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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 2 November 2021

Time: 7.15 pm

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

AGENDA

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Peter McCabe (Chair)
Janice Howard (Vice-Chair)
Nigel Benbow
Pauline Cowper
Mary Curtin
Helena Dollimore
Jenifer Gould
Linda Kirby

Substitute Members:

Hina Bokhari
Joan Henry
David Chung
Andrew Howard
Oonagh Moulton
Dave Ward

Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)
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. For further advice please speak with the Managing Director, South London Legal Partnership.

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.

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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

1 SEPTEMBER 2021

(7.15 pm - 8.46 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair), Councillor Nigel Benbow, Councillor Pauline Cowper, Councillor Mary Curtin, Councillor Helena Dollimore, Councillor Jenifer Gould, Councillor Linda Kirby Councillor Oonagh Moulton and Saleem Sheikh

ALSO PRESENT: Mark Creelman Executive Locality Director Merton and Wandsworth. South West London Clinical Commissioning Group Vanessa Ford, Chief Executive Officer, South West London and St George's Mental Health Trust.

Barry Causer (Public Health Lead for Covid Resilience) and John Morgan (Interim Director, Community & Housing) Stella Akintan, Scrutiny Officer.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Janice Howard and Councillor Oonagh Moulton attended as a substitute. Apologies were also received from Diane Griffin, Co-opted Member.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the meeting held on the 26 April were agreed as a true and accurate record.

4 IMPACT OF COVID-19 IN MERTON - PRESENTATION TO FOLLOW (Agenda Item 4)

The Public Health Lead for Covid Resilience gave an overview of the latest data on the impact of Covid-19 in Merton. It was reported that rates are hovering between 250 and 300 infections per 100,000 residents per week and continued caution must be exercised to prevent rates rising further in the autumn. In response to questions it was reported that:

The approach to smaller pop-up sites will continue to be used by NHS colleagues to target particular groups for vaccination.

Details of the booster programme are due imminently from the Joint Committee on Vaccination and Immunisation.

Measures are being put in place to improve uptake amongst young people and a range of opportunities are being used e.g Young Adult Community Champions and social media to target vaccination messages.

To reduce the risk of Covid at large scale events taking place in Merton over the weekend of the 4/5 September the Working Safety Advisory Group has reviewed the organisers risk assessments and also asked that a Covid Pass or proof of a lateral flow test is presented by all attendees. There will also be a pop-up vaccination clinic on site.

Analysis of the number of deaths, including place of death those who have will be reviewed as part of the wider learning from the pandemic.

National surveillance is in place for variants under investigation and variants of concern with a sample of all positive PCR tests have been sent for sequencing. The Delta variant of concern is the dominant variant in the UK and is far more transmissible than the previously dominant Alpha variant of concern

The Executive Locality Director reported that the Covid booster vaccination will be available to the over 80s and most vulnerable at the end of September.

5 THE DEVELOPMENT OF THE INTEGRATED CARE SYSTEM AND THE IMPLICATIONS FOR MERTON (Agenda Item 5)

The Chief Executive of South West London and St George's Mental Health Trust gave an overview of the report highlighting that the new Integrated Care System (ICS) will be implemented. There is a firm commitment to build on existing partnerships.

In response to questions it was reported that:

For local residents the new ICS will mean that all different aspects of health are seamless with the money and investment following the needs of the health population.

The ICS will aim to improve outcomes and tackle inequalities.

In response to concerns about the restructure of the NHS, the Interim Director of Community and Housing reported that this is an opportunity to do things differently and work in a more integrated way.

The proposals for the East Merton Model of Health are being developed and will be taken forward.

There are no current proposals for funding cuts, the aim is to integrate systems.

Directors and leaders will be able to take on the additional role of managing the ICS because an effective structure will make delivery easier, there is a CCG staffing resource to support the changes.

The Health and Care Bill has a greater emphasis on prevention which will address long term inequalities

Decisions about the allocation of budgets within the new ICS will be taken at place level with place categorised as London Borough of Merton.

As there is little additional money for prevention, this work will be realised through using population data to redirect resources and galvanising the work of the partnership. Projects to support fragile and vulnerable residents and social prescribing are examples where greater partnership working is providing better outcomes for residents.

RESOLVED

The Chair thanked officers for their reports and asked for further updates as the work progresses.

6 CABINET MEMBER PRIORITIES - VERBAL UPDATE (Agenda Item 6)

This item was deferred to the next meeting

7 WORK PROGRAMME 2021-2022 (Agenda Item 7)

The draft work programme was agreed subject to the following:

Request to be made to NHS England for details on current vaccination uptake rates in Merton to determine if this area would benefit from an in-depth task group review.

Chair to speak with the Chair of the Children and Young People Panel to request for the children's immunisation to be considered by this panel

Proposals for the transfer of in-patient renal services from Epsom and St Helier to St Georges Hospital be included in work programme

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 2 November 2021

Wards: ALL

Subject: Draft Business Plan 2022-26

Lead officer: Caroline Holland, Director of Corporate Resources

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel

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

Recommendations:

A. The Panel are asked comment on and discuss the draft Business Plan

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The Director of Corporate Services will provide a verbal update on the latest budget position and discuss any savings in relation to the remit of this Panel. The Draft Business Plan is attached for information.

2 ALTERNATIVE OPTIONS

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. None relating to this covering report

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

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11 BACKGROUND PAPERS

11.1.

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Merton Council

Cabinet

11 October 2021

Supplementary Agenda 2

4 Business Plan

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Cabinet

Date: 11 October 2021

Subject: Draft Business Plan 2022-26

Lead officer: Caroline Holland – Director of Corporate Services

Lead member: Councillor Tobin Byers - Cabinet Member for Finance

Contact Officer: Roger Kershaw

Urgent report:

Reason for urgency: The chairman has approved the submission of this report as a matter of urgency as it provides the latest available information on the Business Plan and Budget 2022/23 and requires consideration of issues relating to the Budget process and Medium Term Financial Strategy 2022-2026. It is important that this consideration is not delayed in order that the Council can work towards a balanced budget at its meeting on 2 March 2022 and set a Council Tax as appropriate for 2022/23.

Recommendations:

1. That Cabinet notes the approach to rolling forward the MTFS for 2022-26.
 - 2 That Cabinet confirm the latest position with regards to savings already in the MTFS
 - 3 That Cabinet agrees the approach to setting a balanced budget using the unmet balance of last year's savings targets as the basis for the setting of targets for 2022-26.
 - 4 That Cabinet agrees the proposed savings targets.
 - 5 That Cabinet agrees the timetable for the Business Plan 2022-26 including the revenue budget 2022/23, the MTFS 2022-26 and the Capital Programme for 2022-26.
 - 6 That Cabinet note the process for the Service Plan 2022-26 and the progress made so far.
-

1. Purpose of report and executive summary

- 1.1 This report presents an initial review of the Medium Term Financial Strategy and updates it for development as part of the business planning process for 2022/23.
- 1.2 The report sets out the approach towards setting a balanced budget for 2022-2026 and a draft timetable for the business planning process for 2022/23. It also proposes initial targets to be met from savings and income over the four year period of the MTFS.

- 1.3 There is an update on the current information relating to the timetable for the Government's Spending Review 2021, and the Government's proposed changes to Business Rates and the Fair Funding Review which have been deferred from previous years.
- 1.4 Given the current high level of uncertainty over a range of factors that have the potential to impact significantly on the MTFS there is a sensitivity analysis of a number of issues including the potential impact across the MTFS period of factors affected by the coronavirus pandemic, and the increasing level of DSG deficit .
- 1.5 Finally, there is an assessment of the potential impact in 2022/23 and possibly beyond, of the coronavirus pandemic which first impacted at the end of the 2019/20 financial year and is still impacting throughout the current financial year.

Details

2. Medium Term Financial Strategy 2022-26

2.1 Background

Council on 3 March 2021 agreed the Budget 2021/22 and MTFS 2021-25. Whilst a balanced budget was set for 2021/22 there was a gap remaining in future years which needs to be addressed, as shown in the following table:-

	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
MTFS gap (cumulative)	3,892	11,476	14,344	17,664

- 2.2 The initial phase of the business planning process is to re-price the MTFS and roll it forward for an additional year. Development of the MTFS in recent budget processes allowed for various scenarios on a range of key variables to be modelled and it is intended to do the same this year and where feasible, to improve the approach to modelling.

Given the scale of the COVID-19 effect, the potential knock-on impact over the MTFS period 2022-26 has been modelled and is included in this analysis.

2.3 Review of Assumptions

The pay and price calculations have been reviewed using the approved budget for 2021/22 as the starting point.

2.3.1 Pay

For 2021/22 the final pay award has not been agreed but provision of 1.5% was included in the MTFS in light of the Chancellor of the Exchequer's announcement in the Spending Review 2020 that as part of the response to the economic impacts of the COVID-19 pandemic, public sector pay will be

“paused” for 2021/22. For the remaining years of the MTFS (2022/23 onwards), pay provision of 1.5% was also included.

In February 2021, unions submitted a pay claim of 10% plus other requirements but on 14 May 2021 the National Employers made a pay offer of 1.5% to the NJC unions. Unions formally rejected the 1.5% offer and requested urgent talks with the employer’s negotiators.

On 27 July 2021, the National Employers made a “final offer” as follows:

- With effect from 1 April 2021, an increase of 2.75 per cent on NJC pay point 1
- With effect from 1 April 2021, an increase of 1.75 per cent on all NJC pay points 2 and above
- Completion of the outstanding work of the joint Term-Time Only review group

The employers also considered non-pay elements of union proposals and hope joint discussions can begin on the basis of the following:-

- A national minimum agreement on homeworking policies for all councils

In response the unions UNISON, GMB and Unite are urging local government employers to rethink their revised pay offer of a 1.75% pay rise (with 2.75% for those on the bottom pay point) for 2021/22 by “awarding an increase that will properly and fairly reward council and school support staff”.

With 1.5% provided for a pay award in 2021/22, if unions accept the 1.75% offer it will require additional budget of c.£0.225m in 2021/22 and future years. (a 1% increase costs c.£0.9m per year).

The impact of a 1.75% pay award in 2021/22 on the MTFS 2022-26 (assuming pay awards of 2% p.a.) are estimated to be:-

(Cumulative)	2022/23	2023/24	2024/25	2025/26
Pay inflation (£000)	230	234	239	244

Pending final agreement of the final pay award for 2021/22, the estimated inflation provision has been revised using the 2021/22 employees budgets. The provision for the pay award is held corporately until the award is finalised and allocations to service departments will then be made. Given the pay pause for 2021/22 and increasing level of inflation it may be difficult to sustain pay inflation of only 1.5% in 2022/23 and 2% may be more realistic albeit still challenging

Provision for Pay Inflation:

(Cumulative £000)	2022/23	2023/24	2024/25	2025/26
Pay inflation (%)	1.5%	1.5%	1.5%	1.5%
MTFS 2021-25 (Council 3/3/21)	1,360	2,720	4,080	5,440
Pay inflation (%)	2.0%	2.0%	2.0%	2.0%
MTFS 2022-26 (Latest)	1,920	3,840	5,760	7,680
Change (cumulative £000)	560	1,120	1,680	2,240

Further details on any progress towards agreeing a pay award for 2021/22, and the impact on the MTFS, will be reported during the Business Planning process as more information becomes available.

2.3.2 Prices

The current assumptions regarding price inflation incorporated into the MTFS are

- 1.5% in each year of the MTFS

The MTFS agreed by Council on 3 March 2021 includes the following provision for price inflation

Provision for Prices Inflation:

	2022/23	2023/24	2024/25	2025/26
Price inflation in MTFS (%)	1.5%	1.5%	1.5%	1.5%
Original MTFS 2021-25 (cumulative £000)	2,109	4,217	6,326	8,434

This has been reviewed using the approved budget for 2021/22 and the latest estimate based on 1.5% price inflation is:-

(Cumulative)	2022/23	2023/24	2024/25	2025/26
Price inflation (%)	1.5%	1.5%	1.5%	1.5%
Revised Estimate (cumulative £000)	2,139	4,278	6,417	8,556

Net change in Pay and Price inflation provision:

The overall change in inflation provision since Council in March 2021 is

(Cumulative) (£000)	2022/23	2023/24	2024/25	2025/26
Latest Inflation estimate	4,259	8,352	12,416	16,480
Original MTFS 2021-25 (Council March 2021)	3,469	6,937	10,406	13,874
Change	790	1,415	2,010	2,606

Current inflation

The Consumer Prices Index (CPI) rose by 3.2% in the 12 months to August 2021, up from 2.0% in July: the increase of 1.2 percentage points is the largest ever recorded increase in the CPI National Statistic 12-month inflation rate series, which began in January 1997; this is likely to be a temporary change. On a monthly basis, CPI increased 0.7% in August 2021, compared with a fall of 0.4% in August 2020.

The largest upward contribution to change is a base effect, because, in part, of discounted restaurant and café prices in August 2020 resulting from the government's Eat Out to Help Out scheme and, to a lesser extent, reductions in Value Added Tax (VAT) across the same sector

The largest upward contribution to the August 2021 CPIH 12-month inflation rate came from transport with further large upward contributions from restaurants and hotels, housing and household services, and recreation and culture. Restaurants and hotels, recreation and culture, and food and non-alcoholic beverages made the largest upward contributions to the change in the CPIH 12-month inflation rate between July and August 2021.

The Consumer Prices Index including owner occupiers' housing costs (CPIH) rose by 3.0% in the 12 months to August 2021, up from 2.1% in the 12 months to July. The RPI rate for August 2021 was 4.8%, which is up from 3.8% in July 2021.

Inflation has been increasing in recent months and is expected to rise to around 4% in the near term, although the Bank of England expect this to drop back to the Government's 2% target after that. It is not proposed to change the provision of 1.5% in the MTFs for price inflation but this will be kept under review going forward during the Business Planning process.

Outlook for inflation:

The Bank of England's Monetary Policy Committee (MPC) sets monetary policy to meet the 2% inflation target and in a way that helps to sustain growth and employment. Previously at a special meeting on 19 March 2020, the Monetary Policy Committee (MPC) unanimously voted to cut interest rates from 0.25% to 0.1% and to increase holdings of UK government and corporate bonds by £200bn in response to the COVID-19 crisis.

At its meeting ending on 22 September 2021, the Committee judged that the existing stance of monetary policy remained appropriate. The MPC voted unanimously to maintain Bank Rate at 0.1%. The Committee voted unanimously for the Bank of England to maintain the stock of sterling non-financial investment-grade corporate bond purchases, financed by the issuance of central bank reserves, at £20 billion. The Committee voted by a majority of 7-2 for the Bank of England to continue with its existing programme of UK government bond purchases, financed by the issuance of central bank reserves, maintaining the target for the stock of these government bond purchases at £875 billion and so the total target stock of asset purchases at £895 billion. The next MPC decision on the Bank Base Rate will be published on 4 November 2021.

The MPC state that “since the August MPC meeting, the pace of recovery of global activity has showed signs of slowing. Against a backdrop of robust goods demand and continuing supply constraints, global inflationary pressures have remained strong and there are some signs that cost pressures may prove more persistent. Some financial market indicators of inflation expectations have risen somewhat, including in the United Kingdom....Uncertainty around the outlook for the labour market has therefore increased. Key questions include how the economy will adjust to the closure of the furlough scheme at the end of September; the extent, impact and duration of any change in unemployment; as well as the degree and persistence of any difficulties in matching available jobs with workers. The Committee will review these, along with other, developments as part of its forthcoming forecast round ahead of the November Monetary Policy Report, which will also include its periodic assessment of the supply side of the economy.”

In terms of the outlook for inflation the MPC say that CPI inflation is expected to rise further temporarily, to slightly above 4% in 2021 Q4, slightly higher than the projection in the August Report. Around half of the near-term projected above-target inflation is expected to be accounted for by elevated energy price inflation. The projected contribution of energy prices from October 2021 reflects a base effect as well as Ofgem’s most recent announced increases in the standard variable tariff caps on retail gas and electricity prices. Spot and forward wholesale gas prices have risen materially since the publication of the August Report, against a backdrop of strong demand and some supply disruption. The MPC say that this “could represent a significant upside risk to the MPC’s inflation projection from April 2022, when Ofgem next updated its retail energy price caps based on the relevant forward contracts, and meant that CPI inflation would remain slightly above 4% into 2022 Q2, all else equal. Core goods inflation was expected to remain above pre-pandemic averages, accounting for most of the remainder of the projected above-target inflation. In contrast to much of the pandemic period, services inflation was expected to rise slightly, to rates close to pre-Covid averages, which in part reflected a continued recovery of activity in consumer-facing services, as well as the tapered rise in VAT on hospitality, holiday accommodation and attractions from October. Most indicators of cost pressures had remained elevated.”

The latest inflation and unemployment forecasts for the UK economy, based on a summary of independent forecasts are set out in the following table:-

Table: Forecasts for the UK Economy

Source: HM Treasury - Forecasts for the UK Economy (September 2021)			
	Lowest %	Highest %	Average %
2021 (Quarter 4)			
CPI	2.1	4.3	3.2
RPI	3.0	5.9	4.6
LFS Unemployment Rate	4.5	5.8	5.3
2022 (Quarter 4)			
CPI	1.3	5.1	2.2
RPI	1.8	6.0	3.2
LFS Unemployment Rate	4.2	6.0	4.8

Note the wide range between highest and lowest forecasts which reflects the volatility and uncertainty arising from COVID-19 and the difficulty of forecasting how the situation will evolve. Clearly where the level of inflation during the year exceeds the amount provided for in the budget, this will put pressure on services to stay within budget and will require effective monitoring and control.

Independent medium-term projections for the calendar years 2021 to 2025 are summarised in the following table:-

Source: HM Treasury - Forecasts for the UK Economy (August 2021)					
	2021	2022	2023	2024	2025
	%	%	%	%	%
CPI	2.2	2.8	2.2	2.1	2.0
RPI	3.2	4.1	3.5	3.2	3.0
LFS Unemployment Rate	5.0	5.0	4.5	4.3	4.2

2.3.3 Provision for Excess Inflation:

There is also a corporate provision of £0.250m per year which is held to assist services that may experience price increases greatly in excess of the 1.5% inflation allowance provided when setting the budget. This will only be released for specific demonstrable demand.

Utilities – Extreme volatility in supply and price

The future supply of gas and electricity with consequential significant increase in wholesale prices is a major concern due to our current contract end dates and it is considered that the provision should be increased by £0.250m to reduce pressure over the MTFS period. This will increase provision in the MTFS to the following:-

	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
Budget in MTFS 2021-25	500	500	500	500

The cash limiting strategy is not without risks but if the Government's 2% target levels of inflation were applied un-damped across the period then the budget gap would increase by c. £2.8m by 2025/26.

2.4 Income

2.4.1 The MTFS does not include any specific provision for inflation on income from fees and charges, as these have now been subsumed into the overall gap and therefore approach to targets. However, in the business planning process for recent years, service departments have been able to identify increased income as part of their savings proposals and increased income currently makes up c.25% of future savings.

2.4.2 It is also the case that the Council's income streams were decimated by COVID-19 in 2020/21 and there is uncertainty about how long it will take to return to pre-COVID19 budgeted levels.

2.5 Forecast of Resources and Local Government Finance Settlement

2.5.1 Background

The ongoing COVID19 pandemic has had a major impact on the Government's financial planning processes and inevitably this will also have implications for local authorities. The main elements of financial planning that impact on local government are summarised as follows:-

a) Spending Review 2021

Due to the pandemic, the Spending Review 2020 was for one year only. This lack of certainty over medium to long term funding makes it extremely difficult to plan going forward and the medium term financial strategy is limited by this constraint.

The Government has announced that it will present an Autumn 2021 budget alongside a Spending Review on 27 October 2021. The Spending Review will set departmental Resource and Capital Departmental Expenditure Limits for 2022/23 to 2024/25, and will reveal much about the future of public services after Covid and how resources will be allocated. It is expected that major decisions will be required that need to address the resilience of public services and how they respond to unforeseen problems such as pandemics, as well as reflecting the government's approach to implementing its policy priorities including the levelling-up agenda, post Brexit impacts on the economy, and funding social care reform.

Details from the Spending Review will form the basis of allocations to local authorities for 2022-25 and beyond as announced in the Local Government Finance Settlement 2022-23. Each year in December, the Ministry of Housing, Communities and Local Government (MHCLG) notifies local authorities of their Provisional Local Government Finance Settlement. The final Settlement figures are published the following January/February but are generally unchanged or very similar to the provisional figures. The total amount of funding available for local authorities is essentially determined by the amount of resources that Central Government has allocated as part of its annual Departmental Expenditure Limit.

Fair Funding Review

Central government funding for local authorities is based on an assessment of its relative needs and resources. The overarching methodology that determines how much funding each authority receives each year was introduced over ten years ago and has not been updated since funding baselines were set at the start of the 50 per cent business rates retention scheme in 2013/14. As advised previously, the government is therefore undertaking the Fair Funding Review to update the needs formula and set new funding baselines for the start of the new 75 per cent business rates retention scheme. This was delayed from 2019 to 2020 due to Brexit and delayed until 2022 due to Covid-19.

The MTFS included an adjustment of £3m from 2022/23 on the prudent assumption that the Fair Funding Review and potential Brexit effect including the implementation of the levelling up agenda, would result in a net loss of funding.

There is still a great deal of uncertainty surrounding the timing of several key revisions which impact on local government funding:-

- Fair Funding Review
- 75% Business Rates Retention
- Business Rates Revaluation – currently planned for 2023.

Progress will be reported as part of the Business Planning process. At this stage it is not anticipated that there will be news on funding until the Autumn with no specific funding allocations announced until the Provisional Local Government Settlement 2022/23, probably around mid December 2021 at the earliest.

2.6.2 The current level of resources included in the draft MTFS 2022-26 as agreed by Council in March 2021 is as follows:-

DRAFT MTFS 2022-26:				
	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000
Revenue Support Grant	0	0	0	0
*Business Rates (inc. Section 31 grant)	*(39,573)	*(40,424)	*(41,292)	*(42,178)
Adult Social Care Grants inc. BCF	(4,862)	(4,862)	(4,862)	(4,862)
Social Care Grant	(3,160)	(3,550)	(3,550)	(3,550)
PFI Grant	(4,797)	(4,797)	(4,797)	(4,797)
New Homes Bonus	(500)	(500)	(500)	(500)
Corporate Funding in the MTFS	(52,892)	(54,133)	(55,001)	(55,887)

* Net of £3m adjustment for Fair Funding Review and Spending Review 2021 potential effect.

These figures currently assume the London Business Rates pool is not reintroduced in 2022/23 as this has now been agreed by London leaders and that Merton's funding is at the "No Worse Off " safety net level. It assumes that there is an annual 2% uplift for CPI inflation to the Business Rate multiplier. Funding levels have been netted down by £3m p.a. from 2022/23 to reflect the potential loss of funding (government grant and business rates) arising from the potential ongoing economic impact of COVID-19 and Brexit, and the potential redistribution of resources away from London which could result from the Government's Fair Funding Review and Spending Review 2021 and the levelling up agenda.

The Government's latest proposal is to allow local authorities to retain 75% of their Business Rates income but this has been deferred until 2022/23 and it is uncertain whether implementation of this proposal will be further deferred, particularly as there is uncertainty as to whether business rates should be a source of funding going forward.

Updates will be provided in future reports as part of the Business Planning process.

2.6.4 Social Care Funding

a) Children's Social Care

The CSF department received £3.847m growth for 2020/21. £1.756m was allocated across Children's Social Care and £2.091m across Education. Despite an increasing population and the pressures that Covid-19 has presented to many parts of the Children's Social Care system, Merton has managed to hold steady the number of children in care. The impact of the lockdown on children and families is emerging in increased safeguarding referrals and hold ups in the family courts meaning that some children's plans cannot be progressed. This has significantly increased the number of children with child protection plans open to the service, which is putting pressure on social worker's caseloads. Additional agency social workers have been brought in to assist with this pressure.

There was a favourable variance of £0.908m in Child Social Care and Youth Inclusion in 2020/21

	Budget 2020/21 £000	Outturn 2020/21 £000	Variance 2020/21 £000
Child social Care and Youth Inclusion	21,658	20,750	-908
<u>Main reasons for Variance</u>			
Asylum Seeker Costs (ART)			-738
Children Central Social Work Service			-296
Mash and Child Protection Service			144

In the current year, Child social Care and Youth Inclusion is forecasting an unfavourable variance of £0.373m (including Covid-19 impact of £0.440m) in 2021/22 as at August 2021.

SEN Transport

In 2020/21 the SEN & Disability Integrated Service had a favourable variance of £1.306m. The principle reason for the favourable variance in this area relates to SEN transport and is a direct consequence of schools and colleges being closed or partially closed due to Covid during the year meaning that children and young people did not need to be transported during these periods.

b) Adult Social Care

There was a favourable variance of £2.947m in Adult Social Care and Youth Inclusion in 2020/21

	2020/21 Current Budget £'000	2020/21 Outturn March 2021 £'000	2020/21 Outturn Variance March 2021 £'000
Adult Social Care	59,056	56,109	(2,947)

In the current year, Adult Social Care is forecasting a favourable variance of £1.533m (including Covid-19 impact of £0.899m) in 2021/22 as at August 2021.

On 7 September 2021, the Prime Minister announced plans to reform how people pay for adult social care in England, which will be funded through a new Health and Social Care Levy. The Levy is to be based on National Insurance contributions (NICs). From 2023 the Levy will be legislatively separate, and will also apply to individuals working above State Pension age, who are not liable to pay NICs on their earnings at present. The Government

also plans to increase the rates of income tax that apply to income from dividends, to help to fund these plans. The funds from the levy will be ringfenced to fund investment in health and social care set out in the policy paper, “Build Back Better: Our plan for health and social care”.

The proposed reforms will be supported by an investment of £5.4 billion over the next three years.

The proposed reforms

From October 2023, the Government plans to introduce a new £86,000 cap on the amount anyone in England will have to spend on their personal care over their lifetime. The cap will apply irrespective of a person’s age or income. It is expected that the cap will be based on the framework provided for by the Care Act 2014. Under this framework, only money spent on meeting a person’s personal care needs count towards the cap. Spending on daily living costs (or what are commonly referred to as “hotel costs” in a care home) do not count towards the cap. In addition, from October 2023, the Government proposes to make the means test for accessing local authority funding support more generous. This includes increasing the upper capital limit (the threshold above which somebody is not eligible for local authority support towards their social care costs) from £23,250 to £100,000. The policy paper also sets out a number of other proposed changes to how people pay for social care, and says that that the Government will publish a white paper on adult social care later in 2021, focusing on wider system reform. The Government will also invest at least £500 million in measures over three years to provide support in professionalising and developing the social care workforce; fund mental health wellbeing resources; and improve recruitment and support.

The 2021/22 Local Government Finance Settlement was for one year only. However, based on indications from the Government that sufficient funding for social care would be provided in future years, the following social care funding was included in the MTFs:-

	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
Adult Social Care Grants inc. BCF	(4,862)	(4,862)	(4,862)	(4,862)
Social Care Grant	(3,160)	(3,550)	(3,550)	(3,550)
<u>Adult Social Care Council Tax Flexibility:</u>				
3% in 2017/18	(2,454)	(2,454)	(2,454)	(2,454)
1% in 2018/19	(842)	(842)	(842)	(842)
2% in 2019/20	(1,739)	(1,739)	(1,739)	(1,739)
2% in 2020/21	(1,823)	(1,823)	(1,823)	(1,823)
3% in 2021/22	(2,843)	(2,843)	(2,843)	(2,843)
TOTAL	(17,723)	(18,113)	(18,113)	(18,113)

Following the Government's recent announcements on health and social care, and the impending Autumn budget 2021 and Spending Review 2022-25 due on 27 October 2021, the implications for local government funding will be presented in future Business Plan reports as and when more details are available.

In addition to the funding set out in the table above, there is also an Adult Social Care Grants Reserve which has been formed to enable the service to plan more strategically over the longer term. As at 31 March 2021 the balance on the reserve was £3.825m.

2.6.5 Business Rates - Update

As previously reported, due to uncertainty arising from COVID-19, the London Business Rates pool was discontinued for 2021/22 and now agreed for 2022/23. There is still lack of clarification about whether there will be changes to Business Rates and the revaluation has been delayed until 2023.

Clearly, business rates have been severely impacted by COVID-19 and there is uncertainty about how long it will take business rates as a source of local government finance to return to pre-COVID levels. Updates will be provided as the Business Plan process develops.

2.7 **Council Tax and Collection Fund**

2.7.1 Council Tax

The Council Tax income forecast in the current MTFS agreed by Council in March 2020 assumes that the Council Tax Base will increase by 0.5% per year with a collection rate 98.0% in 2022/23 and 98.75% thereafter. It also assumes the following changes in Council Tax over the MTFS period:-

	2022/23 %	2023/24 %	2024/25 %	2025/26 %
Council Tax increase - General	2.0%	2.0%	2.0%	2.0%
Council Tax increase – ASC*	0%	0%	0%	0%

* Currently no provision to be able to levy an ASC charge but if allowed has no impact on the MTFS gap

On the basis of these assumptions the Council Tax income included over the period of the MTFS is:-

(Cumulative figures exc. WPCC)	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Council Tax - No change in rate	100,942	102,131	102,553	102,980
Council Tax – General (2%)	2,019	4,085	6,153	8,238
Council Tax income	102,961	106,216	108,706	111,218

The Council Tax Referendum Principles for 2022/23 will not be known until the Provisional Local Government Finance Settlement for 2022/23 is

announced, usually around mid-December although the Spending Review 2021 in the Autumn may signpost the Government's intentions.

Clearly, COVID-19 has had a major impact on council tax collection rates in 2020/21 and some impact has continued into 2021/22. There are several main issues that need to be considered when formulating a council tax strategy for the MTFS period 2022-26:-

- i) To what extent will COVID-19 continue to have an impact on collection rates?
- ii) Will the Government revise the referendum principles to enable Councils to set higher council tax levels as part as a move towards balancing budgets from local taxation?
- iii) What impact has COVID-19 had on the level on collection rates in 2021/22 and therefore what level of budget deficit relating to council tax will it be necessary to fund in 2022/23 ? (This will be reflected in a Collection Fund deficit as at 31 March 2022)

The Council Tax Base will be updated later in the year following the return of the Government's CTB statistical return, usually in October, which is based on properties on the valuation list in September. The collection rate will impact on the council tax base.

2.7.2 Collection Fund

In the MTFS approved by Council on 3 March 2021, the shares to preceptors of the collection surplus/deficit for Council Tax and NNDR based on the estimated Collection Fund balance at 31 March 2021 are summarised in the following table:-

	Estimated surplus/ (deficit) as at 31/03/21	Estimated surplus/ (deficit) as at 31/03/21	Total surplus/ (deficit) as at 31/03/21
	Council Tax	NNDR	
	£000	£000	£000
Central Government	N/A	(14,791)	(14,791)
GLA	(711)	(16,587)	(17,298)
Merton	(2,743)	(13,389)	(16,132)
Total	(3,454)	(44,767)	(48,221)

2.7.3 Merton's share of the surplus for council tax and NNDR were built into the MTFS agreed by Council in March 2020.

2.7.4 Since then, the Council has produced its draft 2020/21 accounts as at 31 March 2021 which are currently being audited. The draft accounts for 2020/21 include the following surplus/deficit for Council Tax and NNDR as at 31 March 2021

	Surplus/ (deficit) as at 31/03/21 Outturn	Surplus/ (deficit) as at 31/03/21 Outturn	Total surplus/ (deficit) as at 31/03/21
	Council Tax £000	NNDR £000	£000
Central Government	N/A	(16,385)	(16,385)
GLA	(380)	(18,376)	(18,756)
Merton	(1,595)	(14,842)	(16,437)
Total	(1,975)	(49,603)	(51,578)

2.7.5 The overall change in shares of surpluses/deficits is:-

	Surplus/ (deficit) as at 31/03/21	Surplus/ (deficit) as at 31/03/21	Total surplus/ (deficit) as at 31/03/21
	Council Tax £000	NNDR £000	£000
Central Government	N/A	(1,594)	(1,594)
GLA	331	(1,789)	(1,458)
Merton	1,148	(1,453)	(305)
Total	1,479	(4,836)	(3,357)

2.7.6 The net change in Merton's share of the surplus/deficit is therefore:-

	Estimated Surplus/ (deficit) as at 31/03/21	Outturn Surplus/ (deficit) as at 31/03/21	Surplus/ (deficit) as at 31/03/21 Change
	£000	£000	£000
Council Tax	(2,743)	(1,595)	1,148
NNDR	(13,389)	(14,842)	(1,453)
Total	(16,132)	(16,437)	(305)

2.7.7 There is no change to the surplus/deficit figures agreed for 2021/22 as all variations are managed via the Collection Fund. However, the net deficit of £0.305m will need to be taken into account when calculating the Merton General Fund's share of any surplus/deficit due to/from the Collection Fund in 2022/23.

2.7.8 The calculation of the estimated surplus/deficit on the Collection Fund as at 31 March 2022 will be made later in the budget process when key variables are firmed up and council tax base and NNDR returns have been completed. Until this time, the increase in the net surplus carried forward from 2020/21 of £0.305m will be included in the draft MTFS for 2022/23.

2.7.9 COVID-19: Implications for the Collection Fund

On 2 July 2020 the Minister for Regional Growth and Local Government wrote to Councils setting out a range of further proposals to support local authorities. This included phased repayment of Collection Fund deficits over the next 3 years. The net impact on the MTFs is estimated to be as follows:-

Change in Collection Fund (Deficit)/Surplus	2022/23 Estimate £'000	2023/24 Estimate £'000	2024/25 Estimate £'000	2025/26 Estimate £'000	Total £'000
Council Tax Surplus	574	574	0	0	1,148
NNDR (Deficit)	(727)	(726)	0	0	(1,453)
Change	(153)	(152)	0	0	(305)

2.8 Capital Programme 2022-26 and implications for Treasury Management: Capital Financing Costs and Investment income

2.8.1 Council in March 2021 approved the following Capital Programme for 2020-25:-

Capital Expenditure	2020/21	2021/22	2022/23	2023/24	2024/25
	Estimate	Estimate	Estimate	Estimate	Estimate
	£'000	£'000	£'000	£'000	£'000
Capital Expenditure	21,346	40,795	17,719	15,413	21,238
Slippage and Underspends	(4,229)	(4,215)	1,450	(475)	602
Total Capital Expenditure *	17,117	36,580	19,169	14,938	21,840
Financed by:					
Capital Receipts	3,623	900	900	900	900
Capital Grants & Contributions	12,600	21,887	10,489	4,565	3,624
Revenue Provisions	894	3,729	37	57	55
Net financing need for the year	0	10,064	7,743	9,416	17,261

*Includes Multi-Function Devices finance lease.

2.8.2 Since the capital programme was approved by Council in March 2021 and the revenue implications built into the MTFs, there have been a number of amendments arising from outturn 2020/21, monthly monitoring and a review by project managers. There has been a great deal of effort made to ensure that the capital programme set is realistic, affordable and achievable within the capacity available. This has been accompanied by improved financial monitoring and modelling of the programme's costs over the period of the MTFs which has enabled the budgets for capital financing costs to be reduced and therefore scarce resources to be utilised more effectively.

2.8.3 It is important to ensure that the revenue and capital budgets are integrated and not considered in isolation. The revenue implications of capital expenditure can quickly grow if the capital programme is not contained within

the Council's capacity to fund it over the longer term. For example, assuming external borrowing, the capital financing costs of funding £1m (on longer-life assets and short-life assets financed in 2021/22) for the next four years of the MTFS would be approximately:-

Capital financing costs of £1m over the MTFS period	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
Longer life Assets	10	60	60	60
Short-life assets	10	220	220	220

2.8.4 Following the closing and preparation of final accounts for 2020/21, the level of slippage required from 2020/21 and the re-profiling of schemes over the programming period has been undertaken to ensure that the level of capital budget is aligned with the Council's capacity to deliver it. The Table below shows estimated outturn position as at August 2021:

Capital Programme based on outturn 2020/21, August monitoring and No Bids

Capital Expenditure	2021/22 Estimate £000	2022/23 Estimate £000	2023/24 Estimate £000's	2024/25 Estimate £000's	2025/26 Estimate £000's
Capital Expenditure	37,576	23,864	15,815	22,905	15,978
Slippage and Underspends	(11,294)	2,353	1,598	(1,893)	1,801
Total Capital Expenditure *	26,282	26,218	17,413	21,012	17,779
Financed by:					
Capital Receipts *	1,351	900	900	900	0
Capital Grants & Contributions	18,155	15,324	6,417	3,454	3,439
Revenue Provisions	3,615	141	60	55	30
Net financing need for the year	3,161	9,853	10,036	16,603	14,310

*Includes Multi-Function Devices finance lease.

2.8.5 During the Summer/early Autumn 2021 key capital schemes were identified and progressed as part of the annual bidding process in the Business Planning Process. The draft overall summary of the capital programme including all draft new bids is set out in the following table:-

Capital Programme based on outturn 2020/21, August monitoring and All Bids

Capital Expenditure	2021/22 Estimate £000	2022/23 Estimate £000	2023/24 Estimate £000's	2024/25 Estimate £000's	2025/26 Estimate £000's
Capital Expenditure	38,614	28,870	19,640	26,765	29,138
Slippage and Underspends	(11,605)	1,466	1,608	(2,115)	1,554
Total Capital Expenditure *	27,009	30,336	21,248	24,650	30,692
Financed by:					
Capital Receipts *	1,351	900	900	900	0
Capital Grants & Contributions	18,571	19,437	9,460	5,701	4,212
Revenue Provisions	3,615	141	60	55	30
Net financing need for the year	3,472	9,858	13,828	17,994	26,450

*Includes Multi-Function Devices finance lease.

2.8.6 The capital financing costs of the Capital Programme 2022-26 excluding new bids and including new bids compared to the current provision included in the MTFS is summarised in the table below:-

CAPITAL FINANCING COSTS: KEY OUTPUTS	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s
MTFS Approved by Council in March 2021	11,946	12,358	13,382	14,333
Revised Programme including slippage excluding new bids	11,228	12,115	13,118	13,770
Change in capital financing costs due to outturn & slippage	(718)	(243)	(264)	(563)

CAPITAL FINANCING COSTS: KEY OUTPUTS	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s
Revised Programme including slippage excluding new bids	11,228	12,115	13,118	13,770
Revised Programme including slippage including new bids	11,245	12,101	13,215	14,140
Change in capital financing costs due to new bids	17	(14)	97	370

CAPITAL FINANCING COSTS: KEY OUTPUTS	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s
Change in capital financing costs due to outturn & slippage	(718)	(243)	(264)	(563)
Change in capital financing costs due to new bids	17	(14)	97	370
Total Change due to outturn, slippage & new bids	(701)	(257)	(167)	(193)

2.8.7 The capital programme will be continually reviewed throughout the financial year and further details including options around financing will be included in future reports as appropriate.

2.8.8 The level, profiling and funding strategy used for the capital programme will have a significant revenue impact that needs to be incorporated into the MTFS.

2.8.9 Investment Income

There are two key factors that impact on the level of investment income that the Council can generate:-

- The amount invested
- The interest rate that is achieved

COVID-19 has inevitably impacted on both of these factors. The level of resources available for investment may diminish more quickly as the need to draw on reserves to meet financial pressures created by the pandemic increases. At the same time, although interest rates are at historic low levels as the Bank of England alongside international banking institutions have cut interest base rates as part of their economic measures to protect their economies indications are that inflationary pressures may lead to an increase in rates later in this financial year and next.

Based on latest information, the projected levels of investment income, have been revised. The following table show the latest projections compared with the amounts included in the MTFS approved by Council in March 2021:-

Investment Income	2022/23 Estimate £'000	2023/24 Estimate £'000	2024/25 Estimate £'000	2025/26 Estimate £'000
MTFS (Council March 2021)	(347)	(327)	(323)	(323)
Latest projections	(385)	(343)	(323)	(323)
Change	(38)	(17)	0	0

Currently in the monthly monitoring report for August 2021 it is forecast that investment income will be £0.430m which is a favourable variance of £0.043m against the budgeted level of £0.387m.

2.9 Reserves – Review of Earmarked Reserves

2.9.1 Reserve for Use in Future Year’s Budgets

The Business Plan and MTFS for 2021-25 approved by Council on 3 March 2021 forecast that a contribution of £5.472m would be required in 2021/22 with the balance of £7.255m applied in 2022/23.

Following the final accounts process for 2020/21 (subject to audit), it was possible to increase the Reserve for use in Future Year’s Budgets, mainly because of the underspend in 2020/21, and as a result the balance (subject to audit) on the Reserve as at 31 March 2021, excluding the contribution set

aside for 2021/22 of £5.472m is £8.378m. This means that there is c. £1.1m more available to balance the budget over the MTFS period.

The reserve will be applied over the period of the MTFS to reduce the budget gap and enable longer term, strategic management of the budget.

It should be recognised that the use of reserves is a one-off form of funding and alternative ongoing savings would need to be identified to address the budget gap over the long-term.

2.9.2 Review of Earmarked Reserves

The use and availability of Reserves is monitored throughout the year as part of the monthly monitoring process. This will receive even greater attention over 2021/22 as the implications of COVID-19 are unwound.

It should be recognised that reserves are a one-off source of funding and should not be used to fund ongoing expenditure commitments.

2.10 **Review of Outturn 2020/21 and Current Budget and Spending 2021/22**

2.10.1 There may be issues identified during the final accounts process and from monthly monitoring, elsewhere on this agenda, that have on-going financial implications which need to be addressed in setting the budget for 2022-26.

2.10.2 Monitoring 2021/22

At period 5 to 31 August 2021 the year end forecast is a net £6.461m unfavourable variance compared to the current budget. This consists of a net favourable variance of £2.773m excluding COVID-19 and unfavourable variance of £9.234m from COVID-19:-

	Non COVID-19 £000	COVID-19 £000	Total £000
CS	391	1,017	1,408
CSF	(394)	714	320
E&R	(1,316)	5,495	4,179
C&H	(2,152)	1,070	(1,082)
Sub-total	(3,471)	8,296	4,825
Corporate	698	938	1,636
Total	(2,773)	9,234	6,461

The main reasons for the non-Covid variance based on August 2021 monitoring are:-

- a) Corporate Services: Infrastructure and Technology, Human Resources, Resources, Other Corporate budgets (Housing Benefits Rent Allowances)

- b) Children's, Schools and Families: Child Social Care and Youth /inclusion, cross department and PFI Unitary Costs. Although a DSG deficit has to be charged to the Schools balance reflecting that a cumulative overspend has been borrowed against future year school allocations, based on August 2021 monitoring, DSG funded services are forecasting an overspend of £12.357m. The DSG Adjustment Account (an unusable reserve) had a cumulative overspend of £24.981m at the end of 2020/21 and this will increase it to c.£37.3m.
- c) Environment and Regeneration: Public Protection (Regularity Services, Parking), Public Space (Waste, Leisure and Culture), Sustainable Communities (Building and development Control, Future Merton)
- d) Community and Housing: Adult Social Care, Library and Heritage, housing General Fund

2.10.3 COVID-19

Hopefully the pandemic is being overcome as the level of vaccinations is increasing and the costs and impact on society in general and council services in particular will be largely reaching a conclusion in 2021/22. However, this is not certain at the present time and there will be some impact carried over to the MTFS 2022-26 period. At the same time there will inevitably need to be some changes to how the Council delivers some services and some of the most affected services, particularly those to vulnerable groups will need to be reviewed.

2.10.4 Savings not achieved

As shown in the following tables, the budget monitoring report for July indicates that some savings assumed in the MTFS will not be achieved in 2021/22 and there is an ongoing shortfall in 2022/23.

Department	Target Savings 2021/22	Projected Savings 2021/22	Period 5 Forecast Shortfall	Period Forecast Shortfall (P5)	2022/23 Expected Shortfall
	£000	£000	£000	%	£000
Corporate Services	1,322	1,090	232	17.5%	95
Children Schools and Families	1,460	410	1,050	71.9%	400
Community and Housing	2,541	1,557	984	38.7%	860
Environment and Regeneration	1,580	205	1,375	87.0%	750
Total	6,903	3,262	3,641	52.7%	2,105

Department	Target Savings 2020/21	Shortfall 2020/21	Projected Shortfall 2021/22 (July)	Projected Shortfall 2022/23 (July)
	£000	£000	£000	£000
Corporate Services	2,718	883	213	658
Children Schools and Families	2,969	664	500	0
Community and Housing	2,460	128	128	128
Environment and Regeneration	3,927	3,373	2,837	0
Total	12,074	5,048	3,678	786

Monitoring of the delivery of savings is important and it is essential to recognise as quickly as possible where circumstances change and savings previously agreed are either not achievable in full or in part or are delayed. If this is the case, departments will need to identify replacement savings from elsewhere within their overall budgets. If it is not possible to find replacements, if any of the savings included in the MTFs approved by Council in March 2021 are not achieved this will result in an increase in the budget gap and increase pressure on services. The projected shortfall in savings of c. £2.8m in 2022/23 will add to the budget gap and make it more difficult to achieve the balanced budget that is a statutory requirement.

2.10.5 Growth

The MTFs included some growth for services and also as provision for the ongoing and growing DSG deficit.

General growth:

Cumulative growth MTFs (Council March 2021)	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Children's General Fund pressures	384	774	774	774
Replenish Reserves	1,478	1,478	1,478	1,478
System Support Costs (Office 365)	900	900	900	900
Internal Review	1,100	1,100	1,100	1,100
Cumulative growth	3,862	4,252	4,252	4,252

New General Growth

Cumulative growth	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Pensions provision - Croydon	130	130	130	130
Disaster recovery	80	80	80	80
Pension Fund – Triennial Revaluation	0	TBA	TBA	TBA
Your Merton +	TBA	TBA	TBA	TBA
E&R Pressures	909	909	909	909
Climate Change (top-up of reserve)	0	0	450	0
Employer’s NI for Social Care *	988	1,008	1,028	1,049
Total	2,107	2,127	2,597	2,168

* Pending clarification of how Merton would be reimbursed

+ will be presented to a future Cabinet meeting

Schools Funding - Dedicated School Grant

This is a national issue and one that it will be difficult for the Government to ignore. Further updates will be provided throughout the Business Planning process to ensure that if no additional funding is forthcoming from Government, then the impact of this important issue is properly reflected in the Medium Term Financial Strategy and budget setting process, with the resulting impact on General Fund services and Council Tax payers.

In 2020/21 DSG funded services overspent by £12.231m. This has been appropriated to the DSG Adjustment Account, which is an unusable reserve, subject to the statutory override, and, including the deficit brought forward from 2019/20 of £12.750m, the deficit on the reserve carried forward as at 31 March 2021 has increased to £24.981m. Whilst the DSG deficit has been treated in accordance with regulations there has been no clarity from Government as to how this will be funded in the longer term. The size of the deficit is increasing year on year and without further Government support will continue to grow. Merton has been selected as one of the LAs to take part in the ‘safety valve’ intervention programme with the DfE as it has one of the highest percentage deficits in the country as at the end of 2020/21. The programme aims to agree a package of reform to our high needs system that will bring the DSG deficit under control. Merton has confirmed participation in this programme and are providing a draft updated plan to the DfE.

In order to adopt a prudent approach to managing the deficit, provision has been Included within the MTFs 2021-25 on the assumption that the Council will provide for 100% of the deficit up to 2020/21 and 50% thereafter.

Cumulative growth MTFS (Council March 2021)	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Proposed Growth to contribute to DSG Deficit	10,543	11,628	12,714	13,799

3. Re-priced MTFS 2022-26

3.1 As indicated in the report, there have been a number of changes to information and data to factors which impact on the Council's MTFS and budget gap.

3.2 The net result of making these adjustments is to amend the forecast budget gap to the following:-

(cumulative)	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
MTFS Gap (Council March 2021)	3,892	11,476	14,344	17,664
- Inflation reprice - Pay	80	159	240	320
- Inflation reprice - Prices	30	62	91	122
- Increase pay provision 1.5% to 2.0%	480	960	1,440	1,920
- Pay award of 1.75% in 2021/22	230	234	239	244
- Capital financing charges August monitoring No Bids	(757)	(260)	(264)	(563)
- Capital financing charges August monitoring including Bids	18	(13)	97	370
- Collection fund deficit revised for 20/21 outturn	153	152	0	0
Adjustment to loss of income estimate	(995)	(470)	0	0
Savings not achieved	3,641	900	325	325
Employers NI for social Care (worst case scenario)	988	1,008	1,028	1,049
E&R pressures	909	909	909	909
Provision for Excess Inflation - Increase for utilities	250	250	250	250
Price inflation 2.5% in 2022/23, 1.5% thereafter	1,427	1,427	1,426	1,426
Croydon - Pensions addition	130	130	130	130
Disaster recovery	80	80	80	80
Pension Fund triennial Revaluation (due 2023/24)	0	TBA	TBA	TBA
Your Merton (to be advised to a later Cabinet)	TBA	TBA	TBA	TBA
Climate Change (Top-up of reserve)	0	0	450	0
Change in Balancing the Budget Reserve	(9,381)	0	0	0
Revised MTFS Gap 2022-26	1,175	17,004	20,785	24,246

3.3 There has been a substantial improvement in the council's strategic approach to business planning in recent years and it is important that this is maintained. Planning should be targeted towards the achievement of a balanced budget over the four year MTFS period.

- 3.4 Progress made in recent years in identifying savings over the whole period of the MTFs has reduced pressure on services to make short-term, non-strategic cuts. However, because of the COVID-19 pandemic and DSG Deficit issue there is still likely to be a sizeable gap over the four year period.
- 3.5 However, whilst recognising the great level of uncertainty about future costs and funding, it is still necessary to forward plan and set savings targets aimed at eliminating this gap on an ongoing basis.

4. Approach to Setting a Balanced Budget

4.1 This is the initial report on the business planning process for 2022/23 and there is a great deal of work to be done.

4.2 Savings Targets for 2022-26

4.2.1 In previous years the approach to setting savings targets for departments for the Business Planning process has been based on using controllable budgets and aimed to protect front-line services and services to the vulnerable in line with the 'July principles'. Weightings for each department; Corporate Services, Environment and Regeneration, Community and Housing, and Children, Schools and Families in the ratio (100%) : (100%) : (67%) : (50%), were applied to reduce the impact on Adult Social Care, Children's Social Care and vulnerable groups. The targets set also took into account the level to which departments had achieved savings against targets set for previous years. The balance of unachieved savings targets from last year's business planning process are summarised below:-

	Targets £'000	Proposals £'000	Balance £'000
Corporate Services	3,558	973	2,585
Children, Schools & Families	2,518	850	1,668
Environment & Regeneration	5,885	1,084	4,801
Community & Housing	7,707	1,530	6,177
Total	19,668	4,437	15,231

4.2.2 It is proposed that the savings targets for 2022-2025 are based entirely on each service department's controllable budgets for 2021/22 which are as follows:-

DEPARTMENTAL SAVINGS TARGETS USING 2021/22 CONTROLLABLE BUDGETS	Controllable Expenditure 2021/22 £000	Weighting by dept. No.	Weighted Controllable £000	Weighted Controllable %
Corporate Services	25,612	1.50	38,418	21.7%
Children, Schools and Families	34,652	0.75	25,989	14.7%
Environment and Regeneration	35,591	1.50	53,387	30.2%
Community and Housing	59,098	1.00	59,098	33.4%
Total	154,953		176,891	100%

4.2.3 Savings targets to address the revised gap on the MTFs are then calculated using the latest controllable budgets:-

SAVINGS TARGETS BY DEPARTMENT	Allocation using controllable budgets £000
Corporate Services	5,266
Children, Schools and Families	3,562
Environment and Regeneration	7,318
Community and Housing	8,100
Total	24,246

SAVINGS TARGETS BY DEPARTMENT	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	Total £000
Corporate Services	255	3,438	821	752	5,266
Children, Schools and Families	173	2,326	556	508	3,562
Environment and Regeneration	355	4,777	1,141	1,045	7,318
Community and Housing	393	5,288	1,263	1,156	8,100
Total	1,175	15,829	3,781	3,461	24,246
Total (cumulative)	1,175	17,004	20,785	24,246	

5. Service Planning for 2022-26

5.1 The pilot Service planning process for 2022-26 will be launched in August 2021. A plan has been created for each council service. These plans describe

what the service does, its plans for the future linked to the Modernising Merton Programme, its key performance indicators and how its plans will take place within the budget.

5.2 These will be reported to Cabinet and scrutiny.

6. Alternative Options

6.1 The range of options available to the Council relating to the Business Plan 2022-26 and for setting a balanced revenue budget and fully financed capital programme will be presented in reports to Cabinet and Council in accordance with the agreed timetable which is set out in Appendix 1.

7. Consultation Undertaken or Proposed

7.1 All relevant bodies have been consulted.

8. Timetable

8.1 In accordance with current financial reporting timetables.

8.2 A chart setting out the proposed timetable for developing the business plan and service plans is provided as Appendix 1.

9. Financial, resource and property implications

9.1 As contained in the body of the report.

10. Legal and statutory implications

10.1 As outlined in the report.

11. Human rights, equalities and community cohesion implications

11.1 None for the purposes of this report, these will be dealt with as the budget is developed for 2022 – 2026.

12. Crime and Disorder Implications

12.1 Not applicable.

13. Risk Management and health and safety implications

13.1 There is a specific key strategic risk for the Business Plan, which is monitored in line with the corporate risk monitoring timetable.

14. Appendices – The following documents are to be published with this Report and form part of the Report.

Appendix 1 – Business Plan and Service Planning Timetable 2022-26
Appendix 2 – Revised MTFS Gap

15. Background Papers

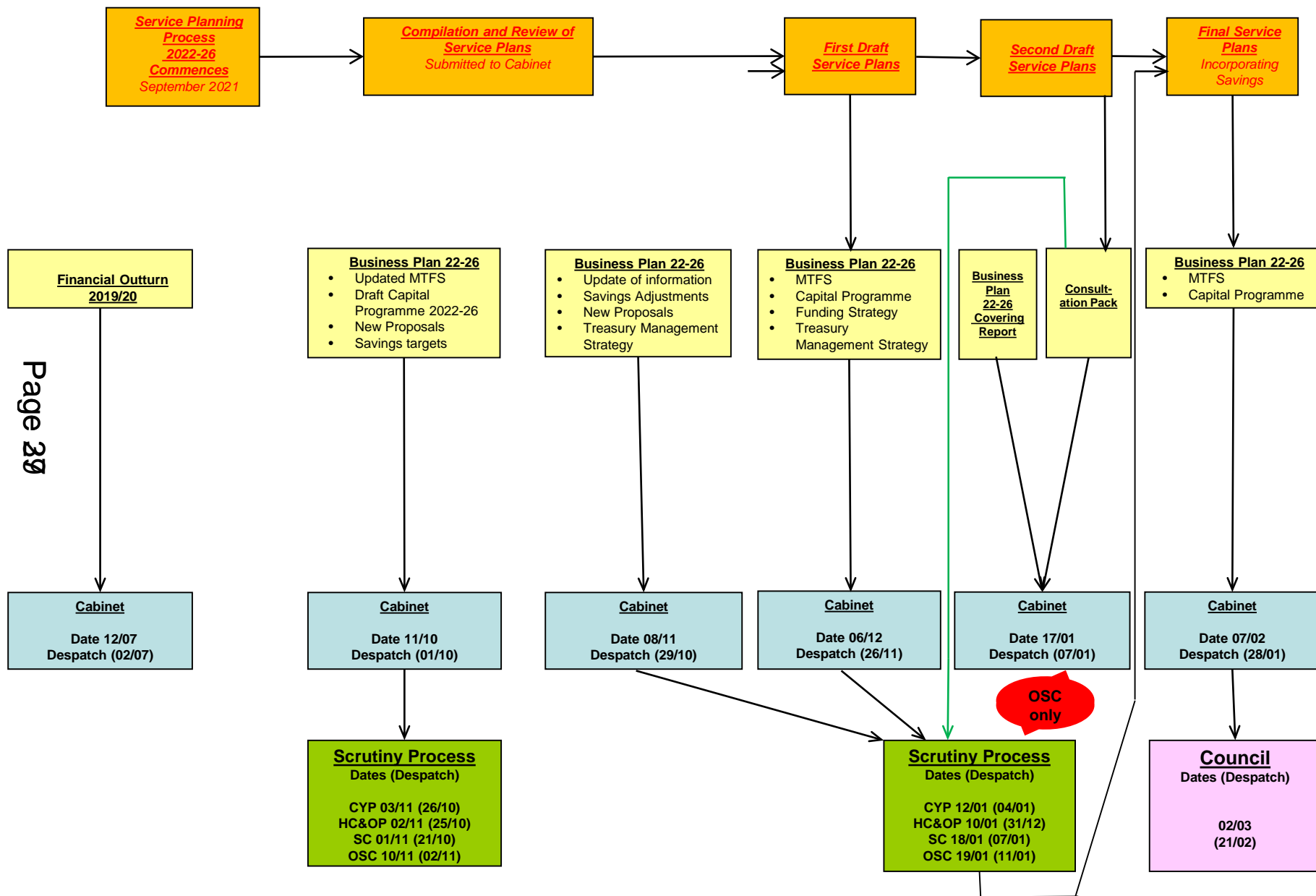
15.1 The following documents have been relied on in drawing up this report but do not form part of the report:

2020/21 Budgetary Control and Final Accounts Working Papers in the Corporate Services Department.
2021/22 Budget Monitoring working papers
MTFS working papers

16. REPORT AUTHOR

- Name: Roger Kershaw
- Tel: 020 8545 3458
email: roger.kershaw@merton.gov.uk

BUSINESS PLANNING TIMETABLE - BUSINESS PLAN 2022-26



DRAFT MTFS 2022-26:				
	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000
Departmental Base Budget 2021/22	161,837	161,837	161,837	161,837
Inflation (Pay, Prices)	6,506	10,755	16,485	20,544
NI increase	989	1,008	1,029	1,049
Salary oncost increase (15.2% to 17.06%)	24	48	72	96
FYE – Previous Years Savings	(3,305)	(3,176)	(2,651)	(2,651)
FYE – Previous Years Growth	384	774	774	774
Amendments to previously agreed savings/growth	3,641	900	325	325
Change in Net Appropriations to/(from) Reserves	(452)	(1,483)	(1,482)	(1,482)
Taxi card/Concessionary Fares	(478)	704	1,707	2,709
Social Care - Additional Spend offset by grant/precept	40	76	91	106
Growth	909	909	1,359	909
Provision - DSG Deficit	10,543	11,628	12,714	13,799
Other	445	661	740	918
Re-Priced Departmental Budget	181,082	184,641	192,999	198,933
Treasury/Capital financing	10,869	11,776	12,910	13,835
Pensions	0	0	0	0
Other Corporate items	(19,548)	(20,716)	(20,946)	(20,946)
Levies	606	606	606	606
Sub-total: Corporate provisions	(8,073)	(8,334)	(7,430)	(6,505)
Sub-total: Repriced Departmental Budget + Corporate Provisions	173,010	176,308	185,570	192,428
Savings/Income Proposals 2022/23	0	0	0	0
Sub-total	173,010	176,308	185,570	192,428
Appropriation to/from departmental reserves	(1,754)	(723)	(724)	(724)
Appropriation to/from Balancing the Budget Reserve	(16,636)	0	0	0
ONGOING IMPACT OF COVID-19 (NET)	1,143	505	0	0
BUDGET REQUIREMENT	155,763	176,090	184,846	191,704
Funded by:				
Revenue Support Grant/Covid RNF & LCTS grant	0	0	0	0
Business Rates (inc. Section 31 grant)	(39,573)	(40,424)	(41,292)	(42,178)
Adult Social Care Grants inc. BCF	(4,862)	(4,862)	(4,862)	(4,862)
Social Care Grant	(3,160)	(3,550)	(3,550)	(3,550)
PFI Grant	(4,797)	(4,797)	(4,797)	(4,797)
New Homes Bonus	(500)	(500)	(500)	(500)
Council Tax inc. WPC	(103,314)	(106,569)	(109,059)	(111,571)
Collection Fund – (Surplus)/Deficit	1,617	1,616	0	0
COVID-19: SFC - Compensation Qtr. 1 2021/22	0	0	0	0
TOTAL FUNDING	(154,589)	(159,086)	(164,060)	(167,458)
GAP including Use of Reserves (Cumulative)	1,175	17,004	20,785	24,246

Healthier Communities & Older People Overview & Scrutiny Panel - 2nd November 2021

Dr Dagmar Zeuner, Director of Public Health

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Merton Public Health Intelligence

2nd November 2021

Produced by Gary Forbes (gary.forbes@merton.gov.uk)



Summary of COVID cases, testing, contact tracing, deaths, vaccinations and NHS figures

Domain	Indicator	Merton (previous value)	Merton change	London (previous value)	London Change
Regional marker	R value (7 th October)	-	-	0.9 – 1.1 (0.8 – 1.0)	↑
Cases over last week (7 th – 13 th Oct)	New cases	458 (450)	↑	20,984 (18,842)	↑
	7 day rate (per 100,000)	213.4 (209.6)	↑	234.1 (210.2)	↑
	Official 7-day rate (per 100,000)*	241.7 (273.7)	↓	213.8 (204.5)	↑
	7 day rate aged 60+ (per 100,000)	127.5 (72.0)	↑	-	-
	Cases identified as Kent variant	0.0% (0.0%)	→	0.01% (0.05%)	↓
	Cases suggestive of Delta variant (S-gene deletion) **	100% (100%)	→	99.8% (99.8%)	→
PCR tests over 7 days (5 th – 11 th Oct)	Daily rate (per 100,000)~	300.9 (244.0)	↑	260.7 (213.6)	↑
	Test positivity (Pillar 2 only) %~	10.9% (10.1%)	↑	10.9% (9.7%)	↑
	Test positivity (Pillar 1+2) %***	5.9% (5.5%)	↑	5.2% (4.7%)	↑
Contact Tracing by NHS T&T – cumulative (2 nd Jun 2020 – 12 th October 2021)	% Cases completed	87% (87%)	→	86% (86%)	→
	% Contacts completed	93% (93%)	→	91% (91%)	→
Outbreaks (6th – 12th October)	Total number of outbreaks^	5 (5)	→	N/A	-
Deaths (25th Sept – 1st Oct)	Number COVID-19 registered deaths	1 (0)	↑	117 (78)	↑
Vaccinations (as of 3rd Oct)****	% 1 st COVID-19 vaccine dose (>50s)	81.5% (81.5%)	→	81.5% (81.4%)	↑
Domain	Indicator	SWL (previous value)	SWL change	London (previous value)	London Change
Current inpatients (as of 14 th October)	COVID inpatients~	N/A (164)	-	849 (884)	↓
	COVID patients in mechanical ventilator beds	N/A (21)	-	143 (161)	↓

* The official PHE rate for Merton and London are for the week **ending** the 7th October.

**Date of specimen: 17th September – 7th October; as extracted on 11th October for London and 14th October for Merton for all (confirmed and provisional) cases

***Test positivity refers to the percent of total tests that were positive, even if individuals had multiple tests.

****Denominator based on NIMS populations

~New data source used so numbers may change

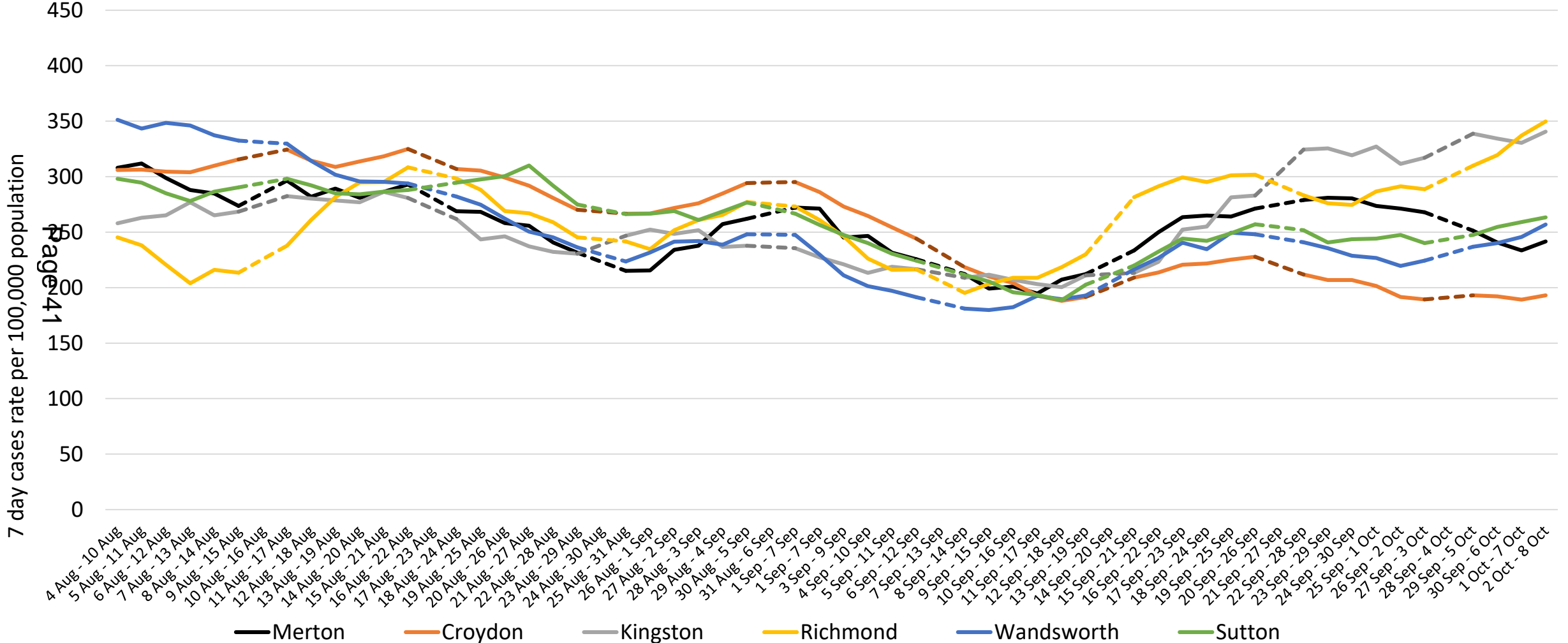
^The majority of outbreaks occurred in school settings

Rolling total rate of confirmed positive cases per 100,000 population in Merton per week compared to South West London boroughs (Pillar 1 & 2)

Source: London Covid 19 daily surveillance report

Reporting frequency: Daily

Key message: Merton has the 2nd lowest rate in SWL boroughs



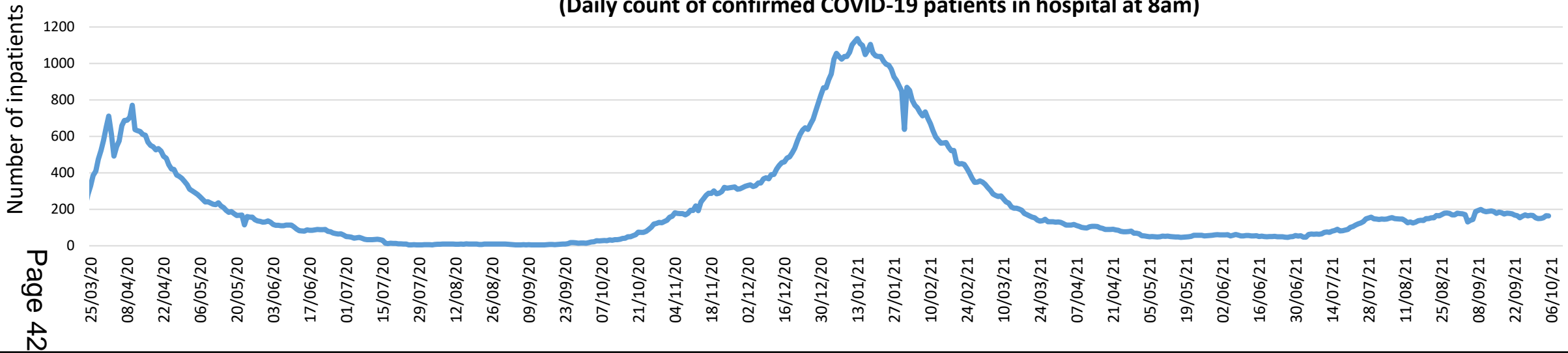
Please note there are reporting gaps; the dotted lines refers to periods when data was not available.

COVID-19 NHS-related indicators for Southwest London

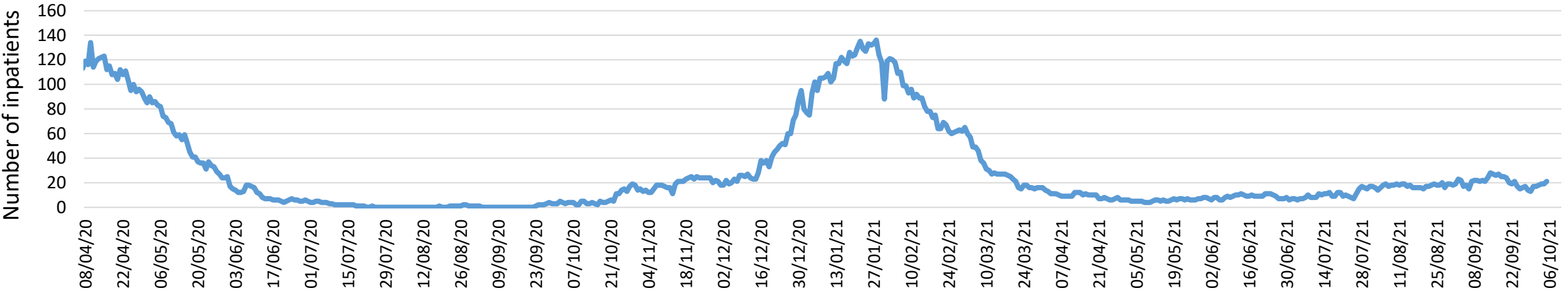
UPDATED DATA NOT AVAILABLE THIS WEEK

Confirmed COVID-19 inpatients in Southwest London NHS trust hospitals

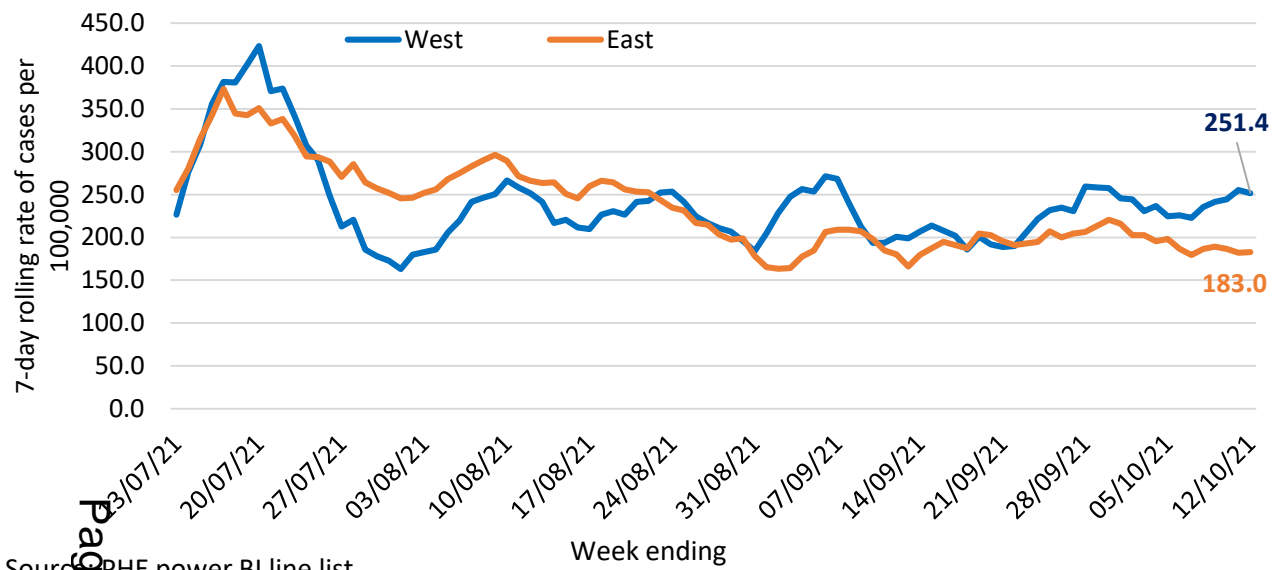
(Daily count of confirmed COVID-19 patients in hospital at 8am)



Confirmed COVID-19 inpatients in mechanical ventilator beds in Southwest London NHS trusts

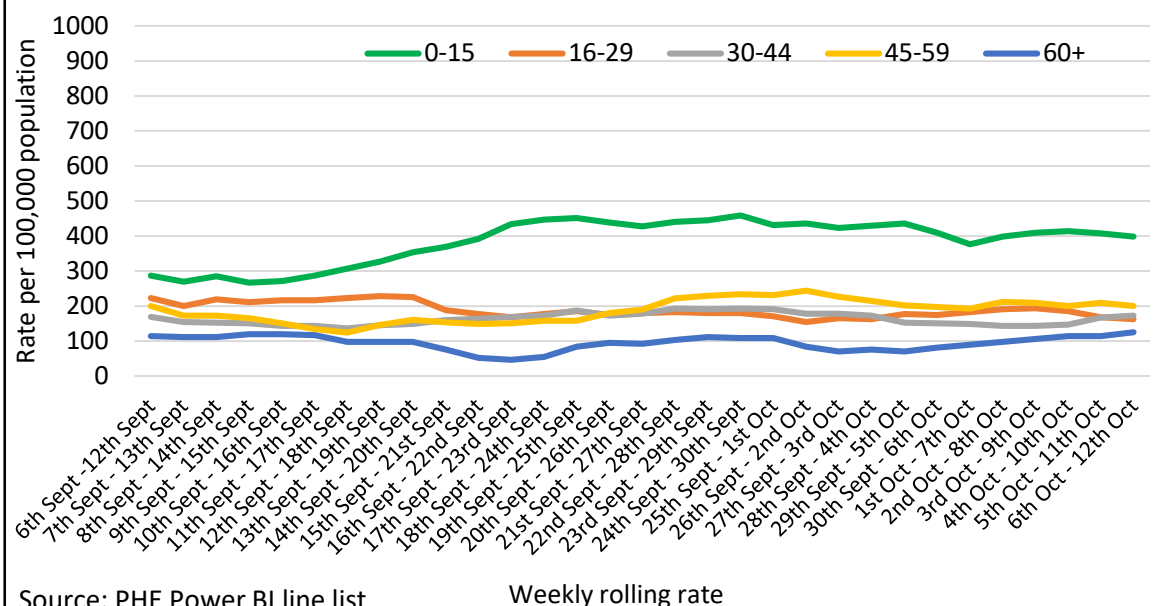


7-day rolling Pillar 1 and 2 COVID-19 case rates per 100,000 residents in East and West Merton



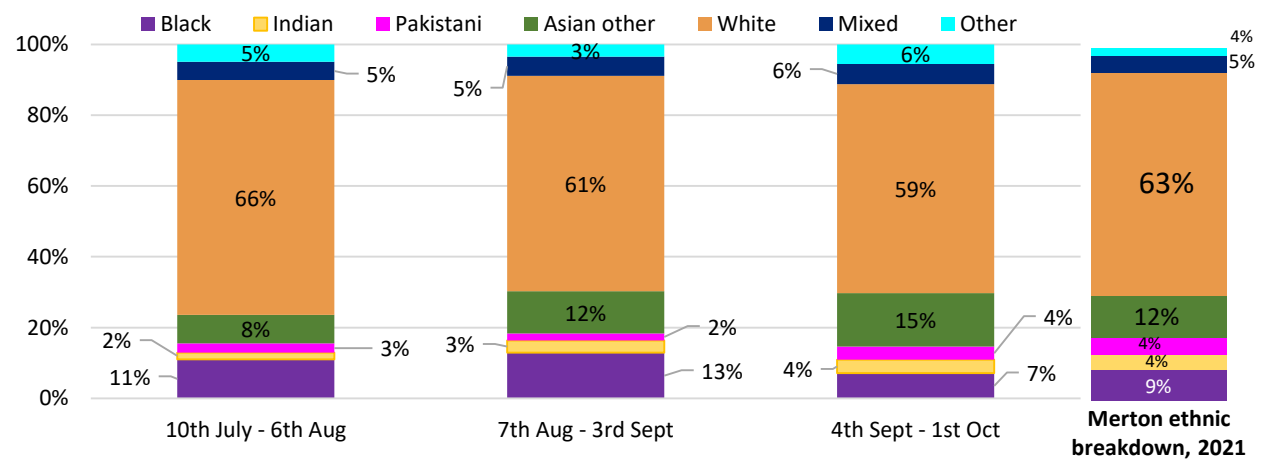
Source: PHE power BI line list

7 day rolling rate Pillar 2 case rates in Merton residents by age groups



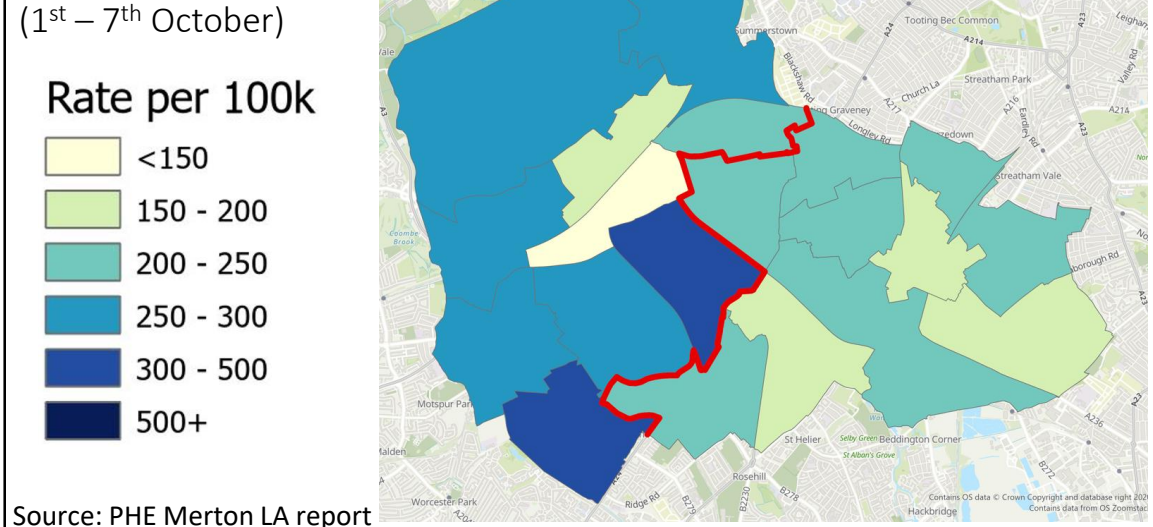
Source: PHE Power BI line list

Pillar 2 COVID-19 cases in Merton residents - by ethnicity compared to Merton ethnic profile over 4 week periods* (10th July – 1st October)



Source: PHE Power BI and GLA populations

Pillar 1 and 2 COVID-19 cases in Merton residents by ward over one week (1st – 7th October)



Source: PHE Merton LA report

Summary key messages

CHARTS UPDATED NO UPDATE FOR TEXT THIS WEEK

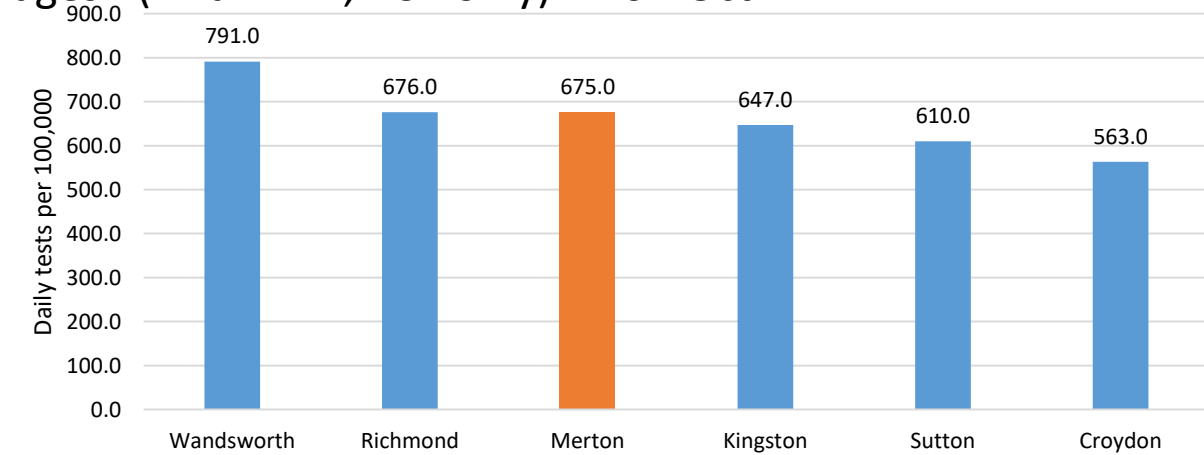
Merton residents overview (27th Sept– 3rd Oct)

- Merton completed **14,033** Pillar 2 LFDs for the week ending 3rd October , across all settings.
- Merton completed **6,544.2** Pillar 2 LFD tests per 100,000 population for the week ending 3rd October . This is 3rd lowest among SWL boroughs.
- Of LFDs completed in Merton, **1.0%** (147 tests) were positive. During the same period, **10.7%** (523 tests) of Merton PCR tests were positive.
- Among all 670 positive tests , **523 (78.1%)** were captured by PCR testing, and **147 (21.9%)** were captured by LFD testing.
- Merton ordered 1,073 home testing kits (week ending 3rd Oct).

London overview (27th Sept– 3rd Oct)

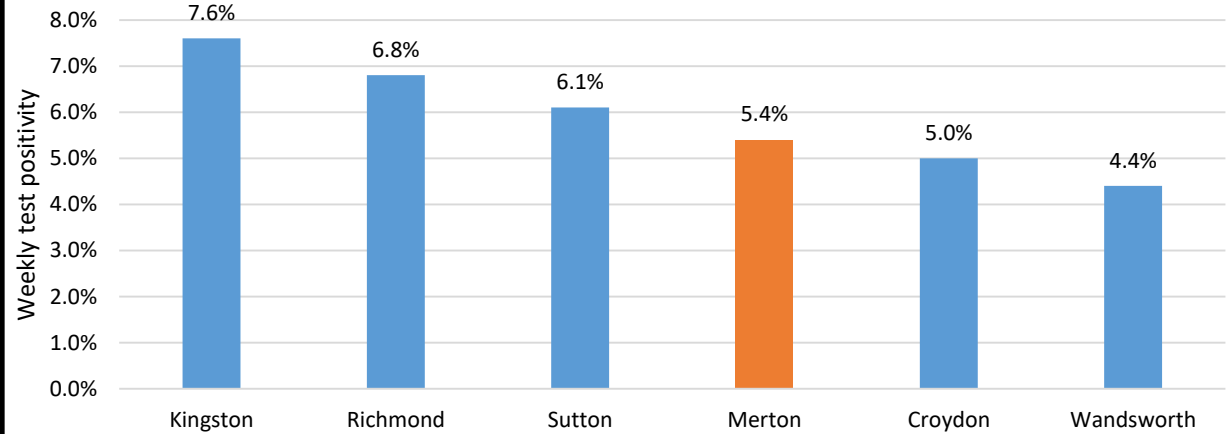
- London completed **520,061** LFDs for the week ending 3rd October (across all settings). 5,061 of these were positive (**1.0%**).

Daily tests per 100,000 population 7-day moving average all ages - (Pillar 1 +2, PCR only) – 10th Oct



Source: UKHSA Regional SAR

Weekly percentage of individuals tested positive – all ages (Pillar 1 + 2, PCR only) - 10th Oct



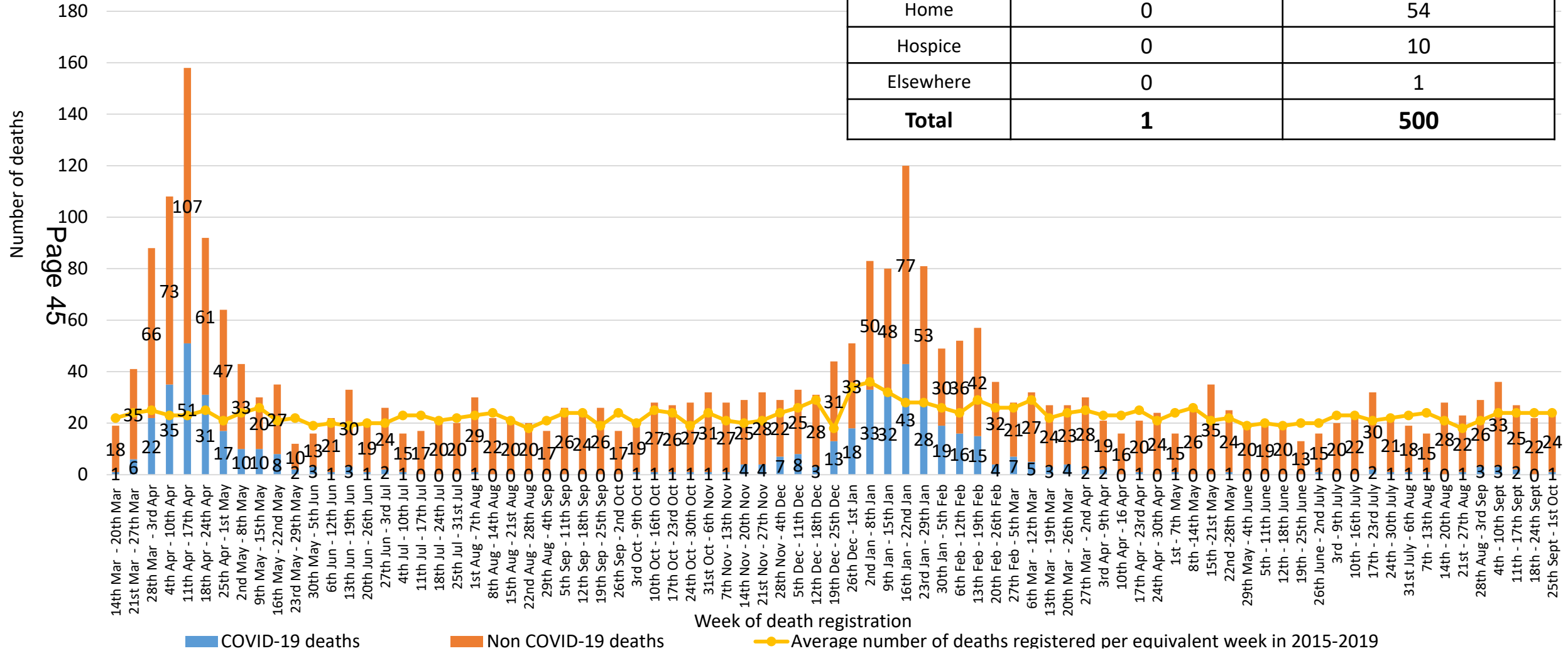
Source: UKHSA Regional SAR

Number of deaths of Merton Residents by week of registration

2nd November 2021

Source: ONS

Reporting frequency: Weekly

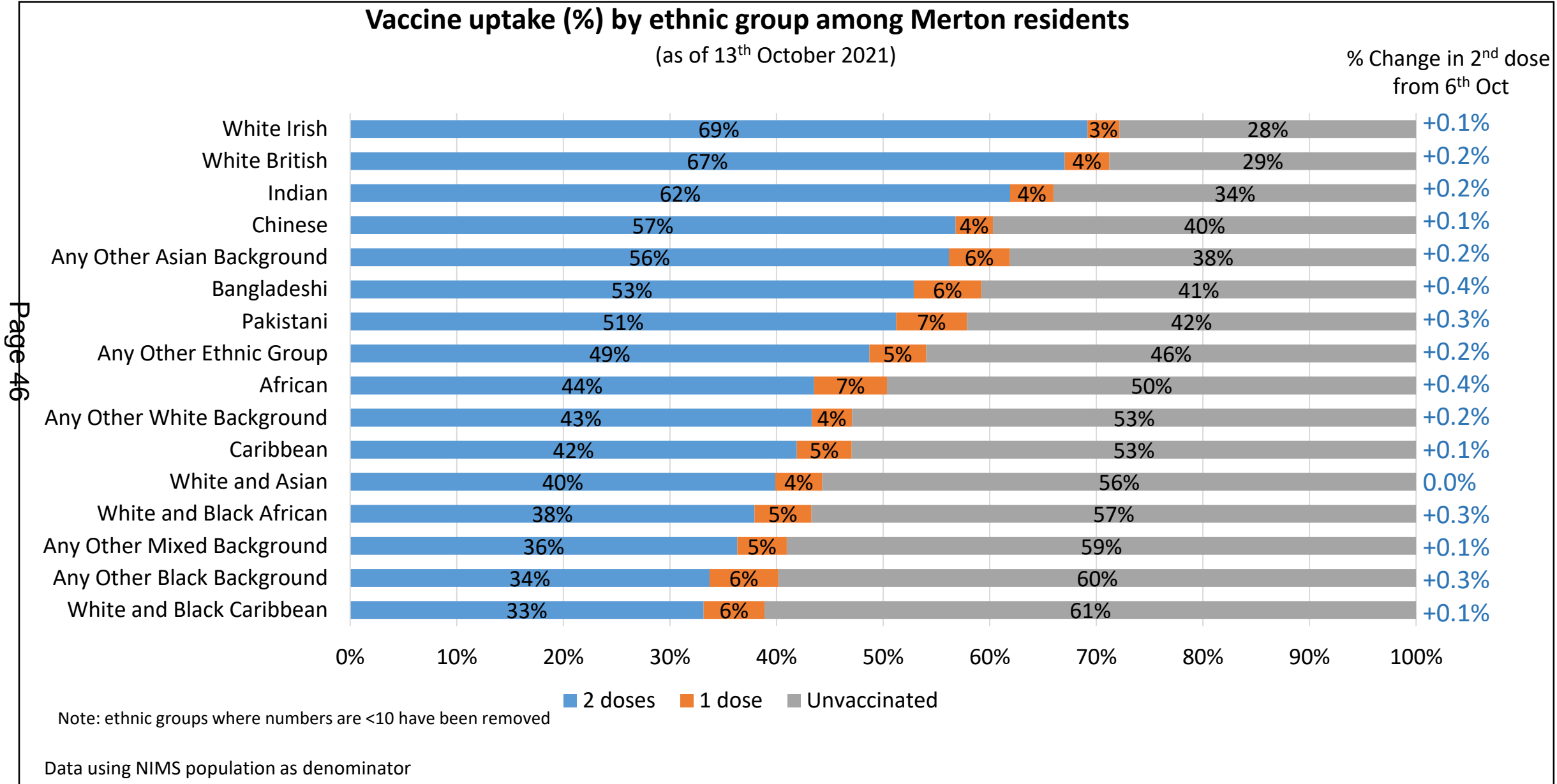


Place of death	COVID deaths latest available week (25.09.21 – 01.10.21)	Cumulative COVID deaths (04.01.20 – 01.10.21)
Hospital	1	386
Care home	0	49
Home	0	54
Hospice	0	10
Elsewhere	0	1
Total	1	500

Vaccine uptake by ethnic group among Merton residents

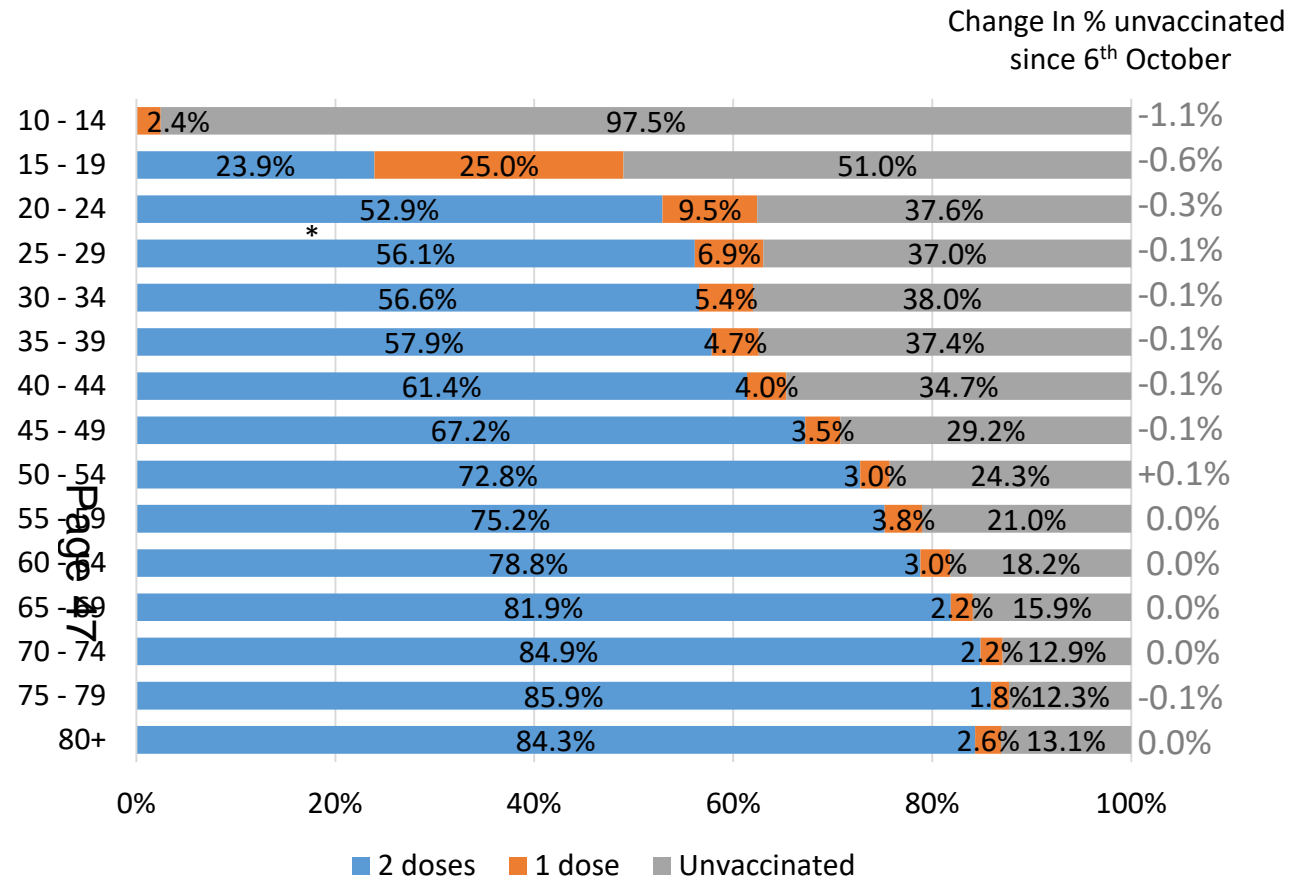
2nd November 2021

Data as of 13th October 2021



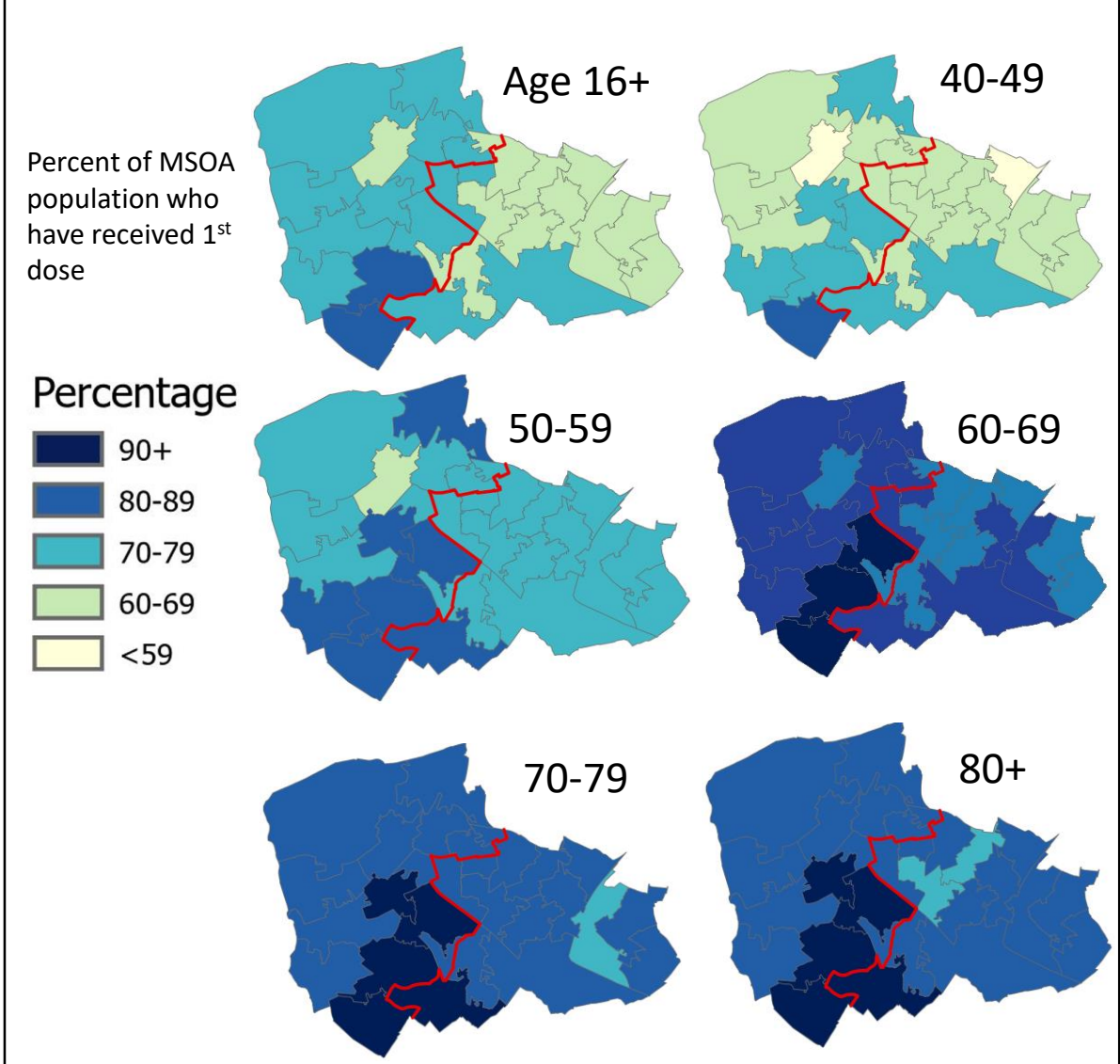
Page 46

Vaccine uptake by age band among Merton residents (as of 13th October 2021)



Data using NIMS population as denominator
Source: PHE power BI

Percentage of Merton residents by age group and MSOA that have received 1st dose of Covid-19 vaccination (as of 3rd October)



Source: NHS COVID-19 vaccinations weekly report 7th October

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 2 November 2021

Wards: ALL

Subject: Post Covid-19 Syndrome

Recommendations:

- A. The Panel are asked comment on and discuss the services and support for those with Post Covid-19 Syndrome.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Colleagues from South West London Clinical Commissioning Group will attend the Panel to provide an overview of the attached presentation.

2 ALTERNATIVE OPTIONS

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

- 3.1. The Panel will be consulted at the meeting

4 TIMETABLE

- 4.1. None relating to this covering report

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

•

11 BACKGROUND PAPERS

11.1.

Post Covid-19 Syndrome

**Mike Procter – Director of Transformation
SWL CCG (Merton & Wandsworth)**



Bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth

Presentation Content

- Background information
- Data and prevalence
- Support Services in Merton
- Merton Post Covid-19 Assessment Service

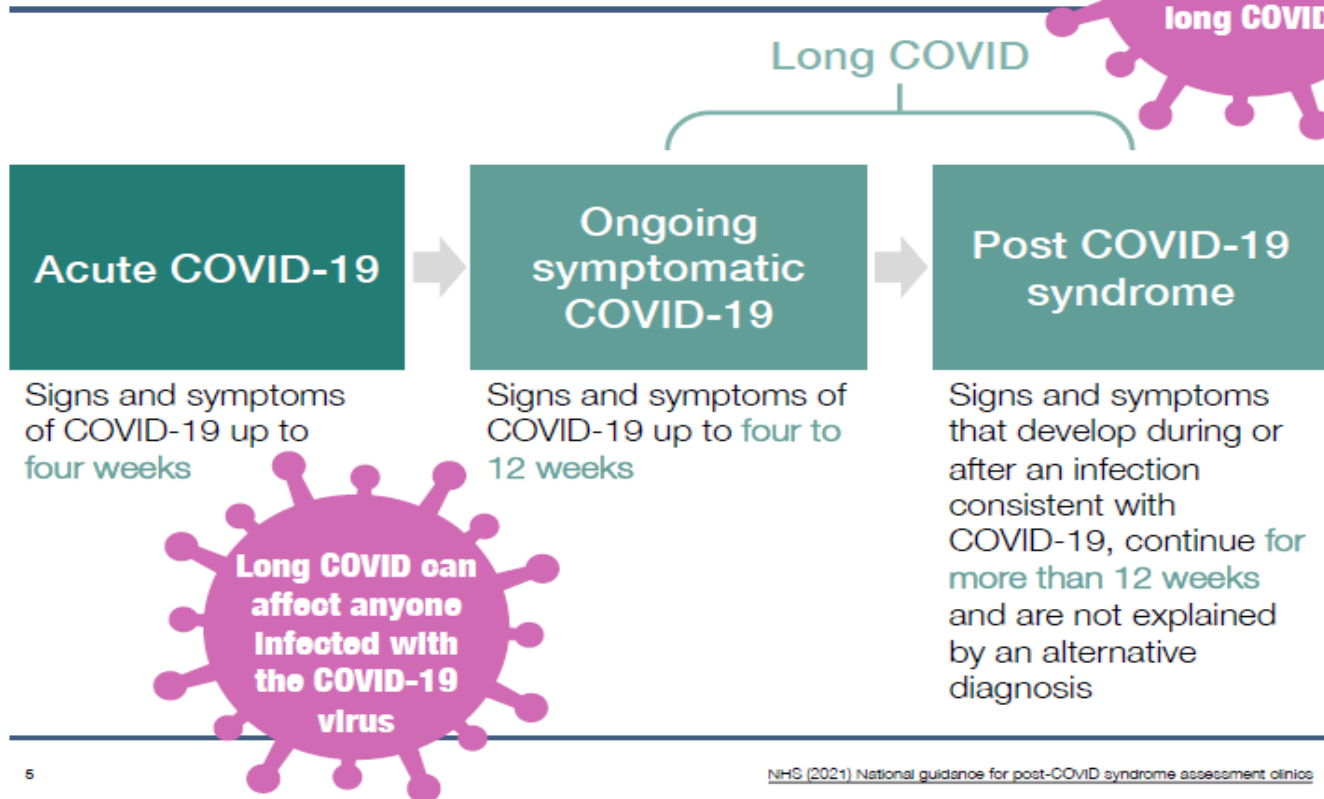


Introduction

Most people who catch COVID-19 won't become severely ill and get better relatively quickly, but there are a number of people who have long-term problems after recovering from the original infection; even if the original infection was not severe. The longer-term impact of the pandemic is still to be understood, but it is likely that there will be a short, medium and long term impact of post COVID on individuals and on local health and care services.



Clinical definitions



Most common symptoms



Fatigue
528,000 people



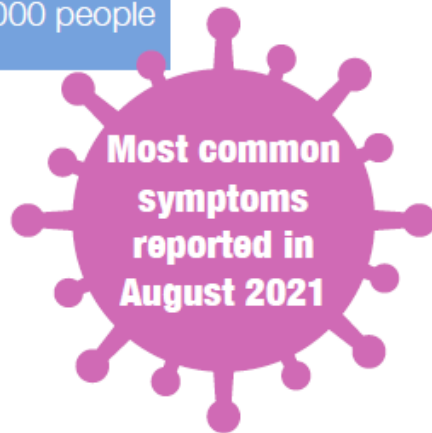
Shortness of breath
388,000 people



Muscle ache
296,000 people



Loss of smell
285,000 people



Risk factors

The main factors that make it more likely that patients will suffer long term from COVID-19 include

Behavioural



Smoking

Biological



Age
(increasing)



White ethnic
group



Women

Demographics



Deprivation



Care home
workers



Healthcare
workers

Health



Asthma



Disability



Hospitalisation
for COVID-19



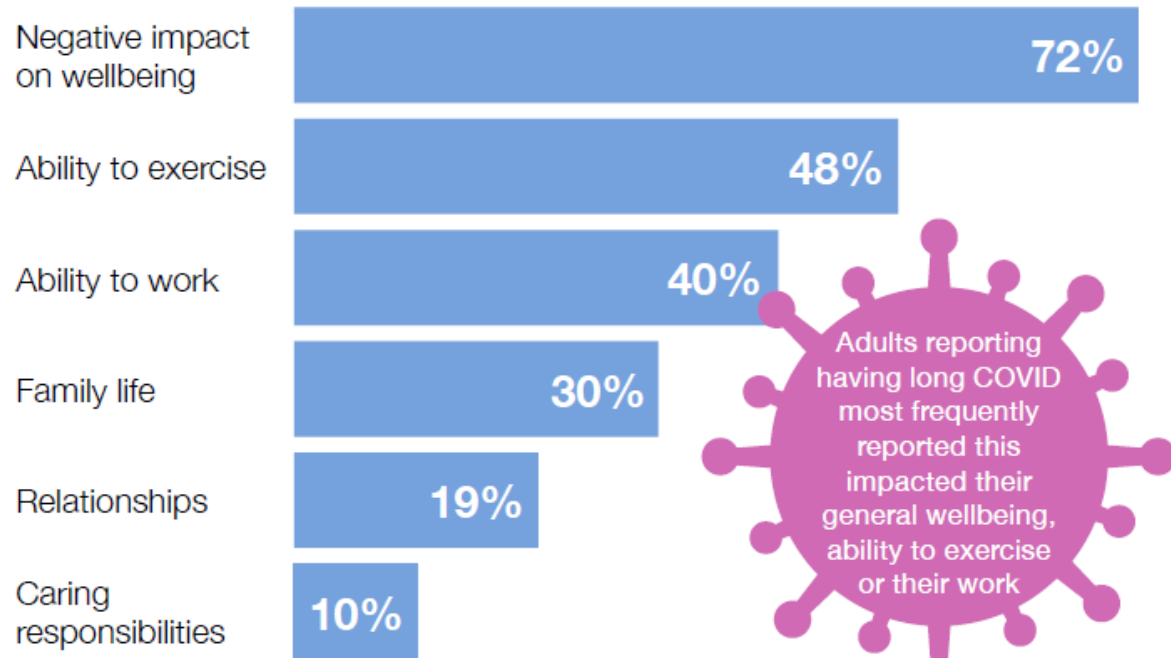
Overweight
or obesity



Mental health
illness

Picture credits: Dr Mariena Korkodilos

Impact on life



Percentage of adults who self-reported long COVID, Great Britain, 7 April to 13 June 2021

Latest estimates

([ONS estimates](#))

Estimated number of people living in private households with self-reported long COVID who first had (or suspected they had) COVID-19 at least 12 weeks previously, in Merton based on UK estimates: four week period ending 5th August 2021

Group	UK Estimate	Number in Merton	CI LL	CI UL
All people	1.29	2,740	2,634	2,846
2 to 11	0.11	31	14	51
12 to 16	0.53	68	50	86
17 to 24	1.13	187	154	220
25 to 34	1.34	455	397	512
35 to 49	1.83	939	873	1,006
50 to 69	1.88	828	789	872
70+	0.86	165	150	181
Men	1.07	1,123	1,060	1,197
Women	1.49	1,601	1,526	1,676

Notes

UK total numbers with Covid not available in data set so different method used as previous method used the numbers with Covid as denominator

UK estimates use total population as denominator and not those testing positive for Covid so low percentage applied to total Merton population by named groups



Post Covid-19 Syndrome - Governance & Delivery

- NHSE Guidance
- SWL Coordination - Post Covid-19 Board
- Merton & Wandsworth Post Covid-19 Steering Group
- Post Covid-19 Specialist Service (Merton & Wandsworth) St George's Hospital
- Merton & Wandsworth Post Covid Assessment Service - CLCH
- Merton Primary Care – Case finding / social prescribing / investigations and referrals
- Merton Public Health – Health inequalities / Voluntary & Community Sector





St George's University Hospitals
NHS Foundation Trust



Central London
Community Healthcare
NHS Trust

Post Covid-19 – A Multi Agency Response

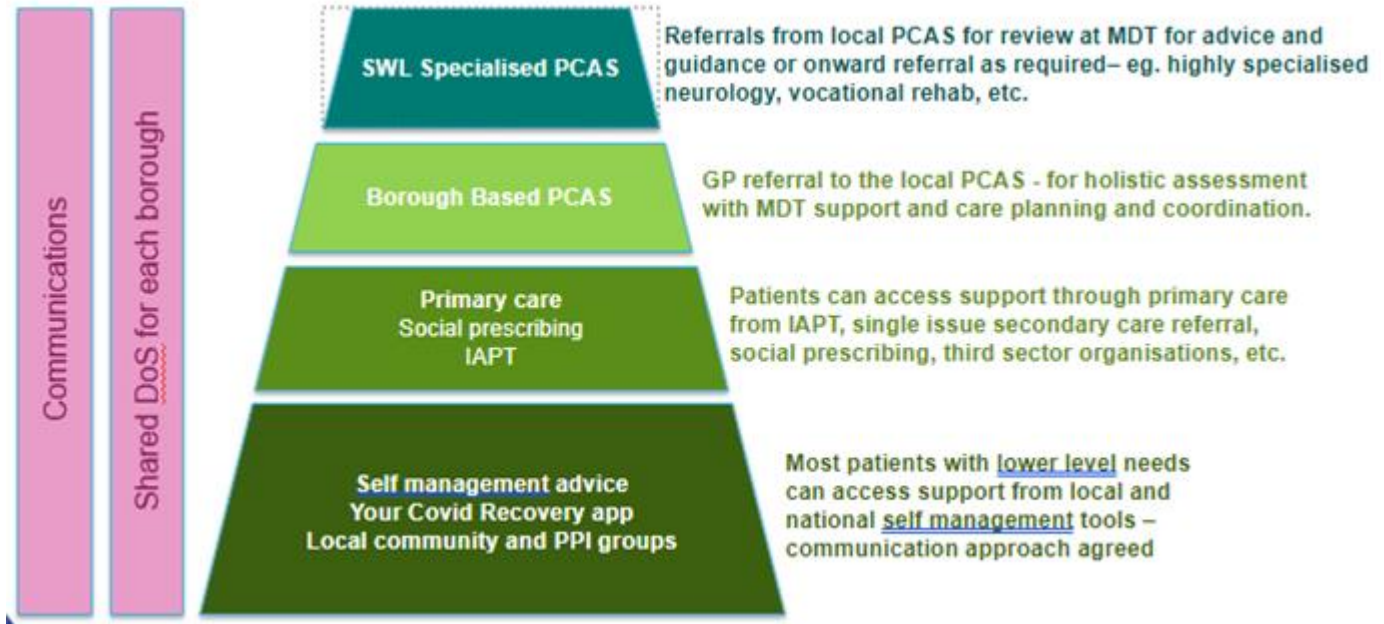
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South West London
Clinical Commissioning Group



Support for people with Post Covid-19 Syndrome / Long Covid





South West London
Clinical Commissioning Group

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Merton & Wandsworth PCAS

Post Covid-19 Assessment Service

Merton



PCAS Service Provision

- Patients with long term symptoms >4 weeks following a confirmed or suspected covid -19 infection
- Pre-referral investigations have been completed to rule out an alternate cause for symptoms
- Predominantly virtual, therapy-led rehabilitation service with medical oversight
- Promote self-management of patients symptoms through education/ rehabilitation
- Linked to Specialist Services (St George's Hospital)



Referrals – PCAS demographics

- Females: 77%
- Average age: 48 yrs.
- Deprivation (Level 1&2): 0.01%
- Ethnicity
 - White: 40%
 - Mixed Ethnic groups: 27%
 - Asian or Asian British: 16%
 - Black, Black British, Caribbean, African: 11%
 - Other/ Not recorded: 6%

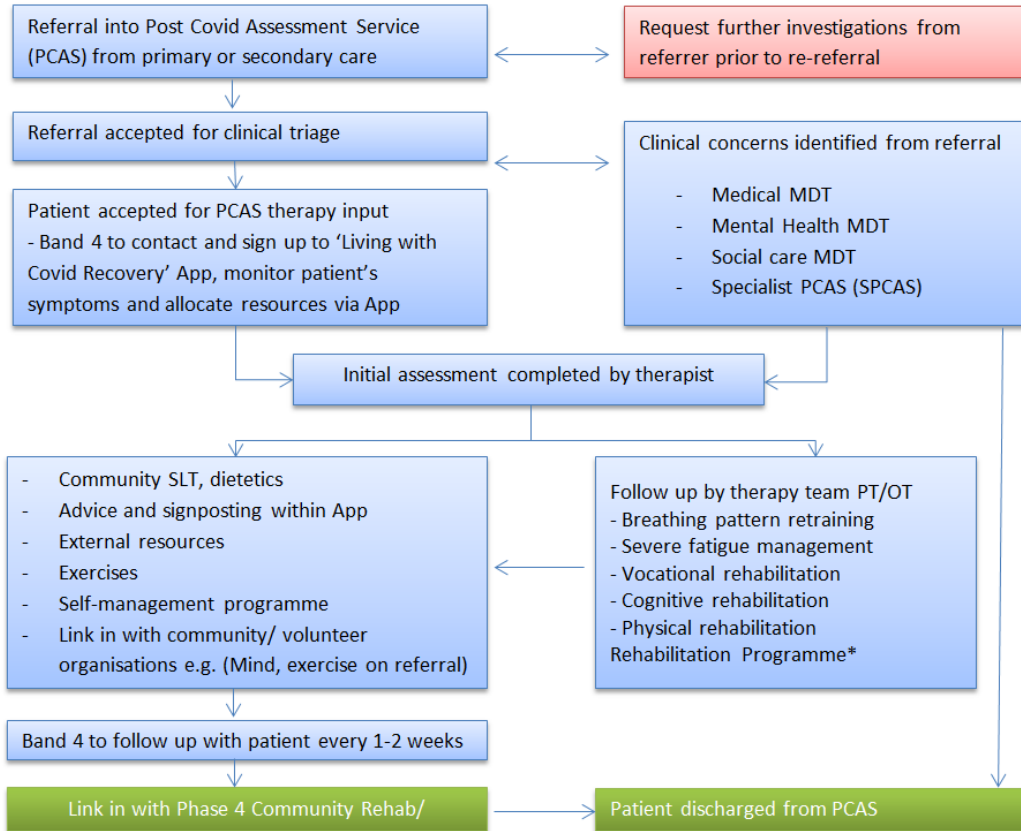


PCAS Presenting symptoms

- Fatigue (82%)
- Breathlessness (63%)
- Deconditioning (51%)
- Psychological Symptoms/ Deterioration in mental wellbeing (45%)
- Brain Fog (38%)
- Dizziness (24%)
- Headaches (21%)
- Body aches (17%)
- Cough (12%)
- Palpitations (10%)
- Chest pain (10%)
- Loss of taste/smell (4%)



PCAS Patient Pathway



PCAS Therapy Interventions

- Activity planning
- Sleep hygiene
- Diet
- Exercise / Physical activity levels
- Planning / Breaking down tasks
- Return to work advice
- Relaxation techniques
- Breathing pattern retraining
- Positioning for breathlessness



Expected Recovery from Covid-19

- 4 weeks - muscle aches, chest pain and sputum production should have substantially reduced
- 6 weeks - cough and breathlessness should have substantially reduced
- 3 months - most symptoms should have resolved, but fatigue might still be present
- 6 months - symptoms should have fully resolved unless patient has had a complicated ITU stay, in which case mobility and/or respiratory difficulties may be prolonged



Holistic Support

- A range of services and resources are available to address the wider impact of post COVID-19. Information available via the link:

<https://www.swlondon.nhs.uk/ourwork/long-covid-recovery/>





South West London
Clinical Commissioning Group

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Questions?



Merton

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 2 November 2021

Wards: ALL

Subject: Primary Care Access in Merton

Recommendations:

- A. The Panel are asked comment on and discuss the issues in access to Primary Care in Merton.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Colleagues from South West London Clinical Commissioning Group will attend the Panel to provide an overview of the attached presentation.

2 ALTERNATIVE OPTIONS

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

- 3.1. The Panel will be consulted at the meeting

4 TIMETABLE

- 4.1. None relating to this covering report

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

•

11 BACKGROUND PAPERS

11.1.

Access in Merton



Bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth

Primary Care Access in Merton

- GP Practices - Core Hours
- GP Practices - Extended Hours
- Extended Access Hubs
- Out of Hours Service
- NHS 111

All practices are signed up to core and extended hours contracts, and all have access to the Hubs so there is no difference in primary care commissioned services between East and West



GP Practices

- Core Hours

- Monday – Friday 8am-6:30pm
- All practices offer
- Telephone / Video / Face to Face / On-line consultations
- Range of staff including– GPs, Nurses, Healthcare Assistants, Paramedics, Clinical Pharmacists, Social Prescribers, First Contact Practitioners, Admin and management

- Extended Hours

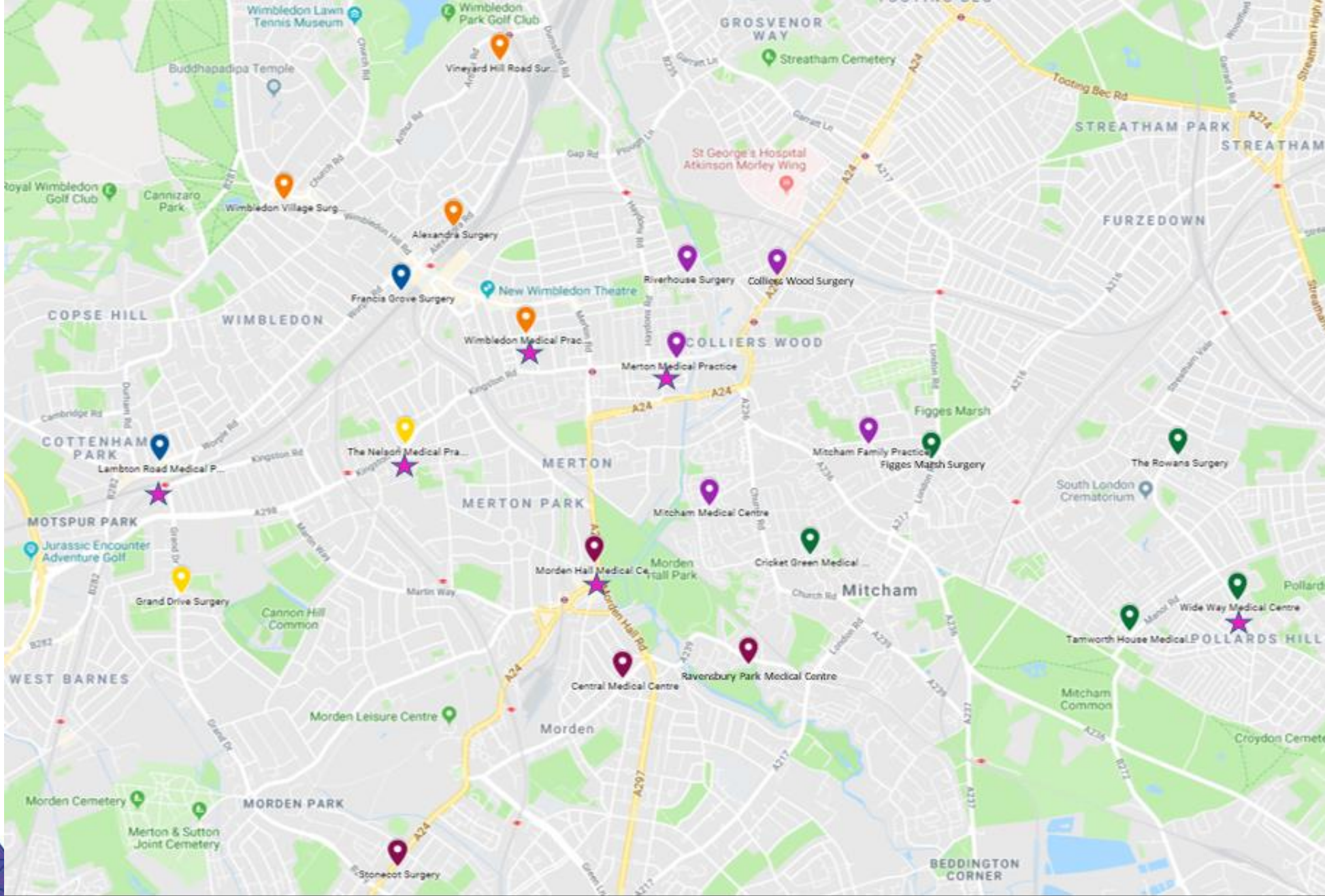
- Additional clinical sessions outside of core hours above
- Funded separately, all practices offer some level of extended hours
- Telephone / Video / Face to Face
- Improving Access to Primary Care – Local scheme
- PCN DES Extended Access – National scheme



Access Hubs

- Six Access Hubs – one located in each Primary Care Network (PCN)
 - Wide Way Medical Centre (East PCN)
 - Morden Hall Medical Centre (Morden PCN)
 - Wimbledon Medical Practice (North West PCN)
 - The Nelson Medical Centre (South West PCN)
 - Merton Medical Centre (North PCN)
 - Lambton Road Medical Practice (West PCN)
- GP Telephone and Face to Face appointments (1500+ appts/month)
- Nurse Appointments – General Nursing, Wound care, Immunisations, Cervical Screening (650+ appts/month)
- Open to all Merton Practices to book into
- ED and NHS 111 can also book in Merton Patients





- North Merton
- East Merton
- South West
- Morden
- North West Merton
- West Merton
- ★ Access Hubs

Out of Hours & NHS 111

Out of Hours

- Mon-Fri 6:30pm – 8:00am
- Sat – Sun 24hours
- Home visits; Face to Face at hubs

NHS 111

- 24 hours
- Online; Telephone
- Helps people get the right advice and treatment when they urgently need it. ice
- trained health advisors, including hospital doctors, nurses, GPs, paramedics and pharmacists are available 24/
- Can book patients in to be seen at their local A&E, urgent treatment centre, emergency dental services, pharmacy, GP practice or another more appropriate local service



GP Patient Survey 2021

- England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England
- Fieldwork: January - March 2021
- Limitation - Small sample size (Merton 29% response rate from 9,503 forms)



GP Patient Survey - Merton

- England-wide survey, providing practice-level data about patients' experiences of their GP practices administered by Ipsos MORI
- Fieldwork: January - March 2021
- Limitation - Small sample size (Merton 29% response rate from 9,503 forms)

How would you rate your overall experience of your GP practice?				
	Av. Good		Range	
	2020	2021	Low	High
Merton	81%	82%	57%	96%
SWL	85%	85%	57%	99%
England	82%	83%		

Generally, how easy is it to get through to someone at your GP practice on the phone?				
	Av. Easy			
	2020	2021	Low	High
Merton	63%	64%	38%	99%
SWL		76%	38%	100%
England		68%		

How would you describe your experience of making an appointment?				
	Av. Good		Range	
	2020	2021	Low	High
Merton	67%	71%	42%	94%
SWL		75%		
England		71%		



Key Issues in Primary Care

- Primary Care Access – increasing demand across the system
- Workforce – staff shortages, recruitment and retention of clinical and non-clinical, embedding new roles, Increased levels of abuse towards staff, staff wellbeing – stress / low morale
- Estates – pressure on space to house additional staff, current infection control measures
- COVID Vaccination Programme & Flu Vaccination delivery continue at pace
- Covid Recovery – Backlog of care in the NHS meaning more people need support from their practices; catch up on routine reviews/immunisations; covid vaccination programme
- Shift of workload from secondary to primary care
- Higher number of child safeguarding cases
- Winter pressures and how we support a resilient Primary Care service
- Continued development of Primary Care Networks (PCN) and ongoing support to General Practice and the development of our local PCNs
- Transformation to Integrated Care System and the opportunities of working at Place



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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 2 November 2021

Wards: ALL

Subject: Community Diagnostic Centres

Recommendations:

- A. The Panel are asked comment on and discuss the proposals for Community Diagnostic Centres.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Colleagues from South West London Clinical Commissioning Group will attend the Panel to provide an overview of the attached presentation and seek views on the draft proposals.

2 DETAILS

- 2.1. The NHS nationally is providing funding for local areas to develop additional diagnostic services to help manage backlogs created by the pandemic, improve care, reduce waiting times and address increasing demand fuelled by population growth and some shortages of skills.
- 2.2. NHS South West London Clinical Commissioning Group are bidding for national funding to create three new Community Diagnostic Centres (CDC) in South West London offering a range of services to local residents.
- 2.3. This views of this Panel are being sought in regards to the proposals.

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.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

- 5.1. None relating to this covering report

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

-

12 BACKGROUND PAPERS

12.1.

Community Diagnostic Centres

Plans across South West London



We want to use our time with you today to:

- Give an overview of Community Diagnostic centres and explain what this means for South West London residents.
- Share our proposed plans and hear your feedback and advice to help us with future planning.
- Answer any questions you may have.



Introduction

- The NHS nationally is providing funding for local areas to develop additional diagnostic services to help manage backlogs created by the pandemic, improve care, reduce waiting times and address increasing demand fuelled by population growth and some shortages of skills.
- We are bidding for national funding to create three new Community Diagnostic Centres (CDC) in South West London offering a range of services to the residents of our six boroughs.
- Faster access to diagnostic tests means people can start treatment sooner for serious conditions like cancer and heart problems, this can mean better outcomes for patients.
- We envisage people will be able to have several tests on the same day and be seen more quickly, rather than always needing to wait longer to go to major hospitals. We will still aim to provide choice wherever possible.
- Community Diagnostic Centres will offer a range of tests and scans which could include:
 - imaging (e.g. ultrasounds, X-rays, mammograms)
 - cardiology tests (testing for heart conditions)
 - pathology (testing body tissues and fluids)
 - phlebotomy (testing blood)
 - and endoscopy (looking at organs inside the body using an endoscope)

Proposed plans across South West London

- We are planning for **three centres** to be at the following sites, which will all be supported by mobile satellite sites in communities:
 - **Queen Mary's hospital**
 - **St Helier hospital**
 - and a further location in **Croydon**
- These locations will help us address health inequalities and meet the needs of local people.
- We're looking at the range of diagnostic services and what could be provided at centres and satellites, where it would improve patient care whilst meeting the needs of local people.
- We are engaging local people, staff and key stakeholders and asking for views going forward.
- We have already been awarded £12.4m to increase capacity of existing diagnostic services, including Queen Mary's hospital, but will be bidding for more national funding over the coming months.
- Our plans align with the recommendations of the [Professor Sir Mike Richards review of diagnostic services](#), which aim to help save lives and improve people's quality of life including for cancer, stroke, heart disease and respiratory conditions.

Proposed locations

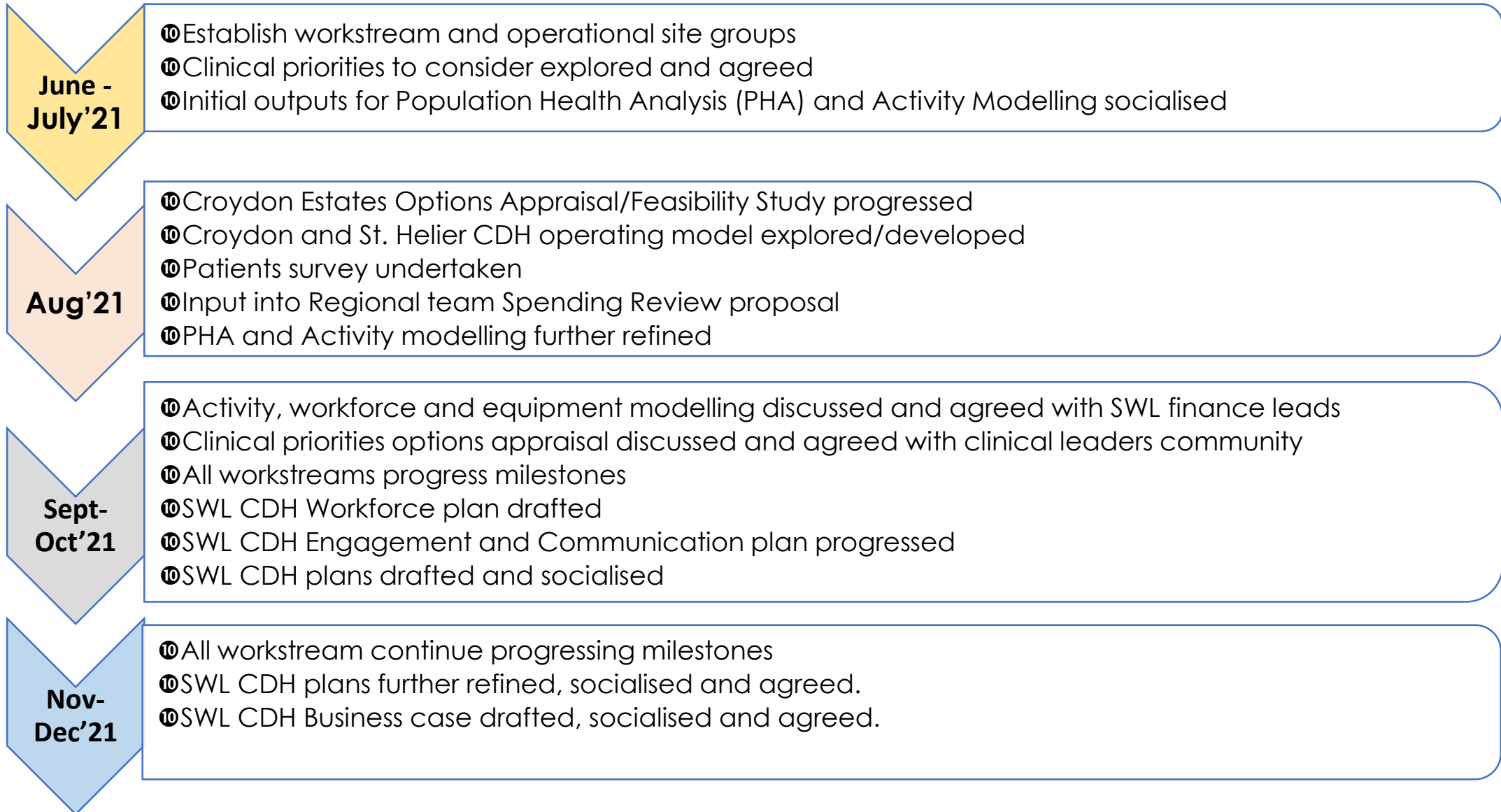
- It's important to ensure the new services address health inequalities and meet the needs of our local people.
- We think the best way to do this is to locate the large centres in areas where we know there are health inequalities, but to have further satellites sites with expanded diagnostic services in key areas.
- We're planning to develop two large centres in locations where the majority of services already exist and serve many of our boroughs – at Queen Mary's Roehampton and St Helier hospital. And a brand new diagnostic centre in Croydon, our largest borough.

Main centre location	Anticipated use by boroughs
Croydon	Croydon, Merton, SEL
St Helier	Sutton, Merton, Kingston
Queen Mary's	Wandsworth, Kingston, Richmond
NWL sites	Richmond
Surrey / Sussex	Sutton

Borough	Proposed site locations
Croydon	TBC – one centre and three satellites to be proposed
Kingston	Satellites - Surbiton and Kingston Hospital modular build
Merton	Satellites - The Nelson, The Wilson, Raynes Park
Richmond	Satellite - Molesey
Sutton	Centre – St Helier Satellites TBC
Wandsworth	Centre – QMH Satellite - St John's Health Centre



High-level Timeline



Clinical and population health analysis

Health Inequalities – priority areas identified by Population Health Analytics:

- Roehampton and Queenstown
 - East Merton and Carshalton
 - Central Croydon and Addington
- The proposed geographical location of the three CDHs (Roehampton (QMR), Merton (St. Helier) and Croydon combined with proposed satellites align with the population density map of the most deprived populations across SWL.
- To address health inequalities and ensure equity of access across SWL geography - in addition to QMH, it is proposed for develop a further two CDHs – Central Croydon and St. Helier together with satellites within those communities aimed at meeting specific needs.

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Clinical Service Model

- Clinical priorities identified that may benefit from using the CDH for. Detailed work to explore this further underway in terms patient pathways, type of tests etc.
- Areas of major clinical priorities that may benefit from early access to diagnostics and/or “one-stop clinics” identified by clinical working group and being further explored are: Cardiology, Respiratory, Ophthalmology, Urology, Gynaecology and Cancer. Other clinical areas under review are tele-dermatology and ENT.

Patient and public engagement plan



Building on existing insight to inform business case

- **Engagement across London**, led by Imperial, has already taken place – with 8 representatives from SWL
- Testing the themes through a **survey with our South West London People's Panel** – 3,000 people representing SWL population. We will also ask Healthwatch and other local groups to share this survey with their networks
- **Mapping existing patient insights** – looking at Trust Friends and Family test data and early conversations with community groups

Centrally commissioned borough engagement work:

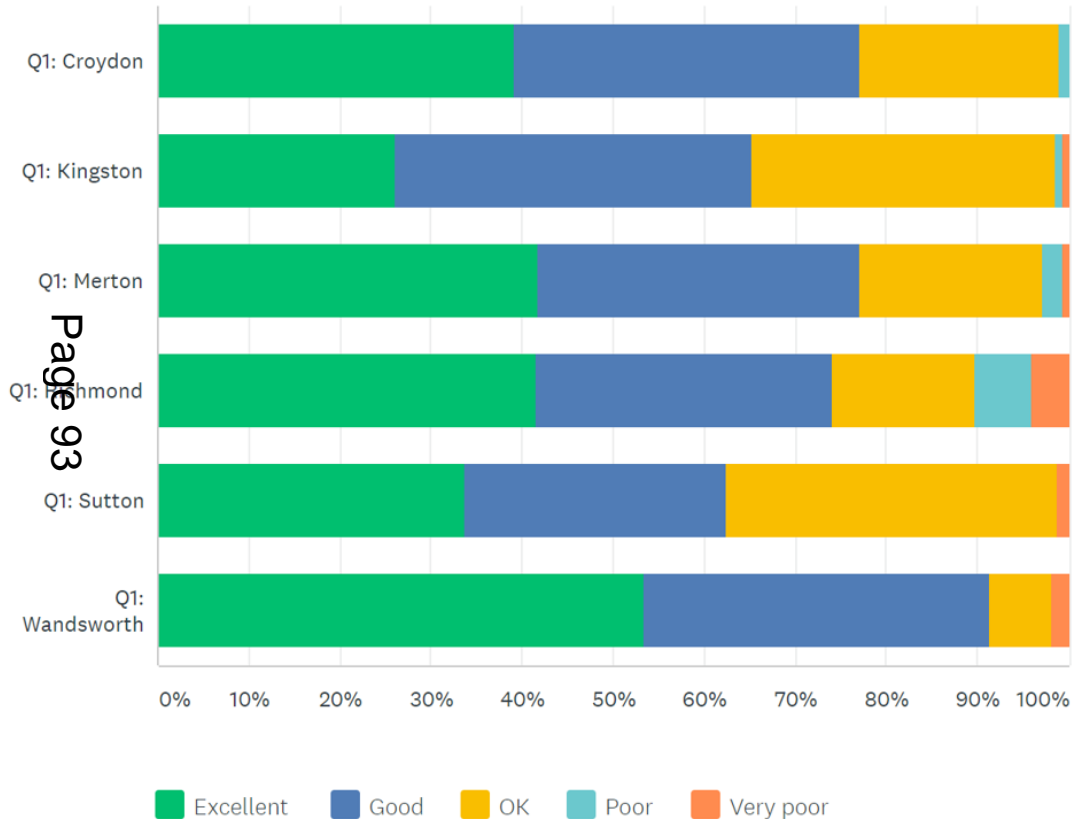
- Targeted engagement with communities that are most impacted and experience health inequalities within boroughs
- Targeted engagement with patients and communities that have Long Term Conditions –LTCs that are associated with diagnostic tests and prevalent in boroughs

Testing our plans with the SWL Communications Engagement Steering Group (including Healthwatch)

- Due to the timescales and scale of this programme **additional comms and engagement support** required to plan and oversee this work – post already budgeted for by Diagnostics Programme
- We are also working with neighbouring regions to understand impacts on patients close to the boundaries and align engagement plans where appropriate e.g. Richard and NWL, Sutton and Surrey/Sussex

Feedback from our SWL survey

Experiences of diagnostic services



- 722 people completed the survey. (862 started the survey, but had not had diagnostic tests.)
- People have responded from across SWL, although there were fewer returns from Wandsworth (76 people) and Sutton (91 people).
- Most common tests are **imaging** and **phlebotomy**, accessed by over 50% of respondents
- Most common locations: St George's Hospital – 20%, and Kingston Hospital – 14%
- Responses were received from people from all backgrounds but the majority were from a White background (75%).

What people said about their recent experience of diagnostics

Best thing about recent experience:

- Friendliness/attitude of staff – e.g. explaining things clearly
- Booking/speed of appointment
- How quickly seen when arriving
- Provision of information/communication
- Quality of treatment and care
- Speed of diagnosis
- Location – close to home/parking
- Efficiency of organisation/service

Need to improve:

- Location – inconvenient to get to/parking
- Joined-up services (e.g. issues with GP/hospital comms)
- Facility/setting
- Information provided
- Staff attitude
- Waiting times – to get appointment & when attending
- Appointments – issues with booking
- Quality of treatment



What people said mattered most

- In terms of making **bookings and getting to a location**;
 - Most important: waiting times are short, the booking process is easy and the venue is easy to travel to.
 - Least important; bookings can be made via an app; 13% marked this as extremely important. However people do want to be able to book online; 31% said this is extremely important. In comments, many people added that retaining phone booking is essential.
- In terms of the **setting (including facilities) and communications/ information**;
 - Most important; staff explain things clearly and answer questions – 60% marked this as extremely important, followed by getting a diagnosis quickly – 53%.
 - The setting itself is less important than staff attitude and communication. 23% said the site being environmentally friendly was extremely important, 14% that it be clinical and 11% that it be a relaxed environment.
- When asked to rate top three issues. The things that are **most important** about diagnostic tests are:
 - waiting times are short – 48%,
 - I get a diagnosis quickly – 32%
 - I can book an appointment for a time that suits me/I'm given clear information – both 27%
- The three things that are **least important**:
 - the setting is clinical – 4%
 - the site is environmentally friendly – 5%
 - there is parking – 7%



Other comments about CDHs/diagnostic experiences – themes

- **Staff trained to understand specific needs;** such as dementia, anxiety and Autism.
- **Staff taking the time to explain the tests,** answer questions and be sensitive about the impact of the diagnosis.
- **Being seen quickly, and how people are treated by staff** is more important than where the venue is, or what it is like as a facility.
- **People want to be continue to be able to book by phone;** many mentioning accessibility and disabilities.
- **Simple booking process.** Some people gave examples of current complicated systems.
- **Joined-up working** was mentioned by a number of respondents. Examples of having to repeat information, or information not easily shared between professionals, GPs not seeming to communicate with hospitals etc.
- **Location does matter;** people would prefer to attend somewhere close to home or easy to get to, but this is less of a priority than the speed of being seen and the overall experience
- **Concerns about facilities at a centre** – for example emergency facilities – and the expertise of staff conducting the tests.



Questions





South West London
Health & Care
Partnership

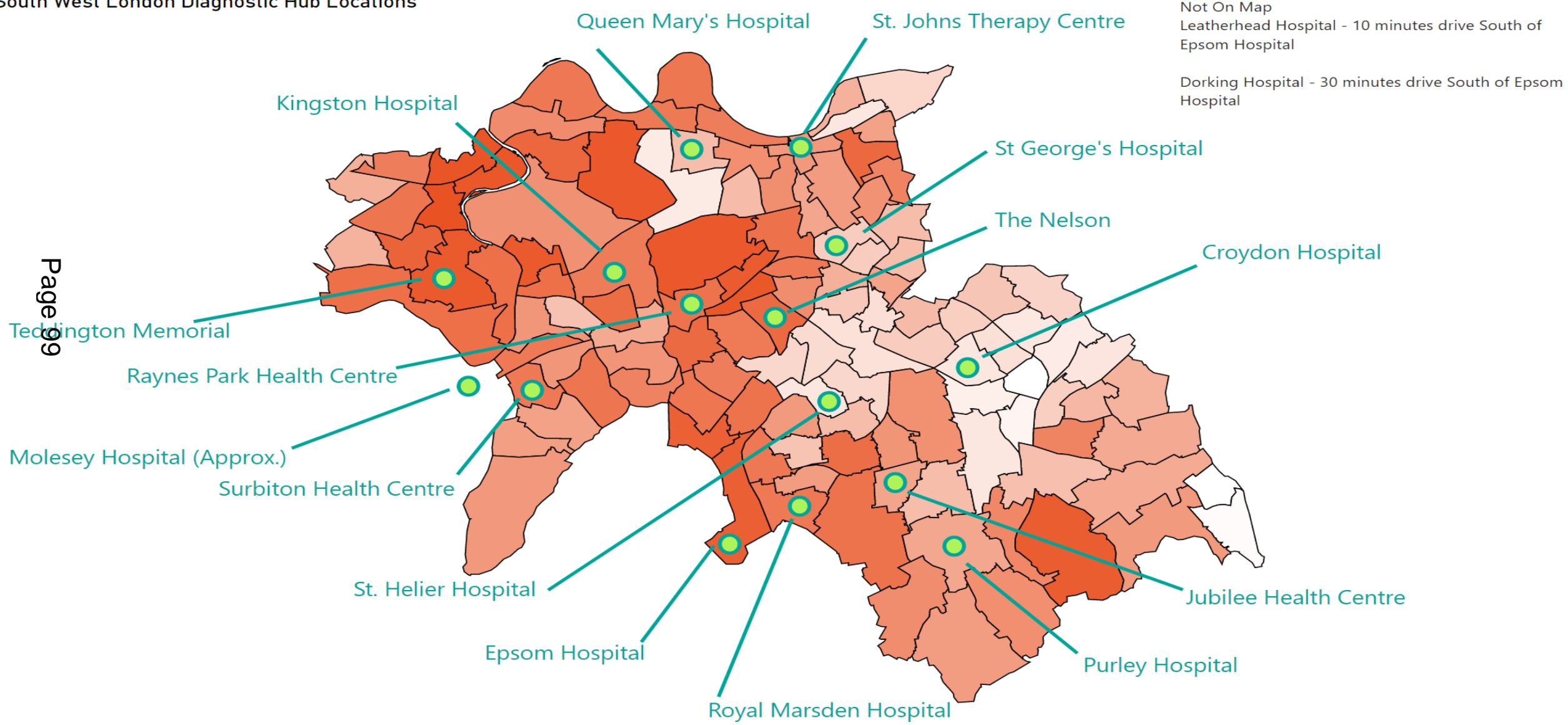
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Appendix



Geographical Landscape of Current Diagnostic Services

South West London Diagnostic Hub Locations



Accessibility to diagnostics – Sites/centres

Map below provides an illustration of SWL CDH centres and spokes currently being proposed which is intended to better access for our most deprived and populous areas. **Note: Croydon and St Helier CDH plans/sites still work in progress.**

Fig1: travel times – (lighter the better)



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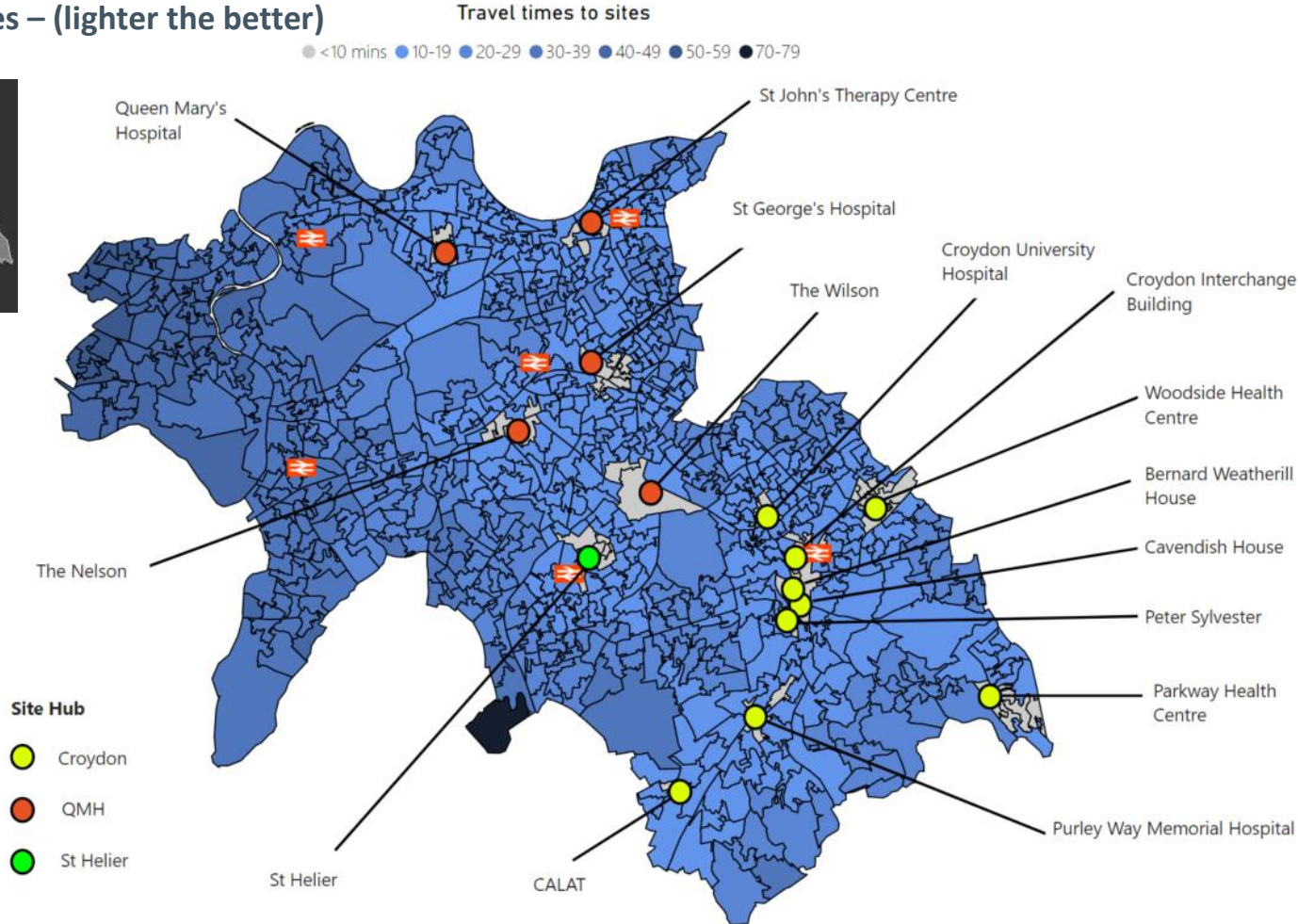


Fig 2: Highlighting our most deprived regions

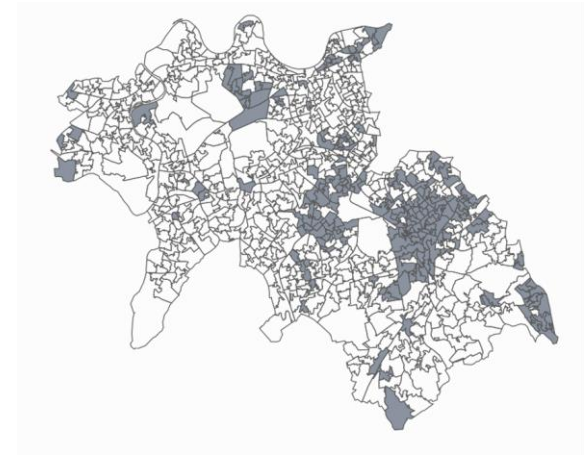
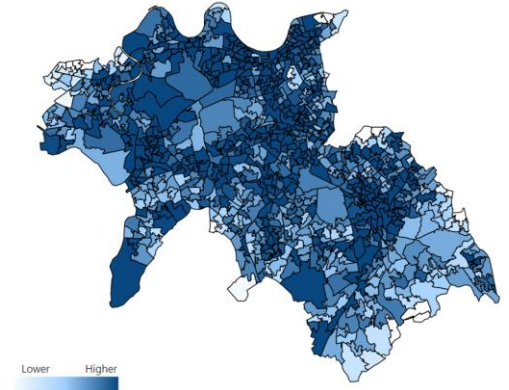


Fig 3: Highlighting our most populated regions



2. Feedback from London engagement work (1)

Where patients and public think diagnostic services should be delivered...



- Many participants stated that they would **travel further** for diagnostic services if this meant a **reduced waiting time** (both from booking to appointment, and on the day) due to the health benefits and outcomes of early diagnosis, and to reduce anxiety.



- While participants were often happy to travel further in order to be seen quicker, participants frequently raised **car parking** as a major logistical issue for patients.



- Participants were generally **comfortable with locating diagnostic facilities away from hospitals** (e.g. on a high street) provided that the location and staff **look professional**, it had the look and feel of a **trusted NHS environment** (e.g. blue NHS branding, uniformed staff) and it was a visibly clean environment.



- Participants raised concerns around **invasive** and/or **higher-risk diagnostics** being sited away from acute hospitals.



- Participants wanted any changes to diagnostics services to be **sensitive to vulnerable groups** and reduce barriers wherever possible (e.g. expanded patient transport, ramps etc.)

Feedback from London engagement work (2)

How patients and the public think diagnostic services should be delivered...



- Participants stressed the importance of retaining **patient choice** for where, when and how they can access diagnostics, in order to fit people's different circumstances but also recognising that choice would be important to some patients.



- **Multiple appointments in one place on the same day** appealed to participants as a less disruptive and stressful option compared to going back and forth for different appointments.



- **Flexible booking** options were also suggested by many participants, with a mix of walk-ins and pre-booking available for people's different circumstances. Weekend appointments were also something that was suggested by some.



- Participants thought that many potential issues could be solved through **clear and comprehensive information** to patients, both ahead of their appointment and on the day (e.g. directions to the testing site) including **consistent record-sharing** to avoid having to 'repeat your story' to each new member of staff.



- Communications around the roll-out of CDHs should **focus on benefits**, both to patients (e.g. reduced waiting times) and to the NHS (e.g. less pressure on services and staff).

SWL survey comparison to London-wide insight

- London insight appeared to focus more on location and travel
- The SWL survey highlighted more concerns about the experience itself than where the diagnostic service is located.

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SWL survey responses correlate with London in that:

- People would prefer somewhere close to home or easy to get to
- It's a priority for people to get an appointment as soon as possible
- Some people expressed concerns about being away from acute services
- Some people raised issues around disability and ensuring certain needs are taken into account – in terms of the setting, staff knowledge and accessing services
- Comprehensive information and consistent record sharing was rated highly



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Healthier Communities and Older People Work Programme 2021/22



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2021/22. 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 Panel wish to.

Scrutiny Support

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

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

Meeting date 1st September 2021

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Julia Groom, Consultant in Public Health.	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Health Partners	The development of the integrated care system and the implications for Merton.	Presentation to the Panel	Vanessa Ford , Chief Executive South West London Mental Health Trust Mark Creelman , Locality Executive Director - Merton and Wandsworth. NHS South West London Clinical Commissioning Group	To develop an understanding of the reconfiguration of the six Clinical Commissioning Groups into the Integrated Care System and its impact on local services. To understand approach being taken, the meaning of 'place' and future delivery projections particularly around: governance – what is the relationship with Merton's Health and Wellbeing Board finances – ensuring the Merton pound is protected and invested locally
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting Date 2 November 2021 - BUDGET

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny	Budget and Business Plan 2021-2022	Report to the Panel	Caroline Holland, Director of Corporate Resources	Scrutinise the budget and any send comments to the Commission.
Scrutiny of Public Health	Impact of COVID-19 in Merton	Report to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Health Partners	Primary care –overview of access, GP Survey, GP Workforce	Report to the Panel	Impact of COVID-19 in Merton	Presentation to the Panel
Scrutiny of Health Partners	Service to support people with Long Covid	Report to the Panel	NHS South West London Clinical Commissioning Group	To consider range of services and resources allocated to tackle Long Covid
Holding the Executive to account	Cabinet Member Priorities	Verbal update	Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health	Review Cabinet Member priorities and key projects for the year ahead
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting date – 10 January 2022 - BUDGET

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Budget Scrutiny	Budget and Business Plan 2021-2022	Report to the Panel	Caroline Holland, Director of Corporate Resources	Scrutinise the budget and any send comments to the Commission.
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report	Report to the Panel	Aileen Buckton, Chair Merton Adults Safeguarding Board	Review the work taking place to safeguard vulnerable adults in Merton
Scrutiny of Health Partners	Progress with the Wilson Health & Wellbeing Campus	Report to the Panel		Reviewing the current position, clearer understanding of proposed future plans including the financial position and future commitments.
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22
Scrutiny of Public Health	The new Joint Strategic Needs Assessment (JSNA)	Report to the Panel	Dagmar Zeuner, Director of Public Health	To review the Merton approach to developing the new JSNA

Meeting Date – 8 February 2022

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Health Partners	Immunisations schedule: including diabetic eye screening, breast cancer, flu for the over 65s and vulnerable groups.	Report to the Panel	NHS England	Review the local immunisation rates and screening services as a result of the pandemic
Scrutiny of Health Partners	COVID -19 Understanding residents experience of services during, and lessons learnt from, the pandemic response including: Care homes Maternity services and Hospital admissions	Report to the Panel	SW CCG Adult Social Care Public Health	Understand the impact of COVID-19 on Merton residents and the lessons learned by frontline services.
Scrutiny of Health Partners	Review of Lunch Clubs in Merton	Report to the Panel	Simon Shimmens, Chief Executive, Merton Connected	To scrutinise the report being published by Merton Connected on the current position of Lunch Clubs in Merton, following the pandemic. This report could be considered as part of a wider understanding of the state of the voluntary sector

				post COVID and its capacity to support the social prescribing model in Merton.
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting date – 14 March 2022

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Public Health	Health and Wellbeing Board - Annual report	Report to the Panel	Dagmar Zeuner, Director of Public Health	To review the work of the Health and Wellbeing Board

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