

Merton Council Healthier Communities and Older People Overview and Scrutiny Panel



Date: 7 February 2017

Time: 7.15 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden
SM4 5DX

AGENDA

Page Number

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| 1 | Apologies for absence | |
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| 4 | Care in the Community for Older People and the Hospital Discharge Process | 5 - 18 |
| 5 | Changes to the Wilson Walk-In Centre - to follow | |
| 6 | Work Programme | |
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**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)
Laxmi Attawar
Mary Curtin
Suzanne Grocott
Sally Kenny
Abdul Latif
Marsie Skeete

Substitute Members:

Stephen Crowe
Najeeb Latif
Ian Munn BSc, MRTPI(Rtd)
Gregory Patrick Udeh

Co-opted Representatives

Saleem Sheikh (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 matter 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

Agenda Item 3

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

10 JANUARY 2017

(19.15 20.40)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Laxmi Attawar,
Councillor Mary Curtin, Councillor Suzanne Grocott,
Councillor Sally Kenny and Councillor Abdul Latif

ALSO PRESENT: Councillors Tobin Byers (Cabinet Member for Adult Social Care and Health) and Mark Allison Deputy Leader and Cabinet Member for Finance)

Caroline Holland (Director of Corporate Services), Simon Williams (Director, Community & Housing Department) and Dr Dagmar Zeuner (Director, Public Health) Stella Akintan (Scrutiny Officer).

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Marsie Skeete and Mr Saleem Sheikh, Co-opted Member.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed as a true and accurate record.

4 IMPACT OF THE SAVINGS IN ADULT SOCIAL CARE (Agenda Item 4)

Simon Williams gave an overview of the report stating that this is an update on the previous report from October 2015 and outlines progress to date.

A panel member asked about the relationship between reduction in the use of residential care, delayed transfers and care home closures. The Director reported there was only one care home closure last year. The reduction in residential care use is intended and planned as a policy and financial objective. This does not lead to delayed transfers of care and it is better for people to be in their own homes.

Panel members referred to page 8 of the agenda and asked for why examples could not be given on the effect of the savings. A query was also raised about the impact of the decommissioning of the meals on wheels service. The Director for Community and Housing reported that he cannot discuss the impact on individuals for reasons of

confidentiality. He also highlighted that the department are sensitive to the impact that the savings could be having on individual people even though they are being discussed in general terms. In regards to meals on wheels it was reported that alternative solutions had been found for all users of the service and no complaints had been received. It is too early to conduct a survey on the impact of the change but this could be carried out at a later date and findings brought to the panel.

A panel member referred to the table on Page 9 of the agenda and noted that there has been a large drop in home care unit costs. The Director of Community and Housing reported that this includes the average cost of the in-house re-ablement service surplus capacity has been removed and this is main reason for the reduction.

A panel member asked what improvements we are expecting in adult social care with the new Mosaic system. The Director of Community and Housing said the new Mosaic system will increase productivity and mean social workers and therapists can spend more time with patients than previously and the financial interfaces will run more smoothly. The Director of Corporate Services said the new system will be better supported by the supplier. There will also be a more streamlines transition between children and adults services.

RESOLVED

The report was noted and Director thanked for his report

5 BUSINESS PLAN UPDATE (Agenda Item 5)

The Director of Corporate Services gave an overview of the reported and stated that an update on the Medium Term Financial Strategy was taken to Cabinet in December. The report highlights that there is built in growth for adult social care of £9.3 million in 2018, £252,000 in 2018/19 and a reduction in monies thereafter. There is now an overall budget gap of:

£1.6 million in 2017/18
£14.3 million in 2018/19
£15.1 million in 2019/20
£21.4 million in 2020/21

Ahead of the final settlement an additional 1% precept for adult social care has been announced.

A panel member asked what the impact will be if the 3% levy is taken up by the council. The Director of Corporate Services reported that the additional 3% means the gap in 2018/19 reduces to £11.1 million.

A panel member asked if we can use growth in adult social care budget to demonstrate improvement. The Director of Community and Housing said the growth brings the budget in line with current spend, and so no service or quality enhancement can be funded and no savings can be set aside. There will be more rather than less pressure on the department to be thrifty with management of the budget. The Director of Corporate Services said we are waiting for central

government to define what 'improvement ' means in relation to the additional 1% allocated within the Adult Social Care precept.

Councillor Brian Lewis Lavender moved a motion stating that:

The Panel urges Cabinet to apologise to Merton's most vulnerable residents for not accepted the proposed 1.7% Adult Social Care precept in the 2016-17 Budget, which would not have cost Merton's taxpayers a penny more, especially given the higher increase that is now required in 2017-18 in order to recover this lost revenue. This was seconded by Councillor Abdul Latif. Councillors: Suzanne Grocott, Abdul Latif and Brian Lewis Lavender voted in favour of the motion and Councillors: Peter McCabe, Mary Curtin, Sally Kenny and Laxmi Attawar voted against the motion.

The motion was not carried

A panel member asked if it is appropriate to be concerned about the current situation in the adult social care sector. The Director of Community and Housing confirmed that this is not a pessimistic view point, even with the growth there are significant pressures on the sector. The Director of Corporate Services said in the short term we need to make savings and address the gaps we also need to continue to drive savings including through the procurement processes.

The Chair asked the Panel to agree that the following reference to Cabinet via the Overview and Scrutiny Commission in regards to the budget proposals:

The Healthier Communities and Older People Overview and Scrutiny Panel noted Cabinet's budget proposals and expressed grave concern about the forecast gap in the financial years 2018/19, 2019/20, and 2020/21 (As set out in appendix one of the 12 December Cabinet report) . A majority of panel members indicated that central government must address the problem and provide additional funds for health and adult social care as a matter of urgency.

The Panel voted on the reference and Councillors: McCabe, Curtin, Attawar and Kenny voted in favour and Councillors: Brian Lewis Lavender, Latif and Grocott voted against.

The reference was agreed.

A panel member asked the Director of Community and Housing if the concerns around Adult Social Care are being raised with government. The Director reported that this is the case, The Association for the Directors of Adult Social Services , along with the Local Government Association are making the case to government that more funding is needed for Adult Social Care.

The Director of Corporate Services reported that the savings in home care for 2019/20 was based on an outcome based commissioning approach and working with providers to find efficiencies within the system.

6 SAVINGS PROPOSALS CONSULTATION PACK (Agenda Item 6)

7 MAKING MERTON A DEMENTIA FRIENDLY BOROUGH (Agenda Item 7)

The Director of Public Health gave an overview of the report stating that a lot of good work has already happened in Merton including the dementia hub. The Director reported that councillors can play an important role on this work given their important links with the local community. The Senior Public Health Principal reported that dementia rates are increasing. Surveys have shown that people with dementia want support with safety and navigation and help to access services. Panel members were informed that a launch invite was due to take place and all councillors would be invited.

A panel member said this is an issue that could be discussed at group meetings, and emailed to all councillors as well as sent to resident associations.

A panel member asked if group training would be available and it was reported that this would be rolled out in a few months.

RESOLVED

The Panel thanked officers for their work in this area.

8 WORK PROGRAMME (Agenda Item 8)

The work programme was noted.

DRAFT V2

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 07 February 2017

Agenda item: Care in the Community for Older People and the Hospital Discharge Process

Subject:

Lead officer: Kim Carey, Interim Head of Access & Assessment, Community and Housing

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

Contact officer: Kim Carey, kim.carey@merton.gov.uk , ext 4535

Recommendations:

- A. That the Scrutiny Panel note the operational arrangements in place to enable older people to be supported in the community in order to reduce the need for prolonged stays in hospital.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report seeks to brief members of the scrutiny panel on the arrangements in place to enable timely discharge from hospital and describes some of the current support available in the community to enable older people to live as independently as possible.

2 DETAILS

- 2.1. The London Borough of Merton is supported by a number of acute hospitals, being placed as it is, in a central location. Currently approximately 60% of Merton residents use St Georges Hospital, 30% use St Helier and approximately 7% use Kingston hospital. The Borough currently has a small Hospital to Home team based at St George's Hospital, but providing discharge support for all the acute hospitals in the local area. The team comprises a Team Manager, an Assistant Team Manager, 2 Qualified Social Workers, 2 Assessment, Support and Planning Officers (ASPO's), 2 Delayed Transfer of Care (DToc) screening officers and two administrative officers, one of whom is funded by health.
- 2.2. The Team Manager reports into the Service Manager for Prevention and Recovery and has close links with the in-house Reablement Team, the Assessment and Initial Support teams and the Occupational Therapy Team, all of whom report to the same manager. This has enabled the development of a streamlined pathway to assessment and discharge as will be described later.

- 2.3. The responsibility for safe discharge from hospital rests with the hospital, who are required to make a clinical decision about when an individual is medically fit for discharge, but it is essential that all partner agencies work together to ensure a process that is robust and clear, and most importantly, has the needs of the individual at its centre. All staff are committed to enabling people to leave hospital as soon as they are fit, with a shared understanding that hospitals are not a good place to be.
- 2.4. Much of our recent work with the community health provider (CLCH) has been developing a joint response to people's needs, to, where possible, avoid a hospital admission, or where an admission has taken place, to enable the person to leave hospital as swiftly and safely as possible. There are plans to move staff from CLCH into the Civic Centre early in 2017 which will aid the delivery of a more integrated response to people who are in need of health or social care or indeed both.
- 2.5. In order to affect a safe discharge, the ward staff will refer any individual that they feel may need social care input in order to get home, to the Hospital to Home Team. Ideally, this referral will come through to the team very early in the individuals stay in hospital, ensuring that where services are already in place they can be notified of the likely discharge date, or where there are more complex needs, that these can be identified early. We call these referrals Assessment Notifications.
- 2.6. There are challenges to referring early, as it may not be possible early in an individual's hospital stay to identify their likely needs at discharge, but ideally the hospital to home team should be given early notice of the need for involvement.
- 2.7. When an individual is medically fit for discharge, the ward will send through a further notification (called a Discharge Notification), which gives a more firm date for discharge and identifies the needs. This referral will trigger a more detailed assessment which is required to be completed within 72 hours of receipt before the discharge is classed as a delay.
- 2.8. There has been much media coverage of late, about the number of Delayed Discharges of Care (DToC) that are the responsibility of the local authority. This DToC definition refers to the number of people, who for whatever reason, are medically fit for discharge, but cannot leave the hospital. There are a number of reasons why an individual cannot leave hospital, not all of which are the responsibility of the local authority and a detailed description of how these are defined is shown at Appendix 1.
- 2.9. Whilst LB Merton does experience challenges with managing the DToC numbers, comparative data shows that across London we are performing well. Whilst there is no room for complacency, despite the small team, we are managing to keep pace with increased demand, unlike many other authorities. A graph showing Merton's performance is attached at Appendix 2.
- 2.10. Once a Discharge Notification has been received the referral will be screened by the team and a decision will be made about what 'pathway' an individual needs to be referred down to affect their discharge.

- 2.11. Some individuals will have no or very simple needs that they can either meet themselves or may require help with from family or friends, if they are willing and able to provide this. There are a number of voluntary agencies with whom the Council has contracted to provide more informal support for people when they return home. Attached at Appendix 3a & 3b are some examples of this support, which are part of the Ageing Well programme, but there are many other examples across Merton.
- 2.12. Many older people and their families prefer to have support provided by non-statutory agencies and we are lucky to have a number of voluntary sector organisations that provide support across the borough. However, it is important to note that as the needs of individuals who are living in their own homes increases, so does the complexity of need that we are asking voluntary sector partners to support. It is also important to remember that when referring to the voluntary sector, we are not just talking about volunteers who give their time freely. Voluntary sector groups are increasingly required to employ staff to run their organisations and may need small amounts of money to enable them to run. This is not a free service.
- 2.13. If individuals are wishing and are able to return to their own homes and there is an indication that they will need some support, a referral will be made directly to the Re-ablement service. The name of this service is slightly misleading as the service does not just deal with people who have either the capacity or the need to be re-abled (a term that has replaced rehabilitation), this will be the subject of further review during the coming year to ensure that we are making the most of a well-trained and skilled workforce.
- 2.14. The Reablement service will carry out an initial assessment and support individuals for up to six weeks, to enable them to regain confidence, learn new skills or make adaptations to their living arrangements in order that they can remain living in their own home. Some individuals will have no need for ongoing support following their involvement with the service, those that do will be supported by the in-house Brokerage team to obtain care from the independent sector care agencies, or by the Direct Payments team who will arrange for a cash payment to be made to individuals in order that they can purchase their own care. The initial support from the Reablement service is provided free but if individuals need care post the delivery of this service they will be financially assessed to contribute towards their care.
- 2.15. If individuals are assessed as needing care in a residential or nursing home the assessment will be carried out by the Hospital to Home team who will work alongside assessment staff from health to identify if they have health needs that may either mean that they are eligible for Continuing Health Care (CHC) or for Funded Nursing Care (FNC). If eligible for CHC the responsibility for supporting an individual and their family rests with health staff and individuals will receive the service free. If they are eligible for FNC an element of the placement costs will be met by health but an individual will be financially assessed to contribute to the element of the package of care funded by the Council.
- 2.16. The Council provides a Brokerage team who are responsible for working with the independent and private sector to identify available care and will signpost individuals and their families to this care, act as a conduit between

the individual, hospital and the care provider in terms of arranging for the provider to visit to assess if they are able to meet the needs of the individual and are responsible for negotiating the fee level that will be paid where there is not a fixed rate for the service being provided. The Council is working with partners in health to extend this team to provide support to individuals who have mental health needs and those funded by health for CHC.

- 2.17. The Brokerage team will also confirm restarts to packages of care suspended whilst someone is in hospital.

3 ALTERNATIVE OPTIONS/AMBITIONS

- 3.1 There are a number of plans in place to improve the support that people can access in the community which will either reduce the need for a hospital admission or enable them to be discharged more speedily from hospital.
- 3.2 As has already been mentioned, there are plans for staff from CLCH to be based within the Civic Centre which will improve the opportunities for staff across both the Council and health to work better together. There are no plans to create new organisational structures or change employment arrangements, our plans are more pragmatic and more easily delivered. Staff in the social care teams are already meeting with health staff on a weekly basis to discuss those patients who are at risk as identified by health, social care and GP's to put joint support around them to enable them to continue to live independently in the community.
- 3.3 Once health staff are based within the Civic Centre it is planned that we will pull together our referral point for people who have an urgent crisis, in order that support can be provided to prevent the need for a hospital admission where this is appropriate. Managers will link the re-ablement team and the Community Health teams provided by CLCH who will work together to provide swift support and carry out quick assessments to determine how an individual can best be supported whilst they are in crisis and beyond. This will be done by making best use of the collective capacity, there is currently no new money to invest, but will be monitoring activity closely to build the business case to move investment from the acute sector to community services (both health and social care) to reflect the change in service demand.
- 3.4 Managers are seeking to use a similar joint approach to hospital discharge, ensuring that appropriate support is provided in a timely way and that duplication is removed. At the current time it will not be unusual for an individual to be receiving calls from very many professionals at the same time. Evidence indicates that in reality people do not mind who supports them, as long as they get the support they need, when they need it.
- 3.5 Both of these changes will require the refocus of the Reablement staff as indicated earlier in the report.
- 3.6 A programme that is currently being developed across health and social care is the Discharge to Assess process, whereby an individual is discharged early from a hospital bed, using the Home First Model, where a more full assessment can be completed. Locally this process is very new and in some instance is being applied inappropriately and simply being used as an

opportunity to clear a hospital bed, with placements being made into a residential or nursing bed with no clear information or expectation being given to individuals and their families about what will happen long term. Managers are working with the CCG to revise this practice and to plan discharge to assess into individuals homes rather than to a residential setting which ensures that more people go home, rather than defaulting to a residential or nursing bed from which it may be difficult to extricate them as they lose confidence and ability. This is the model on which the Reablement service is based.

- 3.7 More effective use is being made of the Occupational Therapy (OT) workers within the Reablement team to support those people being discharged home from hospital with equipment, with the community teams providing the training for the individual, their families and carers on how to safely use equipment such as hoists. The OT service is also assisting with assessments where it is indicated by agencies that people may need double handed care (support from more than one carer) in order to reduce cost and also make best use of the available capacity, which at times is stretched to capacity.
- 3.8 Alongside this, the Council is seeking to work more collaboratively with voluntary sector partners and to build on the excellent work that is already in place. As demand on councils has grown more demand has been made on the voluntary sector and we need to ensure that the referrals that are made to our partners are both appropriate, are funded and can be delivered. There has been a significant shift over recent years to work more closely with partners and there is a good evidence base that indicates that for many people they would prefer to be supported by people other than statutory agencies. There are some good examples of this working well in Merton and the Council has already been delegating some responsibilities, such as support to carers, to voluntary sector partners.
- 3.9 This is working well, but needs work to further develop this opportunity and discussions have begun with voluntary sector partners about how we better plan together and access alternative sources of funding to support the most vulnerable in our community

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. There are ongoing and regular discussions with health partners to agree the most effective ways of working together. There are also regular meetings with the relevant voluntary sector groups to share the experience of customers and to test new thinking.

5 TIMETABLE

- 5.1. Work on this will continue to develop.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The main risk to the Council is that as more people are supported outside of a hospital setting costs will shift to community resources. This discussion has commenced with the CCG in order that investment can be moved but this discussion needs formalising in order to prevent a financial pressure on

both the Council and CLCH. This can legitimately form part of the discussion about the investment of the Better Care Fund for future years.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. This action is in line with the Care Act 2014.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. These plans seek to protect individuals' human rights and seek to maximise the use of community resources and support community cohesion.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. The main risks are financial, as highlighted above, the need to manage expectation and to ensure that available resources can meet demand.

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

- Appendix 1 - Delayed Transfers of Care definitions
- Appendix 2 – Comparator data on Delayed Transfers of Care
- Appendix 3 - Examples of current Voluntary Sector support

12 BACKGROUND PAPERS

12.1. None.

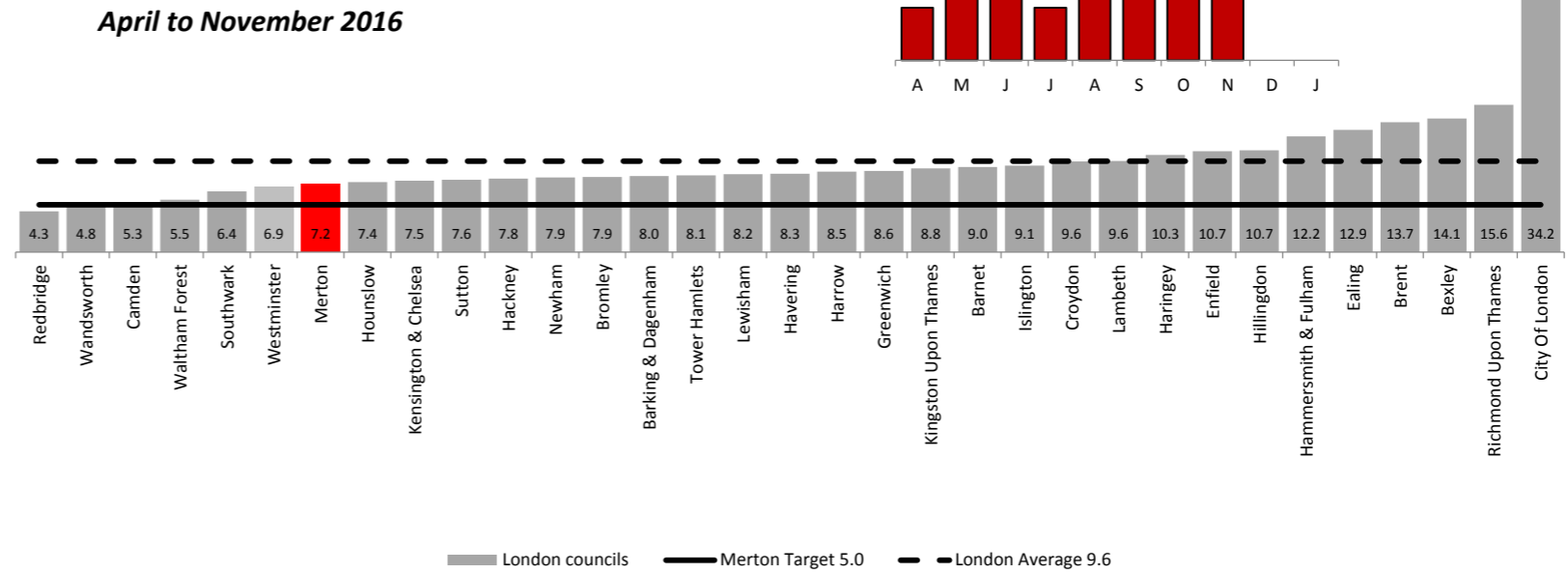
Appendix 1 – Definitions and responsibilities for Delayed Transfers of Care

| Definition | Attributable to NHS | Attributable to Local Authority (Care) | Attributable to both |
|---|---------------------|--|----------------------|
| A. Awaiting completion of assessment | ✓ | ✓ | ✓ |
| B. Awaiting public funding | ✓ | ✓ | ✓ |
| C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc) | ✓ | x | x |
| D i). Awaiting residential home placement or availability | ✓ | ✓ | x |
| D ii). Awaiting nursing home placement or availability | ✓ | ✓ | ✓ |
| E. Awaiting care package in own home | ✓ | ✓ | ✓ |
| F. Awaiting community equipment and adaptations | ✓ | ✓ | ✓ |
| G. Patient or Family choice | ✓ | ✓ | x |
| H. Disputes | ✓ | ✓ | x |
| I. Housing – patients not covered by Care Act | ✓ | x | x |

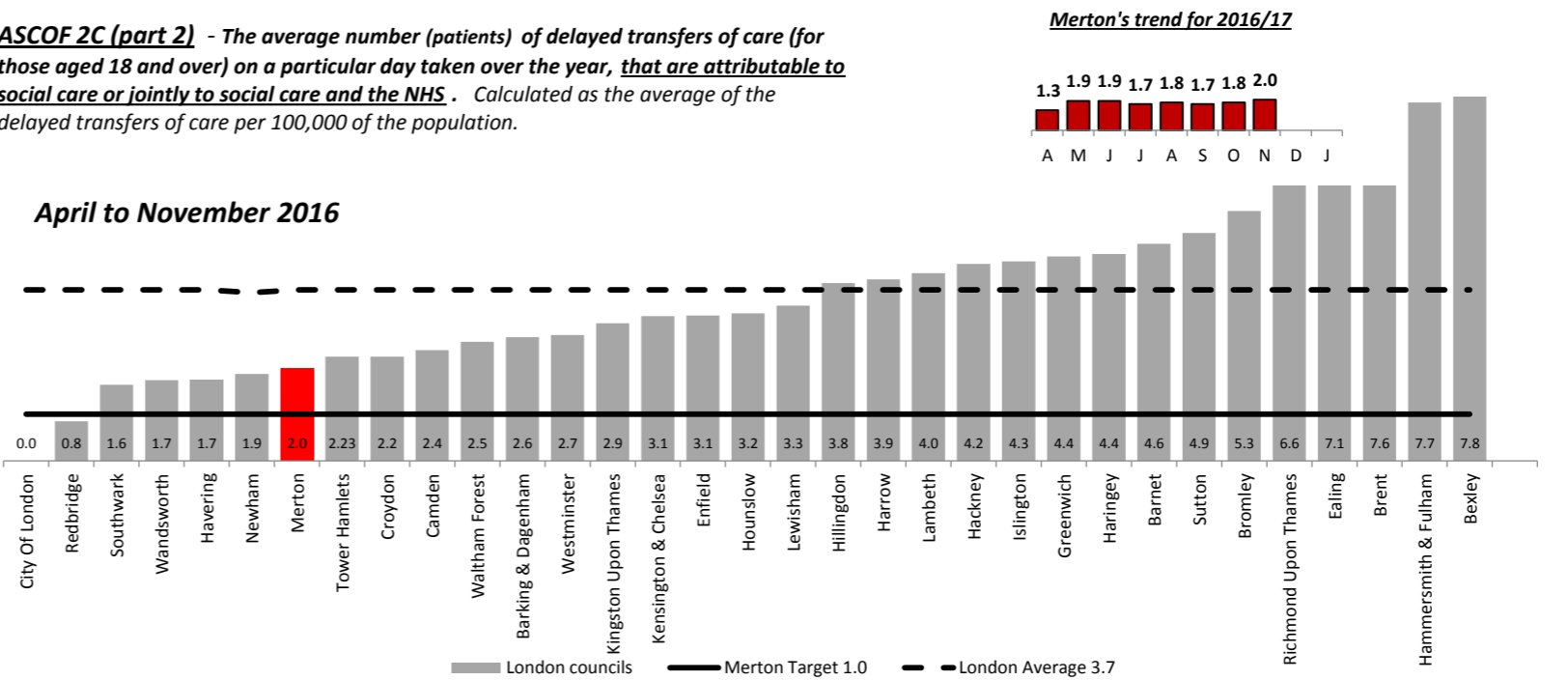
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| DTOC | | ASCOF 2C | | ASCOF 2C | |
|---------------------------|-------------------------------------|--|---|--|---|
| ADULT SOCIAL CARE | | ADULT SOCIAL CARE | | ADULT SOCIAL CARE | |
| OUTCOMES FRAMEWORK | | OUTCOMES FRAMEWORK | | OUTCOMES FRAMEWORK | |
| London Borough | Population 18+ (Source: ONS) | ASCOF 2C Part 1 - The average number of (patients) delayed transfers of care number (Source: NHS) | | ASCOF 2C Part 2 - The average number of (patients) delayed transfers of care that are attributable to social care or jointly to social care and NHS (Source: NHS) | |
| | | Average Delayed Transfers (Part 1) | Average Delayed Transfers (Part 2) | Average Delayed Transfers (Part 1) | Average Delayed Transfers (Part 2) |
| Barking & Dagenham | 141,605 | 11.4 | 8.0 | 3.8 | 2.6 |
| Barnet | 290,869 | 26.1 | 9.0 | 13.5 | 4.6 |
| Bexley | 186,164 | 26.3 | 14.1 | 14.5 | 7.8 |
| Brent | 248,998 | 34.1 | 13.7 | 19.0 | 7.6 |
| Bromley | 252,656 | 20.0 | 7.9 | 13.5 | 5.3 |
| Camden | 195,071 | 10.3 | 5.3 | 4.6 | 2.4 |
| City Of London | 7,670 | 2.6 | 34.2 | 0.0 | 0.0 |
| Croydon | 285,837 | 27.4 | 9.6 | 6.4 | 2.2 |
| Ealing | 261,789 | 33.8 | 12.9 | 18.5 | 7.1 |
| Enfield | 245,269 | 26.1 | 10.7 | 7.6 | 3.1 |
| Greenwich | 208,760 | 17.9 | 8.6 | 9.1 | 4.4 |
| Hackney | 207,776 | 16.1 | 7.8 | 8.8 | 4.2 |
| Hammersmith & Fulham | 145,162 | 17.8 | 12.2 | 11.1 | 7.7 |
| Haringey | 212,079 | 21.8 | 10.3 | 9.4 | 4.4 |
| Harrow | 190,117 | 16.1 | 8.5 | 7.4 | 3.9 |
| Havering | 194,882 | 16.1 | 8.3 | 3.4 | 1.7 |
| Hillingdon | 227,023 | 24.4 | 10.7 | 8.6 | 3.8 |
| Hounslow | 206,171 | 15.3 | 7.4 | 6.5 | 3.2 |
| Islington | 187,535 | 17.1 | 9.1 | 8.0 | 4.3 |
| Kensington & Chelsea | 129,381 | 9.8 | 7.5 | 4.0 | 3.1 |
| Kingston Upon Thames | 135,970 | 12.0 | 8.8 | 4.0 | 2.9 |
| Lambeth | 261,529 | 25.1 | 9.6 | 10.5 | 4.0 |
| Lewisham | 229,775 | 18.9 | 8.2 | 7.6 | 3.3 |
| Merton | 158,356 | 11.4 | 7.2 | 3.1 | 2.0 |
| Newham | 248,985 | 19.6 | 7.9 | 4.6 | 1.9 |
| Redbridge | 221,619 | 9.5 | 4.3 | 1.9 | 0.8 |
| Richmond Upon Thames | 150,311 | 23.4 | 15.6 | 9.9 | 6.6 |
| Southwark | 245,948 | 15.8 | 6.4 | 4.0 | 1.6 |
| Sutton | 153,955 | 11.8 | 7.6 | 7.5 | 4.9 |
| Tower Hamlets | 230,243 | 18.6 | 8.1 | 5.1 | 2.2 |
| Waltham Forest | 206,048 | 11.4 | 5.5 | 5.3 | 2.5 |
| Wandsworth | 253,600 | 12.1 | 4.8 | 4.4 | 1.7 |
| Westminster | 199,690 | 13.8 | 6.9 | 5.4 | 2.7 |

ASCOF 2C (part 1) - The average number (patients) of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year.
 Calculated as the average of the delayed transfers of care per 100,000 of the population.



ASCOF 2C (part 2) - The average number (patients) of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS.
 Calculated as the average of the delayed transfers of care per 100,000 of the population.



Population figures sourced from the Office for National Statistics, mid year 2015 population estimates based on census 2011 - October 16 updated
 Delayed transfer figures sourced from the NHS England website and are representative of data from April to November reports 2016

Calculation method: (Average delays /population)*100000

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AGE UK MERTON

Ask Us Anything: Our Information & Advice Service

A confidential and independent information and advice service covering a wide variety of topics including care, pensions, welfare benefits, health, housing and much more.

Life After Stroke

We work with individuals who have had a stroke to enable them to recover to their full potential through a personalised plan.

In Control

A free, confidential and sensitive Continence Advice Service for anyone experiencing incontinence.

Happy & Active

For those over 75 with a long- term health condition. We will work with you to support you to get back to doing the things you love.

Befriending

We offer face to face or telephone befriending to Merton residents, especially people over 65 who are housebound and socially isolated.

Living Well

Provides support to people to help them stay independent at home and prevent re-admission to hospital. Ensuring their well-being, safety, social inclusion and nutritional dietary needs are being met.

We offer a range of affordable services for those over 50:

At Home with Age UK Merton

Helping with the little things that make a big difference. We provide practical help to enable people to feel comfortable, safe and secure at home. It is a flexible service which includes cleaning, shopping and other tasks in the home.

We also provide a short term respite/ sitting service for carers. We offer the carer quality time outside of their caring role to have space for themselves with peace of mind.

Handyperson

We can carry out minor repairs and odd jobs in and around the home such as replacing light bulbs, fixing a shelf, mending a cupboard door, painting and decorating, and much more. Unfortunately we are unable to help with major plumbing, major electrical work, gas work or any work carried out above step-ladder height.

Sole Mates

Sole Mates is an affordable foot care service run by Age UK Merton at the Cricket Green Medical Practice in Mitcham offering toe nail cutting and general foot care. Our fully qualified podiatrists are registered with the Health Professions Council and run in accordance with the Minimum Standards of Clinical Practice.

Love Later Life Activity Programme

Our Activity Centre in Mitcham offers a programme of social gatherings and regular weekly clubs such as craft, yoga, scrabble, tea dances and much more. We welcome people to come along and enjoy a sociable time with refreshments and a freshly cooked lunch. The centre is run by a friendly team of staff and volunteers who make sure that everyone has a good time.

Activities Out & About

Join us for our exciting and varied programme of walks, outings and theatre trips to places locally, in London and further afield.

Volunteering

Age UK Merton is a voluntary organisation, which can only run with the support of a hard-working and dedicated team of volunteers. Even if you only have a couple of hours to spare a week, you could make a real difference to the lives of older people in Merton.

AGEING WELL LINK TEAM EXTN NO 2179

Wimbledon Guild Ageing Well programme is supported by the following services which work closely together to support customers.

➤ **Outreach Assessments:**

Our main purpose is to provide a person centred service that will enable our customers to live happy, healthy and fulfilling lives independently in their own homes for as long as possible and to alleviate isolation and loneliness. We meet with customers in their homes or in an agreed safe place. We listen, identify needs and provide support for 6 weeks to build confidence. We help with transport issues: Dial-a-ride, taxi card, travel buddies, benefits and more. We match customers with volunteers who provide weekly visits. We also work closely with other services.

➤ **Engagement Services:**

Our activities share mutual aims: alleviate social isolation, create a community and improve our customers' health and quality of life. Activities such as Food For Thought and Bridge allow for socialising in an environment our customers can enjoy. Our customers use the Guild as a platform to make new friendships and feel part of a community. Our exercise classes such as Stroke, Yoga and Pilates all promote wellbeing as well as increased confidence, balance and strength. Many customers report a significant improvement in their wellbeing.

➤ **Volunteer Services:**

Recruited volunteers for the services providing help with shopping errands, assisting the customer with hospital appointments, Befriending service and Outreach service, away trips, Community Engagement activities, Runs the garden project.

➤ **Befriending Services:**

The Befriending Programme works closely with people who are less mobile and therefore more socially isolated, as well as with more active people due to health reasons or lacking in confidence. Customers are matched up with a suitable befriender for regular visits. Initial assessment and visits are made in customers' homes

➤ **Small Grant Services**

The Wimbledon Guild Small Grants Programme assists Merton residents who are desperately in need of items but can't afford them provided that other sources of statutory funding and assistance have been initially explored. For further information: <http://www.wimbledonguild.co.uk/smallgrants.html>

➤ **Café**

Nutritious fresh food served daily, a range of puddings and a fun and friendly environment create our Café. Open to everyone, our Café is the perfect place for customers to socialise and create friendships whilst having a delicious meal. Awarded the Healthier Catering Commitment award, our Café is committed to encouraging customers to make healthier choices with a hot meal and pudding of the day, as well as jacket potatoes, sandwiches and fruit all at affordable prices.

➤ **Bereavement Services:**

Help for people aged 16 and above who are bereaved or approaching bereavement. Provides information, guidance and support.

➤ **Counselling Services:**

We provide low-cost affordable, professional, accessible counselling to clients who live, work or study in Merton.

- Family and Couples Therapy
- Group Psychotherapy
- One-to-one Counselling
- Continuity of Concern Group
- Young Adult Group

➤ **Hair dressing services:**

Available every Monday, Wednesday and Friday.

➤ **CAB Service:**

Advisor available every Monday at the Wimbledon Guild.

➤ **Referrals:**

Received from all over Merton Borough, including from health professionals, Social Services, partner organisations, family, neighbours and self-referrals

➤ **Chiropody services**

Qualified podiatrist offer an excellent service for nail cutting and general foot care

For more information about The Wimbledon Guild's Ageing Well Programme please contact info@wimbledonguild.co.uk or visit our website www.wimbledonguild.co.uk or telephone: 020 8946 0735

Healthier Communities and Older People Work Programme 2016/17



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2016/17. 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 28 June 2016

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|------------------------|--|----------------------------|---|---|
| Consultation | Proposed closure of Urogynaecology clinic at St Georges Hospital | Verbal update at the Panel | Dr Andrew Rhodes, Acting Medical Director, St George's Hospital | Panel to receive an update on the future of the clinic. |
| Performance Monitoring | Merton Improving Access to Psychological Therapies Service | Report to the Panel | Commissioning Team, Merton Clinical Commissioning Group. Director of Addaction. | To provide an update on the service |
| Budget | Merton Public Health Budget – 2016/17 | Report to the Panel | Dagmar Zeuner, Director of Public Health | To review budget decisions |

Meeting date – 06 September 2016

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|--------------------|---|----------------------------|---|--|
| Consultation | Epsom and St Helier University NHS Trust – Update on current priorities | Verbal update to the Panel | Daniel Elkeles, Chief Executive, Epsom and St Helier | Panel to receive an update on the Trust Estate Strategy |
| Policy Development | Merton Clinical Commissioning Group – Update on current priorities. | Verbal update to the Panel | Dr Andrew Murray, Chair, Merton Clinical Commissioning Group. | Update on the work of MCCG |
| Scrutiny Review | Diabetes Task Group | Report to the Panel | Councillor Brian Lewis Lavender | To consider the report and recommendations arising from the review |
| Scrutiny Review | Draft task group scoping document on Learning Disability Day Centres | Report to the Panel | All Panel | To discuss the scope of the review. |

Meeting date – 20 October 2016

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|--------------------------|--|---------------------|---|--|
| Policy Development | Impact of welfare reform | Report to the Panel | Merton Centre for Independent Living, Faith in Action, | To review the impact of welfare reform on vulnerable residents. |
| Policy Development | Sustainability and Transformation Plan | Report to the Panel | Dr Andrew Murray, Chair Merton Clinical Commissioning Group | To review the progress in developing a Sustainability and Transformation Plan for Merton |

Meeting Date – 08 November 2016

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|--------------------------|--|---------------------|--|-------------------------------------|
| Policy Development | Physical activity for the 55 plus | Report to the Panel | Dagmar Zeuner, Director of Public Health | Review the progress with this work. |
| Performance Monitoring | Business Plan Update 2017-2021 | Report to the Panel | Caroline Holland, Director of Corporate Services | To review savings proposals. |
| Performance Monitoring | Merton Improving access to psychological therapies service | Report to the Panel | Patrice Beveney Senior Mental Health Commissioning Manager NHS Merton Clinical Commissioning Group | To review progress with the service |

Meeting date – 10 January 2017 BUDGET

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|------------------------|--|---------------------|---|--|
| Performance Monitoring | Budget | Report to the Panel | Caroline Holland, Director of Corporate Services | To comment on the council's draft budget |
| Policy Development | Making Merton a dementia Friendly Borough | Report to the Panel | Dagmar Zeuner, Director of Public Health | Review the progress with this work. |
| | Impact of the savings in adult social care | Report to the Panel | Simon Williams, Director of Community and Housing | To consider the impact of the savings. |

Meeting date – 07 February 2017

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|------------------------|--|---------------------|-------------------------------------|--|
| Policy Development | Care in the community for older people and support when they are released from hospital. | Report to the Panel | Kim Casey, Interim | To review the support available to people when they leave hospital |
| Performance Monitoring | MCCG report - Wilson walk in Centre | Report to the Panel | Merton Clinical Commissioning Group | To review future plans for Wilson Walk in Centre |

Meeting Date - 17 March 2017

| Scrutiny category | Item/Issue | How | Lead Member/Lead Officer | Intended Outcomes |
|------------------------|--------------------------------------|---------------------|--------------------------|-------------------|
| Performance Monitoring | immunisations | | NHSE | |
| Policy Development | GP Federation/ future of GP services | Report to the Panel | MCCG | |
| Policy Development | Update on mental | Report to the Panel | Public Health, MCCG | |

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|--------------------|---|---------------------|--|---|
| | health services | | and Mental Health Trust | |
| Policy Development | Support for people who have been affected by brain injury | Report to the Panel | Adult Social Care/ Merton CCG | Review services and recommend improvements if/where necessary |
| Scrutiny Review | Preventing loneliness in Merton Task Group report | Report to the Panel | Councillor Sally Kenny, Task Group Chair. | To consider the findings and recommendations from the scrutiny task group review of preventing loneliness in Merton |
| Scrutiny Review | Feedback from the learning disability day centres review | Report to the Panel | Councillor Sally Kenny, Task Group Chair. | Review the activities in Learning Disability Day Centre |
| Scrutiny Review | Diabetes Action Plan | Report to the Panel | | |

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