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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

7 NOVEMBER 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 Brenda Fraser, Councillor Suzanne Grocott, Councillor Sally Kenny, Councillor Abdul Latif, Di Griffin and Saleem Sheikh

Caroline Holland (Director of Corporate Services) Hannah Doody (Director of Community and Housing) Dagmar Zeuner, (Director of Public Health), John Morgan, (Assistant Director Adult Social Care) Gemma Blunt (Safeguarding Adults and DOLS Manager) Stella Akintan (Scrutiny Officer)

Natalie Brazhda Mejia-(Acute Programme of Care Manager) South London- Specialised Commissioning. NHS England. Dr. Michael Dilley- (Consultant Neuropsychiatrist in Neurorehabilitation) Wolfson Neurorehabilitation Centre. Mike Millen (Trauma Programme of Care Manager) London Region. Specialised Commissioning. NHS England

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

none

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

Councillor Peter McCabe declared he is the Chief Executive of Headway, the Brain Injury charity.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes were agreed as a true and accurate record of the meeting

4 BUSINESS PLAN UPDATE 2018-2022 (Agenda Item 4)

The Director of Corporate Resources gave an overview of the report stating that it sets out there are savings this year for Community and Housing and Children and Families given they received growth budgets in 2016/17. As a result Corporate Services and Environment and Regeneration are asked to bring their savings forward.

Lyla Adwan-Kamara CEO, Merton Centre for Independent Living (Merton CIL) was invited to address the Panel

The CEO for Merton CIL said she is seeking support of the Panel, last year the budget was re-balanced which was very helpful. In 2018/19 there are proposed savings of £3 million including reducing staffing. There are no impact assessments nor has any consultation been carried out in relation to these savings. She is concerned about the impact on disabled people many of whom already feel that the emphasis is on making savings rather than meeting their individual needs.

The Director of Corporate Resources said the current proposed savings have all had equalities impact assessment. Some will be subject to consultation, depending if they will be taken forward. No firm decisions have been made at this stage.

The Director of Community and Housing reported that the challenges within adult social care are a national issue and well documented, service users are encouraged to contact the Director if they have concerns about their individual care package. The Director will pick up on the two cases mentioned by the Chief Executive of Merton Centre for Independent Living. The Director is currently looking at the adult social care budget and reiterated there are no concrete plans at this stage.

Panel members asked if the savings proposals will change and when the current austerity and cuts to local government funding will come to an end. The Director of Corporate Resources reported that as we have three year budgets, changes and readjustments will take place. There is no indication that the current financial climate will change so we are looking at different ways to reduce the budget gap while protecting services.

5 SERVICES FOR PEOPLE WHO HAVE EXPERIENCED BRAIN INJURY - SOMERSET ADULT SAFEGUARDING BOARD SERIOUS CASE REVIEW. (Agenda Item 5)

This report provided background information on the subject discussed by the Panel.

6 NHS ENGLAND: PROVISION OF SPECIALISED COMMISSIONING NEURO REHABILITATION SERVICES FOR PEOPLE WITH TRAUMATIC BRAIN INJURY. (Agenda Item 6)

The Trauma Programme of Care Manager gave an overview of the report stating that they provide the only physical and mental health integrated pathway in London. There are concerns regarding services for people during the discharge process. There needs to be a more collaborative approach to develop a package of support for an individual.

The Director of Community and Housing reported that to provide a comprehensive response to these issues further discussions need to be held with the council and MCCG and a report will be brought back to the panel for discussion. The Panel welcomed this suggestion.

A panel member asked if 192 beds are enough to manage the demand. The Trauma Programme of Care Manager reported that with improved efficiencies and a better understanding of the service the beds meeting need. The Consultant Neuropsychiatrist reported that traumatic brain injury does not have equity of access to rehabilitation as priority is given to stroke services. There are only 17 beds in the UK for people who have challenging behaviour as a result of brain injury so this is a national issue.

It was reported that we have a specialist outpatient service at the Wolfson and 30% of the patients are from Merton. This is because the borough doesn't have its own specialist psychology team. Some people have difficulty in managing their drug and alcohol addictions alongside their other health issues, the challenge is that this dependency is not recognised as a mental disorder.

RESOLVED

A report from Merton Clinical Commissioning Group on brain injury services including pathways for Merton residents will be brought to a future meeting of the Panel.

7 MERTON ADULT SAFEGUARDING TEAM RESPONSE TO SOMERSET SERIOUS CASE REVIEW - TO FOLLOW. (Agenda Item 7)

The Adult Safeguarding and DOLS Manager gave an overview of the report highlighting that had Tom (from the Somerset Safeguarding review) been a Merton resident he would have been supported under the Care Act which would have included a mental health and carer's assessment. One of the biggest failings of the Somerset Case was lack of co-ordination and communication between statutory agencies. In Merton there is a Community Risk Assessment Conference (CMARAC), this brings agencies together.

Panel members asked if there is enough housing to support rehabilitation and if we are able to identify and support people who may have fallen through the gaps.

The Adult Safeguarding and DOLS Manager reported that we have the opportunity to plan for rehabilitation which helps to identify the appropriate services. The Assistant Director for Adult Social Care added that we have supported housing and reablement housing projects in Merton which support people in this situation. He also reported that although the system is improved under the Care Act it impossible to have a perfect system as it is dependent on people making referrals and community knowledge.

The Director of Community and Housing reported that we need to ensure that the local community understand the term safeguarding and that they can report their concerns to the council.

Panel members asked why Tom was not detained under the Mental Health Act as he had requested and if people with a brain injury are supported by a single named officer in Merton. The Director of Community and Housing said detaining people is

not always the appropriate solution. Tom needed treatment alongside help for his substance misuse. People who have a brain injury are dealt with on an individual basis, and due to the complexity of their issues are likely to be supported by multi-disciplinary teams.

A panel member asked if we have a dedicated number for substance misuse services. The Director of Public Health reported that we have recently re-procured the drug and alcohol service and the new provision will be more accessible than the previous service.

8 WORK PROGRAMME (Agenda Item 8)

The work programme is noted.

The Chair reported that he had written to the DWP on behalf of the Panel to discuss the Personal Independent Payment Process. The DWP responded to say they will be able to respond to questions in writing and provide briefings but they would not be able to respond in person. The chair reported that we will continue to put pressure on the DWP at ministerial level.

The Chief Executive of Merton CiL reported that a freedom of information request had found 77% of appeal cases are overturned in Merton which is above the national average.