

# Merton Council

## Healthier Communities and Older People Overview and Scrutiny Panel



Date: 16 March 2017  
Time: 7.15 pm  
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden  
SM4 5DX

### AGENDA

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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](mailto:scrutiny@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://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](http://www.merton.gov.uk/committee).

## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

7 FEBRUARY 2017

(7.15 pm - 9.00 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),  
Councillor Brian Lewis-Lavender, Councillor Laxmi Attawar,  
Councillor Mary Curtin, Councillor Sally Kenny,  
Councillor Abdul Latif, Councillor Marsie Skeete Councillor  
Najeeb Latif and Saleem Sheikh

ALSO PRESENT: Councillor Tobin Byers, Cabinet Member for Adult Social Care  
and Health

Dr Andrew Murray, Chair Merton Clinical Commissioning Group  
(MCCG), Andrew Moore, The Programme Director of Financial  
Recovery and Acting Director of Commissioning Operations, Dr  
Karen Worthington, MCCG, Rebecca Blackburn, MCCG and  
Stella Akintan, Scrutiny Officer, LB Merton.

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Councillor Suzanne Grocott. Councillor Najeeb Latif attended as a substitute.

### 2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None

### 3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed

### 4 CARE IN THE COMMUNITY FOR OLDER PEOPLE AND THE HOSPITAL DISCHARGE PROCESS (Agenda Item 4)

The Interim Head Adult Social Care gave an overview of the report highlighting that the aim is to get people back into their home at the earliest opportunity. It was highlighted that working in partnerships and focussing on what is best for each individual is an important part of this process.

Lynn Avery local resident who submitted a request for the panel to look at this issue was invited to speak for three minutes.

Ms Avery asked the panel to consider the creation of a website in which council checked care homes can upload details of short term room availability. This for hospitals to access when an elderly patient is ready to vacate a bed, but cannot do so because no immediate “at home” care can be provided. This can be beneficial to the Care Homes, Elderly Patients hospitals as well as the council.

The interim Head of Adult Social Care welcomed the suggestion and would be happy to explore the options. She reported that some council's do publish lists of vacancies in care homes. It is important that people are able to make the right decisions at the right time. There are a number of practical issues that need to be considered and she confirmed she was happy to meet with Ms Avery to discuss in more detail.

A panel member asked about the percentage of people in Merton who face delayed discharge. The interim Head of Adult Social Care said there are peaks and troughs in the number of people delayed. The period after Christmas tends to experience a high level of hospital discharges; the team is currently managing to respond to the level of referrals but acknowledged that finding support for people with complex needs can be more difficult.

A panel member asked if people are able to make payment for care home services when they are required to. The Interim Head of Adult Social Care said when people require longer term support this is financially assessed based on what people can afford.

## 5 CHANGES TO THE WILSON WALK-IN CENTRE - TO FOLLOW (Agenda Item 5)

Dr Murray gave an overview of the report saying the current contract at the Wilson site had been extended three times and was more expensive than a typical contract. They have spoken to other GP practices in the local area who have agreed to take on extra patients. NHS England has provided resilience funding of £100,000 which will provide a package of support to the most vulnerable patients. Dr Murray also reported that the Wilson Centre does not meet the requirements of an urgent care centre which should carry out a range of procedures including blood tests.

Additional NHS England funding will support improvements in GP Practices, Merton Clinical Commissioning Group (MCCG) will receive £1 million per year over two years.

A panel member said she was concerned about putting additional pressure on GP services as she currently has to wait two weeks for an appointment. Dr Murray said funding will support GP services and mean they will have more time for patients.

A panel member highlighted that the West of the borough has two state of the art clinics, yet life expectancy is much lower in the East of the borough and therefore should be a priority. Dr Murray said a decision was taken a few years ago to develop

the Nelson. The Health and Wellbeing Model for East Merton will help to address the differences in life expectancy.

A panel member said the human cost of closing the Wilson site has not been taken into consideration as people over 65 will have to get two buses to the surgery. Consideration should be given to moving the GP practice into the Wilson hospital. Dr Murray said the Wilson doesn't have suitable space for a GP practice. There will be a double bus journey for some people as registered patients are from a wide area across Merton and Sutton.

A panel member asked if a phased approach to closing the GP practice was considered. Dr Murray said the logistics and costs would make this prohibitive.

A panel member asked if there had been an application for planning permission for the new Wilson site. Dr Murray reported that the plans are not sufficiently developed. The focus is on the model of care rather than the buildings. At a recent public meeting it was thought that an application had been submitted. As this was not the case, a letter of apology was sent to the Leader of the Council to explain the error.

A panel member asked if sufficient notice was given about the closure of the Wilson walk in centre. The Programme Director of Financial Recovery and Acting Director of Commissioning Operations said a process was followed and the first notification was given at the beginning of December. Dr Murray added that he accepted it is a major upheaval for people.

A panel member highlighted that in their view, most GP practices in East Merton are under pressure and therefore it is difficult to believe that additional patients will be able to find space at a new local surgery. The Programme Director of Financial Recovery and Acting Director of Commissioning Operations said MCCG will be reminding practices of their responsibilities and will address complaints. MCCG have been working with practices to ensure they have extra capacity.

A panel member asked how much money will be saved by the changes. Dr Murray reported that there will be no savings all monies will be re-invested in the service as the money follows the patient.

A panel member expressed concern about the extravagant costs charged by developers for new buildings. Dr Murray reported that this is not a Private Finance Initiative scheme. Monies come from a Community NHS Finance Partnership therefore rents will be affordable and the interest will not be extortionate.

A panel member expressed concern that vulnerable patients and the 15-44 age group may not register with a new GP. The panel were informed that MCCG will be working with the practices to track vulnerable patients.

A panel member felt that local people will consider the reputation of the surgery when making a decision about where to register and this needs to be addressed as patients are being dispersed. The Programme Director of Financial Recovery and Acting Director of Commissioning Operations reported that they are working with practices to raise standards for all surgeries. There is a work strand addressing this,

clinical leads have visited every practice to give advice and best practice is being shared.

A panel member asked if there will be more GPs or longer waiting times as a result of the changes. The Programme Director of Financial Recovery and Acting Director of Commissioning Operations said MCCG will be looking at other models of care such as more nurses, telephone appointments, Skype and encouraging GP practices to work together. The new money will be invested in clinicians.

A panel member pointed out that it is important to focus on the whole of Merton rather than just the East or the West of the borough

RESOLVED

Officers were thanked for attending to present the report.

6 WORK PROGRAMME (Agenda Item 6)

The work Programme was noted

7 HCOP WORK PROG 2016-17 (Agenda Item 7)

8 CHANGES TO THE WILSON WALK-IN CENTRE (Agenda Item 8)

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 16 March 2017**

Wards: all

### **Subject: Preventing Diabetes in the South Asian Community Task Group – Department Action Plan**

Lead officer: Dagmar Zeuner, Director for Public Health

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Anjan Ghosh, Consultant in Public Health

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#### **Recommendations:**

- A. The Panel discuss and comment on the latest report and accompanying action plan on the task group review of 'Preventing Diabetes in the South Asian Community'.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. To set out the Executive Response and Action Plan to demonstrate how the agreed recommendations of the Diabetes Task Group will be implemented.

## **2 DETAILS**

- 2.1. At their meeting on 6<sup>th</sup> September 2016, the Healthier Communities and Older People Overview and Scrutiny Panel considered the final report and recommendations resulting from the task group review of 'Preventing Diabetes in the South Asian Community'.

#### *Progress on agreed recommendations:*

- 2.2. A summary of the progress is included below. Full details are included in Appendix A:
- **Work on five out of six recommendations are on-going:**
    1. *Public Health and Merton Clinical Commissioning Group (MCCG) to consider ways to ensure the equitable take-up of the National Diabetes Prevention Programme within the South Asian Community.*

Plans are underway to launch the NHS Diabetes Prevention Programme in Merton from 1<sup>st</sup> April 2017 for 12 months. We

will ensure that the invitations for eligible patients to the programme prioritise residents from South Asian Communities and that the invitation letters sent to patients, as well as the information and publicity are all culturally appropriate and easily understandable by people for whom English is a second language.

2. *Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.*

A new lifestyle service, which will operate under the One You Merton brand, has been procured. The service specification explicitly includes the active engagement and involvement of key target groups i.e. south Asian communities and includes digital tools that include the Google translate function for key languages e.g. Punjabi, Hindi, Gujarati, Urdu, Tamil and Polish.

The contract will be closely performance managed and will include KPI's for engagement of key groups, the reach of the service and a deep dive to explore all aspects of service delivery each 6 months.

3. *Public Health to review projects within the East Merton model and consider if they are culturally appropriate.*

The East Merton Model of Health and Wellbeing is under development, initially focussed on the redevelopment of the Wilson Hospital site. From early conceptualisation stages we are mindful of cultural appropriateness and inclusiveness.

In the summer of 2016, Health and Wellbeing Board members held "community conversations" with different groups of residents in East Merton to get a sense of what was important to them and how the community component of the Wilson development could reflect these needs and functions. The community conversations were held with:

- People from BAME groups
- Young People including young black men
- Older people
- People with disabilities
- People with mental ill health
- People with dementia



- People from different faith groups
- People and staff from community centres in East Merton
- Carers
- Leisure centre staff and attendees

Going forward the plan is to develop on-going platforms (a community reference group and a Community Design Project Board) to facilitate the translation of these community conversations into a tangible and feasible design for a community hub at the Wilson, with the development of the community site initiated and owned by the community. The Community Design Board Project Manager is already in post and has very strong links with the community.

4. *Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of Type 2 diabetes.*

Merton CCG is implementing a new model of care for diabetes which will include developing approaches to raising awareness of the risk of diabetes amongst specific sectors of the population, including in particular South Asian women.

It is expected that this work will be supported by insight from relevant communities. A Merton Integrated Diabetes Programme Board, which includes local GPs, community providers and Public Health, has recently been established. Patient representatives are actively being sought, including from South Asian groups. Involvement of these patients will inform understanding of how best to engage appropriately to raise awareness of risk factors, and to provide strategies to mitigate them.

5. *Public Health and MCCG to consider ways to ensure the equitable take-up of the NHS health check amongst the South Asian Community.*

A new NHS Health Checks provision is currently being procured. Both this new model and the existing one prioritise people of south Asian ethnicity in the invitation process. Furthermore the programme is provided in a culturally sensitive and appropriate way through participating GP practices, with reception staff and health care professionals delivering the health check

appropriately trained.

- **Commencement of work on the sixth recommendation is outstanding:**

6. *Merton Voluntary Sector Council (MVSC), MCCG and Public Health to review the services provided to the South Asian Community by the existing voluntary and community organisations (for example faith groups) and consider how these charities can work together, pool their resources, and provide consistent messages on diabetes care and raise awareness.*

While work on this recommendation has not explicitly commenced, and is linked with the pilot social prescribing project currently underway. The Social prescribing pilot expressly considers how existing voluntary sector organisations work together to support the non-medical needs of patients identified when they access primary care. This is a good foundation to explore services in the South Asian context specifically for diabetes care and raising awareness.

### **3 ALTERNATIVE OPTIONS**

- 3.1. None for the purposes of this report

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. Internal engagement is undertaken via the Merton Integrated Diabetes Programme Board, chaired by the Clinical Director of CLCH (Community Health Services). This Board includes local GPs, community and hospital providers, pharmacists, health commissioners and Public Health.
- 4.2. Patient and voluntary sector representation on the Merton Integrated Diabetes Programme Board is actively being sought.
- 4.3. Wider engagement with community stakeholders and partners will be undertaken in collaboration with NHS Merton CCG.

### **5 TIMETABLE**

- 5.1. The action plan for the task group review of 'Preventing Diabetes in the South Asian Community' (Appendix A) sets out the timescales for delivery.

### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 6.1. The Council and NHS Merton CCG face considerable financial pressure in current and future years. The delivery of the Task

Group recommendations should be regarded with this context in mind even though we are able to deliver on all of them.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

- 7.1. NHS Health Checks Programme is a mandatory public health service based on a national programme, even though the delivery model is locally determined.

## **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 8.1. None for the purposes of this report.

## **9 CRIME AND DISORDER IMPLICATIONS**

- 9.1. None for the purposes of this report.

## **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 10.1. None for the purposes of this report.

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

- Appendix A: Action Plan and progress to date on the agreed recommendations resulting from the Task Group review of 'Preventing Diabetes in the South Asian Community'.

## **12 BACKGROUND PAPERS**

Report of the Diabetes Task Group on 'Preventing Diabetes in the South Asian Community' (September 2016)

## Appendix A: Executive response to the recommendations of the Diabetes Task Group

Recommendations	Stake-holders	Action / Progress	Timeline	Status
<p><b>Recommendation 1</b> – Public Health and Merton Clinical Commissioning Group (MCCG) to consider ways to ensure the equitable take-up of the National Diabetes Prevention Programme within the South Asian Community.</p>	<p>PHM MCCG Primary Care NHS-E</p>	<p>NHS Diabetes Prevention Programme (NDPP) is being implemented across all 12 South London boroughs in a South London partnership. Merton CCG and LBM are signatories to an MOU committing to implement the programme in Merton.</p> <p>PHM is working with MCCG and Primary Care to develop and finalise the model for the identification of eligible persons at risk of diabetes to an evidence-based nine month behaviour change intervention provided by Reed Momenta and funded by NHS England.</p> <p>The local role is to develop the mechanisms to identify, invite and refer eligible residents to the NDPP programme. The target is 100 referrals per month over the next 12 months.</p> <p>The delivery mechanism in Merton will ensure equitable up-take from South Asian communities and that the services and processes are culturally sensitive.</p> <p>This will be done by:</p> <ul style="list-style-type: none"> <li>• Prioritising invitations to residents from South Asian Communities. The way this will take place is through the business rules developed which will prioritise the invitation of residents of S Asian ethnicity</li> <li>• Ensuring that the wording, imagery and design of the invitation letters, information leaflets, posters and communications are appropriate for people for who English is a second language</li> </ul>	<p>Start date April 2017</p>	<p>On-going</p>

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p><u>Outcome measure</u> DNA (did not attend) rate in people of S Asian ethnicity invited for the programme compared with the DNA rate overall and with people from other ethnicities.</p> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>• Reduction in the incidence of diabetes from the S Asian community</li> <li>• When cases do occur, the detection is earlier</li> </ul>		
<p><b>Recommendation 2</b> – Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.</p>	<p>PHM MCCG Primary Care Community Health Services Secondary Care</p>	<p>PHM has just completed the procurement of a new Lifestyle service, which will operate under the One You Merton banner. This is a re-designed service that has the following core components:</p> <ul style="list-style-type: none"> <li>• Outreach, engagement and community resilience. This component will be pro-active in its nature and will engage with residents across Merton and will prioritise east Merton and BAME groups including South Asian Communities. A universal digital gateway and support tools that will support self care and self management for physical activity, weight management and diet, stop smoking, alcohol and mental health and wellbeing. This digital gateway will use Google Translate, which allows clients to select a language and the website page translates into the chosen language (Punjabi, Hindi, Gujarati, Urdu, Tamil and Polish).</li> <li>• A tiered stop smoking service offering specialist support to target groups, plus brief support and the promotion of information that supports self care.</li> <li>• Training of front line staff and community health champions (including from the south</li> </ul>	<p>Start date April 2017</p>	<p>On-going</p>

Recommendations	Stakeholders	Action / Progress	Timeline	Status
		<p>Asian community) in promoting healthy lifestyles</p> <ul style="list-style-type: none"> <li>In addition the commissioning of the One You Merton service a social prescribing pilot is delivering in two practices in East Merton as part of the EMMOHWB.</li> </ul> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>Contributing to healthy lifestyles i.e. increased physical activity and healthier eating in people from S Asian communities</li> <li>Reduction in smoking rates in people from S Asian Communities</li> </ul>		
<p><b>Recommendation 3</b> – Public Health to review projects within the East Merton model and consider if they are culturally appropriate.</p>	<p>Health and Wellbeing Board Merton Partnership MCCG PHM E&amp;R Other LBM partners Voluntary Sector</p>	<p>The main emphasis currently of the East Merton Model of Health and Wellbeing is the Wilson site redevelopment into a holistic health and wellbeing offer that delivers key clinical services and is also a community hub, co-designed, co-owned and co-delivered by the voluntary sector.</p> <p>The work is still in early stages with the following key achievements:</p> <ul style="list-style-type: none"> <li>Community conversations undertaken through the Health and Wellbeing Board – report due to be finalised.</li> <li>One Public Estate (OPE) funding for mapping public estates and undertaking a feasibility study for the optimization of public land and property.</li> <li>Recruitment of a Community Design Project Manager.</li> <li>Framework governance structure and the establishment of a Wilson Programme Board.</li> </ul> <p>As the programme progresses from conceptualisation, to business case development</p>	<p>2020-21</p>	<p>On-going</p>

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>and fund raising, to development and then actual delivery – all stakeholders will undertake to ensure that the projects/ services/ provisions are culturally appropriate.</p> <p>We will ensure that:</p> <ul style="list-style-type: none"> <li>• Services on the site are contractually required to be culturally appropriate and the contracts are monitored to ensure this</li> <li>• All staff, particularly public facing staff have received diversity training</li> <li>• Clear complaints procedures in place to ensure any allegations of discrimination and racism are swiftly and appropriately dealt with</li> <li>• Mystery shopper type exercises and patient experience questionnaires are undertaken</li> <li>• An equity audit is performed after a year of the services running there, to assess equitable access and provision, and ascertain how equity can be improved.</li> </ul> <p><u>Outcome measures</u></p> <ul style="list-style-type: none"> <li>• Proportional access to services from all communities in East Merton, in line with the underlying demographics</li> <li>• Culturally appropriate signage and information/ posters/ publicity/ leaflets in multiple languages</li> <li>• % of front-line staff trained in diversity</li> <li>• Patient experience feedback</li> <li>• Number of complaints relating to discrimination and racism</li> </ul> <p><u>Long-term outcomes</u></p> <ul style="list-style-type: none"> <li>• Reduction in A&amp;E attendances and length of stay in all communities.</li> </ul>		

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<ul style="list-style-type: none"> <li>Improved health and wellbeing outcomes that are comparable across all communities and there are no systematic variations by different ethnicities among people attending the Wilson campus.</li> </ul>		
<p><b>Recommendation 4</b> – Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of Type 2 diabetes.</p>	<p>MCCG Primary Care Secondary and Tertiary Care</p>	<p>Merton CCG is in the process of implementing a new model of care for diabetes which will include developing approaches to raising awareness of the risk of diabetes amongst specific sectors of the population, including in particular South Asian women.</p> <p>It is expected that this work will be supported by insight from relevant communities. A Merton Integrated Diabetes Programme Board, which includes local GPs, community providers and Public Health, has recently been established. Patient representatives are actively being sought, including from South Asian groups. It is expected that direct involvement by these patient representatives will inform understanding amongst diabetes professionals as to how to engage appropriately with particular patients and patient groups to raise awareness of risk factors, and to provide strategies to mitigate them.</p> <p>The recently implemented specification for local maternity services includes the requirement that women at high risk of developing pregnancy complications, which will include South Asian women at risk of diabetes, have access to preconception advice and support.</p>	<p>March 2018</p>	<p>On-going</p>
<p><b>Recommendation 5</b> – Public Health and MCCG to consider ways to ensure the equitable take- up of the NHS health check amongst the South Asian Community.</p>	<p>PHM MCCG</p>	<p>A new NHS Health Checks programme is being procured. It aims to focus on specific priority groups and intercalate effectively with the newly</p>	<p>Sept 2017</p>	<p>On-going</p>



Recommendations	Stake-holders	Action / Progress	Timeline	Status
	Primary Care	<p>procured lifestyle service and the NDPP. The new service will commence from 1<sup>st</sup> September 2017 and till then the existing service will continue to provide NHS Health Checks.</p> <p>Both services (existing and new) ensure equitable up-take of people of South Asian ethnicity. A priority system has been developed to identify eligible patients to invite to the programme.</p> <p>Vulnerable groups are prioritised for invitations and constitute the following populations that are at increased risk of cardiovascular disease:</p> <ol style="list-style-type: none"> <li>1. South Asians, who have increased risks of heart disease compared to Europeans<sup>1</sup></li> <li>2. Males, who if other factors are equal, are at higher risk of cardiovascular disease compared to females<sup>2</sup>- thus trying to attract more men who would not normally engage with primary health care</li> <li>3. People with a family history of clinically proven cardiovascular disease (angina, myocardial infarction, transient ischaemic attack, or ischaemic stroke) in a first-degree relative (parent, sibling) before the age of 60 years. In such people the risk of a coronary event is approximately double.<sup>3</sup></li> <li>4. People with a history of smoking<sup>4</sup>.</li> <li>5. People residing in areas of higher deprivation by postcode. For given levels of other risk factors, populations which are more deprived</li> </ol>		

<sup>1</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1767706/>

<sup>2</sup> <http://www.sign.ac.uk/pdf/sign97.pdf>

<sup>3</sup> <http://www.sign.ac.uk/pdf/sign97.pdf>

<sup>4</sup> The British Regional Heart Study found that smoking, blood pressure and cholesterol accounted for 90% of attributable risk of CHD

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>have a higher CVD risk<sup>2</sup>.</p> <p>We will ensure that this prioritisation continues and also that the wording, imagery and design of the invitation letters, information leaflets, posters and communications are appropriate for people for who English is a second language.</p> <p><u>Outcome measure</u> DNA (did not attend) rate in people of S Asian ethnicity invited for the programme compared with the DNA rate overall and with people from other ethnicities.</p> <p><u>Long-term outcome</u></p> <ul style="list-style-type: none"> <li>• Reduction in the incidence of long term conditions from the S Asian community</li> <li>• When cases do occur, the detection is earlier</li> </ul>		
<p><b>Recommendation 6</b> – Merton Voluntary Sector Council (MVSC), MCCG and Public Health to review the services provided to the South Asian Community by the existing voluntary and community organisations (for example faith groups) and consider how these charities can work together, pool their resources, and provide consistent messages on diabetes care and raise awareness.</p>	<p>Health and Wellbeing Board MCCG Primary Care Community Health Services PHM Other LBM partners Voluntary Sector</p>	<p>Work has not yet started on this area and is linked with the social prescribing pilot currently underway in East Merton, initially through two GP Practices (Wideway and Tamworth).</p> <p>Learning gathered from other social prescribing programmes shows that they have been somewhat effective in:</p> <ul style="list-style-type: none"> <li>• reducing demand on primary and secondary healthcare, as well as social care</li> <li>• encouraging and enabling behaviour change of both health care staff and individuals towards an asset based model of self help/self care and promoting independence</li> <li>• building capacity of the community and voluntary sector</li> </ul> <p>Social prescribing is a means for strengthening</p>	<p>March 2018</p>	<p>Not started</p>

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		<p>the links between general practice and community, voluntary and local authority services to improve health and wellbeing. It expands the options available in primary care consultation, creating a 'managed' way for primary care services to refer those patients with social, emotional and/or practical needs to a variety of local non-clinical services. These include leisure, social activities, education, welfare, housing and employment.</p> <p>General Practices will identify patients for social prescribing according to eligibility criteria (Frequent attenders in primary care/ Recent hospital admissions/ Socially isolated/ Have mild/moderate mental health issues/ Present with social needs including housing, employment, benefits) and refer them to a social prescribing coordinator who will assess the needs of the person and link them to community groups and voluntary sector organisations providing relevant services.</p> <p>The Social prescribing pilot expressly considers how existing voluntary sector organisations work together to support the non-medical needs of patients identified when they access primary care. This is a good foundation to explore services in the South Asian context specifically for diabetes care and raising awareness.</p> <p><u>Outcome Measures</u></p> <ul style="list-style-type: none"> <li>• Number and percentage of existing voluntary sector and community services in the social prescribing pilot providing services for S Asian Communities.</li> <li>• Number and percentage of S Asian patients referred by GP practices to the social</li> </ul>		

Recommendations	Stake-holders	Action / Progress	Timeline	Status
		prescribing pilot <ul style="list-style-type: none"> <li>• User experience</li> </ul> <u>Long-term outcome</u> <ul style="list-style-type: none"> <li>• Reduction in non-medical GP attendances among frequent attenders and other groups</li> <li>• Increased self management</li> <li>• Increased patient satisfaction</li> </ul>		

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**Report to Health and Social  
Care Overview Scrutiny  
Committee on Section 7a  
Seasonal 'Flu and 0-5s  
Immunisation Programmes in  
London Borough of Merton  
2016/17**



## **Report on Seasonal Flu and O-5s immunisation programmes in Merton**

Prepared by: Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services and Ms Khalida Aziz, Immunisation Commissioning Manager

Presented to: Healthier Communities and Older People Overview Scrutiny Committee

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.



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## 1 Aim

- The purpose of this paper is to provide an overview of Section 7a immunisation programmes for 0-5s routine childhood immunisations and seasonal flu vaccinations in the London Borough of Merton for 2016/17. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and comprise of:
  - Antenatal and targeted new-born vaccinations
  - Routine Childhood Immunisation Programme for 0-5 years
  - School age vaccinations
  - Adult vaccinations such as the annual seasonal 'flu vaccination
- Members are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in Merton.

## 2 Headlines

- London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing workforce.
- Under the London Immunisation Board, NHSE and PHE seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.
- The London Borough of Merton (Merton) on average performs well across the vaccination programmes.

## 3 Routine Childhood Immunisation Programme (0-5 years)

### 3.1 COVER

- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. Quarter 1 1<sup>st</sup> April 2016 – 30<sup>th</sup> June 2016, Quarter 2 1<sup>st</sup> July 2016 to September 30<sup>th</sup> and Quarter 3 October 1<sup>st</sup> to December 31<sup>st</sup> 2016 and Quarter 4 covers 1<sup>st</sup> January 2017 to 31<sup>st</sup> March 2017.
- Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5<sup>th</sup> birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.

- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Merton's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Merton has not achieved the required 95% herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).
- Figure 1 illustrates the comparison of Merton to other South West London boroughs using quarterly COVER statistics for the uptake of the six COVER indicators for uptake. The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate age one immunisations, PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2 and preschool booster and second dose of MMR for age 5. Quarterly rates vary considerably more than annual rates but are used here so that Quarter 3 data from 2016/17 (the latest available data) could be included. Merton has remained stable between the two quarters and indeed, uptake rates for the borough have been unchanged throughout 2015/16 and 2016/17.
- Due to the COVER data collection changing from PCT area to local authority in 2016/17, the usual time trend graphs for Merton versus London and England averages could not be computed for this report but will be available again in the future. However, throughout 2011/12 to 2015/16, London has consistently performed below national on all COVER indicators by ~4% for the age 1 vaccinations, ~6% for age 2 vaccinations and ~10% for the age 5 vaccinations. Similarly for Merton, the rates dipped at the start of 2013/14 but have since increased to the pre-dip levels.
- Figures 2 and 3 compare Merton's uptake of 2<sup>nd</sup> dose MMR and preschool booster (indicators of completed 0-5s routine childhood schedule) with other similar local authorities. It can be seen that Merton performs similarly to Sutton and both are below the averages for the other local authorities. Uptake of first dose of MMR has increased slightly though significantly in Merton (see figure 4) yet uptake of 2<sup>nd</sup> dose has decreased slightly though also significantly.

Figure 1

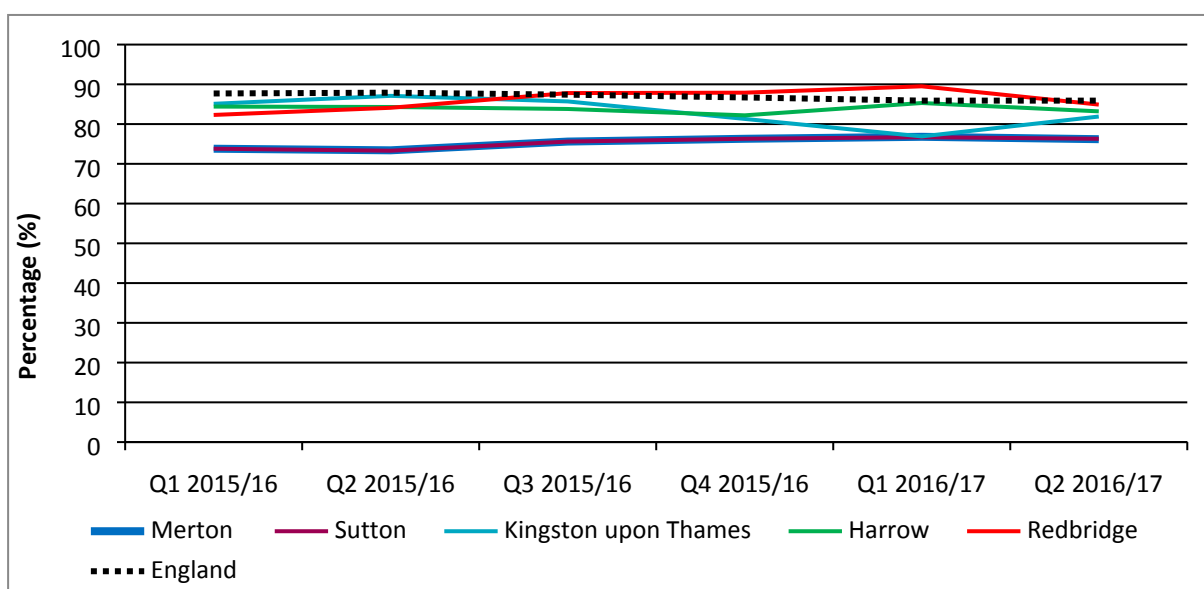
Comparison of Merton Borough and other London boroughs in South London for Q3 2016/17 compared to Q2 2016/17

Cover of vaccination evaluated rapidly (COVER) programme - Q1 1617 & Q2 1617			Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)- 3Doses			Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV booster)			Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC)			Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)			Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) - pre-school booster			Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR2)		
DCO Team	Upper Tier LA Name	UTLA Code	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change	Q1 1617	Q2 1617	Signif. change
			%	%		%	%		%	%		%	%		%	%				
South London (SL)	Bexley	E09000004	93.7	92.2	↔	89.9	89.0	↔	90.5	90.1	↔	89.9	89.3	↔	77.4	74.7	↔	87.4	83.7	↔
	Bromley	E09000006	91.1	91.7	↔	90.0	86.5	↔	89.8	87.1	↔	87.3	87.6	↔	77.9	79.8	↔	81.5	81.3	↔
	Croydon	E09000008	87.4	88.1	↔	83.2	81.9	↔	82.1	76.1	↓	83.8	81.9	↔	73.0	69.3	↔	72.8	69.0	↔
	Greenwich	E09000011	90.7	91.2	↔	85.0	86.5	↔	85.4	86.8	↔	86.5	86.9	↔	78.8	76.0	↔	88.3	85.8	↔
	Kingston upon Thames	E09000021	93.3	94.1	↔	90.8	94.2	↔	91.1	87.1	↔	87.3	89.0	↔	76.9	81.9	↔	82.4	83.1	↔
	Lambeth	E09000022	89.4	86.6	↔	85.7	86.9	↔	85.7	87.8	↔	86.6	87.0	↔	80.0	82.7	↔	89.2	88.4	↔
	Lewisham	E09000023	89.3	90.7	↔	87.8	86.5	↔	86.9	82.9	↔	86.6	86.6	↔	79.0	81.2	↔	84.7	85.5	↔
	Merton	E09000024	94.0	91.7	↔	86.7	88.6	↔	87.0	88.4	↔	88.3	89.3	↔	76.8	76.2	↔	81.9	79.6	↔
	Richmond upon Thames	E09000027	74.0	81.9	↑	75.2	74.6	↔	79.8	74.2	↔	81.7	76.5	↔	61.3	62.8	↓	78.9	72.6	↓
	Southwark	E09000028	87.5	88.2	↔	85.1	86.3	↔	85.4	86.7	↔	88.7	85.7	↔	78.7	77.4	↔	88.8	83.7	↓
	Sutton	E09000029	93.8	92.0	↔	86.6	88.5	↔	87.1	88.4	↔	88.4	89.2	↔	76.7	76.3	↔	82.0	79.7	↔
Wandsworth	E09000032	88.3	91.2	↔	84.4	81.5	↔	84.6	82.2	↔	84.1	83.1	↔	71.6	72.3	↔	83.2	84.1	↔	
Region	London*	London	88.8	88.7	↔	83.7	84.8	↑	84.8	84.2	↔	84.4	85.0	↔	77.0	76.8	↔	80.2	79.1	↓

Source: PHE (2016)

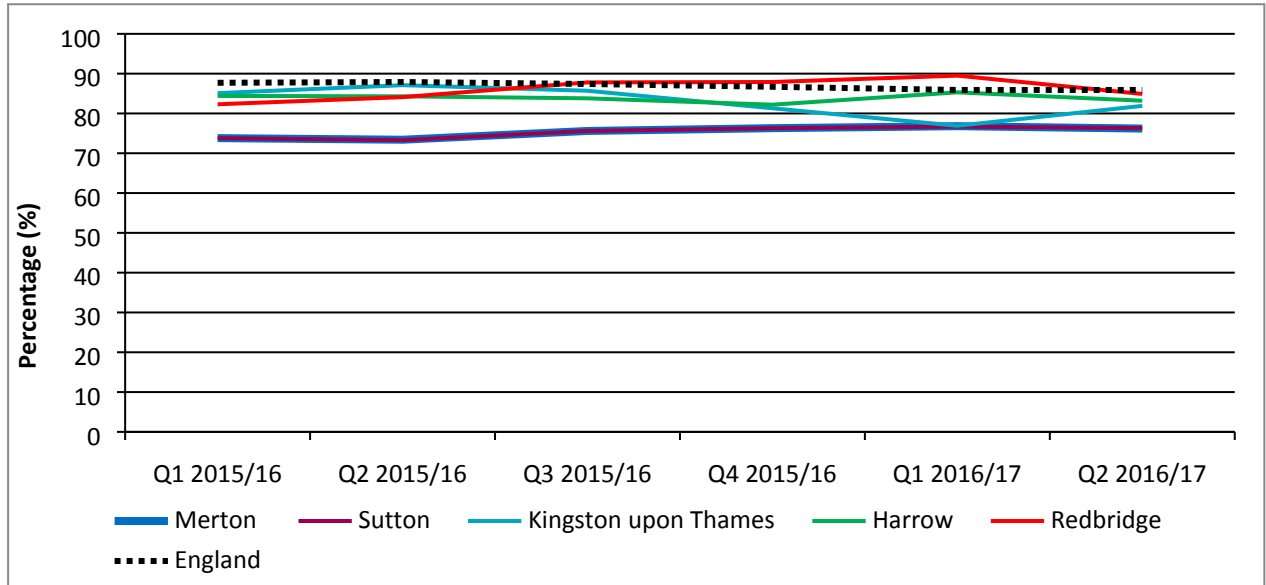
Figure 2

Comparison of Merton against similar local authorities for uptake of 2<sup>nd</sup> dose MMR for Q1 2015/16 – Q2 2016/17



Source: PHE (2016)

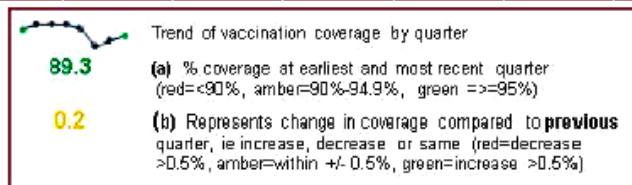
*Figure 3  
Comparison of Merton against similar local authorities for uptake of preschool  
booster for Q1 2015/16 – Q2 2016/17*



Source: PHE (2016)

Figure 4  
MMR 1<sup>st</sup> and 2<sup>nd</sup> dose for Merton compared to other South London boroughs

London Borough	MMR1				MMR2			
	Trend: Oct 2014- Sept 2016	Oct-Dec 2014 (a)	July-Sept 2016 (a)	% change from Apr-June 2016 (b)	Trend: Oct 2014- Sept 2016	Oct-Dec 2014 (a)	July-Sept 2016 (a)	% change from Apr-June 2016 (b)
Bexley		93.4	93.8	-0.5		86.5	83.7	-3.7
Bromley		94.1	94.6	-0.1		88.9	81.3	-0.2
Croydon		88.8	88.7	-0.6		64.8	69.0	-3.8
Greenwich		92.6	90.6	-0.5		88.7	85.8	-2.5
Kingston		95.1	91.2	-0.3		87.6	83.1	0.7
Lambeth		93.6	93.1	1.3		89.3	88.4	-0.8
Lewisham		89.8	93.5	2.3		71.6	85.5	0.8
Merton		87.5	89.8	1.1		80.4	79.6	-2.3
Richmond & Twickenham		89.1	88.4	-4.4		77.4	72.6	-6.3
Southwark		94.1	88.6	-1.3		89.9	83.7	-5.1
Sutton		87.4	89.7	1.0		80.2	79.7	-2.3
Wandsworth		87.0	88.7	0.6		81.5	84.1	0.9
<b>London</b>		<b>91.2</b>	<b>91.5</b>	<b>0.5</b>		<b>80.5</b>	<b>79.1</b>	<b>-1.1</b>
<b>England</b>		<b>94.6</b>	<b>95.0</b>	<b>0.0</b>		<b>88.5</b>	<b>87.3</b>	<b>-0.2</b>



Source: PHE London (2017)

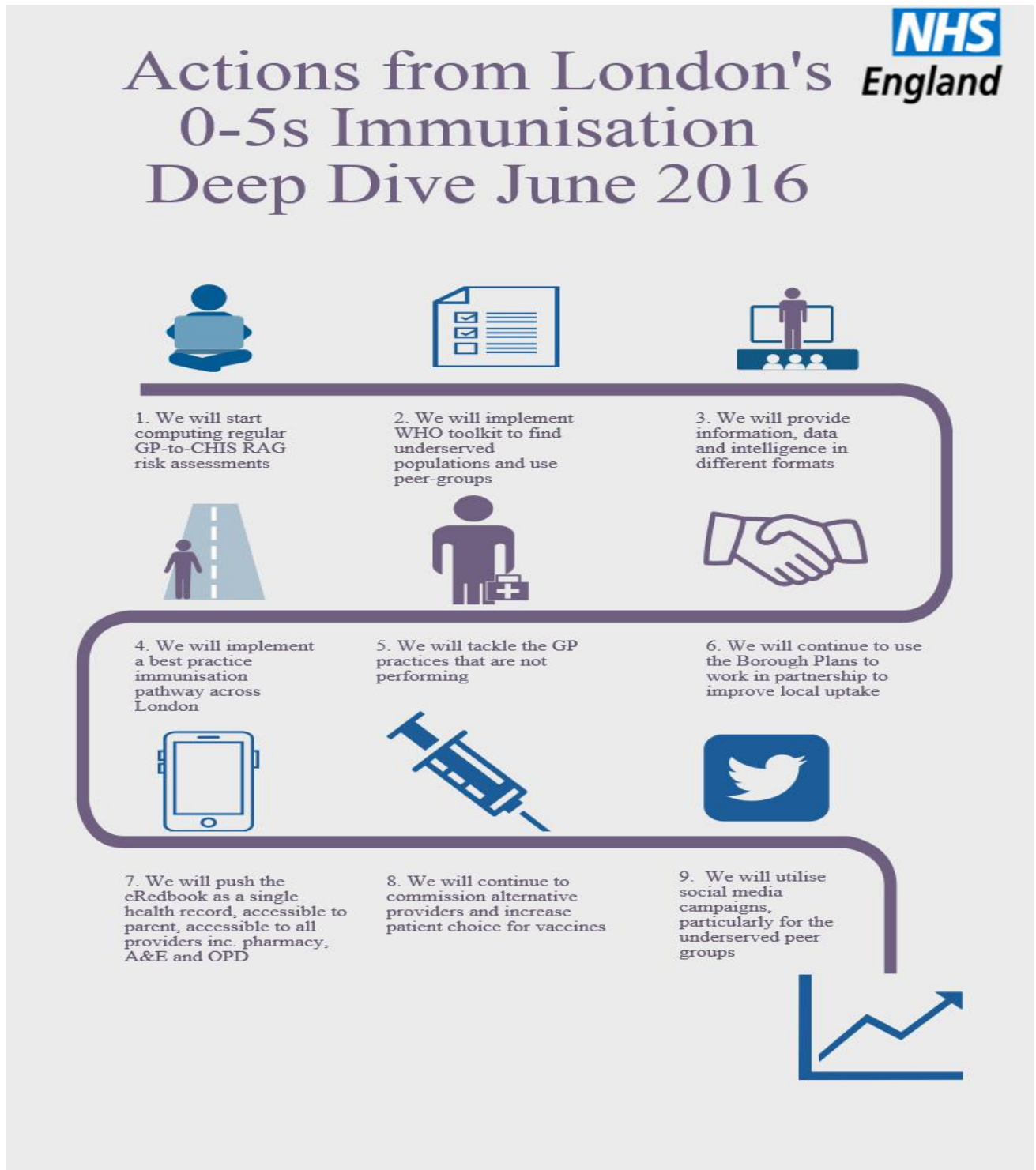
### What are we doing to increase uptake?

- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake. These actions take the form of local immunisation steering groups with local annual action plans and are accountable to local governance structures.
- In June 2016, NHSE (London) and PHE (London) hosted a ‘deep dive’ into 0-5s immunisations and agreed a nine point action plan to be imbedded over the next year (see Figure 5 for the infographic).

## OFFICIAL

- There is a London wide Immunisation Plan for 2016/17 which includes sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations.
- An evaluation of the 300 practices visited last year in relation to improving uptake of COVER reported vaccinations, also concluded that practices need support around information materials to discuss with parents which the NHSE (London) immunisation team are addressing in conjunction with our PHE colleagues.

Figure 5  
Infographic of action plan for improving 0-5s immunisation uptake in London





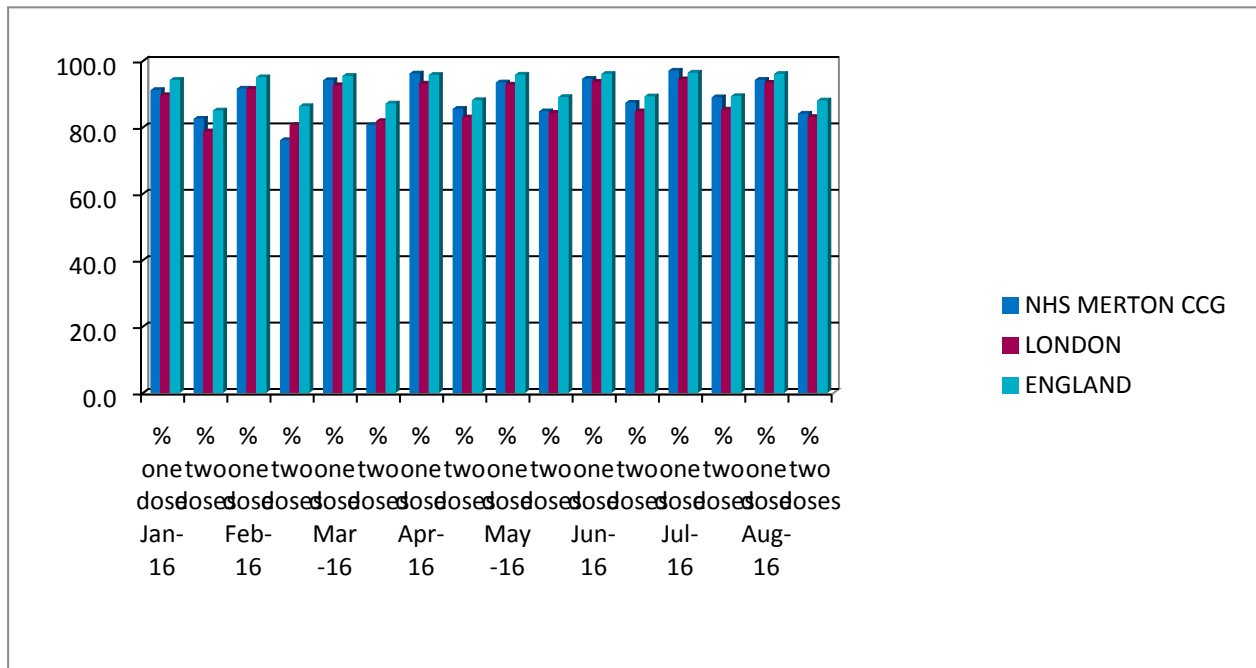
## 3.2 Rotavirus

- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and is measured monthly. Since June 2014 both London and England averages for 1<sup>st</sup> dose have been 90% or over. There is a slight drop of ~1% for 2<sup>nd</sup> dose (completed course) for England, whilst London drops to the low 80s.
- The programme has been very successful in reducing incidences of rotavirus with laboratory reports of rotavirus for July 2013 – June 2014 being 67% lower than the ten season average for the same period in the seasons 2003/04 to 2012/13.
- In Merton uptake of Rotavirus has consistently been 90% or higher.
- Since uptake of Rotavirus and Men B vaccination (see below) is obtained through a different data source than the production of COVER data and directly from GP systems), the higher uptake for both vaccinations is indicative that the true uptakes of the other 0-5s immunisation programmes are likely to be much higher than the COVER collection suggests.

## 3.3 Meningococcal B vaccination

- Since September 2015, all infants are offered a course of meningococcal B (men B) vaccine as part of the Routine Childhood Schedule. Eligible infants were those babies born on or after 1<sup>st</sup> July 2015 with a small catch up programme for babies born on or after 1<sup>st</sup> May 2015.
- There are preliminary data for babies aged 26 weeks for the months of January - August 2016 (Figure 6). It can be seen that Merton performs quite well compared to national and London averages. Rates do drop to second dose but it is likely that some children are being vaccinated after 26 weeks. In August 2016, 91.3% of babies aged 12 months in Merton had the two doses of Men B vaccine. This is higher than London's 83.7% and just below England's 91.6%.

Figure 6  
Uptake of 1<sup>st</sup> and 2<sup>nd</sup> dose for Merton CCG compared to London and England 2016



Source: PHE (2016)

#### 4 Seasonal ‘Flu Vaccinations

- The seasonal influenza vaccine (also known as ‘flu vaccine) is an annual vaccine which is offered to four identified ‘at risk’ groups. The vaccine is given for direct or individual protection. There is no level for herd immunity, although there is an aspiration to reach 75% uptake nationally.
- Since 2015/16, healthy children in years 1 and 2 (year 3 from 2016/17) are offered a live vaccine called Fluenz in schools. This is also offered to healthy 2, 3 and 4 year olds in GP practices. This programme offers direct protection and indirect protection – i.e. vaccinating healthy children offers herd immunity or protection to the wider population.
- Figure 7 illustrates the uptake of seasonal ‘flu vaccine for each of the identified ‘at risk’ groups for Merton CCG compared to London and England averages for the winter 2016/17 (September 1<sup>st</sup> 2016 to January 31<sup>st</sup> 2017). It can be seen that London performs lower than England across the groups but that Merton CCG performs better than London averages.
- Uptake of flu vaccine increased this season across the at risk groups including child ‘flu vaccine groups with London, England and Merton exceeding the lower threshold of 40% for uptake for children in the school programmes. Uptake in preschool children remain low but after a huge audit of poor performing practices during the summer of 2016 in London with follow up action plans, London demonstrated a big increase on the previous year.
- Figure 8 compares this winter with the past two winters (2015/16 and 2014/16) for Merton CCG. It can be seen that percentage uptake for this winter is higher than

the previous winter and back on a par with 2014/15. This restoration of uptake is due to the good partnership work across London in delivering the pan London 'flu immunisation plan 2016/17 and the local borough partnership plans.

- A big success this year in London has been the increased uptake amongst health care workers (HCW) from 39.4% in 2015/16 to 55.4% (plus an additional 8% in community pharmacy that's not counted yet in the finalised figures). This is the highest uptake rate ever recorded for London. In relation to the main trust that serves Merton population, the uptake in Epsom and St Helier was 65.3%, up from 56.9% in 2015/16.
- London's HCW uptake rate was still lower than national's 63% and other regions and increases were seen across the other regions in England. London provides 15% of the national HCW workforce and 13% of the overall uptake rates. London did have the largest increase in uptake between 2015/16 and 2016/17 than any other region – a 32.6% increase in activity.

Figure 7

*Uptake of the 'at risk' Groups of Seasonal 'flu for Merton CCG compared to London and England for Winter 2016/17 (September 1<sup>st</sup> 2016 – January 31<sup>st</sup> 2017)*

CCG	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of Year 3
Merton	70.5	57.1	48.3	28.9	31.9	26	56.3	54.9	51.3
London	65.1	47.1	39.6	30.3	32.6	24.9	45.8	43.6	42
England	70.4	48.1	44.8	38.8	41.6	33.8	57.6	55.3	53.3

Source: PHE (2017)

Figure 8

*Uptake of the 'at risk' Groups of Seasonal 'flu for Merton CCG for Winter 2016/17 (September 1<sup>st</sup> 2016 – January 31<sup>st</sup> 2017) compared to previous winters of 2014/15 and 2015/16*

Merton CCG	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of Year 1	% of Year 2
2016/17	70.5	57.1	48.3	28.9	31.9	26	56.3	54.9
2015/16	65.3	43.9	39.3	25	30.9	21.5	50.3	44.5
2014/15	67.6	48.1	41.7	29.6	32.8	23.5	n/a	n/a

Source: PHE (2017)

### **What are we doing to improve uptake?**

- Following the decline in 'flu uptake in London during the 2015/16 season and the continual fall in uptake amongst 2,3 and 4 year olds, NHSE carried a large number of evaluations which fed into the London Influenza Vaccination Plan for 2016/17. This plan was signed off by the London Immunisation Board and was delivered through a weekly Immunisation business group co-chaired by PHE London and NHSE London. This group monitored progress against the plan and operated remedial plans when necessary.
- 2016/17 also saw the consolidation of the delivery of school age vaccinations by community providers and the second year of delivery of the child 'flu programme has seen increases in uptake across the city.
- NHSE London has now commenced the evaluation of this plan with the intention to improve uptake rates again next 'flu season (2017/18).

## 5 Next Steps

- For 2015/16 and 2016/17, each London borough was assigned an immunisation commissioner who worked with local partners, such as the public health team at the London Borough of Merton and the CCG in developing a borough specific action plan which is agreed and delivered under local governance arrangements.
- The aim of each plan is to increase uptake and vaccination coverage within the boroughs, which in turn will increase London averages. The plans also address health equities in access to immunisations and health inequalities in uptake.
- A borough specific plan for 2016/17 is currently being delivered in Merton by the immunisation steering group and is accountable to the Health & Well-Being Board. Focus this year is on improving uptake of child flu vaccine in boroughs and identifying and reaching underserved individuals, communities and populations in Merton.
- The borough plan for Merton for 2015/16 was subjected to the mid year review of borough plans last November and is currently being evaluated for impact as part of the London wide evaluation process for the London Immunisation Board.

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## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 16<sup>th</sup> March 2017**

Wards: ALL

### **Subject: Childhood Immunisations Update**

Lead officer: Julia Groom (Consultant in Public Health)

Lead member: Councillor Katy Neep, Cabinet Member for Children's Services.

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### **Recommendations:**

- A. Healthier Communities and Older People Overview and Scrutiny Panel note and comment on the progress made following the childhood immunisations scrutiny report recommendations in 2015
- B. Healthier Communities and Older People Overview and Scrutiny Panel agree for the Merton Immunisations steering group to continue to drive actions and improvements going forward
- C. Healthier Communities and Older People Overview and Scrutiny Panel note that the Health and Wellbeing Board will review childhood immunisations annually as part of the Health and Wellbeing Strategy and the Children's Trust Board will monitor progress quarterly.

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## **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

This report provides an update to the Healthier Communities and Older People Overview and Scrutiny Panel following the Merton childhood immunisation scrutiny report published in 2015. It sets out the responsibilities of different parts of the health and local government systems for immunisations, it highlights current performance and it updates on actions undertaken in response to the recommendations of the scrutiny report.

This paper complements the NHS England '*Report to Health and Social Care Overview and Scrutiny Committee on Section 7a Seasonal Flu and 0-5s Immunisation Programme in London Borough of Merton 2016/17*', which details commissioner-led progress and actions on immunisations.

Uptake of childhood immunisations has historically been low in Merton and in 2012/13 Sutton and Merton Primary Care Trust reported some of the lowest immunisations rates in London.

Since April 2013 NHS England has been the commissioners of childhood immunisations and through the London Immunisation Board they are accountable for ensuring that the London population are protected from vaccine preventable diseases. The local authority as a partner can help support NHS England, but the role of the

Director of Public Health is to have an oversight and duty to ensure plans are in place to protect their population.

The London Borough of Merton Overview and Scrutiny (O&S) Commission conducted a review in 2015 facilitated by the Centre for Public Scrutiny and chaired by Cllr Brenda Fraser. The results of the review were presented in the *'Improving the uptake of Immunisations in the 0-5 age group Overview and Scrutiny Report'* which sets out recommendations on how the borough's partners can make improvements in performance.

There were nine key recommendations made in the scrutiny report and work has been undertaken to review and address them, the details of which are provided below. There is an understanding that continual and sustained work needs to take place to increase and maintain the childhood immunisations rates in Merton.

## 2. BACKGROUND

The NHS vaccination schedule sets out details of the immunisations every child should receive by their 5<sup>th</sup> birthday and beyond. Details are available at:

<http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-saves-lives.aspx>

Historically, Merton's childhood immunisations uptake has been lower than London and England averages. The World Health Organisation (WHO) sets a target of 95% coverage for all childhood immunisations but Merton has not achieved this target.

Changes in commissioning arrangements for immunisation came into effect on 1st April 2013 as a result of the Health and Social Care Act 2012. The overall roles and responsibilities of the different organisations are as follows:

- **The Department of Health** continue to have overall responsibility for immunisation policy, securing the necessary funding and supporting implementation of new vaccination programmes;
- **Public Health England** are responsible for buying, storing and distributing vaccines, holding coverage and surveillance data, communication, and providing expert analysis and advice (including through the Joint Committee for Vaccination and Immunisation) at a national level and, through the PHE Centres, supporting the area teams of the NHS England;
- **NHS England** are responsible for commissioning all national immunisation programmes from local providers in line with agreed service specifications. This will be done through Screening and Immunisation Teams which have NHS England and PHE staff working together;
- **Local Authority:** Local Government (through the Director of Public Health) have an oversight function and duty to ensure plans are in place to protect their population; the overview and scrutiny process plays an important part of the oversight function.
- **Providers of immunisation services, such as GPs and school nurses** continue to deliver immunisation programmes following national schedules commissioned through NHS England.



Further direction is available in guidance published in May 2013 (click on pdf link below).



Imms and Screening  
national delivery -frar

### 3.0 CURRENT PERFORMANCE

Table 1 provides the latest Annual 2013/14 to 2015/16 performance for a selected number of immunisations indicators. Comparing the latest Merton 2015/16 position with the London average, out of the 6 indicators shown, 2 are better than the London average, 2 are inline with London and 2 are below the London average. Previously Merton had one of the lowest rates of childhood immunisations in London. Q1 and Q2 data for 2016/17 suggest however that all 6 indicators are higher or inline with London including the preschool booster and MMR2 at 5 years. If this performance is maintained for Q3 and Q4, 2016/17 should achieve a higher uptake than in 2015/16. This is addressed in the attached NHS England Report.

**Table 1 – Annual performance trends 2013/14 to 2015/16**

	Diphtheria, Tetanus, Polio Pertussis, Haemophilus influenza type b (DTaP/IPV/Hib) Age 1	Hib/Men C booster Age 2	MMR1 Age 2	Pneumococcal infection (PCV booster) Age 2	Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV – pre school booster) Age 5	MMR2 Age 5
Merton Annual 15/16	91.8%	86%	86.3%	85.5%	68.7%	80%
Merton Annual 14/15	93.3%	87.9%	88.8%	87.7%	71.7%	80.4%
Merton Annual 13/14	82.1%	81%	82.1%	82.8	64.8	72.3
London average 15/16	89.2%	85.9%	86.4%	85.6%	78.3%	81.7%
England average 15/16	93.6%	91.6%	91.9%	91.5%	86.3%	88.2%
Merton Annual 15/16 vs London Annual 15/16	↑2.6%%	↑0.1%	↓0.1%	↓0.1%	↓9.6%	↓1.7%

Source: NHS England and NHS Digital

### 4.0 RECOMMENDATIONS FROM OVERVIEW AND SCRUTINY REPORT

The Overview and Scrutiny report (*Improving the uptake of Immunisations in the 0-5 age group Overview and Scrutiny Report*) is provided below for information. NHS England, as the commissioner of all childhood immunisations, is responsible for

ensuring that local providers deliver effective immunisation services, working with local partners as appropriate, including the local authority. A number of actions have been undertaken to improve childhood immunisations performance in the past year as a result of the Scrutiny report.



Imms Scrutiny report  
FINAL.docx

Each recommendation is detailed below with the actions that have taken place as a result and any outstanding actions to be undertaken.

#### **4.1. Recommendation 1 – Joint working**

*'NHS England, Merton Clinical Commissioning Group, Sutton and Merton Community Services and the Local Authority develop a joint working protocol including development of a joint action plan setting out frequency of meetings and priority actions to improve the take up of immunisations. Ensure the group leads on embedding immunisations messages in all nurseries, children's centres and early years' services in Merton.'*

As a result of the childhood immunisations Overview and Scrutiny report, a Merton Immunisations Steering group was re-established by NHS England, with partners Merton Clinical Commissioning Group (MCCG), LBM Public Health and the Community Health Services provider, which from 1<sup>st</sup> April 2016 changed to Central London Community Health (CLCH) NHS Trust. The steering group is chaired by Fiona White (Merton CCG Clinical Lead for Transforming Primary Care Nursing & Maternity). The group developed a joint action plan which is refreshed and updated each year. The group has been meeting regularly and oversees the implementation of the Immunisations Action Plan (please see NHS England report for details of the latest action plan). The recommendations from the Overview and Scrutiny report were embedded into the action plan.

#### **4.2. Recommendation 2 – South West London report**

*'The group should review the recommendations in the NHS Southwest London report Childhood Immunisations and Vaccinations 2013 and decide what would be appropriate to take forward.'*

In October 2012, an organisation was commissioned by NHS South West London to undertake a piece of work to explore parents' attitudes and behaviours in relation to getting their child immunised. This was before Health and Social Care Act changed the roles and responsibilities of organisations around childhood immunisations and Primary Care Trust were abolished.

An action to review the report was incorporated into the Merton Immunisations action plan. Following this review, some recommendations were picked up through existing services. It was agreed that others actions would require resources and capacity to implement which were beyond that of the group and its members resources e.g. mass media campaigns and targeted social marketing to those less likely to be immunised.

Examples of ideas from the SWL report that have been taken forward include –

- a) *The process of inviting and reminding parents about their child's immunisations need to be strengthened in Merton with many parents indicating that didn't receive any reminders and simply had to try and remember.*

NHS England have undertaken visits to low performing GP Practices to review and strengthen immunisations processes including call and recall of patients (see NHS England report for details).

- b) *Families stated staggered verbal and written information during pregnancy to the last immunisation (pre-school booster) would support them remembering to get their children immunised.*

The Health Visitor mandated checks (Antenatal, New Birth, 6-8 weeks, 1 year, 2-2.5 year) provide opportunities to remind parents of immunisations (see also recommendation 6). Midwives and GPs also provide an important role in promoting immunisations throughout pregnancy and early childhood. In addition use of media and information outlets, such as My Merton and Young Merton Together, has helped to get consistent messages to parents to carers.

#### **4.3. Recommendations 3 – Reporting to Health and Wellbeing Board and Overview and Scrutiny Commission**

*'The group should report to the Health and Wellbeing Board on an annual basis and report their progress to the Overview and Scrutiny Commission on a six monthly basis until the Commission are satisfied that this work has been taken forward and that further improvements in immunisations have been made.'*

Reports went to the Health and Wellbeing Board in September 2015 and in November 2016 which provided an update on progress to improve childhood immunisations in Merton. The latest update on childhood immunisations was provided to the Children's Trust Board in January 2017. Childhood Immunisations is a key priority in the Health and Wellbeing Strategy (2015 – 2018) for Merton and the Children's Trust Board monitors progress on key immunisation indicators on a quarterly basis.

#### **4.4. Recommendation 4 – Championing childhood immunisations**

*'The task group chair to champion improving immunisation rates and raise the profile of this issue in appropriate forums.'*

The Merton immunisation steering group is chaired by Fiona White who was previously Merton CCG Clinical Director for Children and Maternity services when the group was first established and is now the Clinical Lead for Transforming Primary Care Nursing Lead & Maternity. She has been working on improving childhood immunisations in Merton for a number of years and is a champion on improving childhood immunisations in Merton. Her role supporting GP Practice Nurses delivering immunisations and chairing the Merton immunisations steering group helps ensure all parts of the local immunisations system are connected and coordinated.

#### **4.5. Recommendation 5 – Health Champions**

*'That health champions deliver immunisations messages within their communities and public health team seek to develop health champion roles in communities where immunisation rates are the lowest where possible.'*

Merton's Healthy Lifestyles services for adults have been re-procured. The new service will start from April 2017 onwards. The service has been re-procured within the framework of 'Think Family' approach. This will provide an opportunity to shape the new service and ensure that childhood immunisations become part of the messages taken forward through the Health Champions in communities in Merton.

#### **4.6. Recommendation 6 – Role of Health Visitors**

*'That the Public Health Team ensures that the role of health visitors in delivering information on immunisations is specified and strengthened in the commissioning arrangements.'*

The re-procurement of Merton 0-19 Healthy Child services, including the Health Visiting Service, in 2015 provided an opportunity to strengthen the service specifications and the role of Health Visitors in promoting childhood immunisations with families at every contact. The new service commenced on 1<sup>st</sup> April 2016 and provides 5 mandated checks that the Health Visiting service delivers and is now co-located within Children's Centres. This gives an opportunity to check childhood immunisation status through speaking to parents/carers and checking the Red Books. Where immunisations are not up to date, parents/carers are reminded to take babies/children to their GPs to be immunised.

#### **4.7. Recommendation 7 – Top Tips for GPs**

*'Public Health Merton to work with Merton Clinical Commissioning Group to conduct an audit of GPs on the 'top tips' sheet including checking which practices use the text messaging service. Merton Clinical Commissioning Group and Public Health Team to explore future options for expanding the text messaging service'*

The 'Top Tips' for GPs was developed by Public Health and shared with GP Practices through GP Locality meetings. The Top Tips also provided a checklist for each GP Practice to audit themselves against each tip. An audit of each GP Practice was not possible within the remit and resources of the Public Health team, however, GP Practices were encouraged to audit themselves against the Top Tips and ensure they were meeting them.

#### **4.8. Recommendation 7 – School entry packs and reviews**

*'Public health team to ensure that information on immunisations will be part of school entry packs and asked within the school entry health review, using the review as an opportunity to identify those unimmunised, promote immunisations uptake and signpost to child's GP.'*

As part of the school entry reviews conducted by the School Nursing service, a questionnaire is sent out to all parents of children aged 4-5 which asks whether children are up to date with their immunisations. This provides a reminder to parents/carers that children should be up to date with immunisations.

Promoting childhood immunisations using different media has also been part of actions. Therefore within LBM, media outlets such as My Merton and Young Merton Together (which goes out to schools, nurseries, children's centres, professionals

working with CYP and their families) have been used to continue to disseminate the importance of being up to date with childhood immunisations.

#### **4.9. Recommendation 8 – Accurate data**

*‘Public health team should take every care to ensure that the immunisation data received from Public Health England is accurate.’*

NHS England are the commissioners of childhood immunisations, therefore they are responsible for ensuring that providers report accurate and timely data and ensure the denominator is accurate and cleaned regularly. There are national data validation processes in place and Director’s of Public Health are assured through this national process.

### **5.0 CONCLUSION**

Increasing uptake of childhood immunisations remains a high priority for Merton. The Overview and Scrutiny process provided an important opportunity to hold commissioners to account and identify opportunities to strengthen action to improve uptake of childhood immunisations.

NHS England as commissioners are responsible for achieving immunisation targets and will continue work with Public Health England under the London Immunisation Board to ensure that the London population is protected from vaccine preventable diseases. They will continue to work with local partners through the Merton immunisations steering group, with local oversight from the Health and Wellbeing Board and Children’s Trust Board.

### **6.0 TIMETABLE**

N/A

### **7.0 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

None relating to this covering report

### **8.0 LEGAL AND STATUTORY IMPLICATIONS**

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

### **9.0 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

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.

### **10.0 CRIME AND DISORDER IMPLICATIONS**

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

### **11.0 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None relating to this covering report

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

NHS England Report – Report to Health and Social Care Overview and Scrutiny Committee on Section 7a Seasonal Flu and the 0-5s Immunisation Programme in London Borough of Merton.

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 16 March 2017**

Wards: ALL

**Subject: Merton Clinical Commissioning Group – Engagement on proposed change to some services**

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](mailto:stella.akintan@merton.gov.uk); 020 8545 3390

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### **Recommendations:**

A. That the Panel comments on the proposed service changes

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#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of the attached presentation is to provide an overview of a number of services that Merton Clinical Commissioning Group propose to cease in order to meet their savings targets.

#### **2 DETAILS**

- 2.1. Senior representatives from Merton Clinical Commissioning Group will attend the Panel to set out the proposals and answer questions. The presentation is attached at Appendix A

#### **3 ALTERNATIVE OPTIONS**

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

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

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

#### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. The Panel will be consulted at the meeting

#### **5 TIMETABLE**

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

#### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 6.1. None relating to this covering report

#### **7 LEGAL AND STATUTORY IMPLICATIONS**

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

## **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

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

## **9 CRIME AND DISORDER IMPLICATIONS**

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

## **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. None relating to this covering report

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

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## **12 BACKGROUND PAPERS**



# Choose Wisely in Merton



right care  
right place  
right time  
right outcome

# Introduction

- Merton CCG is required to make the best use of an annual budget to keep people in the borough of Merton well.
- During 2016/17 Merton CCG has had to deliver savings of £7.3m. In 2017/18 it's expected that the CCG will need to find at least another £13m of savings This is a substantial financial challenge for a CCG of our size.
- We are considering developing a number of clinical policies which set thresholds for some treatments and do not fund other treatments except in very limited and exceptional circumstances (e.g. many cosmetic procedures).

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Examining the use of prescriptions for:

- Gluten free foods
- Vitamin supplements
- Self-care medications

- We have started engagement about changing access to IVF and specialised fertility services
- Supporting patients to be more surgery ready with increased referrals to stop smoking and weight management services



# Case for Change – Self Care Medicines

- As new expensive treatments become available in the NHS, we have a responsibility to look at how we spend the limited public resources we have to fund medicines and certain treatments
- Merton CCG currently spends £249,000 on prescriptions for self care such as paracetamol, cough and cold remedies, multivitamins and antihistamines.
- These medicines are now available from outlets like supermarkets, petrol stations, convenience stores and pharmacies less than half the price the NHS pays.

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# Who will be exempt ?

This will **not** apply to :

- Patients with chronic long term conditions e.g. rheumatoid arthritis
- Those identified as having specific vitamin and mineral deficiencies and require medical intervention to treat the deficiency.

Page 10

**Are there any other categories you believe should be exempt?**



# Gluten free products

- Merton CCG currently spends £49k a year on gluten free products
- There is now wide availability of gluten free products reasonably priced in supermarkets
- Merton CCG issued 3,800 prescriptions for gluten free products last year
- It costs the NHS more than twice what it costs in a supermarket.
- The highest numbers of gluten free foods are prescribed in the most affluent parts of the borough

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# What are we proposing?

- Merton CCG proposes to stop prescribing gluten free foods because:
- We don't currently prescribe special foods for people with other dietary requirements
- It is possible to eat a healthy balanced gluten free diet without the need for specialist gluten free foods

Page 52 • Improved food labelling now means it is easier to identify gluten free food which can be safely eaten.

- This topic is a key element of our current engagement and is being enacted across SW London and our governing body will make a decision about next steps in March



## Possible changes to IVF Policy

- We are engaging with the people to look at options for changing the thresholds for IVF and specialised fertility services – this could include moving to access only in limited circumstances
- We currently spend in the order of £700k p.a. to treat approximately 150 patients each year.
- We note that two neighbouring CCGs (Richmond and Croydon) are already in 8-week consultation processes on this issue
- We plan to engage in February and March – leading to a possible decision point by the CCG governing body in late March

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# Supporting patients to be surgery ready

- Merton CCG is enacting a policy of increasing patient readiness or fitness before surgery in particular addressing smoking and patients being overweight – but making sure there are more referrals for publicly funded treatments.
- Obesity and smoking are major triggers for ill health and premature death, patients who lose weight or stop smoking are more likely to have fewer complications from their surgery and have wider long-term health benefits

We are not proposing a ban on any patients receiving treatment on the basis of their weight or smoking but have a firm requirement that GP help patients consider and then take the supported steps to achieve a particular goal to address smoking and excess weight before a referral or approval to operate is made





## How are we engaging patients and the local community on the possible changes?

We are planning to see over 40 different groups and organisations from within the borough, engagement events and meetings have already taken place or are planned with the following groups

- Coeliac UK
- Families and parents through the children centres,
- The Merton Community Forums
- Circle Clarion Tenants and Residents Association
- Age UK
- Tamil Elderly Project
- Polish Family Project



The pre- engagement has followed our obligations under the Public Sector  
Race Equality Duty



# Initial Feedback

**The feedback so far has been quite useful the main themes to emerge are;**

- A general understanding for the case for change e.g. cost v clinical value
- The impact on certain groups and communities particular on funding expensive treatments such as IVF, many felt this issue was very emotive and should not just be seen in terms of cost savings

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Those on low incomes or with LTCs may be impacted particularly with the changes to prescribing and stopping gluten free products

- The thresholds work has prompted a wider debate on the public health agenda in terms of who should take responsibility for tackling smoking and obesity
- The savings should be seen in terms of wider NHS savings which all SW London CCGs are undertaking



## What happens next ?

- The CCG's Governing Body is undertaking an extensive public engagement programme to discuss these ideas and options with local before making decisions on how to proceed. They will consider all views raised at a Governing Body meeting held in public at the end of March.
- Engagement will begin w/c 13 Feb and run for approximately 6 weeks. This work is to assist the CCG formulate its proposals including suggestions for appropriate safeguards.

Page 57. No decisions have been taken at this time and we welcome your thoughts on these issues including any safeguards and/or exempted groups.

- For all the proposals the individual funding request (IFR) process will be available for patients with exceptional circumstances.



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## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 17 March 2017**

Wards: ALL

### **Subject: Activities within Learning Disability Day Centre – Mini task Group Review – Draft Final Report**

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](mailto:stella.akintan@merton.gov.uk); 020 8545 3390

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#### **Recommendations:**

- A. That the Panel consider and comment on the draft task group report
  - B. That the Panel support the recommendations at the end of the report
- 

#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of the report is to provide the panel with the final report and recommendations arising from a mini task group review on activities within Learning Disability Day Centres. The task group membership is as follows:

Councillor Sally Kenny (Chair)  
Councillor Mary Curtin  
Councillor Laxmi Attawar  
Councillor Brian Lewis-Lavender

#### **2 DETAILS**

- 2.1. In September last year, this Panel opted to conduct a mini task group review to consider the range of activities available in learning disability day centres. The final report and recommendations are attached at Appendix A

#### **3 ALTERNATIVE OPTIONS**

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

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

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

#### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. The Panel will be consulted at the meeting

#### **5 TIMETABLE**

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

#### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 6.1. None relating to this covering report

#### **7 LEGAL AND STATUTORY IMPLICATIONS**

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

#### **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

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

#### **9 CRIME AND DISORDER IMPLICATIONS**

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

#### **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 10.1. None relating to this covering report

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

- Task Group Report – Activities in Learning Disability Day Centres.

#### **12 BACKGROUND PAPERS**

- 12.1.

# Day centre activities for people with Learning Disabilities Mini task group review

Task group members:

Councillor Sally Kenny (Chair)  
Councillor Laxmi Attawar  
Councillor Mary Curtin.  
Councillor Brian Lewis-Lavender,

## Introduction

Scrutiny panels have an important role in reflecting the concerns of the public. This involves gathering information from local communities about the key issues they feel the council should address. Looking at activities in day centres was raised by a local carer who was concerned that budget savings had led to a detrimental impact on the range and quality of activities available. This is because budget savings in 2014/15, led to a reduction in the number of front line staff and increase the use of volunteers to support activities within day centres. Activities can range from attending an art class to going on a shopping trip in the local community.

Having a range of stimulating activities in day centres help people with a learning disability gain new skills, build confidence and interact with other people in their communities. They provide an environment where people can build and maintain friendships and support networks. They play an important preventative role including:

- Providing social contact and reducing isolation and loneliness
- Maintaining and/or restoring independence
- Offering activities which provide mental and physical stimulation
- Providing opportunities for people to contribute as well as receive.
- Day services also provide much-needed respite for parents and carers.

On the other hand, when people experience a reduction in their day services or lose them altogether, there can a devastating impact as they can be left socially isolated, bored and lonely, and important friendships and support networks are lost. The knock-on effect for families can be severe, often with extra financial and emotional strain on already overworked family carers.

The purpose of this mini review was to look at the current offer within Merton day centres and consider if the council was providing the best service possible within the current budget envelope.



## How the mini review was conducted

On the 27<sup>th</sup> September 2016, Councillors visited High Path Day Centre to discuss activities provided across the three day centres. There was a group discussion followed by a breakout session to consider the issues in a smaller setting and a finally the group came together to discuss the findings. At the end of the session councillors visited All Saints Day Centre and had a further opportunity to meet with staff and service users .

Aims of the session:

To review the activities in day centres and how they could be improved  
To compare the Merton day centre model with neighbouring boroughs

Attendees to the session included:

Service Users from Merton Day Centres  
Staff from Merton Day Centres  
People who care for someone who attends day centres  
Chief Executive, Merton Mencap  
Head of Direct Provision, Merton Council  
Councillor Peter Southgate, Chair Merton Overview and Scrutiny Commission

Attendees to the session were split into smaller groups and considered the following questions:

1. Please tell us what you like about the activities provided and what positive impact do you feel they are having?
2. What difference does it make in the life of the service user?
3. What changes/additions would you like to see if any?
4. What are the barriers to achieving this?
5. How can they be overcome?
6. Any ideas about good practice in other areas?

## **National policy context on day centre provision**

Valuing People (2001) was the first major policy statement for almost 30 years to outline the strategic direction for people with learning disabilities. This focused on people's rights, choices, independence and inclusion into mainstream society.

In December 2007, the Department of Health published a consultation document entitled 'Valuing People Now'. This built on the 'Valuing People' White Paper of 2001 and concluded that there had been good progress for people with learning disabilities in some areas. It also emphasised the importance of the personalisation agenda.

Overall, day service provision for people with learning disabilities has changed significantly in the past ten years. The Valuing People White Paper advocated a move away from day centres to a range of activities based in communities, including employment and volunteering. As a result many councils had started reviewing their provision, partly as a response to advocacy groups demanding a modern approach, and partly due to many services being based in industrial type premises which were outmoded and in need of investment. Further momentum came with austerity, which led to councils raising the eligibility threshold for services and the move towards provision of personal budgets for people to arrange their own care.

Across London, councils arranged contracts with local providers to organise day time activities. This has led to many examples of good practice in terms of local groups offering interesting community based programmes. However the numbers of people supported this way tends to be small, and can often be the most able people. Provision for people with challenging behaviour and high physical and personal care support needs has generally been difficult to arrange in community settings. This has led to people with medium type support needs missing out on services, and people with higher needs remaining in building based care.

## **Merton Model for day centre provision**

LB Merton provides day services mainly through three day centres, All Saints, High Path and the JMC, our largest service which includes a Special Care section and also a service for people with more challenging behaviours. A handful of people attend specialist services outside of the borough, and there are a small number of activities available through the voluntary sector.

Nearly two hundred people attend the three centres on a daily basis, the numbers are as follows; All Saints 20, High Path 40, JMC 90. These numbers have remained consistent over the past few years, but the client profile has changed and the trend is for people to have increasingly complex needs or additional support requirements. The client group is ageing, and younger people entering the service have higher support needs.

The service has undergone significant change over the last few years and the aim now is to provide a safe and secure environment for people on a daily basis, providing respite for carers and friendship and stimulation for our clients. Most of our clients have been in the day services for years and enjoy a close relationship with colleagues and staff, who in turn liaise with health professionals and social work colleagues on their behalf.

These changes have become increasingly noticeable over the last two years. The needs of people who attend the centre have changed. People used to be more independent and make their own way to the day centre. The more stringent criteria mean we are taking people with increasingly complex needs who need more personal care and challenging behaviour. The demographic of the clients is also getting older so we need to meet the care needs of older people. There are fewer activities in the community and they are not as wide ranging as they used to be.

In Merton we have sought to offer a balanced approach with people encouraged towards more independent activities if possible, for example employment, but a recognition that a cost effective way to provide day time support for clients and carers is through the provision of day centres.

#### **Impact of Budget Savings on day centres.**

The need to manage with a smaller budget has led to a reduction in staff numbers on a yearly basis since 2010. We have reduced from a total of 71 staff members in that year to 53 in 2016. While most posts removed have been managerial or administrative, there have been a small number of front line posts deleted as well. The most recent changes saw a cut in the number of creative therapists at the JMC. Staff have also been affected by changes to transport provision. In an effort to reduce spending on transport to preserve staff posts, we use fewer Merton transport vehicles and staff. Day centre staff are now increasingly deployed to collect clients from home and act as escorts on Merton Transport vehicles.

An inevitable consequence of these changes has been a contraction in the number of activities available each day for clients to access, and particularly in terms of outings to the community. These trips do still go ahead, but not in the same number and can be subject to cancellation at times of staff absence. The Community Outreach Service, which has provided activities in the evenings and at weekends is now having to charge clients in order to make sessions viable.

We have sought to mitigate for some of the staff losses by recruiting volunteers, with limited success. A recent project we have worked on with MVSC has brought some results (we currently have ten volunteers across our three centres) but finding volunteers to work in care settings is challenging.

## **Comparison with local neighbours**

Neighbouring boroughs have also made changes to their services in recent years and typically will provide one centre for people with the most complex needs. A range of community groups provide social activities for other clients, who will access them via direct payments or personal budgets. It should be noted that for years many agencies and groups, including within government, advocated that day centres were old-fashioned institutions, and the preferred model of support was enabling people to be in the community. Whilst this is desirable, many people with disabilities and their families find that as the cost of this approach is high, they are often left with a patchwork week which does not contain enough activities.

Typically now councils provide a day centre for people with high support needs, and commission a range of other activities via groups such as MENCAP or the Camden Society.

## **Services for people with Learning Disabilities across South West London**

Merton has stuck to a policy of running day centres as being a cost effective way to provide day time activities to a large number of people and day time respite to carers.

**Sutton** has a resource called Sutton Inclusion Centre, which supports 15 people per day who have very complex needs. There is a core staff team but a set number of other people can use the facility if they bring their own carers. Other services are run by groups like MENCAP.

**Croydon** have services run by their Local Authority Trading Company, consisting of one day centre and four resource bases across the borough. These serve as meeting up points for small groups to go out from to access community activities.

**Wandsworth** also have a main day centre for people with complex needs. This supports up to 38 people per day, and is run by a charity, the One Trust group, which also runs four community bases across the borough.

**Key themes to emerge from the discussions were as follows:**

**Value of day centres by service users and carers**

Current activities across the day centres includes; singing karaoke, boxing fitness, using computers, playing pool, team games, trips to the cinema, arts and crafts, sewing, cooking , reading and writing. Bowling, healthy walks, rambling. Service users are able to go out once a day. Some people are not suited to group activities, some like to socialise, others find concentration difficult.

Carers told councillors:

*“My child values the interaction and when at home constantly asks when they will be returning. They also like being in an environment with people similar to themselves, as is often the case in human nature in that we tend to relate to people like ourselves, whether it be age, ethnicity or gender. The familiarity at the centre also helps those who attend feel safe and secure which in turn builds their confidence.”*

*“Acts as a home away from home provides a social setting in which people feel happy and gives carers important respite. “*

*“ there has been a decrease in activities what is being provided is vital and should not be decreased anymore”*

*“The council should maintain the level of care at day centres, it provides a vital service of which Merton should be proud. We need to ensure the service is stable and sustainable”*

*“Friendships are important and have been maintained over 15-20 years. “*

### **Service users views on staff**

The task group found that a clear endorsement of the work of staff at day centres by service users, senior staff and carers. It was recognised that they have had to adapt to change, and provide the best service possible within a shrinking budget envelope.

Feedback from the service users Speak Out group highlighted the value of the day centres for those who attend. Comments included their appreciation of centre staff who ‘help’ and ‘take care of clients’.

All of the staff have been flexible in adapting to the impact of budget savings and many have taken on additional tasks and responsibilities without extra pay.

Councillors were able to see some examples of this first hand. For example;

- A staff member works flexibly across two day centre sites to as a result of the loss of a staff member and the service needing admin support at two sites.
- A day centre manager vacated her office to enable to used as an additional arts space. The new office was a smaller windowless room.

There was concern amongst carers that staff could be pushed to the limit and people will begin to leave.

## **Views on personal budgets, direct payments and community based activities**

A number of issues were raised in relation to personal budgets being used to pay for activities. This approach presented a number of challenges for carers. They felt it placed an additional burden on them as support needs to be arranged to take people to activities. It also means shortened respite as the activities take place for around three hours and then collection is required. Furthermore, if people want to fund activities from direct payments they need to be able to budget enough to cover three days.

Although there is a national move away from day centre model, this is not popular in Merton. Carers were very keen to point out that a community setting is not suitable for everyone with a learning disability. Some people need a regular stable routine and may not be able to cope with doing a different activity everyday or a regular change in their environment and carers.

A shortage of personal assistants is also a potential barrier in trying to arrange activities through personal budgets. In order to provide much needed respite it is essential that a personal assistant can be arranged to take people to activities. This has become increasingly difficult in the current market due to historical low wages this role attracts, leading people to seek alternative employment options.

## **Feedback from service users about day centres**

The day centres service users group Speak Out meet on Friday 9<sup>th</sup> September 2016 and provided feedback on service users experience:

- The staff are lovely
- You get to do things as a group
- It is good that we get transport
- People travel on their own if they can

### **Things that could be better**

- We want to go out more
- There are less staff
- If staff are off we don't go out in groups then staff choose what we do
- The journey home takes a long time

## **Health Services for People with Learning Disabilities**

There is wide recognition about the health inequalities experienced by people with LD. They have greater difficulty in accessing mainstream services and receiving support for health issues that are not in relation to their learning disability<sup>1</sup>. The task

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<sup>1</sup> Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide

group were informed that physiotherapy services have also been reduced. It used to be available for all wheelchair users now it is only given to improve mobility rather than maintain it.

Some staff provide exercise activities but this is limited as classes of this nature can pose a risk if it not delivered by a qualified professional.

## **Transport**

The changes to transport services have had a significant impact on day services. Councillors heard that there are smaller more frequent buses which finish earlier. This can mean that service users spend less time at the day centre. This change has meant:

- Shorter days (core day now seems to be 10am – 2pm)
- Loss of afternoon activity groups
- Later start to morning sessions

Many carers understood the rationale for the cuts to transport. It was also highlighted that smaller vehicles operated by centre staff provide a good service. However the impact over the last few years has been a reduction of between one to two hours from the average time spent at the centres each day.

## **The use Volunteers in day centres**

Some carers felt that the use of volunteers in day centres needs to be understood in the context of all staff having the right skills and abilities to provide a qualitative service. Volunteers can be suited to administrative tasks but should not be relied upon for more specialist roles.

## **Concluding remarks**

The task group were impressed by the willingness of staff to work together to create the best possible environment for service users in this challenging economic climate.

Councillors are keen to see that the current level of service in the day centres is maintained and were pleased that there are no proposals to reduce this provision from its present level.

## **Recommendations**

That the Healthier Communities and Older People Overview and Scrutiny Panel to request a report on opportunities for additional sources of external funding for day centres

That Healthier Communities and Older People Overview and Scrutiny Panel looks at local health strategies to ensure they meet the needs of people with learning disabilities.

DRAFT



**Committee:** Healthier Communities and Older People  
Overview and Scrutiny Panel.

**Date:** 16 March 2017

**Wards:** All

**Subject:** Planning the Healthier Communities and Older People Overview and Scrutiny Panel's 2017/18 work programme

**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

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## **Recommendations:**

- A. That the Panel reviews its 2016/17 work programme (set out in the appendix), identifying what worked well, what worked less well and what the Panel would like to do differently next year;
  - B. That the Panel suggests items for inclusion in the 2017/18 work programme – both agenda items and potential task group review topics;
  - C. That the Panel advises on agenda items for its meeting on 27 June 2017.
- 

## **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 To enable the Panel to plan its work programme for the forthcoming municipal year and, in particular, to agree agenda items for the first meeting of the municipal year.

## **2. DETAILS**

### Identifying issues for the 2017/18 work programme

- 2.1 The scrutiny officers are currently gathering suggestions for issues to scrutinise, either as Panel agenda items or task group reviews. Suggestions are being sought from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Other issues of public concern will be identified through the Annual Residents Survey. The council's departmental management teams have been consulted in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 2.2 The Panel is therefore invited to suggest items for inclusion in the 2016/17 work programme – both agenda items and potential task group review topics.
- 2.3 All the suggestions received will be discussed at the Panel's topic workshop on 18 May 2017. As in previous years, participants will be asked to prioritise the suggestions using criteria so that the issues chosen relate to:

- the Council's strategic priorities;

- services that are underperforming;
- issues of public interest or concern;
- issues where scrutiny could make a difference

### **3. ALTERNATIVE OPTIONS**

- 3.1 The Healthier Communities and Older People Overview and Scrutiny Committee 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.

### **4. CONSULTATION UNDERTAKEN OR PROPOSED**

Scrutiny topic suggestions are being sought from members of the public, councillors, council officers and partner organisations including the police, NHS and Merton Voluntary Service Council.

### **5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 5.1 None for the purposes of this report.

### **6. LEGAL AND STATUTORY IMPLICATIONS**

- 6.1 There are none specific to this report.

### **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 The Police and Justice Act 2006 requires every Council to have a scrutiny committee with the power to review or scrutinise decisions made, or other action taken by the Council and the other responsible authorities in the exercise of their crime and disorder functions. The other responsible authorities are the police, the police authority (Metropolitan Police Authority), the fire and rescue authority and the Primary Care Trust.
- 8.2 In Merton the responsible committee is the Overview and Scrutiny Commission.
- 8.3 Under the 2006 Act, the responsible committee is required to “meet to review or scrutinise decisions made, or action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions, no less than once every twelve months”. In doing so, it may require the attendance of officers from the Council, the police and co-operating authorities.

### **9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 9.1 None relating to this report.

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

- 10.1 2016/17 work programme

**11. BACKGROUND PAPERS**

11.1 None

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# 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](mailto:stella.akintan@merton.gov.uk)

For more information about overview and scrutiny at LB Merton, please visit [www.merton.gov.uk/scrutiny](http://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

<b>Scrutiny category</b>	<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
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**

<b>Scrutiny category</b>	<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
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	Childhood immunisations in the 0-5 age group		NHSE	To review the childhood immunisation action plan To look at



				immunisations rates for the flu jab in the over 65 age group
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		
Work programming				

### Items not scrutinised

Policy Development	GP Federation/ future of GP services	Report to the Panel	MCCG	
Policy Development	Update on mental health services	Report to the Panel	Public Health, MCCG 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

### Suggested items for the June agenda

Scrutiny Review	Final report of the 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	Kings Fund report on evaluating the assumptions in the	Report to the Panel		

	Sustainable and Transformation Plan across South West London			
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