from Epsom and St Helier Hospital			
	Diabetes task group Final Report			

Meeting Date - 17 March 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Healthy High Streets			

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