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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 6 September 2022

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Agatha Mary Akyigyina OBE (Chair)
Jenifer Gould (Vice-Chair)
Laxmi Attawar
Max Austin
Caroline Charles
Eleanor Cox
Simon McGrath
Slawek Szczepanski
Martin Whelton

Substitute Members:

Mike Brunt
Michael Paterson
Dennis Pearce
Tony Reiss
Matthew Willis

Co-opted Representatives

Saleem Sheikh (Co-opted member, non-voting)
Diane Griffin (Co-opted member, non-voting)

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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.

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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

20 JUNE 2022

(7.15 pm - 9.15 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Caroline Charles, Councillor Slawek Szczepanski, Councillor Martin Whelton, Councillor Thomas Barlow and Saleem Sheikh

Stella Akintan (Scrutiny Officer), Mark Creelman (Locality Executive Director (Merton & Wandsworth)), John Morgan (Interim Director, Community & Housing) and Dr Dagmar Zeuner (Director, Public Health)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies from Councillors Eleanor Cox and Simon McGrath, Councillors Tony Reiss and Michael Paterson attended as a substitutes. Apologies also received from co-opted member Diane Griffin.

2 MINUTES OF THE PREVIOUS MEETING (Agenda Item 2)

The Minutes of the previous meeting were approved

3 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 3)

There were no declarations of pecuniary interests

4 NHS BREAST SCREENING PROGRAMME (Agenda Item 4)

NHSEI Director Breast Screening Recovery and the Divisional Director of Operations gave introduced the report providing overview of the breast screening programme and the impact of the pandemic on services.

This item was exempt on the grounds that there is sensitive data within the report. This is by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

5 CERVICAL AND BOWEL CANCER SCREENING UPDATE (Agenda Item 5)

The Deputy Head of Adult & Cancer Screening gave an overview of the report and highlighted that London has historically lower uptake than the rest of the country. NHS England have run two campaigns to try and increase uptake. Panel members asked why uptake in Merton is so low. It was reported that Merton rate is affected by areas of deprivation as uptake is higher within affluent areas. NHS England have begun a new programme of work to address inequalities in vaccine

uptake. This began in February and of the programme will be available in due course. results of the programme will be available once it has been embedded.

A panel member asked what programmes have been put in place to help women who are not coming forward for screening. The Deputy Head of Adult & Cancer Screening said they use professionals from that community to talk to people and make use of existing links within the community.

RESOLVED

The Chair officers for their report

6 MERTON HEALTH AND CARE TOGETHER (Agenda Item 6)

The Executive Locality Director said he will work with colleagues in the NHS to explore the possibility of having a Breast Cancer screening Centre in Merton. Although site doesn't follow performance as Merton has the best screening rates in South West London even though there isn't a dedicated site in the borough. Improving breast cancer screening is very much about understanding and tackling health inequalities.

The Deputy Director of Merton Health and Care Together gave an overview of the Health and Care Plan.

A panel member noted that Dementia diagnosis numbers have fallen. It was reported that this is monitored, and they are working with the local dementia hub. A Panel member asked if the priorities had been clearly identified, the Executive Director said there was an engagement event last Autumn and the priorities were agreed.

A Panel member said it was important to include the impact of poor housing. The Executive Director said this will be taken into account when they deliver and develop the Plan.

7 JOINT STRATEGIC NEEDS ASSESSMENT PLANS (Agenda Item 7)

The Director of Public Health gave an overview of the report highlighting that it is a statutory duty of the Health and Wellbeing Board. The purpose is that the Partnership has a common understanding of the population health needs.

A panel member said new census data will be available later this year and some wards have changed. The Director of Public Health said partners are updating their data

Obesity statistics need to be updated. Especially after the pandemic and in light of childhood obesity in East of the Borough.

The Director of Public Health said ward boundaries relevant in the east west comparison and trends over time. Update of data is waiting for it to be produced by partners

The Director of Public Health said Panel members can usefully provide any new information about population needs that arises from surgery work. How does scrutiny fit into the work of the JSNA – contact with new information during surgery work, there contact with any information.

RESOLVED

The Director of Public Health was thanked for the report

8 WORK PROGRAMME REPORT 2022-2023 (Agenda Item 8)

RESOLVED

The Panel agreed the draft topics

The Panel asked for an update from St Helier to the next meeting in September.

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Healthier Communities and Older People Overview and Scrutiny Panel

Date: 06 September 2022

Subject: Proposals for the future of the Rowans Surgery

Lead officer: Mark Creelman, Executive Director, NHS South West London

Contact officer: Katharine Bugler, Deputy Director for Primary Care, NHS South West London

Recommendations:

- A. After considering all the options, NHS South West London is proposing to close the practice and ask that patients register with another practice of their choosing, where they will receive a better quality and more consistent service offer. All patients would be fully supported in making this move.
 - B. The Overview and Scrutiny Panel are invited to share their views on this proposal, giving consideration to what extra support could be offered to patients, as well as any alternative solutions we might not have considered.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The current GP Partners and Managing Partner who run the Rowans Surgery hold a contract with NHS South West London which is due to end on 31 October 2022. This means that important decisions need to be made very soon about how GP services are provided.
- 1.2. Discussions have been ongoing for a number of years about the challenges facing the Rowans – particularly related to the premises and staffing. If services continue to be provided from the Rowans Surgery, we are concerned that these issues will impact on patient safety and the quality of care delivered.
- 1.3. After considering all the options, NHS South West London is proposing to close the practice and ask that patients register with another practice of their choosing. All patients would be fully supported in making this move.
- 1.4. A final decision is needed in the next few weeks in order to ensure this dispersal process can be managed effectively.

2 DETAILS

- 2.1. Please see slide pack attached covering: What are the challenges? What options have we considered? What are we proposing to do? Is there capacity at local practices? How will patients be supported? What are the longer term plans? What are the next steps?

3 ALTERNATIVE OPTIONS

- 3.1. Extend the contract – *This is not an option*. The current Partners (East Merton Primary Care Network) have confirmed they will not agree a contract extension beyond 31st October 2022. They can not continue to deliver the contract without impacting service delivery at their own practices.

3.2. Procure a new provider – *This is not an option*. The list size is only 5000 patients and therefore the contract will not be attractive to bidders. Any new provider will be subject to the same premises and recruitment issues as the preceding four sets of Partners.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Over the coming weeks we will be seeking views on this proposal - the impact, what extra support could be offered, as well as any alternative solutions we might not have considered.

4.2. Patients registered at the practice have been written to and invited to join one of a series of engagement events where we can share more information and answer questions.

4.3. Events have been advertised on the NHS SWL, practice and surrounding practice websites. We're also reaching out to local community organisations who support people who might be impacted.

5 TIMETABLE

5.1. Engagement on proposals – early September 2022

5.2. Decision by South West London Primary Care Contracting Group – mid September 2022

5.3. Patients informed of decision and supported to re-register – September and October 2022

5.4. Practice close down processes – October 2022

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. NHS South West London are the statutory body responsible for decision making on this matter.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. An Equality Impact Assessment has been carried out.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. N/A

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

11.1. Proposals for the future of the Rowans Surgery – Slide Pack

12 BACKGROUND PAPERS

12.1. N/A

Proposals for the future of the Rowans Surgery

Merton OSC - September 2022



Contents

- Introduction
- What are the challenges?
- What options have we considered?
- What are we proposing to do?
- Is there capacity at local practices?
- How will patients be supported?
- What are the longer term plans?
- What are the next steps?



Introduction

- The current GP Partners and Managing Partner who run the Rowans Surgery hold a contract with NHS South West London which is due to end on 31 October 2022. This means that important decisions need to be made very soon about how GP services are provided.
- Discussions have been ongoing for a number of years about the challenges facing the Rowans – particularly related to the premises and staffing. If services continue to be provided from the Rowans Surgery, we are concerned that these issues will impact on patient safety and the quality of care delivered.
- After considering all the options, NHS South West London is proposing to close the practice and ask that patients register with another practice of their choosing. All patients would be fully supported in making this move.
- A final decision is needed in the next few weeks in order to ensure this dispersal process can be managed effectively.

What are the challenges?

- The only GP at the practice gave notice of his resignation in July and the GP partners do not wish to renew their contract.
- GP partners have told us the building isn't safe and they're unable to recruit clinical staff – which makes the practice unsustainable in the long term.

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The issues at the Rowans Surgery are not new – NHS South West London has put extra funding into the Rowans over many years to address longstanding issues, but the building is just not fit for purpose.

- The Rowans Surgery has been managed by four different GP providers over the last five years. Even with extra funding, they have not been able to solve problems with the building and staff. Most recently, patients have needed to be seen at other practices in the area because of the inability to recruit.
- We are committed to developing a new health facility as part of the Rowan Park development, which will offer GP and community services, estimated to be deliverable in about 2-3 years.

What options have we considered?

- Extend the contract – *This is not an option.* The current Partners (East Merton Primary Care Network) have agreed an extension of one month to 31st October 2022 however they will not extend beyond this date. They can not continue to deliver the contract without impacting service delivery at their own practices.

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Procure a new provider – *This is not an option.* The list size is less than 5000 patients and therefore the contract will not be attractive to bidders. Any new provider will be subject to the same premises and recruitment issues as the preceding four sets of Partners.

- Disperse the list – *recommended option.* The practice will close and patients will be supported to re-register at a local practice of their choosing, where they will receive a better quality and more consistent service offer.

What are we proposing to do?

- After considering all the options, we are proposing to close the Rowans Surgery and ask patients to register with another practice of their choosing. We believe this is the only viable option to ensure patients receive high quality care.

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Over the coming weeks we will be seeking views on this proposal - the impact, what extra support could be offered, as well as any alternative solutions we might not have considered.

- Patients registered at the practice have been written to and invited to join one of a series of engagement events where we can share more information and answer questions.
- Events have been advertised on the NHS SWL, practice and surrounding practice websites. We're also reaching out to local community organisations who support people who might be impacted.

Is there capacity at local practices?

- If the decision is made to disperse the practice list, patients will be asked to choose a local surgery and register there for future treatment.
- We have assessed the capacity of local practices using local workforce data and have spoken directly with Partners at these practices to understand their views.

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In Merton, there is an average of 1 Full Time Equivalent GP to 1783 patients. In East Merton, there is a better ratio, with 1 FTE to 1352 patients*. The national average is 1 FTE GP to 2222 patients.

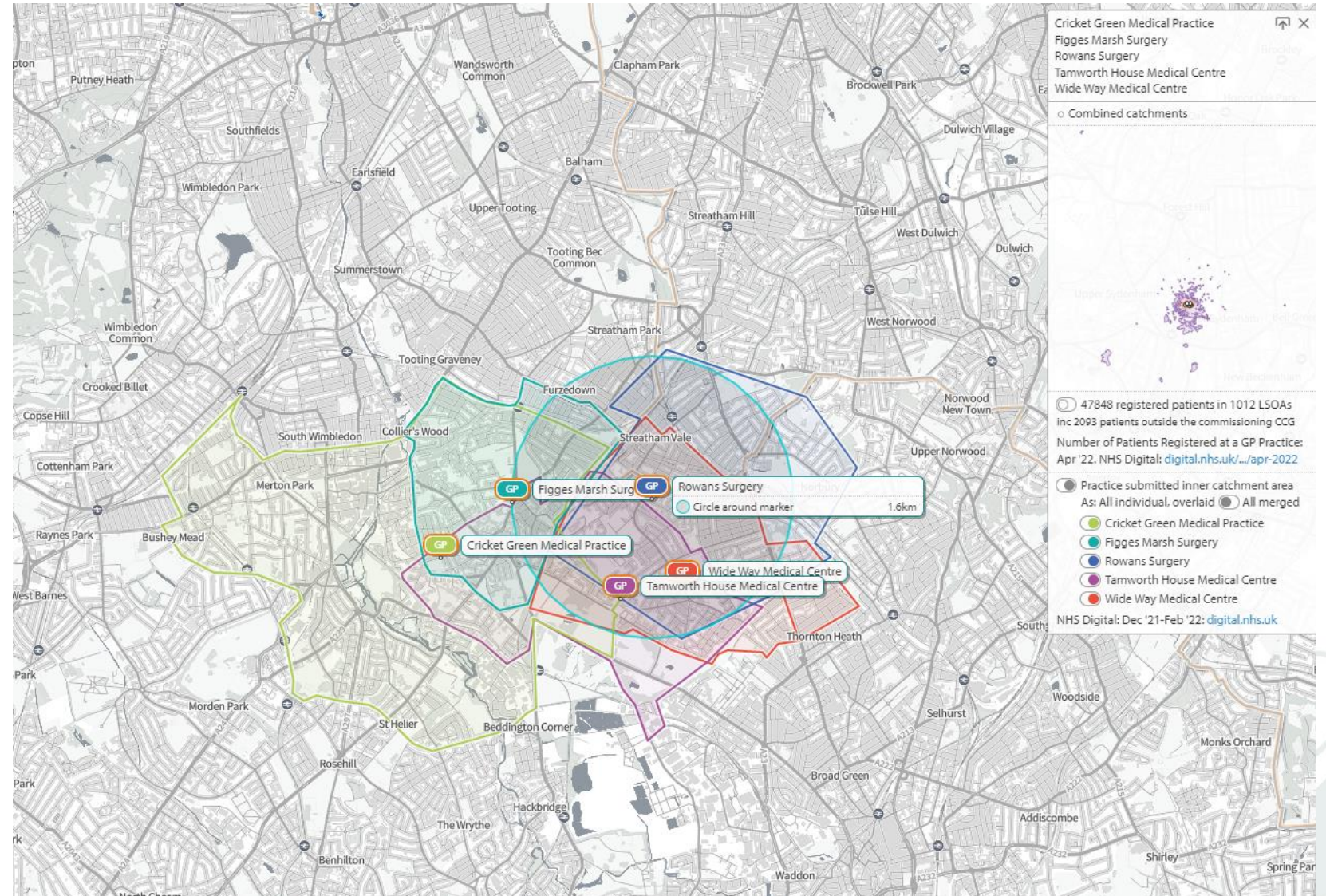
- The closest surgeries in East Merton have said they're willing and able to take on extra patients. They can offer better care with more doctors available for appointments. These practices are Wideway Medical Centre (0.8 miles from the Rowans); Tamworth House Medical Centre (1.0 mile) and Figges Marsh Surgery (1.3 miles).

(* based on local workforce data which reflects a fixed point in the year and therefore is prone to some fluctuation)

Is there capacity at local practices?

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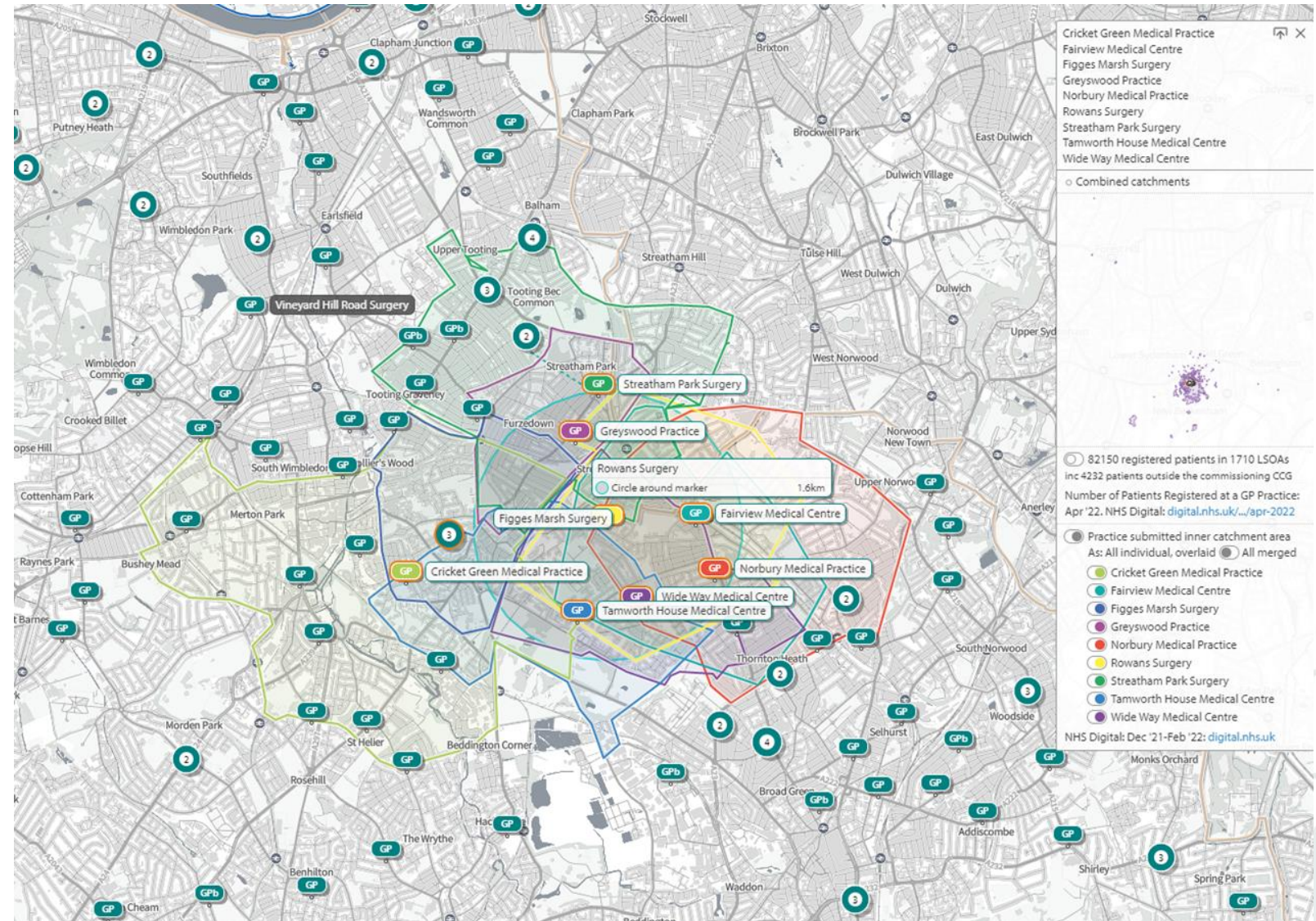
- We have mapped the patients registered with the Rowans Surgery and confirmed that they are included within the catchment area of the local practices referenced on the previous slide
- Map shows East Merton PCN combined catchment areas, in relation to 1 mile radius from Rowans Surgery



Is there capacity at local practices?

- Map shows East Merton PCN and inner catchment area of practices within 1.5 mile radius of Rowans Surgery

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How will patients be supported?

- If the decision is made to disperse the practice list, patients will receive a letter informing them of the closure and providing information on how to re-register. This will include contact details of local practices.
- Patients will need to complete a Patient Registration form to make the transfer. This can be done online as well as in person.

We have completed an Equality Impact Assessment to help us understand which people will be most affected by the change, and we have identified a series of actions to help mitigate the impact for these groups. These include:

- Support offered to help people with the re-registration process. This would involve staff working at the closest practices reaching out to offer support to people who have been identified as vulnerable.
- Partners at the Rowans practice have committed to mobilising a team of care co-ordinators to assist patients where needed, this could be with filling forms or identifying their most local practice. Patients will be able to contact this team via the usual Rowans contact lines.
- Information and advice around routes to alternative primary care settings and services such a dial a ride will be collated and shared with patients.

What are the longer term plans?

- We are committed to developing a new health facility as part of the Rowan Park development, which will offer dedicated GP-led and community services and is estimated to be 2-3 years away.
 - We will work with the site developers and our partners to expedite this in any way possible.
- The New Rowans will provide vital additional primary care estates capacity for the people of East Merton.
- The Primary Care space has been designed for clinical and non-clinical activity.
 - In the coming months we would like to work with local stakeholders and residents to design the service model for the building and ensure our vision for the building meets the needs of the local population.

Longer term plan – challenges

In developing a service model for the new premises, the key challenges facing the existing Rowans Surgery must be understood:

1. A small registered list gives potential contract holders limited financial flexibility and a lack of resilience to enable delivery of a sustainable, high quality service. A standalone Rowans practice will always have this issue.
2. Consecutive providers have been unable to recruit permanent staff. National staffing shortages mean that a small standalone surgery remains unlikely to be able to offer the remuneration, flexibility and personal development opportunities needed to attract and retain highly sought after staff. This situation is exacerbated in areas of high deprivation.
3. Poor quality premises means the practice has been unable to retain workforce or take advantage of digital innovations and new ways of working e.g. group consultations. New premises must be designed to enable patients and staff to take advantage of new innovative modes of consultation and ways of working.

Longer term plan - enablers

In order to utilise the new Rowans premises effectively it is essential we make use of the key enablers the Borough already has in place:

1. East Merton Primary Care Network is made up of four practices with larger lists. Working together to pool resources and provide collective services for patients across East Merton, they will use the new premises as a hub site with one dedicated team delivering continuity of care to local residents.
2. More scale and a bigger budget means a better, more resilient service offer for patients and a more attractive package to encourage new primary care staff into East Merton. The site team will be GP led, with the addition of PCN new roles such as social prescribing and mental health practitioners making for a much more effective and high quality service offer.
3. The new Rowans premises will be fit for purpose and designed for modern primary care which requires not only traditional clinical space but space to enable a range of consultation types and other activities which are essential to enabling services to thrive.

Longer term plan – service model

The New Rowans will form a branch site of the practices in East Merton Primary Care Network (EMPCN), offering integrated GP services to patients across East Merton.

A dedicated, GP led team will operate from the site, delivering a range of clinical and non clinical services. These will include:

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- 1. Same day access** – so that patients can be given an appointment on the day where medically necessary
- 2. Complex care** – delivered by a multi-disciplinary team of staff including care coordinators, mental health practitioners, health and well-being coaches and link workers.
- 3. Planned care** – Specific clinical interventions focused on known population health needs for example, childhood immunisations, cervical screening clinics and the provision of additional diabetes clinics, delivered jointly with community and secondary care.

Longer term plan – service model

4. **(Novel) Innovative community based care** – group consultations focused on areas of need identified through population health data, including:
 - Health education for post-natal women
 - Health and well-being coaching sessions for those who are socially isolated
 - Care Coordination Group sessions for frequent A&E attenders
 - Together joint paediatric clinics with St Georges Hospital
5. **Preventative Care** – the co-ordination function for preventative care in East Merton will be delivered from the Rowans Branch site through bringing together the PCN care co-ordinators as a combined team

Longer term plan - summary

The New Rowans Site will form a hub for local residents, enabling EMPCN practices to jointly deliver a holistic high quality community focused service, for patients across East Merton, including those currently registered at the Rowans Surgery.

Benefits will include:

- Page 22
- Improved access to effective care for patients
 - Increased primary care capacity, relieving pressures on ED/Urgent Care
 - A wider service offering, aligned to the needs of local communities
 - Additional physical space to support training capacity for health care professionals, thereby supporting recruitment and retention of the primary care workforce
 - A dedicated GP Led multi-professional team operating from the new branch site

In the coming months we would like to work with local stakeholders and residents to co-design the detail of this service model and ensure our vision for the building meets the needs of the local population.

Next steps

- We'll be talking to local people about the proposal to disperse the Rowans Surgery list through a series of events in the coming weeks.
- We'll be considering feedback and any other options put forward, including what additional support might need to be put in place for vulnerable residents.

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A final decision will be made by the South West London Primary Care Contracting Group at the end of September.

- Patients registered at the practice will have received a letter about the proposed changes and will receive a further letter once the final decision has been made.
- If the patient list is dispersed, we would share information about how patients can register at other local practices and vulnerable patients would be supported.
- In the meantime, patients will continue to be seen at local practices, who are working together to make sure people receive high quality care.

Q&A



Healthier Communities and Older People Overview and Scrutiny Panel

Date: 6 September 2022

Subject: Building Your Future Hospitals programme update

Lead officer: Jacqueline Totterdell, Group Chief Executive Officer, St George's, Epsom and St Helier University Hospitals and Health Group and James Blythe, Managing Director of Epsom and St Helier University Hospitals NHS Trust

Contact officer: Ebony Lyons, Head of Communications and Engagement for Building Your Future Hospitals, Epsom and St Helier University Hospitals NHS Trust

Recommendations:

A. To note the programme update.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To provide an update on the Building Your Future Hospitals programme.

2 DETAILS

2.1. The Building Your Future Hospitals programme represents the biggest investment in healthcare in the region for a generation. It will transform Epsom and St Helier hospitals and ensure that local people can access the care they need – from urgent care to outpatient appointments, and much more – in facilities that are fit for purpose. In addition, a brand new hospital facility will be built on the old Sutton Hospital site.

2.2. The new Specialist Emergency Care Hospital will consolidate major services including A&E, Critical Care, Acute Medicine, Emergency Surgery, Inpatient Paediatrics, and Maternity Services.

2.3. The majority of patients – 85% of the people who need care – will still be seen and treated at Epsom and St Helier hospitals. There will also be urgent treatment centres open 24 hours a day, 365 days a year at both sites.

2.4. Work to secure this once-in-a-lifetime funding for the future of Epsom and St Helier has been going on for years – including an extensive engagement programme called [Epsom and St Helier 2020 - 2030](#) and the [Improving Healthcare Together public consultation](#), which was accredited as 'best practice' by the Consultation Institute, and involved tens of thousands of people.

2.5. Epsom and St Helier continues to develop its plans and has submitted its Outline Business Case to the New Hospital Programme for feedback and confirmation of next steps.

3 ALTERNATIVE OPTIONS

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. In line with 2.4 above.

5 TIMETABLE

5.1.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1.

9 CRIME AND DISORDER IMPLICATIONS

9.1.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1.

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

- A brief history timeline
- Improving Healthcare Together (IHT) additional sources of information

12 BACKGROUND PAPERS

12.1.

*BUILDING YOUR
FUTURE HOSPITALS
programme update*

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Jacqueline Totterdell, Group Chief Executive

THE CASE FOR CHANGE

Patient experience and quality

Our staff run duplicate services across two sites, which **impacts the levels of care we provide to our patients**, and means our **workforce is stretched**.

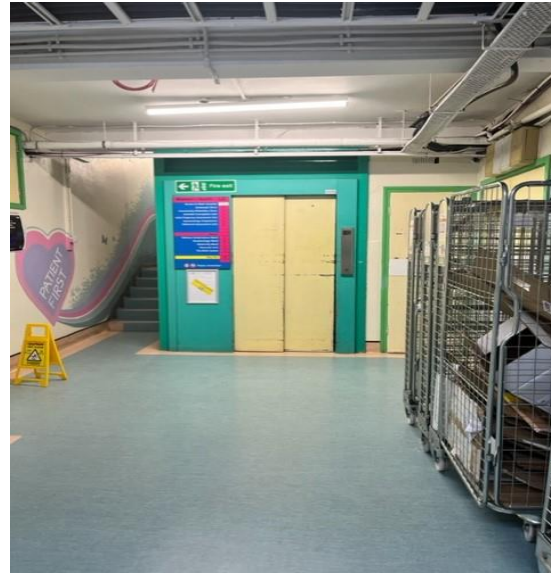
Changing our current model of care will help us **improve the patient journey and experience, improve quality** and provide **new clinical roles** which will help address current clinical workforce challenges.

Finances

Running duplicate services is expensive.

This is due to the increase in costs for temporary clinical staff to cover vacancies and gaps in staff rotas, the increasing costs of maintaining our old hospital buildings, and the reduction in opportunities to make savings.





98%

of St Helier is in
poor or bad condition
requiring major investment

Source: 2019 6-facet survey

OUR PROPOSALS



**Build a state-of-the-art Specialist
Emergency Care Hospital in Sutton**
to care for our sickest patients

**Significantly improve Epsom
and St Helier hospitals**
where **85%** of the people who
need care with us will still be seen
and treated



*Designs for illustrative purposes only

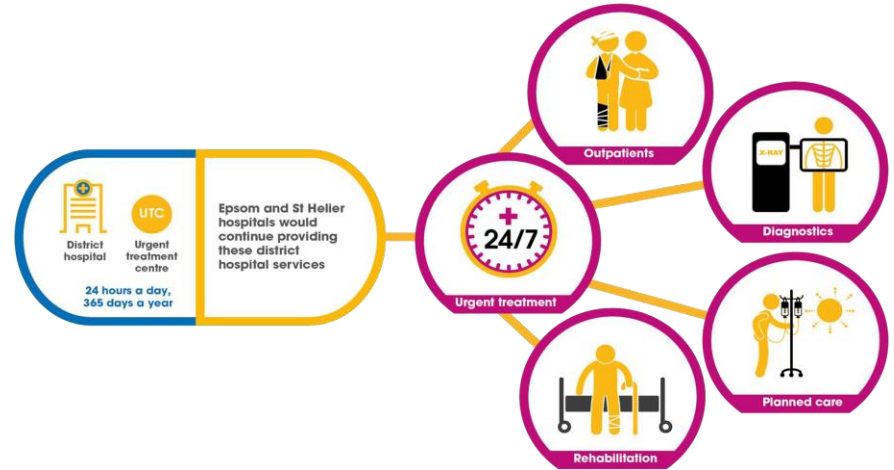
The district hospitals

Both Epsom and St Helier hospitals will support people who do not require high acuity services but who still need some medical input.

This includes district beds for patients 'stepping down' from the new hospital, 'stepping up' from the community and directly admitted via an urgent treatment centre.

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The vision for Epsom Hospital and St Helier Hospital



REDUCING HEALTH INEQUALITIES

- If we don't change how we provide our hospital services, the quality and safety of care for everyone is going to get worse – including communities experiencing health inequalities.
- We know, however, that issues associated with our local health inequalities, like obesity and diabetes, develop long before people need hospital care – which is why our work through the Merton Health and Care Plan is so important, focusing on prevention as well as primary and community care services.
- Through this work we are using population health data sets that go below borough level, to ensure we capture and respond to local community issues. Priorities for Merton have been identified in our shared plan.
- Our extensive public consultation (accredited as 'best practice' by the Consultation Institute), carefully considered the impact of the proposals on the future needs of our communities, including East Merton. We held focus groups with representatives from the most affected and deprived communities and extended this work following feedback.



TRAVEL AND TRANSPORT PLANNING

We have launched a dedicated **travel and transport working group** to look at accessibility to our hospitals, identify opportunities for improvements and tackle obstacles.

Current proposals and travel projects are:

- **Multi-storey car park at Sutton** with 800 spaces and smart technology to improve access and space management
- Working with London Borough of Sutton to **ensure road infrastructure to the new hospital is suitable**
- Supported London Borough of Sutton's recent **levelling up fund submission to improve rail access at Belmont**
- **Engaging with TfL** – We gave detailed feedback to recent TfL consultation and will continue to work closely together.

There will be lots more opportunities for local stakeholders to engage on transport links to the site as our plans progress.



HOW COVID-19 HAS CHANGED OUR PLANS

Building the new hospital and improving Epsom and St Helier hospitals is more important now than ever with what we have learned during the pandemic.

- Page 34
- Increased infection prevention and control with more patient bathrooms, single rooms with ensuite facilities and beds spaced further apart from each other.
 - More critical care beds in new hospital, and more flexibility to increase critical care capability into other wards if needed.
 - Ability to continue to deliver non-emergency surgeries and treatments – refurbished facilities at Epsom and St Helier will allow us to continue to deliver elective work.
 - Digital hospital – new ways of working and technologies to support more virtual care and home working.



WHERE WE ARE NOW

- We continue to wait for feedback and confirmation of next steps from the New Hospital Programme, which we expect to receive in the Autumn.
- The Government is committed to the Building Your Future Hospitals programme - but the new hospital will not be ready until 2027 at the earliest.
- We have made a strong case to the national programme for more upfront investment so we can submit planning applications and start building work more quickly.
- Everyone who works for the Trust contributes, every day, to delivering safe and effective care despite huge challenges in our hospital estate.
- Our patients deserve to be treated in a modern, purpose built environment, with major inpatient services working from a single specialist site.
- Our staff deserve a better environment from which to deliver care.

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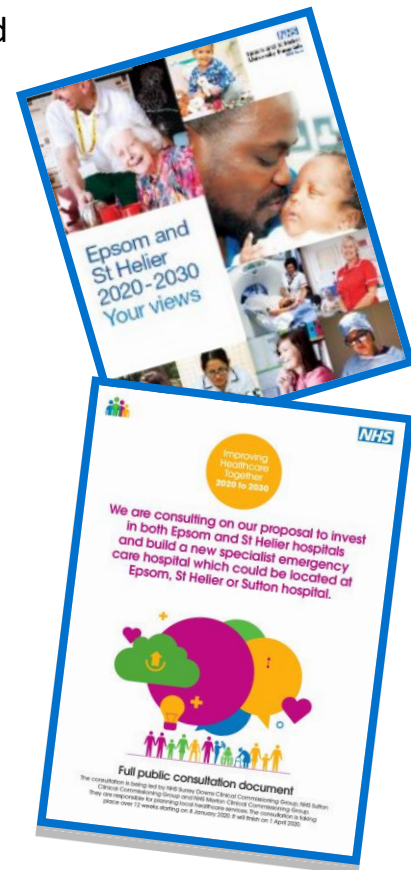


Appendices

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A BRIEF HISTORY OF IHT

- **July 2017** – We launched a comprehensive engagement programme (known as Epsom and St Helier 2020-2030) on the future vision for clinical services and their potential future reconfiguration. This culminated in creation of a Strategic Outline Case (SOC)
- **January 2018** – The three CCGs (Merton, Sutton and Surrey Downs) agree to form and approve the structure of **Improving Healthcare Together programme**
- **June 2018** – The three CCGs met as “Committees in Common” and launched a series of public discussion events to feedback on plans to build a new Specialist Emergency Care Hospital
- **January - April 2020** – Formal consultation with members of the public takes place, this was accredited as ‘best practice’ by the Consultation Institute
- **July 2020** – Following extensive public consultation, the **CCGs approved plans (DMBC)** to build a brand new, state-of-the-art hospital in Sutton and modernise buildings at Epsom and St Helier.
- **July 2020** – The Trust takes ownership of the delivery of the outcome of the consultation, launching the **Building Your Future Hospitals (BYFH) programme**
- **August 2020** – Work begins to create an **Outline Business Case**
- **April 2021** – The King’s Fund publishes an independent review of health inequalities in Merton and Sutton, which concludes that the relocation to Sutton site would not exacerbate health inequalities



IHT SOURCES OF ADDITIONAL INFORMATION

- <https://improvinghealthcaretogether.org.uk/document/independent-analysis-of-feedback-from-consultation-report/>
- <https://improvinghealthcaretogether.org.uk/document/decision-making-business-case/>
- <https://improvinghealthcaretogether.org.uk/document/paper-2-pre-consultation-business-case-pcbc/>
- <https://improvinghealthcaretogether.org.uk/document/summary-issues-paper-june-2018/>
- <https://improvinghealthcaretogether.org.uk/document/london-and-the-south-east-clinical-senates-report/>
- <https://improvinghealthcaretogether.org.uk/document/final-integrated-impact-assessment-report/>
- <https://improvinghealthcaretogether.org.uk/document/baseline-travel-analysis-june-2018/>
- <https://www.gov.uk/government/publications/advice-to-the-secretary-of-state-on-epsom-and-st-helier-university-hospitals-nhs-trust>
- <https://improvinghealthcaretogether.org.uk/wp-content/uploads/2019/05/Deprivation-impact-assessment-August-2018.pdf>
- https://swlondonccg.nhs.uk/wp-content/uploads/2021/10/SWL-CCG-Governing-Body-Part-1-meeting-pack-06-October-2021_updated.pdf

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 06 September 2022

Subject: Integrated Care System Governance Update

Lead officer: Mark Creelman, Locality Executive Director

Recommendations:

- A. The Committee is asked to note the Integrated Care System governance particularly the arrangements in place for Merton Place.
 - B.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To provide a summary of the changes in governance as South West London Integrated Care System (ICS) is established.
- 1.2. The report outlines the two key elements of the ICS: The Integrated Care Board, the Integrated Care Partnership. The report also outlines the key role place-based partnership and provider collaborative play in the integrated care system.

2 DETAILS

- 2.1. Integrated Care Systems are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area. They will be responsible for how health and care is planned, paid for, and delivered.
- 2.2. ICSs have four key purposes:
 - improving outcomes in population health and healthcare
 - tackling inequalities in outcomes, experience and access
 - enhancing productivity and value for money
 - supporting broader social and economic development
- 2.3. South West London Integrated Care System took on statutory responsibilities on the 1st July 2022. There was a history of system collaboration through the Health and Care Partnership that was established in 2018.
- 2.4. Through the Health and Care Partnership SWL has developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future through our local health and care plans for each borough.
- 2.5. There are 6 places identified in the South West London ICS, all aligned to the six London Boroughs; Croydon, Sutton, Kingston, Richmond, Wandsworth and Merton.

- 2.6. The key focus of Place based partnerships are to:
- (i) **To support and develop primary care networks (PCNs)** which join up primary and community services across local neighbourhoods.
 - (ii) **To simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
 - (iii) **To understand and identify** – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
 - (iv) **To coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.
- 2.7. In Merton, we have established the Merton Health and Care Together Committee, comprised of representatives from across health, social care and the community and voluntary sector. This is a formal sub-committee of the Integrated Care Board and is focused on driving forward the key focus of Place.
- 2.8. The committee oversees the delivery of the Merton Health and Care Plan, which focuses on the areas that require partnership to make a positive difference to the health and wellbeing of Merton residents.

3 ALTERNATIVE OPTIONS

Not applicable.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Not applicable.

5 TIMETABLE

5.1. Not applicable

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. Not applicable.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. Not applicable.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. Not applicable.

9 CRIME AND DISORDER IMPLICATIONS

9.1. Not applicable.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. Not applicable.

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

•

12 BACKGROUND PAPERS

12.1. Attached powerpoint presentation.

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South West London Integrated Care System

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Merton Overview & Scrutiny Committee

Mark Creelman

Executive Locality Lead Merton & Wandsworth
South West London Integrated Care System



What are Integrated Care Systems?



Integrated Care Systems are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area. They will be responsible for how health and care is planned, paid for and delivered.

ICSs have four key purposes:

1. improving outcomes in population health and healthcare
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. supporting broader social and economic development

What are Integrated Care Systems?

Integrated Care Systems will be made up of two parts:

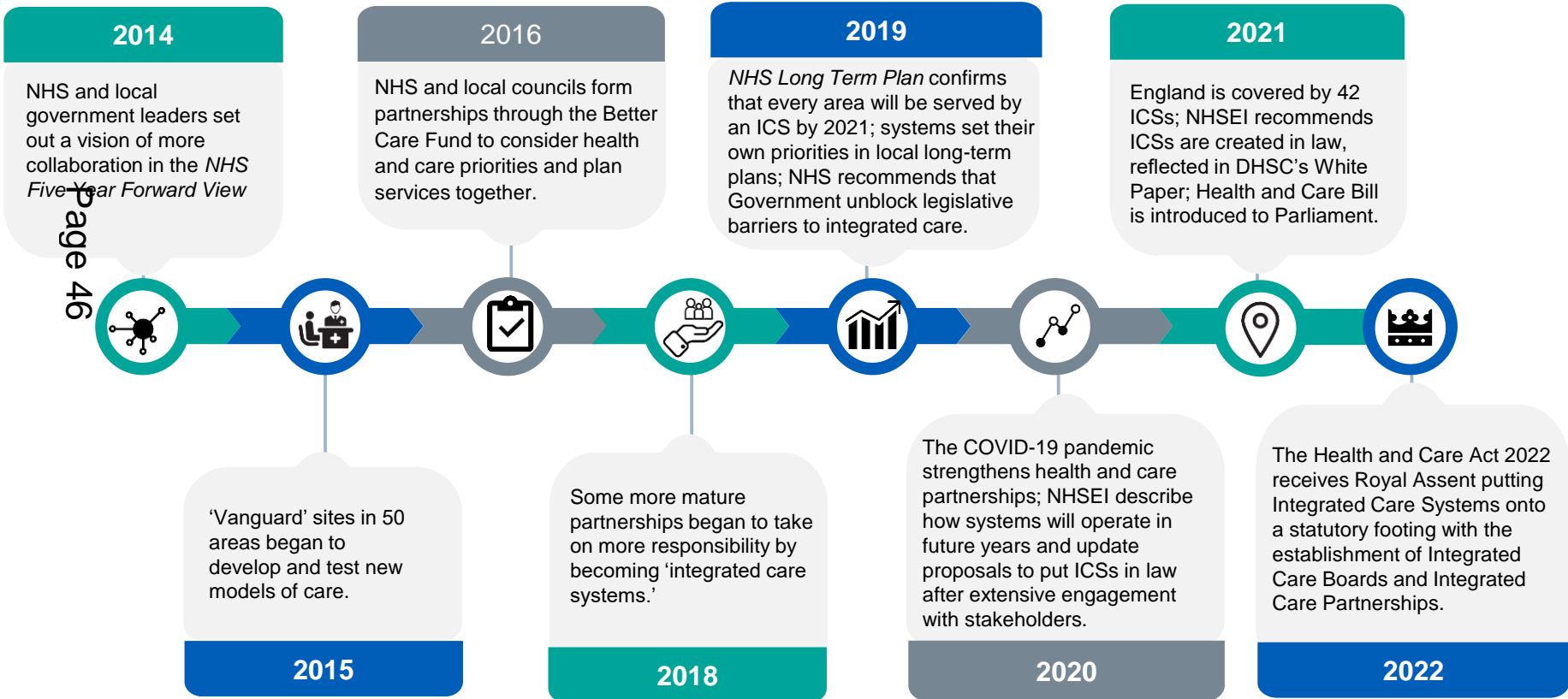
- **Integrated Care Boards** decide how the NHS budget for their area is spent and develop a plan to improve people's health, deliver higher quality care, and better value for money
- **an Integrated Care Partnerships** bring the NHS together with other key partners, like local authorities, to develop a strategy to enable the Integrated Care System to improve health and wellbeing in its area

Other important ICS features are:

- **Local authorities**, which are responsible for social care and public health functions as well as other vital services for local people and businesses.
- **Place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. Our place partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the local population.
- **Provider collaboratives** bring NHS providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

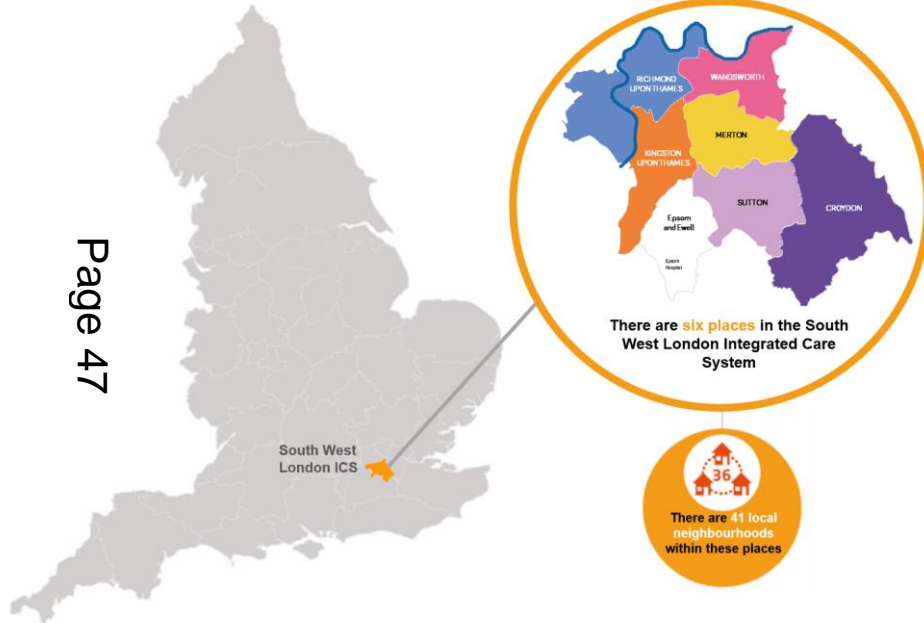


The journey to integrated care systems



SW London Integrated Care System

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South West London Health and Care Partnership was granted Integrated Care System status in 2020, and on 1 July 2022 we will take on statutory responsibilities.

We bring together NHS organisations, local councils, Healthwatch, charities, community and voluntary organisations to improve local health and care services and to improve the health and wellbeing of local people.

- Our ICS is made up of six ‘places’ – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.
- Since we were set up in 2018, we have developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future through our local health and care plans for each borough.

South West London Integrated Care System



Our integrated care system has two statutory committees:

NHS South West London Integrated Care Board decides how the NHS budget for their area is spent and develop a plan to improve people's health, deliver higher quality care, and better value for money

Our NHS Board will be made up of:

- Our Chair
- 4 non-executive members
- Chief Executive
- 4 partner members NHS and Foundation Trusts
- Partner member Primary Medical Services
- Partner member Local Authorities
- Chief Finance Officer
- Medical Director
- Director of Nursing
- 6 Place Members
- Deputy Chief Executive Officer

The first meeting of our NHS Board in public was held on:

10am, Friday 1 July 2022
The Chaucer Centre

The first meeting of our Partnerships Board will be in the autumn

South West London Integrated Care Partnerships bring the NHS together with other key partners, like local authorities, to develop a strategy to enable the Integrated Care System to improve health and wellbeing in its area

Our Partnerships Board will be made up of:

- Co-Chairs – the ICB Chair and a Leader of a SWL Council
- Health members
 - ICB Chief Executive
 - ICB Population Health Management Director
 - ICB CFO
 - 5 NHS SWL Provider Chairs
 - Primary care representative
- Local Authority members
 - 6 Chairs of Health and Wellbeing Boards
 - Chief Executive representative
 - Director of Children Services representative
 - Director of Adult Services representative
 - Director of Public Health representative
 - Growth and economy representative
- 6 Place representatives
- SWL Clinical Senate co-chairs
- ICB Deputy Chief Executive Officer
- Healthwatch representative
- Voluntary sector representative



Our places in South West London

Place-based partnerships lead the detailed design and delivery of integrated services across their localities and neighbourhoods. We have six place partnerships across each of our boroughs.



Croydon

Croydon Council
Croydon Health Services NHS Trust
Croydon Healthwatch
South London and The Maudsley NHS Trust
Croydon voluntary sector organisations
Age UK Croydon
NHS South West London



Kingston

Kingston Council
Kingston Hospital NHS Foundation Trust
Hounslow & Richmond Community Healthcare
South West London & St George's Mental Health Trust
Kingston Healthwatch
Kingston voluntary sector organisations
Your Healthcare
NHS South West London



Merton

Merton Council
St George's University Hospitals NHS Foundation Trust
Merton Healthwatch
South West London & St George's Mental Health Trust
Merton voluntary sector organisations
NHS South West London



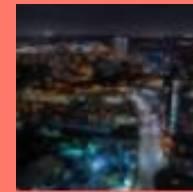
Richmond

Richmond Council
Kingston Hospital NHS Foundation Trust
Hounslow & Richmond Community Healthcare
South West London & St George's Mental Health Trust
Richmond Healthwatch
Richmond voluntary sector organisations
NHS South West London



Sutton

Sutton Council
Epsom and St Helier University Hospitals NHS Trust
Sutton Healthwatch
South West London & St George's Mental Health Trust
Sutton voluntary sector organisations
NHS South West London



Wandsworth

Wandsworth Council
St George's University Hospitals NHS Foundation Trust
Wandsworth Healthwatch
South West London & St George's Mental Health Trust
Wandsworth voluntary sector organisations
NHS South West London

Provider Collaboratives

Provider Collaboratives are partnership arrangements involving two or more trusts (foundation trusts or NHS trusts) working across multiple places to realise the benefits of mutual aid and working at scale.

There are three Provider Collaboratives in South West London:

- **South London Mental Health Partnership** - comprising Oxleas NHS Foundation Trust, South London and Maudsley NHS Trust and South West London and St. George's NHS Trust
- **The Acute Provider Collaborative** - comprising Croydon Health Services NHS Trust, Epsom and St. Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St. George's University Hospitals NHS Foundation Trust
- **RM Partners** - comprising all South West London and North West London bodies supporting the NHS Cancer Pathway, including Primary, Acute and Specialist providers and screening services

The purpose of provider collaboratives is **to work together to continuously improve quality, efficiency and outcomes**, including proactively **addressing unwarranted variation and inequalities in access and experience**

Together, trusts work collaboratively to **lead the transformation of services and the recovery from the pandemic**, making sure they have shared ownership of their objectives and plans





The purpose of Place



- **To support and develop primary care networks (PCNs)** which join up primary and community services across local neighbourhoods.
- **To simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
- **To understand and identify** – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- **To coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.



Merton Health and Care Together Committee



Vanessa Ford Place Convenor
*Chief Executive Officer
South West London and St George's*



Mark Creelman
*Executive Locality Lead Merton
South West London ICS*

Simon Shimmens
*Chief Executive, Merton
Connected*



John Morgan
*Interim Director of Community
and Housing, London Borough
of Merton*



Jimmy Dawodo
*Director of Operations
CLCH*



Merton
Health and Care

Together
Committee



Jane McSherry
*Director of Children Schools
and Families
London Borough of Merton*

GP representative
*Primary Care Provider
Representative*



Dr Dagmar Zeuner
*Director of Public Health,
London Borough of Merton*

Dr Laura Jarvie
*Primary Care Provider
Representative*



Anne Brierley
*Chief Operating Officer
St George's*

Dr Sayanthan Ganesaratnum
*Primary Care Provider
Representative*



Dave Curtis
CEO, Merton Healthwatch

Values

- Keeping the people of Merton at the centre of all we do
- Being open to learning
- Valuing difference and diversity
- Being honest
- Being respectful
- Being curious and innovative
- Being compassionate

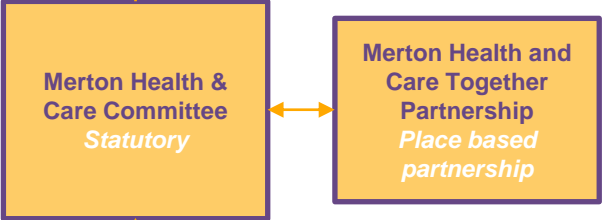
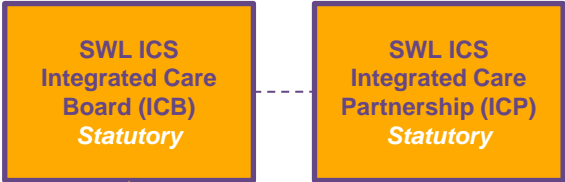
Principles

- Leaving organisational sovereignty and history at the door
- Approaching difficult conversations in a constructive way
- Continuing to build effective relationships and maximise skillsets
- Focusing on reducing inequalities and improving outcomes

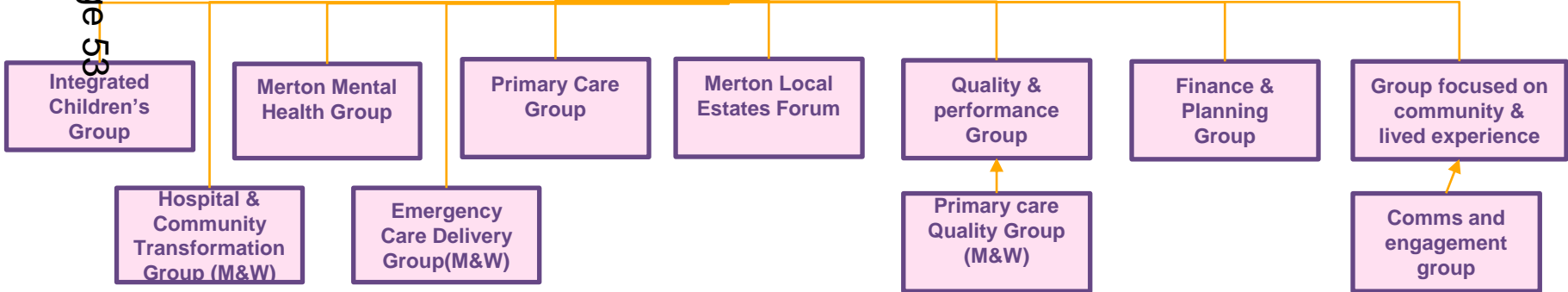
Proposed governance Merton place



Proposed Merton place-based governance system – option to streamline over time



Proposed sub-groups of MH&C Together Committee



Developing the Merton Borough Committee



PARTNERSHIP

- Forming the borough partnership board, identifying lead areas etc.
- Iterating the place reference docs, governance and sub groups
- Develop conflict of interests approach
- Confirm approach to strengthening genuine voluntary and community sector voice in the partnership
- Implement the organisational development plan



ALIGNMENT

- Agree focused joint agenda (LHCP?)
- Align member org strategies and plans
- Map and understand resources and investment areas in readiness for alignment
- Identify opportunities for joint/integrated posts e.g. CYP?
- Align with HWB Strategy and plans



INTEGRATION

- Strengthen the BCF process, exploit opportunities and align with strategies
- Community services strategic piece - collectively working together to explore new alternatives in prep for contract expiry March '23
- Intermediate care opportunities



WORKFORCE

- Clarity emerging on the level of resource required for place, perhaps gaps and or needs are clear
- thoughts on the amendments required



TRANSFORMATION

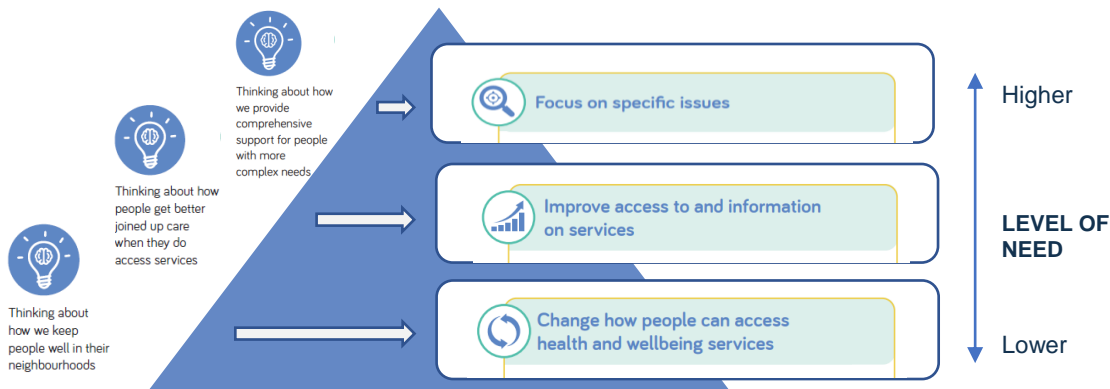
- Strategically steer the re-launch of MHCT programme and new programme team
- Collaboratively monitor delivery of services
- Develop PHM approach at place

Merton Health & Care Plan

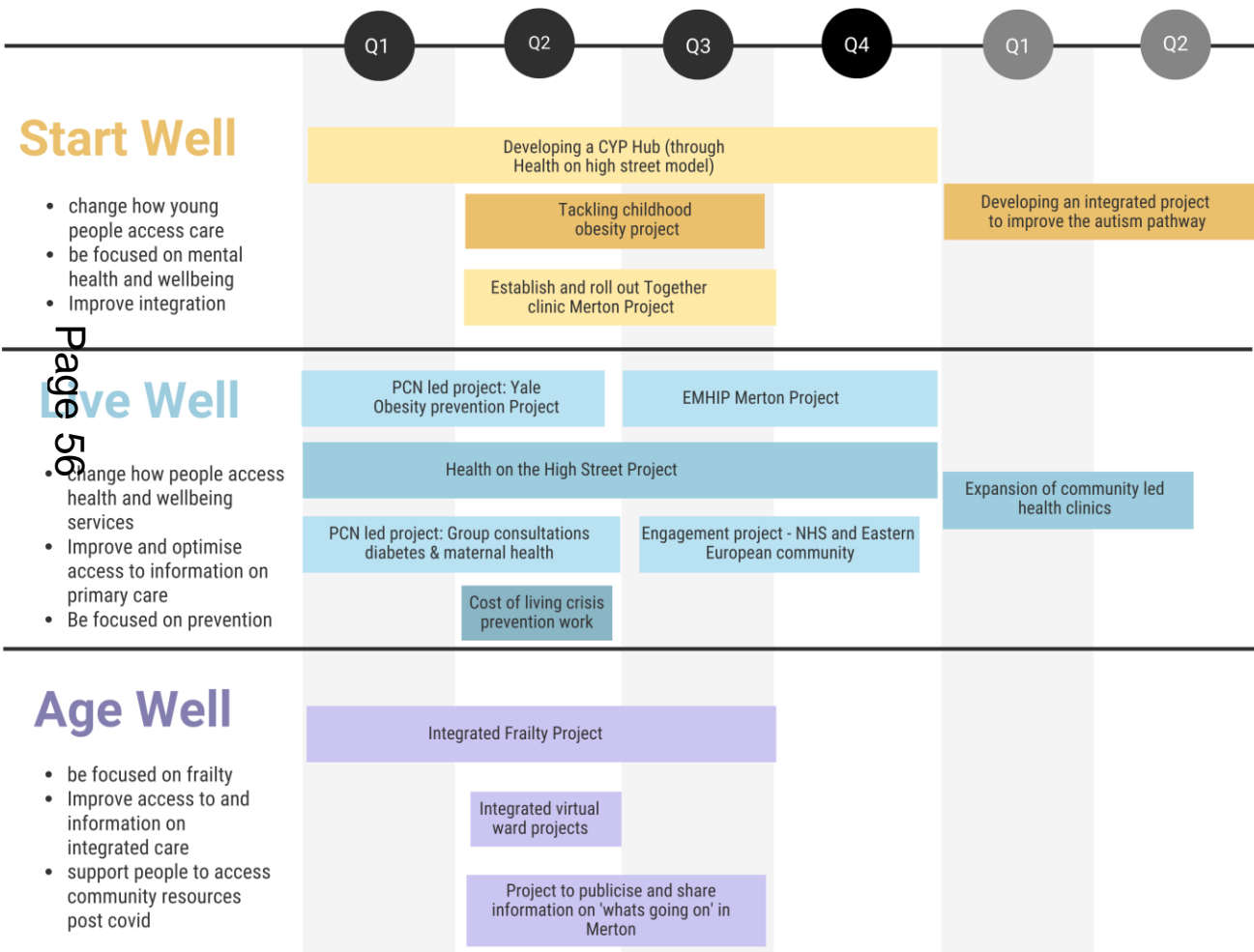
After talking to our community in Merton we have collectively refreshed our vision to:

“Working together to reduce inequalities and provide truly joined up health and care services with and for all people in Merton, so they start, live and age well in a healthy place”

- Across all our work we aim to:
 - Reduce health inequalities and embed equity.
 - Use a population health management approach to drive change.
 - Focus on sustainability and making Merton a healthy place.
 - Engage with service users, patients and communities so all work is developed with and by people in Merton.
- Based on all our feedback we will think about different approaches for different levels of need:



Merton Health & Care Together Delivery Plan



Desired outcomes:

1. Reduction in health inequalities
2. Improved health outcomes
3. Greater access and support for Merton residents particularly early intervention and prevention initiatives
4. Early identification, improvement in treatment of and prevention of the complications of diabetes and cardiovascular disease
5. Improved health and wellbeing for Merton residents through enhanced access to community and voluntary sector services
6. Greater sharing of assets and expertise across the statutory and voluntary sector

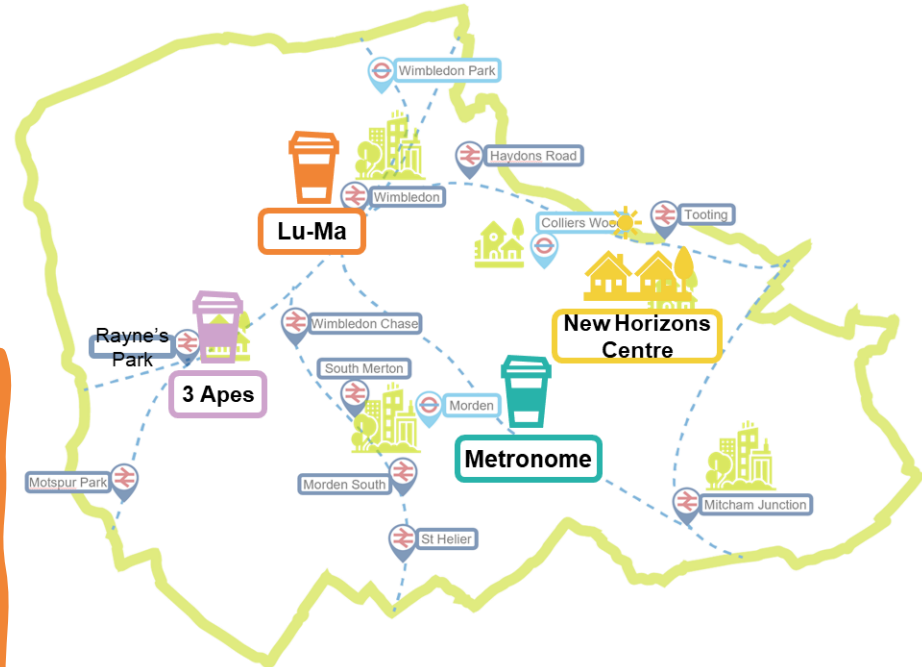
MHCT Programme Update

- Health on the High Street begins implementation in August, first initiative bringing together local cafes on the high street together with Alzheimer's Society
- Working to join up obesity work, bringing together projects within specific life course areas to gather a population wide perspective aligning with the 'Biggest Issue' survey. Reporting back to MHCT in September
- Focus on progressing the Start Well projects within the plan

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Alzheimer's Society – Dementia Drop-ins

- Regular public drop-in sessions, over several weeks
- Signpost and refer the public to other services
- Reach new people
- Improve social interaction & reduce isolation



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Healthier Communities and Older People Overview and Scrutiny Panel

Date: 06 September 2022

Subject: Future commissioning of home care services

Lead officer: Keith Burns, Interim Assistant Director, Commissioning

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Contact officer: Keith Burns

Recommendations:

- A. That the Panel note the early planning for the future recommissioning of home care services and provide comment on the key issues identified in the paper.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The report advises members of the Healthier Communities and Older People Overview and Scrutiny Panel of the early planning for the future recommissioning of home care services and seeks comment on a number of key issues that need to be determined prior to commencing the procurement process.

2 DETAILS

2.1. The body of the report firstly provides a summary of current arrangements for the provision of home care services and goes on to set out a number of ways in which these arrangements could be changed or developed in order to ensure as far as possible the ongoing sustainability of home care provision commissioned by the Council. A number of key issues that will need to be resolved prior to the commencement of any commissioning exercise are identified and discussed.

Current contractual arrangements

2.2. The current home care Framework Agreement commenced in February 2018, for an initial five year term with the option to extend for a further two years in 12 month increments.

2.3. The Framework has multiple lots – three main geographic lots (West, Central and East Zones); a back-up lot; and a specialist lot. One provider was appointed to each of the geographic lots, while the back up and specialist lots had 24 providers in total at the outset of the contract.

2.4. Existing packages of care that were in place at the outset of the contract were not transferred to the new providers and as a result a range of spot-purchasing arrangements remain in place.

2.5. The current arrangements have generally worked well, although the three main geographic providers have had varying capacity to take on new packages of care and as a result more use has been made of the back up providers than was originally envisaged.

2.6. At any one time there are around 650 individuals for whom a home care service is being commissioned and in any one year, taking account of new packages being set

up and packages coming to an end, the total number of people to whom a service is provided over the year is approximately double this number.

2.7. Approximately 8,400 hours of care are delivered each week, equating to around 440,000 hours of care per annum. As we have emerged from the pandemic the number of hours of care being delivered has been increasing, reflecting both increasing need for existing service users and increasing numbers of individuals coming into the social care system.

2.8. The total gross cost of the service provision is around £8.3m, which means that home care expenditure is a significant element of the Department's total spend on commissioned care as well as being significant for the Council as a whole.

Key issues to be determined prior to tender

2.9. There are a number of key issues that will need to be determined prior to any commissioning exercise being commenced. These issues are summarised below.

2.10. Before discussing the issues that need to be resolved, however, it is helpful to set out in broad terms what some of the key characteristics of a future model are likely to be:

- Continuation of a primarily geographically focused model but configured differently to more closely match Primary Care Networks and to seek to resolve issues with the current model relating to areas of the borough where it is more difficult to commission new packages of care. This could, for example, mean a model that is based on North, Centre South as opposed to West, Centre, East.
- Appointment of two providers to each geographic area rather than the current one per area, in order to reduce the risk that new packages cannot be commissioned via the geographic lots.
- This will allow for a smaller number of 'back-up' providers to be commissioned, making contract management arrangements more manageable.
- An increased emphasis on a 'reablement' type model, with options to incentivise reductions in package size over time.
- Continued use of our Electronic Call Monitoring (ECM) solution as a key tool for managing cost and quality. The ECM solution is currently in use with the largest of our providers (by volume of service) and there is an ongoing project to broaden usage.
- A small number of specialist providers to support people with learning disabilities, people with mental health problems and other cohorts.
- Increased emphasis on local provision, by requiring registered locations in the borough, and on local employment, including links with local further education colleges and other local recruitment channels.
- Maximising social value through robust use of the Council's social value policy and toolkit.

Key issues to be resolved

2.11. **London Living Wage:** The current contractual arrangements are based on providers paying National Living Wage (NLW) as a minimum. The Cabinet will receive

a report at its September 2022 meeting proposing that the Council resolves to register as a Living Wage Employer. The potential financial impact of this for any recommissioning of home care services is covered at paragraph 6.2 of this report.

2.12. Unison's Ethical Care Charter: This Charter, developed by Unison a number of years ago, sets out a series of commitments that support improved working conditions for the home care workforce with the presumption that this translates into improved quality of care. There are currently 12 London Boroughs who have signed up to the Charter as well as a large number of councils nationally. The Real Living Wage Foundation, who calculate and promote the London Living Wage, encourage Councils to consider adopting the Ethical Care Charter as part of the process of becoming a London Living Wage Employer. A number of the commitments relate to what can be described as good practice and would be incorporated into any future service specification in any case, but there are specific commitments around fixed hours contracts and occupational sick pays schemes that have a greater degree of complexity and impact.

2.13. Fair Cost of Care: This national policy requirement applies to all home care provision and is intended, over time, to reduce the gap between what Councils pay per hour of care and what privately funded individuals pay. There is specific additional grant funding for 2023/24 and 2024/25 to support the delivery of this policy requirement, but there is significant concern nationally that this will be insufficient to meet the additional cost implications for Councils. The Council is required to submit documentation to the Department of Health and Social Care in October 2022 setting out what we determine as the local 'fair cost of care' and over what timescale and in what increments we intend moving towards paying this fair cost of care. How, and how quickly the Council decides to move towards meeting the identified rate will be a key factor in the design of any future commissioning exercise.

2.14. Supporting the local economy: There are a number of ways in which the service specification and tender requirements can be framed to enable local small and medium sized organisations to be able to bid competitively. It is critically important however that this is done in a way that does not create a competitive advantage for local organisations. Detailed work with specialists from the Council's Commercial Services and Legal Services Teams will be required to ensure that any advertised opportunity is transparently fair and equitable.

2.15. Geographic arrangements: There is more work to do to understand what the optimal geographic arrangements are. There is a complex interplay between alignment with other relevant services (Primary Care being a key example); ease of rostering and operational delivery; maximising active / green travel options; and ease of recruitment.

2.16. Integration and alignment: As alluded to above, as well as geography, there is also a need to consider how the Council can optimise integration / alignment with a range of other services, including NHS services, delivered to vulnerable individuals in their own homes and local communities.

2.17. Reablement and maximising independence: The Council has a successful Reablement model that has a strong track record in reducing and delaying the need for ongoing care and support. In developing any new service model the Council would want to look at ways in which that focus on maximising independence can be incentivised both in the way that the service is specified but also potentially in payment structures, although the evidence on whether payment based incentivisation has the desired impact is mixed.

2.18. **Contract mobilisation:** It is understood that when the current contracts were let in 2018, existing packages of care were not transferred from the previous providers to new providers. While this makes the mobilisation process much more straightforward, it also brings a number of disadvantages. Providers may be less minded to bid competitively if the tender opportunity relates to new packages of care only; leaving current packages of care with the previous provider means that those customers will not benefit from an improved specification; contract management becomes more complex; and implementation of LLW (if required) also becomes more complex. For all these reasons it is proposed that in any future commissioning exercise the Council would tender on the basis that all existing work will transfer to the successful bidders, but this requires further consideration.

3 ALTERNATIVE OPTIONS

3.1 This report is for noting and comment only and alternative options are not therefore required.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. Officers have undertaken initial internal engagement with colleagues across the Council to identify potential synergies with other Council services as well as to identify ways in which any commissioning exercise could be designed to add broader value to local communities.

4.2. Prior to the commencement of any recommissioning exercise there will be engagement with residents, the social care market, local representative groups and with a range of other stakeholders including NHS colleagues.

5 TIMETABLE

5.1. The commissioning timetable is yet to be determined – this is an early report setting out key issues that will need to be resolved prior to commencing any commissioning process.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. The report notes the development of the national Fair Cost of Care policy and the requirement to publish, by October the 16th 2022, what the Council considers to be a Fair Cost of Care for the delivery of home care services in the borough. The Council is also required to publish plans explaining how, and at what pace, it will approach bridging any gap between the current rate paid and the published Fair Cost of Care. A separate Cabinet report, scheduled for October 2022, will deal with this matter.

6.2. Care worker salary costs are a significant element of the overall cost of delivering a home care service. The Council's current contractual requirement is that care workers are paid National Living Wage as a minimum. Choosing to make the payment of London Living Wage as a minimum a contractual requirement will therefore have significant implications for the agreed Fair Cost of Care. The current forecast is that paying London Living Wage as a minimum would have a financial impact of between £1.1million and £1.5million per annum.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. The provision of home care services is a key means by which the Council discharges its duties under the Care Act and other related social care legislation.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. Prior to any recommissioning exercise a full Equalities Impact Assessment will be undertaken and relevant mitigating actions agreed in relation to any negative impacts.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None immediately arising.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. The delivery of home care services is a high risk activity both in terms of the safeguarding of the vulnerable people to whom the service is provided and with respect to the health and safety of the workforce. Risk management and health and safety considerations are both, therefore, extensively covered in the service specification and contractual terms and conditions.

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

- None

12 BACKGROUND PAPERS

12.1. Unison: Ethical Care Charter [The Ethical Care Charter | Care workers: your rights | UNISON National](#)

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Healthier Communities and Older People Work Programme 2022/23



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2022/23. 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.

Chair: Councillor Agatha Akyigyina
Vice-chair: Councillor Jenifer Gould

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 6th September 2022 – deadline for reports – 19th August

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Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Building Your Future Hospitals Programme.	Report to the Panel	Jacqueline Totterdell, Chief Executive Officer	To get a progress update and consider budget and timetabling issues.
Integrated Care System Governance - Update	Report to the Panel	Mark Creelman Executive Locality Director. South West London CCG Gemma Dawson,	Review the role and impact of the Integrated Care Systems on services provided in Merton
Home Care re-commissioning	Report to the Panel	Keith Burns	To ensure Merton residents receive value for money for re-commissioned services.
Rowan's Surgery	Report to the Panel	Mark Creelman Executive Locality Director, Merton and Wandsworth. South West London CCG	Review proposals for the future of the Surgery. Head of Commissioning and Marketing Development
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting Date 1 November 2022 - BUDGET

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget and Business Plan 2022-2025	Report to the Panel	Caroline Holland, Director of Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
Winter / surge planning	Report to the Panel	Mark Creelman, Anne Brierley	To ensure sufficient services are in place to respond during this busy period.
Hospital Discharge arrangements/ process	Report to the Panel	Assistant Director Strategy and Improvement.	To review service provision and ensure continual learning and improvement is taking place.
Adult Social Care Reform Integration White paper Care Act part 2 Care Quality Commission Assurance	Report to the Panel	Keith Burns, Head of Commissioning and Market Development	An update on forthcoming legislation and its impact on policy direction
Learning Disabilities/ Day opportunities	Report to the Panel	Gill Moore	Comment on the outcomes from the review of day services
Annual Public Health Report 2022	Report to the Panel	Dagmar Zeuner, Director of Public Health	Members informed of key issues arising from 2022 Annual Public Health Report

Responding to the Impact on Mental Health following Covid 19 Mental health reforms	Report to the Panel	Vanessa Ford, CEX South West London and St George's mental health trust. Richard Ellis,	Review mental health provision following the pandemic
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting date – 10 January 2023 - BUDGET

Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Budget and Business Plan 2022-2025	Report to the Panel	Caroline Holland, Director of Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
Special Session on Access to Health Care The Wilson Development Primary Care Access Health on the High Street		Mark Creelman Barry Causer/ Dagmar Zeuner	Review on how residents are able to access different healthcare services
Adult Safeguarding Update Adult Safeguarding Annual Report Safeguarding Adult Reviews		Aileen Buckton, Independent Chair of the Safeguarding Panel Janet Miller/ Trisha Stewart	To review work under taken over the last 12 months.

Liberty Protection Safeguards		Lisa Stewart/ Claire Miguel	
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting Date – 10 February 2023

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Suicide prevention	Report to the Panel	Public Health Team	Looking at services and support available across all age groups, including children given that this was an area where not as much work has been done.
Long Covid	Report to Panel	Barry Causer, Dagmar Zeuner, Director of Public Health	Review support for those living with Long-Covid
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting date – 14 March 2023

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Immunisations and screening Schedule	Report	NHS England	Review the take up of local immunisation and screening in Merton.
Report of the Health and Wellbeing Board	Report to the Panel	Dagmar Zeuner, Director of Public Health Peter McCabe, Cabinet Member for Health and Social Care	Review of the work undertaken by the Board over the previous year.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

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