Public Document Pack

Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 3 September 2014
Time: 19:15
Venue: Committee rooms B, C & D - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

		Page Number
1.	Declarations of Pecuniary interest	
2.	Apologies for absence	
3.	Minutes of the meeting held on the 17 March	1 - 6
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5.	Merton Clinical Commissioning Group - Priorities and Challenges for 2014/15	7 - 12
6.	Public Health in Merton - Priorities and Challenges	13 - 28
7.	Adult Social Care in Merton	29 - 42
8.	Work Programme 2014/15	43 - 62

This is a public meeting – members of the public are very welcome to attend. The meeting room will be open to members of the public from 7.00 p.m.

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Pauline Cowper
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Abdul Latif

Substitute Members:
Joan Henry
Najeeb Latif
Gregory Patrick Udeh
Jill West

Co-opted Representatives

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 mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?
Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

⇒ **Call-in**: If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
⇒ **Policy Reviews**: The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
⇒ **One-Off Reviews**: Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
⇒ **Scrutiny of Council Documents**: Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
17 MARCH 2014

(19.15 - 21.30)

PRESENT: Councillors Councillor Logie Lohendran (in the Chair), Councillor Richard Chellew, Councillor Caroline Cooper-Marbiah, Councillor Brenda Fraser, Councillor Maurice Groves, Councillor Peter McCabe, Councillor Debbie Shears, Councillor Gregory Udeh, Laura Johnson, Sheila Knight and Saleem Sheikh

ALSO PRESENT: Councillors: Margaret Brierly, Iain Dysart, Suzanne Evans, Jeff Hanna and Linda Taylor OBE

Stella Akintan (Scrutiny Officer)and Dr Kay Eilbert (Director of Public Health) Dr Howard Freeman, (Chairman Merton Clinical Commissioning Group), Johan Van Wijgerden, Population Health Practitioner Lead, NHS England

1. DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

There were no declarations of pecuniary interests

2. APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies for absence were received from Myrtle Agutter and Councillor Linda Kirby

3. MINUTES OF THE MEETING HELD ON THE 12 FEBRUARY (Agenda Item 3)

There were no comments on the minutes

4. MATTERS ARISING FROM THE MINUTES (Agenda Item 4)

There were no matters arising from the minutes.

5. NHS ENGLAND IMMUNISATIONS AND SCREENING IN MERTON (Agenda Item 5)

Panel members asked when more accurate data will be available, are they promoting the need for vaccinations and visiting nurseries, is the programme on target?

The Population Health Practitioner Lead reported that they are starting to see more accurate data, they are on target, they cannot visit all nurseries but do need to engage with establishments who have vulnerable groups.

A panel member said that we need data that relates specifically to Merton, and which looks at the East and West of the borough so we can understand the information in relation to Merton's health inequalities. Furthermore , n regards to the action points on page eleven of the agenda what do they mean and why do they lead to those particular outcomes, and why is there poor performance?

The Population Health Practitioner Lead said that there are plans to publish practice by practice data, this will be available within a year. Poor performance relates to poor data, they way it was handled was not best practice. There is also variation in GP's managing call and recall, we need to support them in systemising the procedure. Panel members asked what was being done to support parents who were concerned about MMR and if single dose injections are available?

The Population Health Practitioner Lead said that parents are given information about the potential side effects of the injection. There are still concerns around the perceived link with autism. There is less concern than five years ago but issues are still there. NHS England do not do single dose injections for MMR.

6. PUBLIC HEALTH TEAM - UPDATE ON THE FIRST YEAR IN THE LOCAL AUTHORITY (Agenda Item 6)

How will you tackle health inequalities which have remained persistent?

The aim will be to stem the increase of health inequalities. We are looking at a broader model of care, and are working on a proposal for a Health Centre for Mitcham.

A panel member said she is pleased that they are working on an alcohol prevention strategy only 40% with mental health problems are have NHS health checks.
The Director for Public Health said they will be working with GP's to support NHS Health Checks and will be providing them with software to administer the process

7. MERTON CLINICAL COMMISSIONING GROUP - VERBAL UPDATE (Agenda Item 7)

Dr Freeman outlined the details in his presentation and invited questions from panel members.

A panel member asked what happened to the £219 million that was earmarked by the treasury for St Helier hospital. Dr Freeman said that there is a three stage process to agree a loan from the treasury. St Helier had only gone through the first

stage in the process, then its financial situation deteriorated and there was uncertainty created by the Better Services Better Value Review.

Panel members asked how the £78 million that St Helier aims to obtain will be used. Also if the £78 million will be used in addition to the £219 million and what the plans to tackle the most prolific diseases in Merton?

Dr Freeman said the funds will be used for refurbishment and to create single occupancy accommodation.

The £78 million is the total of the treasury capital that is being applied for. Tackling the big diseases is a priority, the review will work with all providers to see what they want to do and decide what will be delivered. They must meet the London Quality Standards, there will be significant change in hospital services across South West London.

A panel member asked when the full strategy will be in place
Dr Freeman said high level headlines will be in place in June the detail will be worked out over the course of the next year.

A panel member asked if the process needs to be started from scratch given all the information that has already been gathered.
Dr Freeman said there is already lots of information available which will be used but they will approach the review in a different way.

A panel member asked about the relationship between the Clinical Commissioning Group and South West London and St Georges Mental health Trust.

Dr Freeman said they would support the Trust to move to Foundation Trust status subject to a couple of cavets. The IAPT service will be re-procured. MCCG is focussed on mental health services.

A panel member asked how much BSBV cost, how much is the new helipad at St Georges costing, how the Chair of the MCCG held to account?

Dr Freeman said the Chair is elected by local GP's, He did not know the cost of the helipad however as St Georges is a trauma centre, the helipad is vital. BSBV cost £8.2 million over three years which was 0.2% of the commission's budget.

8. DRAFT TASK GROUP REVIEW OF INCONTINENCE AMONGST WOMEN OF CHILD BEARING AGE (Agenda Item 8)

Incontinence amongst women of child bearing age.

Councillor Suzanne Evans, Chair of the task group review invited questions from Panel Members.

A panel member said that report and recommendations seems to focus on after the occurrence with little focus on prevention

Councillor Evans said the report is specifically focussed on women who have had a baby and they will not know about incontinence until after the birth, pelvic floor exercises are offered as a preventative measure but these do not always work.
A panel member expressed concern that the report was only focussed on women of child bearing age when older people are the most effected.

Councillor Evans said that the task group had received training from the Centre for Public Scrutiny which advised that better outcomes are achieved from a review if the topic is fcoussed. The report also highlights that if services are improved for this group it will reduce the likelihood of incontinence in older age.

9. DRAFT TASK GROUP REVIEW ON PHYSICAL ACTIVITY FOR THE FIFTY FIVE PLUS (Agenda Item 9)

Physical Activity amongst the fifty five plus
Panel members raised a number of issues

We should contact local organisations to find out if their buildings can be used for exercise classes

Those who run exercise classes should have a social gathering at the end

Can we get GP buy-in for this area?

It may be difficult to find measureable targets

Can we offer free swimming for older people?

RESOLVED

It was agreed that the report is should be forwarded to cabinet for agreement

10. SCRUTINY TOPIC SUGGESTIONS FOR THE NEW MUNICIPAL YEAR (Agenda Item 10)

Panel members suggested the following topics:

- Access and waiting times for Child and Adolescent Mental Health Services

- Mental health – support to the mentally ill, we need to be more challenging and questioning.

- Implications of the Care Bill

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NHS
Merton
Clinical Commissioning Group

Priorities and Challenges for 2014/15

Adam Doyle, Director of Commissioning and Planning

03 September 2014

This report gives an overview of the work of Merton Clinical Commissioning Group, and summarises the priorities and challenges for 2014/15

right care
right place
right time
right outcome

Introduction

Merton Clinical Commissioning Group is a clinically-led membership organisation made up of twenty five general practice teams across the borough of Merton, grouped into three localities supported by central teams covering commissioning, quality and finance. Each Locality is led by a Locality Clinical Lead. The Locality Clinical Leads are also an integral part of the Executive Management Team to ensure that all decisions have clinical review, input and challenge. Every member practice is represented in a locality by their chosen general practice lead.

The CCG is responsible for commissioning general health services for the population of Merton, including acute, community and mental health services. Primary care, specialist commissioning, health visiting and some national programmes are now commissioned by NHS England. Public health commissioning has been transferred to London Borough of Merton.

Operating Plan and Commissioning Intentions 2014/16

The first Merton Clinical Commissioning Group two year Operating Plan and Commissioning Intentions was published on 1 April 2014. The plan forms part of our five year Strategic Plan which is being developed with other commissioners including local Clinical Commissioning Groups, NHS England and the local authority. The plan has been developed in the context of NHS Planning Guidance and Operating Framework published in December 2014.

The plan outlines the next 24 months of commissioning across Merton, describing our aims and ambitions and how we are working across the health system to improve quality and drive efficiency. The Operating Plan begins by articulating the next phase of changes required within the Merton healthcare system and how the commitments made to implement our vision are being translated into programmes of work.

The operating plan describes our major programmes of work, highlighting ‘what’ we are doing and ‘how’ we plan to do it amidst a national context of profound financial challenge. Being clear about our financial position, our underlying activity assumptions and risks allows us to demonstrate the level of ambition we are aspiring to when planning service change, redesign and increased efficiency savings for the Merton healthcare system.

We have worked with our local providers to outline the main elements of this plan and ensure we are strategically aligned. Additionally we have held a number of system wide meetings involving the public, primary care, acute and community providers, social care and the London Ambulance Service to discuss and align commissioning intentions and to meet the need identified in the JSNA.

The Operating Plan will be delivered by the CCG in partnership with the local authority and public health (London Borough of Merton), with support from the South London Commissioning Support Unit and the voluntary sector.

Challenges

The Operating Plan was developed in the context of the national NHS "Call to Action", which encouraged an open and honest debate about the challenges the NHS is facing.

We know that the population of our borough is growing. We also know that people are living longer than they have in the past. Meanwhile medical technology continues to advance as new or improved treatments and medicines are made available to patients. This means that there is more demand than ever on NHS services, and this demand is continuing to increase. At the same time we know that the funds available to spend on health services will not be able to keep pace with this rise in demand.

In order to continue to have a high quality health service in line with the London Quality Standards we must make significant changes over the next few years. We will do this by working with patients to develop more innovative ways of providing some services outside of hospitals and act to ensure the services patients use are better co-ordinated.

Locally the pressures include:

- An ageing population, with the number of residents aged 85 and over predicted to rise by 41% by 2021
- As a result of the ageing population, the number of people suffering from dementia, diabetes and other long-term conditions is increasing
- There are also expected future pressures on health care services from increasing numbers of young people (up by 20% by 2021) and the health risks within this group, particularly obesity and smoking
- Difference in health outcomes between the East and the West of the borough

We know there are specific underlying challenges in our local health economy that we must address over the next two years and into the future and in particular the requirement to deliver a robust Out of Hospital Strategy including:

- Managing increased demand for services of our frail older population, set to double by 2018
- Addressing the financial challenge and potential quality and safety risks in the future
- Building robust and effective community services to bring care closer to home safely and effectively
- Developing a configuration of acute services with an overall reduced 'footprint' ensuring sustainability and affordability
- Continuing movement towards greater service integration and building high quality community services
- Ensuring greater patient and public engagement in all our work
- Reducing variation of practice across all providers
- Securing and commissioning better communication between services and clinicians
- Ensuring equity of access and continuity of care for all patients but particularly those with complex and long-term conditions
- Securing both quality and value from existing services and, where this is not happening, addressing this through service improvement or decommissioning
- Commissioning for outcomes in a number of priority areas
- Ensuring that we use technology and IT as accelerators of change

Priorities

The Operating Plan describes the priorities and actions we will deliver during 2014/2016 and outlines the platform for delivery of continuous commissioning improvement in subsequent years. Six priority delivery areas are described in more detail in the attached document. These are:

- Older and Vulnerable Adults
- Mental Health
- Children and Maternity Services
- Keeping Healthy and Well
- Early Detection and Management
- Urgent Care

Two further priorities are also described in the document:

- Better Care Fund – this work has now been integrated with the Older and Vulnerable Adults priority as there were significant areas of overlap
- Better Healthcare Closer to Home, including the new Nelson Local Care Centre which is due to open in April 2015, and developing the Strategic Business Case for the development of services in Mitcham

During 2014/15 the CCG will also begin the re-procurement of community health services alongside London Borough of Merton (Public Health), with the timescale for completion of this work being April 2016.

The Operating Plan is an iterative document subject to active review as national and local policy emerges and areas of delegated accountability are assigned. Since the publication of the plan some of the detailed service development projects have changed, and an overview of the latest version of the overall programme is summarised in the attached presentation. We are also using our new methodology to ensure that we have further rigor in our approach to commissioning (appendix A)

Progress

Since the publication of the Operating Plan the programme has been fully established. A delivery structure has been implemented with a Delivery Team for each priority area led by the relevant Clinical Director(s) and including Commissioning Managers and wider representation from within the CCG, Public Health and, where appropriate, externally. Reporting via the CCG's Executive Management Team and Clinical Reference Group has been established.

As this point we are four months into the two-year plan, and delivery is still in its early stages. However significant areas of progress have been made and are listed below.

- Better Healthcare Closer to Home (Nelson). The Nelson development is progressing well and remains on schedule for the doors to open to the public in spring 2015. Representatives of both the CCG and LB Merton were present at the "topping out" ceremony on 8 July. The procurement process for the appointment of a provider for specialist consultation and diagnostic services is still ongoing and will conclude by mid-August, with the final recommendation for the preferred partner being presented to the September

Governing Body. The main focus for the project is now the planning and implementation of the commissioning and mobilisation programme.

- Better Healthcare Closer to Home (Mitcham). The Mitcham project is in its early stages. An initial workshop has been held with the Project Board to explain the process for identifying the preferred development site and to establish some design principles within which the project team will work. A public engagement plan has been developed, in conjunction with Healthwatch Merton, and will be presented to the August Project Board for sign off. We await formal permission from NHS England to proceed to the business case stage but anticipate that this will be forthcoming in August.
- Integration and Better Care Fund. Both London Borough of Merton Proactive Teams and Sutton and Merton Community Services (SMCS) Community teams are now working in the three primary care localities and there is a clear vision of how the environment is expected to operate both at 1 October 2014 and 1 April 2015. A performance metrics framework has been drafted and the first two months data has been collected, although the framework will continue to mature throughout the year so that, by 1 April 2015, we will be assured of a strong and meaningful performance measurement framework for integrated services. We are continuing to explore the implications for both workforce and data sharing across Merton and more widely in South West London (SWL), as any system changes will have a

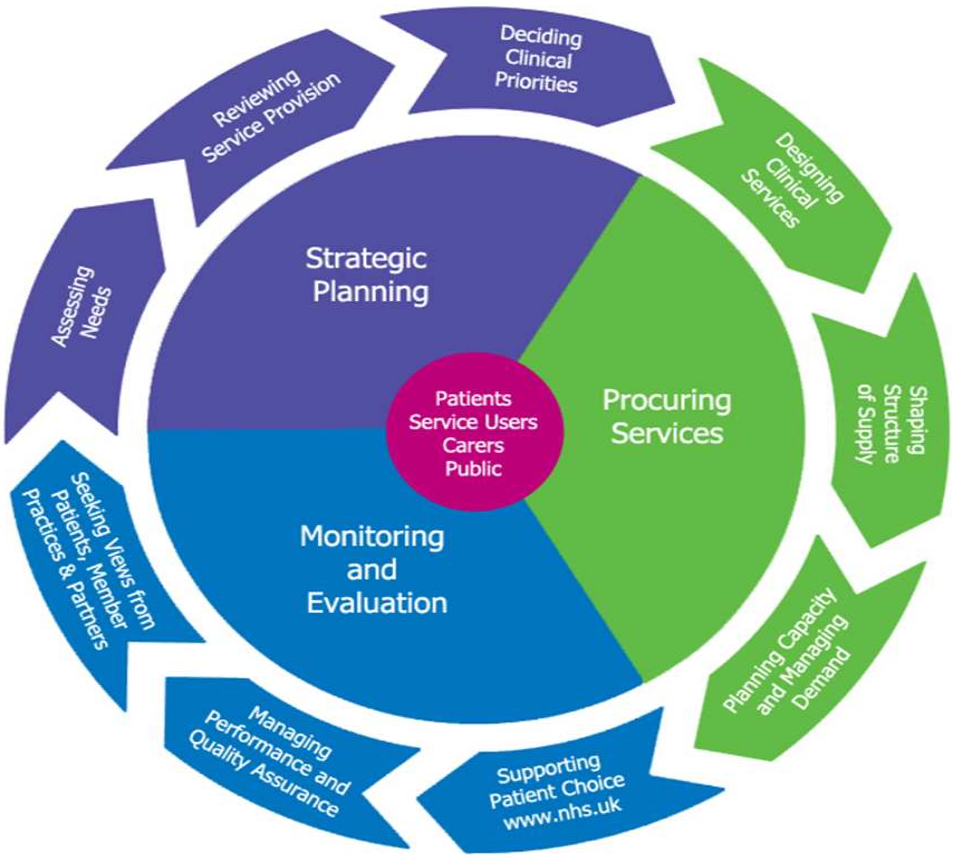
  necessary impact on organisations beyond Merton's boundaries. We are

  undertaking a wide-ranging engagement exercise with our patients and service users during August and September to ensure we have co-produced our new operational environment with the patient/service user at the centre of all processes.
- IAPT. As part of the Operating Plan we are procuring a new model for our improving access to psychological therapies services (IAPT). This is now progressing swiftly with the service specification due to be agreed in mid-August. Stakeholder engagement has been central to the process of developing the new specification, including an event attended by patients, voluntary sector groups and the public held on 9 July.

Progress will be reported monthly to the CCG's Executive Management Team.

Adam Doyle
Director of Commissioning and Planning

Appendix A – MCCG Commissioning Cycle



Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 3 September 2014

Agenda item:

Wards: ALL

Subject: Embedding Public Health – one year on from transition.

Lead officer: Kay Eilbert, Director of Public Health. Kay.eilbert@merton.gov.uk

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. That members of Healthier Communities and Older People Overview and Scrutiny Committee note the priorities and challenges for Public Health in its second year as part of the Council.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an overview of the priorities and challenges for Public Health in the year ahead, its second year as part of the local authority,

For the benefit of new Councillors the report also restates what is health and reiterates some of the work undertaken by Public Health in its first year as part of the Council.

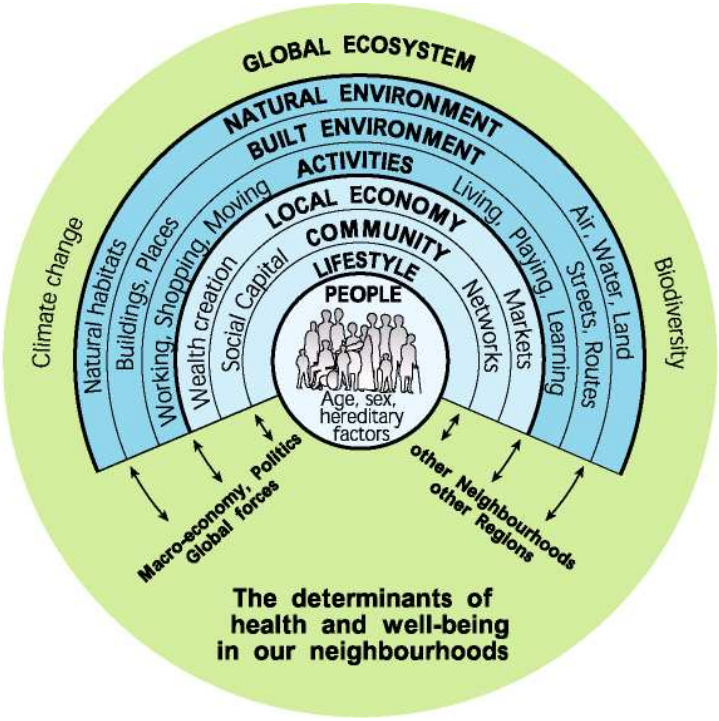
2. DETAILS

Poverty is bad for your health – Office for National Statistics July 2014

The Office for National Statistics has said that millions of people are destined to die nine years earlier than they should because they are poor. Males in the most deprived part of the population - the bottom decile - are set to die before they reach 74 years old '73.8' - almost a decade earlier than those in the top decile, who can expect to live until they are 83 years old '82.9'. Females share a similar fate, with those born in the bottom decile expected to die by the time they are 79 years old, seven years earlier than the most affluent '85.9'.

2.1 Introduction - What is health?

2.1.1 For the benefit of new members of Healthier Communities and Older People Overview and Scrutiny Committee we are restating the factors that make up good health.

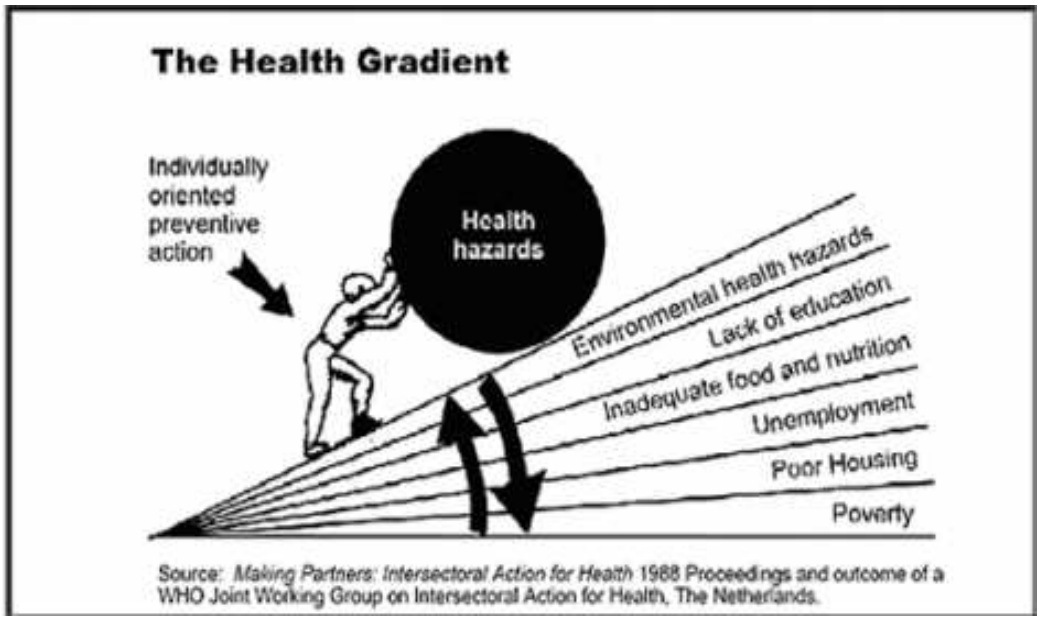


2.1.2 As can be seen in the diagram above, health is about putting in place the conditions in which people can be healthy. People's health and wellbeing is strongly influenced by the conditions in which they live and work. Health inequalities are created by inequalities in wider society, for example in unequal opportunities for a good education and a good job.

2.1.3 In fact, health care and social care services and our biology only account for about 20-30% of our health and wellbeing. While these services are important to help those who become ill or disabled to re-establish their independence as far as possible, the rest is mainly determined by the social and physical environments in which we live. If all inequalities in access to health care services were eliminated, there would still be health inequalities that are created by the wider environment.

2.1.4 The 2010 Marmot review of health inequalities recommended working across the life course - prioritising the early years (because the habits that children develop influence their health outcomes as adults), through working age to a thriving retirement. We have adopted this approach, focusing on reducing the significant health inequalities that exist within Merton and the social determinants which influence these inequalities.

2.1.5 The figure below shows that we must combine efforts to provide information and services to enable individuals to take responsibility for their own lifestyle choices – but they can only make healthy choices where options are available. The Council has numerous levers to improve availability of healthy options, through for example planning and licensing.



2.2 Public Health in LBM

2.2.1 As previously reported to this Committee, since transition in April 2013 the Public Health team has been forging new partnerships, seeking opportunities to address the significant health inequalities in Merton and to embed prevention in everyone's work in the Council and beyond.

The current year sees these priorities continuing with particular focus on integration, joining up services effectively and embedding public health in Council services, and on prevention, addressing the wider determinants of health that lead to health inequalities.

2.2.2 Merton Council inherited a relatively small Public Health budget and team, which has worked to make public health as effective as possible, while realising that we have to work differently and more efficiently within limited resources. This has been enhanced by a strengthened Public Health team, bringing new expertise that allows a greater focus on building the evidence base and promoting prevention.

The initial focus of our work has been two fold: ensuring contracts that we inherited are robust, and also on identifying new opportunities in the Council, and with partners, to embed a public health approach to prevention.

2.2.3 Opportunities remain to embed and increase engagement with partners and communities building capacity to address the wider determinants of health. During times of financial pressure, Public Health approaches offer ways to improve the quality of people’s lives, while saving money in the medium to long term.

2.3 The Public Health Approach

2.3.1 Our vision for people's health in Merton over the next five years remains to stem the increase in the significant health inequalities that exist between the East and West of Merton, providing more equal opportunities for all residents of Merton to be healthy.

2.3.2 In addition to providing public health support and advice, the Public Health team is working to make health everyone's business - working with partners, in the Council, Merton Clinical Commissioning Group and the voluntary sector – embedding health concerns in policies and contracting and training frontline staff as Health Champions across Merton.

2.3.3 Public Health has taken this approach to the Health and Wellbeing Board, which has placed a greater emphasis on prevention; for example a Harm Prevention sub-group has been agreed.

2.3.4 Plans are in place to establish a Harm Prevention forum as a sub group to the Health and Wellbeing Board. Work is also currently underway to establish the evidence base for targeted place based approaches to tackling health inequalities.

2.3.5 There is an increasing recognition, at national policy as well as local level, that prevention is key to sustainability and that prevention will need to be a core focus of HWBs moving forward.

2.4 Public Health Mandatory Work

Local authority responsibilities for public health include mandatory functions and services:

- Producing the Joint Strategic Needs Assessment (JSNA), which commissioners must use as the basis for their commissioning decisions. The JSNA sets out the health and social care needs of residents, as well as information on the environment in which people live. The JSNA is available online at http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm

- Supporting the Health and Wellbeing Board and leading on Merton Health and Wellbeing Strategy which will be refreshed in 2015. Public Health is also leading on the Pharmaceutical Needs Assessment which is currently underway.

- Producing the Director of Public Health's annual report on the health of the people in Merton which will be published in September.

- Commissioning local mandatory services, i.e.,

    - sexual health services,
    - National Child Measurement Programme,
    - NHS Health Checks

- Assuring health protection functions, such as immunisations, screening and pandemic flu
- Public health advice to Merton Clinical Commissioning Group (MCCG

2.5 Working with Merton Clinical Commissioning Group (CCG)

- Public Health has worked with Merton CCG to advocate a focus on the east of the borough. The CCG is now developing a new model of care in East Merton and have agreed to pilot a 'Proactive GP Practice' model in the East of the borough.
- Public Health is supporting Merton CCG priorities with Public Health staff participating in five (Children. Early Detection and Management, Elderly and Vulnerable Adults – Merton Model, Mental Health and Prevention) of the six CCG Priority Groups achieving a close working relationship and bringing the public health approach of evidence based work.
- The Director of Public Health is represented on Merton CCG Board and Executive Team

2.6 Working across the Council

CMT agreed a budget and plan for Public Health for a programme of activities that focuses on embedding health cross Council Directorates. This includes:

- A Health Impact Assessment policy for the whole Council, starting with pilot HIAs. A process for delivering this across Council work is being considered by management for delivery in 2014.
- Work with procurement to embed health concerns in LBM contracts as part of the Social Value requirement for the Council.
- Signing up the Council to the London Healthy Workplace Charter that supports and recognises employers who invest in the health and wellbeing of their staff

2.6.1 Working with Children

- A review into Children's Centres has been completed and now investment is being placed in training staff to deliver best practice. In addition, the work focuses on bringing together the different cadres of staff who deliver services to children including GPs, children's centre staff, health visitors, midwives with links to school nurses.
- Work with East Merton school clusters on support for Healthy Schools, including a core offer and additional support that schools can buy in. Broader borough wide work includes increasing the numbers of children using Free School Meals and weight management for children and families

2.6.2 Working with Adults

- Investment in ESOL (English as a second language) and Ageing Well, both increasing residents ability to remain as independent as possible and participate in community life.
- Development of a Healthy Weight Strategy for Merton – identified as a priority and a gap in services by developing a multi-agency comprehensive Healthy Weight framework for Merton for both adults and children
- Support to improve partner use of needs analysis and evidence to guide commissioning decisions. Consideration of developing a 'knowledge hub' thaty includes the JSNA and for example, the Public Health produced Mental Health Needs Assessment on behalf of MCCG and LBM.

2.7 Public Health Wider Focus

2.7.1 Health and Wellbeing Peer Challenge

In autumn 2013 Merton put itself forward as a pilot in the Health and Wellbeing Peer Challenge. The purpose of the Challenge was to support the Council in implementing its new statutory responsibilities through a systematic challenge by peers. The challenge focussed on the establishment of an effective Health and Wellbeing Board, the operation of Public Health and the establishment of HealthWatch, and provided feedback which included many positive and constructive comments. Merton was recognised for *excellence and maturity in working with the voluntary sector through MVSC' and its clear strategy, enthusiasm and commitment to improving health and wellbeing of residents'*

Recommendations included the need for the Health and Wellbeing Board to maintain a focus on delivery with pace and public health to be fully embedded in Council service plans.

2.7.2 Merton Partnership Conference on Health Inequalities

The Health and Wellbeing Peer Challenge was followed by Merton Partnership conference 2013 focusing on health inequalities. The aim of MP Conference was 'to commit to new ways of working that will help reduce health inequalities in Merton'. All participants gave written pledges to work in a new way to reduce health inequalities which has led to local collaborative work with community groups.

2.7.3 Public Health Making Health Everyone's Business

In addition to the mandatory work that public health must deliver, a wider programme of initiatives has been developed in partnership across the Council, with Merton Clinical Commissioning Group, voluntary and other organisations, to address health inequalities and deliver prevention.

Examples of work are given below and the full Public Health high level work plan for 2014-15 is included in Appendix 1.

2.7.4 Working to Deliver Prevention

In addition to delivering a wider agenda that includes prevention for the Health and Wellbeing Board,

- CMT agreed to implement a health impact assessment across all Council work, following a pilot.
- Work has also taken place with Environment and Regeneration, Planning and Licensing to identify opportunities to use these levers to improve prevention.
- A place based approach is under development in local communities to bring together Council work across directorates, within existing resources, to deliver a more effective package of services. This has the potential to lead to community ownership for defining their own priorities and for monitoring delivery.
- Embedding prevention in frontline staff by training all partners to act as Health Champions for brief advice and signposting to prevention services
- An Alcohol strategy is under development to work across prevention through to treatment, ensuring that this work addresses individual behaviours and environmental influences through planning and licensing, for example, as well as treatment services.

2.7.5 Working with the Voluntary Sector

- Community health champions work through a range of community organisations representing different groups of residents mainly in the more deprived East of the borough. Community group members encourage their members to adopt healthier lifestyles and to take up of prevention services. A My Health Guide provides information for champions and opportunities for residents to make commitments to lifestyle changes.
- LiveWell provides training of front line workers to make every contact count by providing basic prevention advice and signposting to services. Training has been provided to fire fighters, library staff, and leisure centre staff.

2.8 Developing the Public Health team

- As previously reported to this Committee, the Council inherited a small Public Health team and budget and argued successfully for a small increase in the allocation for public health. The allocation for 2014/15 is £9.2 million.
- The Public Health team will be up to full capacity by the end of September, with the addition of four public health specialists to work on children, older people, public health intelligence and prevention. Two posts will be shared with Merton Clinical Commissioning Group
- This brings the total team to 12 which is still well below that of most London Public Health teams and brings the total investment for staff to about 10% of the total public health budget. The increased capacity is now beginning to provide additional public health expertise to support Council work and foresee the addition of health visitors. A structure chart of the PH team is in Appendix 2.

2.9 Public Health Budget

2.9.1 Following transition, Public Health agreed an integration approach, where Public Health staff work alongside colleagues across Directorates to add value to improve local people's health. There have been some successes in embedding Public Health in the Council but the actual configuration will be kept under review to ensure that it develops effectively to meet partner requirements.

2.9.2 The Public Health budget was underspent by £1.6m in 2013-14 due to a number of factors

- challenges from Merton CCG on the Public health budget,
- capacity of the Public Health team
  and
- capacity of the Council to take on new work proposed by Public Health to take advantage of Council services that have an impact on health.

2.9.3 CMT agreed that the underspend funds could be rolled over to 2014-15, in line with central government policy. A list of investments for use of this money was agreed by CMT on 8.7.14 and is attached in Appendix 3.

2.9.4 In line with requirements for use of the Public Health grant, these investments contribute to improving health of Merton residents. For example £500k is being invested in existing Ageing Well services in Community & Housing, which releases funds to help with areas of budget pressures. We expect to take a similar approach for Children Schools and Families.

2.9.5 Public Health is working with each Council Directorate to develop an agreed plan of work to deliver the Public Health investments to reduce the underspend in 2014-15.

3. NEXT STEPS

3.1 The Public Health TOM (Target Operating Model) will be finalised by the end of 2014 effectively integrating Pubic Health into the Council, demonstrated by, for example, taking on certain Safer Merton functions, considering a future role as a 'knowledge hub' for the Council and identifying further opportunities to take forward the role of Public Health in the Council up to and beyond 2015/16 when the ring fence is planned to be removed.

3.2 The focus on prevention and the wider determinants to tackle health inequalities will continue for the Public Health team and will be reflected in the forthcoming review and refresh of the Health and Wellbeing Strategy for 2015.

3.3 A strong evidence base will be established through the new Joint Strategic Needs Assessment now a live document, constantly updated with newly available data. Wider contributions to, and use of, this resource will be encouraged across the Council and partners as a robust source of intelligence to inform future policy development.

3.4 Public health will continue to work across our health partnerships in the Council, the MCCG and the voluntary sector by adding value to the work of each. It will

seek new opportunities to embed health as everyone's business and using available levers and policies that impact on health.

4. ALTERNATIVE OPTIONS

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

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

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

5. CONSULTATION UNDERTAKEN OR PROPOSED

The Panel will be consulted at the meeting

6. TIMETABLE

The Panel will consider important items as they arise as part of their work programme for 2013/14

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None relating to this covering report

8. LEGAL AND STATUTORY IMPLICATIONS

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

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

10. CRIME AND DISORDER IMPLICATIONS

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

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None relating to this covering report

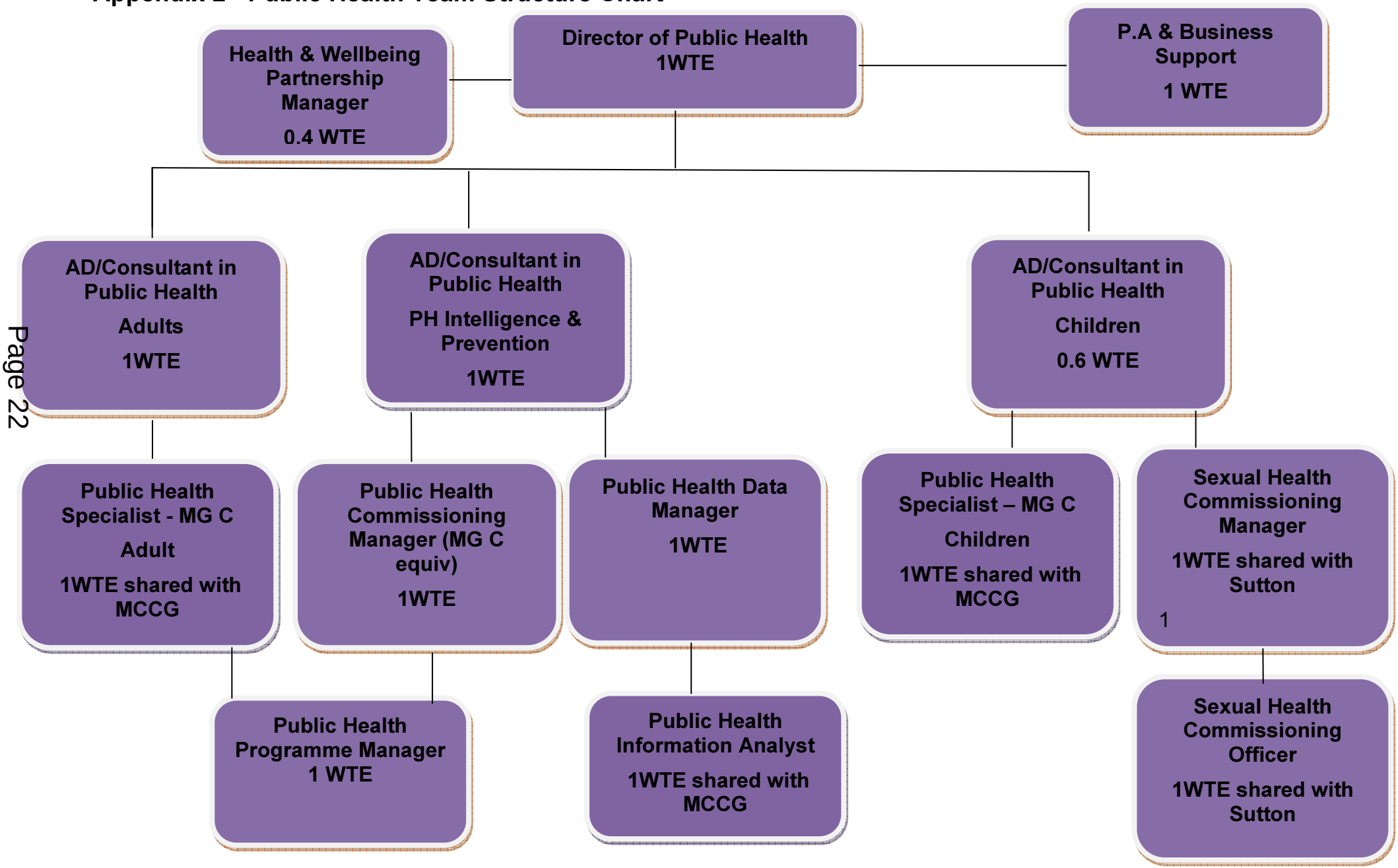
APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 Public Health Work Plan 2014-15

Appendix 2 Public Health Structure Charts

Appendix 3 CMT agreed Public Health 2013-14 Underspend

Appendix 2 - Public Health Team Structure Chart



Appendix 1 - London Borough of Merton

Public Health Directorate Workplan 2014-15

Area	Task	Evidence of Success	Responsibility	Comment
Embed Public Health across the Health and Wellbeing partnership	• Raise profile and understanding of public health in LBM and across partnership • Develop strategies to make 'health everyone's business' • Undertake 3-4 in-depth needs assessment and/or strategy development e.g, weight management and alcohol in partnership with key stakeholders	• Partners understand their contribution to health • Public health concerns embedded in contracts; e.g., leisure • Frontline staff trained to provide prevention messages and signposting	DPH and Public Health	
Provide leadership for public health in LBM	• Propose strategies to embed public health across LBM; e.g, health impact assessment • Agree joint work and provide ongoing support across LBM directorates	• HIA policy agreed and being delivered • Public Health embedded across LBM with ongoing, effective relationships through 'workplans' agreed with each directorate • Evidence-based strategies and action plans	DPH, PH team and CMT	
Produce annual public health report	• Decide theme and prepare report	• Annual Public Health Report available	DPH	
Review public health team function within LBM	• Undertake review and develop options paper. Finalise TOM	• CMT agreed option delivered	DPH in consultation with team and Simon Williams	
Area	Task	Evidence of Success	Responsibility	Comment
Develop annual workplan for	• Staff in team propose and agree	• Annual workplan	Public health	

public health to deliver the mandated services as a minimum	objectives • Discussions with CCG to agree PH inputs • Build staff objectives into annual workplan	agreed by CMT	team, DPH with partners	
Oversee directorate budget , ensuring expenditure stays within budget	• Ensure 2014/15 budget reflects full cost of transferred services • Work with CMT to agree use of 2013/14 underspend	• 2014/15 budget agreed – roll over of 2013/14 budget • Use of underspend agreed	DPH and LBM finance CMT	
Ensure robust services are contracted for 2014-15	• Complete reviews of services inherited from the NHS • Develop contracts for services/posts agreed for recurrent PH budget • Using recommendations of reviews, procure coordinated services across evidence-based pathways	• Reviews finalised with recommendations • Pilot services in place 2014/15 • 2014/15 services procured in timely manner	PH team	
Ensure robust performance management in place for all contracts	• Agree KPIs for each service contract • Agree regular performance management arrangements for each contract • Participate in multi-borough contract monitoring	• All contracts are performance managed on robust KPIs	PH team	
Ensure monitoring data provided as required	• Agree public health monitoring data to be reported to C&H • Provide monitoring data • Make adjustments in delivery as indicated by data	• Service delivery is adjusted to reflect monitoring results	PH team	
Area	Task	Evidence of Success	Responsibility	Comment
Develop good working relationships with key stakeholders in the Clinical	• Participate in MCCG Board and management • Agree Memorandum of	• Public Health providing appropriate support to 5 MCCG	DPH and PH team	

Commissioning Group	Understanding • Agree annual workplan with MCCG, including two shared posts • Take Mitcham model of care forward with MCCG	Operating Plan priorities • Mitcham model of care plans approved by DoH		
Develop partnership with the voluntary sector	• Agree support to MVSC • General • Health champions • Address inequalities by identifying and delivering opportunities in East Merton – work with BME groups and Pollards Hill pilot	• Public Health seen as important partner • Contract in place with MVSC • Support being delivered to Health Champions • BME groups in E Merton providing support for older people • Pilot in Pollards Hill agreed and being delivered across partnership	PH team	
Support the Health and Wellbeing Board and delivery of the Health and Wellbeing strategy	• Provide public health leadership to HWB; including support such as development exercise(s) with external expertise • Refresh HWB strategy • Develop Harm Prevention sub-group for prevention to HWB agenda	• Well functioning HWB • HWB strategy reflects community plan more closely • Prevention firmly embedded in HWB agenda	DPH and PH team Members of Harm Preveniton group	
Area	Task	Evidence of Success	Responsibility	Comment
Ensure Joint Strategic Needs Assessment is updated regularly, using detailed needs assessments	• Update JSNA on a rolling basis • Work with LBM colleagues to standardise JSNA • Work with LBM colleagues to produce robust needs	• JSNA seen as LBM process to assess needs across the Council • JSNA provides most	PH and LBM partners	

	assessment; i.e., adult social care inequalities assessment	up-to-date analysis of health and social needs		
Provide local assurance for NHS England and Public Health England	• Assure in partnership robust plans for immunisations and screening, for example • Support health protection work, as required	• Robust local delivery of NHS England and Public Health England work	DPH	

Appendix 3 CMT Agreed Use of the 2013-14 Public Health Underspend at 8 July 2014

Projects	£
CSF FSM	25,000
Building capacity in children's workforce	60,000
Backfill for fixed-term deployment of social workers for child protection	200,000
0ffsetting budget pressures across CSF	215,000
C&H MAE second half of year	50,000
Pollution	60,000
Sport & Leisure	85,000
Corporate Finance Officer	30,000
Pollards Hill evidence-based review	5,000
Community Dietetics waiting list	50,000
MCCG East Merton	150,000
HIV testing Epsom & St Helier	35,000
MVSC Neighbour to Neighbour	3,000
SWL academic and social care network	30,000
Development and planning of licensing PH framework	30,000
Ageing Well	500,000
Prevention and detection primary care	146,000
GROSS NON-RECURRENT EXPENDITURE	**1,674,000**
Reserves bf (2013-14 Underspend)	(1,663,834)
Balance	10,166

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 2014

Agenda item:

Wards: ALL

Subject: Adult Social Care in Merton

Lead officer: Rahat Ahmed-Man, Head of Commissioning

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. That Members of the Panel comment on the priorities and challenges within Adult Social Care in Merton.

B. That Members consider any areas that they may wish to look at in more detail at a future meeting.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to provide the panel with an overview of Adult Social Care in Merton, including an overview of the work of the department and key issues and challenges for the year ahead.

2 DETAILS

2.1. The presentation attached at Appendix A provides updates the Panel on key issues in Adult Social Care

3 ALTERNATIVE OPTIONS

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

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

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

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2014/15

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

- Adult Social Care Presentation.

12 BACKGROUND PAPERS

12.1.

MERTON 2015

Overview of Adult Social Care Scrutiny Panel September 2014

Simon Williams

Director

Community & Housing Department

merton

National Social Care Context

- Challenges acknowledged as unprecedented (Barker report, National Audit Office, LGA efficiency report, etc). The House of Lords Committee on Public Service and Demographic Change warned in March 2013 that the UK was “woefully underprepared” for the social and economic challenges presented by an ageing society and that a “radically different model” of care would be needed
- Demographic change. The ONS projects that the percentage of people over 85 will double over the next 20 years. More people of all ages with complex health needs .Surge in demand for care and support
- Significant budget reductions. 12% in real terms since 2010. ADASS budget survey reports rapidly shrinking scope for efficiency savings
- Implementation of the Care Act, from 2015.
- Part of shared system with NHS, but funding mechanisms, incentives and governance different. Various solutions to this canvassed
- Provider market stressed in some areas
- Regulator coming back to stronger focus on quality

Adult Social Care Service in Merton

- The service is divided into 3 areas:
  - Commissioning
  - Access & Assessment
  - Direct Provider Services

- 405 FTE staff
- £77.5m Gross Expenditure, £55.9m NET
- 4,250 customers of whom 3,075 are over the age of 65 years

Challenges and priorities

Services

- Highly targeted and all statutory other than 4% still in prevention to avoid spend down stream.
- Domiciliary care: impact of minimum wage judgements, commissioning on outcomes, level of skills in workforce
- Impact of Care Act from 2015 on income levels, customer numbers, duties for self funders and carers, responsibility for market oversight
- Integration with NHS: must-do, how to realise benefits for whole system
- Continued demand for personalisation, choice and control
- Introducing new integrated quality framework
- Need to continue to emphasise principle of promoting independence: council support is aimed at enabling person and wider networks to find solutions and where possible reduce use of council funded services

Challenges and priorities

Organisation

- Redesign in adult social care target operating model: programme focuses on the 3 areas of integration with NHS, implementation of Care Act, and savings
- Local impact of national funding arrangements for adult social care (taxation, individual assets, or real scope for further savings?)
- Commissioning decisions for home care services, retention of preventative services, care homes services and how to find further savings
- Most spend in private and voluntary sector, with hundreds of providers ranging from SMEs to big chains
- New duty of market oversight in Care Act, including managing impact of providers failing. Current issue of capacity in market and LBM ability to access this capacity based on what we pay
- Assessment and review done in-house as a gatekeeping and statutory role. To be reviewed as integration progresses
- Direct provision services have SLA with commissioning, will continue to be subject to market testing.

Challenges and priorities

People

- Most staff are carers in private sector on or near minimum wage, sensitive to changes in overall employment market, Learning & Development (L&D) offer has to meet these needs
- Best use of qualified staff, current focus on social work
- Changing skill and role set for integration, L&D to address this

Process

- Further changes likely in light of integration (centred on individual with more trusted assessments), Care Act (as we engage with self funders who arrange their own care).
- Putting in place a new information system over next 18 months

Implementing The Care Act 2014

The Care Act 2014 brings together over 30 previous Acts in a streamlined legislative framework and has four distinct parts:

- **Part 1:**

A new legal framework for the provision of adult social care and support in England

- **Part 2:**

Reform of quality and safety regulation for healthcare providers

- **Part 3:**

Establishment of Health Education England (HEE) and the Health Research Authority (HRA) as non-departmental public bodies

HEE: Lead body for education and training of health care professionals

HRA: Regulation of Health and Social Care Research

- **Part 4:**

Technical matters including the areas where the Act applies

(Integration fund - “Better Care Fund”)

What will change from April 2015?

Better access to services:

- Carers will be put on the same footing as people they care for
- New national eligibility criteria framework (this means that more people will be able to access social care services)
- Assessments for care and support services will focus on outcomes and wellbeing;
- Better planning of transition between children's and adults' services
- Easier to move between areas (continuation of services)
- Everyone (including self-funders) in a care home who meets the eligibility criteria will be able to request a deferred payment (giving people the option not to sell their house immediately when moving into residential care).

What will change from April 2015?

Advice and information :

- Better information and advice available to all (to help with making choices about own care and support)
- Signposting to independent financial advice

Diverse services:

- A wide range of prevention services responsive to local needs
- Joint working with health, housing and other partners

What will change from April 2015?

Safer services:

- Statutory Safeguarding Board
- New Care Quality Commission powers (new inspection framework and rating)
- Openness and transparency (duty of candour)
- Right to advocacy services

What will change from April 2016?

Funding reform (cap on costs):

- Cap on costs of meeting eligibility criteria for care and support (to be adjusted annually), currently estimated at £72,000 (no need to sell assets to fund care)
- No contribution from young people who are disabled before becoming adults
- Lower cap for adults of working age (TBC)
- Increase in capital thresholds from £23k to £118k (more people will be eligible for free care)

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Committee: Healthier Communities Overview and Scrutiny Panel

Date: 3rd September 2014

Agenda item:

Wards: All

Subject: Healthier Communities and Older People Overview and Scrutiny Panel Work Programme 2013/14

Lead officer: Stella Akintan Scrutiny Officer

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

Forward Plan reference number: n/a

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

Recommendations:

That Members of the Healthier Communities Overview and Scrutiny Panel

i) Consider their work programme for the 2014/15 municipal year, and agree issues and items for inclusion;

ii) Consider the methods by which the Panel would like to scrutinise the issues/items agreed;

iii) Identify a Member to lead for performance monitoring on behalf of the Panel;

iv) Identify a Member to lead for budget scrutiny on behalf of the Panel;

v) Consider whether they wish to make visits to local sites;

vi) Agree on an issue for scrutiny by a task group and appoint members to the Task Group. The Task Group will subsequently meet to scope the review and draft the terms of reference that will be reported back to the next Panel meeting for approval;

vii) Identify one issue for in-depth agenda item;

viii) Consider the appointment and recruitment of co-opted members for the 2014/15 municipal year, to sit on the Panel and/or on the Task Group; and

ix) Inform the Scrutiny Officer of their views on their training and support needs.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to support and advise Members to determine their work programme for the 2014/15 municipal year.

1.2 This report sets out the following information to assist Members in this process:

a) The principles of effective scrutiny and the criteria against which work programme items should be considered;

b) The roles and responsibilities of the Overview and Scrutiny Panel;

c) The findings of the consultation programme undertaken with Members, Senior management, voluntary and community sector organisations, partner organisations and Merton residents;

d) A summary of discussion by councillors and co-opted members at a topic selection workshop held on 11th June 2014; and

e) Support available to the Overview and Scrutiny Panel to determine, develop and deliver its 2014/15 work programme.

2. Determining the Overview and Scrutiny Panel Annual Work Programme for 2014/15

2.1 Members are required to determine their work programme for the 2014/15 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of Merton.

2.2 The Overview and Scrutiny Panels have specific roles relating to budget and business plan scrutiny and to performance monitoring that should automatically be built into their work programmes. Members are recommended to appoint a Performance Monitoring Lead Member and a Business Plan/Budget Scrutiny Lead Member on behalf of the Panel.

2.3 Overview and Scrutiny Panels may choose to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work. Any call-in work will be programmed into the provisional call-in dates identified in the corporate calendar as required.

2.4 The Overview and Scrutiny Panel has six scheduled meetings over the course of 2014/15, including the scheduled budget meeting (representing a maximum of 18 hours of scrutiny per year – assuming 3 hours per meeting). Members will therefore need to be selective in their choice of items for the Panel's work programme.

Principles guiding the development of the scrutiny work programme

2.5 The following key principles of effective scrutiny should be considered when the Panel determines its work programme:

- **Be selective** – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
- **Add value with scrutiny** – Items should have the potential to 'add value' to the work of the Authority and its partners. If it is not clear what the intended outcomes or impact of a review will be then Members should consider if there are issues of a higher priority that could be scrutinised instead.
- **Be ambitious** – Panels should not shy away from carrying out scrutiny of issues that are of local concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental well being of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.

- **Be flexible** – Members are reminded that there needs to be a degree of flexibility in their work programme to respond to unforeseen issues/items for consideration/comment during the year and accommodate any developmental or additional work that falls within the remit of this Panel/Commission. For example Members may wish to questions officers regarding the declining performance of a service or may choose to respond to a Councillor Call for Action request.
- **Think about the timing** – Members should ensure that the scrutiny activity is timely and that, where appropriate, their findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. Members should seek to avoid duplication of work carried out elsewhere.

Models for carrying out scrutiny work

2.6 There are a number of means by which the Overview and Scrutiny Panel can deliver its work programme. Members should consider which of the following options is most appropriate to undertake each of the items they have selected for inclusion in the work programme:

Item on a scheduled meeting agenda/ hold an extra meeting of the Panel	▪ Panel can agree to add an item to the agenda for a meeting and call Cabinet Members/ Officers/Partners to the meeting to respond to questioning on the matter ▪ A variation of this model could be a single meeting to scrutinise an issue that, although important, do not merit setting up a 'task-and-finish' group.
Task Group	▪ A small group of Members meet outside of the scheduled meetings to gather information on the subject area, visit other local authorities/sites, speak to service users, expert witnesses and/or Officers/Partners. The Task Group can then report back to the wider Panel with their findings to endorse the submission of their recommendations to Cabinet/Council ▪ This is the method usually used to carry out policy reviews
Panel asks for a report then takes a view on action	▪ The Panel may need more information before taking a view on whether to carry out a full review so asks for a report – either from the service department or from the Scrutiny Team – to give them more details.
Meeting with service officer/partners	▪ A Member (or small group of Members) has a meeting with service officers/Partners to discuss concerns or raise queries. ▪ If the Member is not satisfied with the outcome or believes that the Panel needs to have a more in-depth review of the matter s/he takes it back to the Panel for discussion
Individual Members doing some initial research	▪ A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the panel if s/he still has concerns.

2.7 Note that, in order to keep agendas to a manageable size, and to focus on items to which the Panel can make a direct contribution, the Panel may choose to take some "information only" items outside of Panel meetings, for example by email.

Support available for scrutiny activity

2.8 The Overview and Scrutiny function has dedicated scrutiny support from the Scrutiny Team to:

- Work with the Chair and Vice-Chair of each Panel to manage the work programme and coordinate the agenda, including advising officers and partner organisations on information required and guidance for witnesses submitting evidence to a scrutiny review;
- Provide support for scrutiny members through briefing papers, background material, training and development seminars, etc;
- Facilitate and manage the work of the task and finish groups, including research, arranging site visits, inviting and briefing witnesses and drafting review reports on behalf on the Chair; and
- Promote the scrutiny function across the organisation and externally.

2.9 The Overview and Scrutiny Panel will need to assess how they can best utilise the available support from the Scrutiny Team to deliver their work programme for 2014/15.

2.10 The Panel is also invited to comment upon any briefing, training and support that is needed to enable Members to undertake their work programme. Members may also wish to undertake visits to local services in order to familiarise themselves with these. Such visits should be made with the knowledge of the Chair and will be organised by the Scrutiny Team.

2.11 The Scrutiny Team will take the Overview and Scrutiny Panel's views on board in developing the support that is provided.

3. Selecting items for the Scrutiny Work Programme

3.1 Each Overview and Scrutiny Panel sets its own agenda within the scope of its terms of reference, with the Overview and Scrutiny Commission taking a coordinating role to ensure that any gaps or overlap in the scrutiny work programme are dealt with in a joined-up way.

The Healthier Communities Overview and Scrutiny Panel has the following remit: -

3.1 Formal health scrutiny, including discharging the Council's responsibilities in respect of the Health and Social Care Act 2001, the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012.

- Health, including promoting good health and healthy lifestyles, mental health and reducing health inequalities
- Community care (adult social care and older people's social care)
- Active aging
- Access to care and health services
- Scrutiny of the Health and Wellbeing Board

3.2 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as Panel agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS Sutton and Merton and Merton Voluntary Service Council. Other issues of public concern have been identified through the Annual Residents Survey. The Scrutiny Team has consulted departmental management teams in order to identify forthcoming issues on which the panel could contribute to the policymaking process.

3.3 A description of all the suggestions received is set out in Appendix 2.

3.4 The councillors who attended a "topic selection" workshop on 11th June 2014 discussed these suggestions.

3.5 The suggestions were prioritised at the workshop using the criteria listed in Appendix 3. In particular, participants sought to identify issues that related to the Council's strategic priorities or where there was underperformance; issues of public interest or concern and issues where scrutiny could make a difference.

3.6 A note of the workshop discussion relating to the remit of this Panel is set out in Appendix 4.

3.7 Appendix 1 contains a draft work programme that has been drawn up, taking the workshop discussion into account, for the consideration of the Panel. The Panel is requested to discuss this draft and agree any changes that it wishes to make.

3.8 The Panel may also wish to select items for scrutiny from the presentations made by the Assistant Directors and Cabinet Member at the Panel's meeting on 11June 2014 or based on other public priorities of which Members are aware through their ward work.

3.9 Items on the Cabinet's forward plan that relate to the remit of this Panel are listed in Appendix 5. The Panel may wish to include one or more of these issues in its work programme.

4. Task group reviews

4.1 The Panel is invited to select an issue for in-depth scrutiny and establish a task group in order to carry out the review.

4.2 A potential area for in-depth scrutiny was identified at the workshop was diabetes:

5. Co-option to the Panel membership

5.1 Scrutiny Panels can consider whether to appoint non-statutory (non-voting) co-optees to the membership, in order to add to the specific knowledge, expertise and understanding of key issues to aid the scrutiny function. Panels may also wish to consider whether it may be helpful to co-opt people from "seldom heard" groups. A further discussion on co-option is attached at appendix 5 and members are asked to agree a new appointment process and the number of co-opted members it wishes to have on the panel.

6. Public involvement

6.1 Scrutiny provides extensive opportunities for community involvement and democratic accountability. Engagement with service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Panel.

6.2 Service users and the public bring different perspectives, experiences and solutions to scrutiny, particularly if “seldom heard” groups such as young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities are included.

6.3 This engagement will help the Panel to understand the service user’s perspective on individual services and on co-ordination between services. Views can be heard directly through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time the Panel/Task Group may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.

6.4 Much can be learnt from best practice already developed in Merton and elsewhere. The Scrutiny Team will be able to help the Panel to identify the range of stakeholders from which it may wish to seek views and the best way to engage with particular groups within the community.

7. ALTERNATIVE OPTIONS

7.1 A number of issues highlighted in this report recommend that Panel members take into account certain considerations when setting their work programme for 2014/15. Overview and Scrutiny Panels are free to determine their work programme as they see fit. Members may therefore choose to identify a work programme that does not take into account these considerations. This is not advised as ignoring the issues raised would either conflict with good practice and/or principles endorsed in the Review of Scrutiny, or could mean that adequate support would not be available to carry out the work identified for the work programme.

7.2 A range of suggestions from the public, partner organisations, officers and Members for inclusion in the scrutiny work programme are set out in the appendices, together with a suggested approach to determining which to include in the work programme. Members may choose to respond differently. However, in doing so, Members should be clear about expected outcomes, how realistic expectations are and the impact of their decision on their wider work programme and support time. Members are also free to incorporate into their work programme any other issues they think should be subject to scrutiny over the course of the year, with the same considerations in mind.

8. CONSULTATION UNDERTAKEN OR PROPOSED

8.1 To assist Members to identify priorities for inclusion in the Panel’s scrutiny work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:

a. Members of the public have been approached using the following tools: articles in the local press, My Merton and Merton Together, request for suggestions from all councillors and co-opted members, letter to partner organisations and to range of local voluntary and community organisations, including those involved in the Inter-Faith Forum and members of the Lesbian Gay and Transgender Forum;

b. Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2014, and by contacting the Scrutiny Team direct; and

c. Officers have been consulted via discussion at departmental management team meetings.

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

9.1 There are none specific to this report. Scrutiny work involves consideration of the financial, resource and property issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific financial, resource and property implications.

10. LEGAL AND STATUTORY IMPLICATIONS

10.1 Overview and scrutiny bodies operate within the provisions set out in the Local Government Act 2000, the Health and Social Care Act 2001, the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012.

10.2 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

11. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

11.1 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 engagement. The reviews will involve work to consult local residents, community and voluntary sector groups, businesses, hard to reach groups, partner organisations etc and the views gathered will be fed into the review.

11.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.

12. CRIME AND DISORDER IMPLICATIONS

12.1 In line with the requirements of the Crime and Disorder Act 1998 and the Police and Justice Act 2006, all Council departments must have regard to the impact of services on crime, including anti-social behaviour and drugs. Scrutiny review reports will therefore highlight any implications arising from the reviews relating to crime and disorder as necessary.

13. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

13.1 There are none specific to this report. Scrutiny work involves consideration of the risk management and health and safety issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific risk management and health and safety implications.

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

14.1 Appendix I – Healthier Communities Overview and Scrutiny Panel draft work programme 2013/14

14.2 Appendix 2 – Summary of topics relating to this Overview & Scrutiny Panel's remit suggested for inclusion in the scrutiny work programme

14.3 Appendix 3 – Selecting a Scrutiny Topic – criteria used at the workshop on 29th May 2013

14.4 Appendix 4 – Notes from discussion of topics relating to the remit of the Healthier Communities Overview and Scrutiny Panel, Scrutiny Topic Selection Workshop 22nd May 2013

14.5 Appendix 5 – Discussion paper on co-opted members

15. BACKGROUND PAPERS

15.1 None

One item may be selected for a full task group review. The topic (suggested at the topic selection evening on 11th June) was Diabetes.

Meeting Date 03 September 2014

Scrutiny category	**Item/Issue**	**How**	Lead Member/Lead Officer	**Intended Outcomes**
Policy Development	Overview of the key issues in adult social care	Report to the Panel	Rahat Ahmed-Man, Head of Commissioning	Panel to decide if they want to look at any area in more detail.
Policy Development	Merton Clinical Commissioning Group – Overview of key issues and priorities	Report to the Panel	Adam Doyle	Panel to decide if they want to look at any area in more detail.
	Overview of the key issues in public health	Report to the Panel	Kay Eilbert	Panel to decide if they want to look at any area in more detail.
	Work programme 2014-15	Report to Panel	Cllr McCabe	Panel to agree work programme for the year ahead

Meeting date – 22 October 2014

Scrutiny category	**Item/Issue**	**How**	Lead Member/ Lead Officer	**Intended Outcomes**
	Mental Health review	Report to Panel	Dr Anjah Ghosh	Panel to consider outcomes of review of mental health services
	Health issues in Polish Community	Report to panel	Polish Family Association/ MCCG	To consider how to improve services for polish community to increase GP registration and less reliance on A&E

Meeting date – 12 November 2014

Scrutiny category	Item/Issue	How	Lead member/Lead Officer	Intended Outcomes
	Cancer Screening	Report to the Panel	NHS England	Panel to scrutinise refreshed strategy
	Update on Healthwatch and Health and Wellbeing Board	Report to Panel	Simon Williams, Dave Curtis	Look at the progress with the work of the Board and Healthwatch

Meeting Date – 14 January Budget Meeting

Scrutiny category	Item/Issue	How	Lead member/Lead Officer	Intended Outcomes

Meeting date – 11 February 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	End of life Care	Report to the Panel		
	Health and Wellbeing Strategy	Report to the Panel	Dr Kay Eilbert	

Meeting date – 17 March 2015

Scrutiny category	Item/Issue	How	Lead member/Lead Officer	Intended Outcomes

Appendix 2

Description of topic suggestions received in relation to the remit of the Healthier Communities Overview and Scrutiny Panel

Topic: Mental Health

Who suggested it? Co-opted member of a scrutiny panel/commission and officers

Summary of the issue: The public health team conducted a review of mental health services earlier this year. The Joint Strategic Needs Assessment identifies this as a priority area, for example, levels of depression are higher than for England, and although proxy measures for mental health outcomes are good, recovery rates following the use of Psychological Therapies are lower than England and London.

How could scrutiny look at it? The Panel can ask for a report and action plan arising from the mental health review and revisit how the health and wellbeing strategy is addressing mental health issues.

Topic: Diabetes time bomb in London

Who suggested it? Council officer

Summary of the issue: The London Assembly has recently conducted a review on levels of diabetes in the capital. It highlights that at half a million Londoners have been diagnosed with the problem. There has been a 75% increase over the last ten years. The condition is more prevalent in the African, African Caribbean and South Asian Communities. There is a also a risk of developing diabetes related long term conditions. Expert guests told the Committee that while ethnicity, age and deprivation all have a part to play, in their opinion the rise in obesity is by far the most prominent factor contributing to the increase in Type 2 diabetes in London.

Diabetes accounts for around 10 per cent of current national health spend, four-fifths going towards treating complications. Diabetes is now the biggest single cause of amputation, stroke, blindness and end-stage kidney failure in the UK.

How could scrutiny look at it?

The Panel could identify an area of diabetes care to focus on:

- Integrated diabetes care, to ensure that services are co-ordinated rather than fragmented and patient care is continuous.
- Education and support to enable people to manage their condition
- Tackling undiagnosed diabetes

Review local plans of the CCG and HWB to tackle diabetes

This area could be considered for a task group review.

Topic: Tackling obesity

Who suggested it? Cabinet member

Summary of the issue: There are rising levels of obesity amongst adults which also contributing to the rise in long term conditions such as diabetes

How could scrutiny look at it? This should be looked at as part of the work on diabetes The Panel could look at the work within the CCG and public health team to tackle obesity..

Topic: Health issues within the Polish community

Who suggested it? Polish Family Association

Summary of the issue: There is a big issue around significant numbers of the Polish community who go to A&E for their healthcare rather than registering with a GP. This is due to the fact that A&E is the first point of contact for healthcare in Poland. Therefore people need to be informed about the healthcare structure in the UK.

How could scrutiny look at it? Invite MCCG and the Polish Association to scrutiny to discuss the issue and consider what is being done to tackle the issue. This work would also link with the council's tackling inequalities agenda. The Polish communities is one of the largest new communities in Merton.

Topic: Timely provision of social care to those who are seriously ill or dying at home

Many terminally ill people indicate on advance care plans that they would prefer to die at home rather than a hospital, hospice or nursing home. It is frequently the absence of social care which renders this impossible.

Who suggested it? Local Resident

Summary of the issue: End of life care has been identified as one of the priorities of Merton Clinical Commissioning Group (MCCG). In April 2012, the Panel received a copy of ' A Good End to Life' Sutton and Merton Strategy for end of life care. This included refreshed priorities and framework to provide good care in the last twelve years of life.

How could scrutiny look at it? The panel could invite (MCCG) to get an update on the strategy. Local voluntary and community services could also be invited to contribute to the discussion.

Topic: Public health and how we can make our role as councillors effective in this arena

Who suggested it? Cabinet member

Summary of the issue:

The council took responsibility for public health in April 2013. Given the strategic nature of public health issues the team works with a number of departments across the council to implement policy. Public health would benefit from raising the profile of their work both within the council and the local community. There may be a role for the councillors in using their role to support this work.

How could scrutiny look at it?

Look at good practice elsewhere and consider how it could be implemented in Merton. Meet with the Director of Public Health to discuss a greater role for councillors in supporting the public health agenda, both in their constituency roles and through their respective roles in the council.

Topic: Support for people with complex health needs who are not currently linked to social services

Who suggested it? Local community organisation

Summary of the issue:

The council currently supports people with critical and substantial health needs. There is benefit in supporting those who have 'mild' need in order to prevent them from needing more substantial support in the future. Any work in this area would be limited by the financial restraints that the council is facing. Vulnerable groups could include adults with learning disabilities, or older people living independently.

How could scrutiny look at it?

The Panel could look at the council's prevention programme which supports those for those who do not qualify for more intense support.

Topic: Scrutiny of the changes at St Helier and Epsom hospitals

Who suggested it? A member of the scrutiny commission or panels

Summary of the issue:

Last year a review of health services in South West London proposed some substantial changes to Epsom and St Helier Hospital. The review was abandoned before the consultation stage.

How could scrutiny look at it? It is proposed that a South West London Overview and Scrutiny Committee is established to tackle issues affecting the wider sub region. The JHOSC will look at any future proposed changes for St Helier.

Topic: Scrutiny of the clinical commissioning policy

Who suggested it? A member of the scrutiny commission or panels

Summary of the issue: Since April 2013, the Merton Clinical Commissioning Group has replaced Primary Care Trust in commissioning and planning most of the health services locally

How could scrutiny look at it? The clinical commissioning group will be invited to the first meeting of the panel to discuss their priority areas for the year ahead. During this discussion the Panel may wish to consider which areas they want to look at in more detail at future meetings.

Topic: Scrutiny of the health and wellbeing board

Who suggested it? a member of the scrutiny commission or panels

Summary of the issue: The Health and Wellbeing Board was introduced under the Health and Social Care Act 2012. It is a fully constituted committee of the council which brings together partners within health and social care to tackle local health issues, reduce health inequalities and promote the integration of health and social care services. The Board is able to make decisions and leads on the development of the health and wellbeing Strategy.

How could scrutiny look at it? The Panel will need to ensure that it fulfils it's role in scrutinising the Board ensuring that it is open, accountable and making effective decisions for the benefit of local residents. However it is important for scrutiny to add value to the local health landscape rather than duplicating the work of the Board. Therefore it is suggested that the Panel receive two reports a year of the progress and outcomes from the Board. All Board meetings are held in public and Panel members could also receive the agenda and minutes for these meetings.

Topic: Healthwatch

Who suggested it? A member of the scrutiny commission or panels

Summary of the issue: Merton Healthwatch was introduced as part of the Health and Social Care Act 2012 and has been up and running since 2013. It is an organisation which represents the 'patient' in s voice' in their experience of health services. Last year Healthwatch were invited to the Panel to give updates on their work. Healthwatch is also represented on the health and wellbeing Board who also receive an update on their work.

How could scrutiny look at it? The Panel could receive progress reports at least twice a year to discuss the progress with Healthwatch as part of the update with the health and wellbeing Board. The Panel should also seek to work closely with Healthwatch on the specific areas that it is looking at.

Topic: Upgrading the status of staff in care homes

Care home staff should be capable of providing physiotherapy, exercise, mental and physical stimulation for those in their care. One idea would be to install a table football machine in the day room. Can Merton lead the change in the atmosphere of these homes?

Who suggested it?: Local resident

Summary of the issue:

This is an area where the council does not have direct responsibility, making it difficult to influence. Providers of care homes manage and support their own staff.

How could scrutiny look at it?

In 2009, the health scrutiny panel conducted a review on quality of care in nursing homes and safeguarding older people in 2012. Both of these reviews looked at providing activities for people in care homes and the Panel looked at the recommendations from these reviews on a number of occasions.

Selecting a Scrutiny Topic – criteria used at the workshop on 2014

The purpose of the workshop is to identify priority issues for consideration as agenda items or in-depth reviews by the Scrutiny Panels and the Commission. The final decision on this will then be made by the Panels/Commission at their first meetings.

All the issues that have been suggested to date by councillors, officers, partner organisations and residents are outlined in the supporting papers.

Further suggestions may emerge from discussion at the workshop.

Points to consider when selecting a topic:

- Is the issue strategic, significant and specific?
- Is it an area of underperformance?
- Will the scrutiny activity add value to the Council's and/or its partners' overall performance?
- Is it likely to lead to effective, tangible outcomes?
- Is it an issue of community concern and will it engage the public?
- Does this issue have a potential impact for one or more section(s) of the population?
- Will this work duplicate other work already underway, planned or done recently?
- Is it an issue of concern to partners and stakeholders?
- Are there adequate resources available to do the activity well?

Notes from the Healthier Communities and Older People Overview and Scrutiny Committee topic suggestion workshop

11th June 2014, 7-8pm.

Present: Councillors; Peter McCabe, Mary Curtin, Brenda Fraser, Brian Lewis Lavender, Gilli Lewis-Lavender, Abdul Latif, Sally Kenny, Pauline Cowper, Suzanne Grocott. Officers: Simon Williams, Director of Community and Housing, Stella Akintan, Scrutiny Officer

The Panel had a discussion about the future co-option process. It was agreed that the previous co-opted members had made a valuable contribution to scrutiny at Merton. However it is important to ensure there is an open and transparent process to appoint co-opted members. All members of the local community should have the opportunity to apply for a position. It was agreed to revise the current process and ensure that all members of the local community with the relevant skills have the opportunity to apply for a position.

The scrutiny officer was asked to look at the process used by the Standard Committee which advertises locally, and the Panel get involved in the short listing and interview process. A short paper setting out these issues will be on the agenda for the next Panel meeting.

Panel members agreed that the task group review would focus on diabetes as this is a cross cutting topical issue and a growing problem.

A panel member raised concerns about the need for activities for older people to tackle loneliness. It was agreed to revisit the issue in a one year's time after the implementation of the physical activity task group.

The Panel discussed how to scrutinise any future proposals for St Helier hospital. It was agreed that any proposals that emerge as a result of a review of health services will be looked at through our South West London Joint Scrutiny arrangements.

It was agreed that the Panel would continue receive regular updates on public health including an update on the health and wellbeing strategy.

Panel members agreed that it is important to leave space on the agenda for any important issues that arise which is very probable in the health sector.

Panel members would also like the Public Health team to run information sessions as they did last year. This is an important way to ensure that members are engaged in the health agenda.

The Chair raised concerns about the length of time it takes to get a GP appointment, including if there are targets for how long people should have to wait and the differences between surgeries.

Simon Williams, The Director of Community and Housing suggested that the Panel may wish to visit the Nelson extended medical facility which is due to open next spring.

The Panel agreed that all the topics put forward were important issues and they would try and incorporate them in the work programme.

Appointment of co-opted members to the Healthier Communities and Older People Overview and Scrutiny Committee.

Background

Co-opted members make an important contribution to the work of scrutiny. Their role helps to broaden the range of expertise available when looking at local health issues. It also provides an opportunity for members of the public and local organisations to get involved in the work of the Panel.

The last cohort of co-optees have highlighted the benefit the role brings in regards to highlighting issues of concern, providing expertise and making valuable contributions to the Panel, task group work and visits to local services.

Reasons for the proposed change

At the topics selection workshop on the 11th June 2014, members considered the process for agreeing co-opted members for the year ahead. Panel members felt there needs to be a more planned and considered approach. The current arrangements for identifying, and supporting external representatives to scrutiny Panels does not include a recruitment and application process, nor are people aware that they can apply to sit on the Panel.

As a result, members of the local community have not had the opportunity to apply for a position and the process does not reflect the openness and transparency which are central principles in the work of scrutiny.

Therefore it is proposed to revise the process to ensure that members of the local community in Merton can apply, the criteria for the position is clear, and there is clarity around the recruitment process.

Process to appoint new co-opted members

Building on the process that the Standards Committee use to recruit co-opted members and drawing on good practice from elsewhere it is proposed to:

- Advertise the co-opted member posts locally
- Develop a job description
- Chair and Vice Chair of this Panel to shortlist and invite candidates for an interview to discuss the role.

Number of co-opted members for the Panel

In previous years there have been between three to five co-opted members covering topics in the following areas:

- Mental health issues
- Ethnic minority representative
- Older Persons representative
- Representative from Merton Link (predecessor to health watch)

The Panel will need to decide how many co-opted members it wishes to appoint and the duration of their appointment. Other local authorities have appointed for the four year election

cycle to ensure continuity and to allow appointee the opportunity to contribute to the policy making process and see the fruition of their task group work.