Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 28 June 2016
Time: 7.15 pm
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 4
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This is a public meeting – members of the public are very welcome to attend. The meeting room will be open to members of the public from 7.00 p.m.

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Mary Curtin
Suzanne Grocott
Sally Kenny
Abdul Latif
Laxmi Attawar
Marsie Skeete

Substitute Members:
Gregory Patrick Udeh
Stephen Crowe
Najeeb Latif
Ian Munn BSc, MRTPI(Rtd)

Co-opted Representatives
Myrtle Agutter (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)
Hayley James (Co-opted member, non-voting)

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that 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

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
17 MARCH 2016

(7.15 pm - 9.35 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair), Councillor Brian Lewis-Lavender, Councillor Brenda Fraser, Councillor Suzanne Grocott, Councillor Sally Kenny, Myrtle Agutter, Saleem Sheikh, Councillor Michael Bull and Councillor John Dehaney

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Mary Curtin and Councillor Laxmi Atwar

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed.

4 EPSOM AND ST HELIER UNIVERSITY HOSPITAL NHS TRUST - VERBAL UPDATE (Agenda Item 4)

Daniel Elkeles, Chief Executive, said there have been a number of reviews of Epsom and St Helier over the last fifteen years, many of which called for the closure of St Helier. The Trust has since been able to provide reassurance to staff that that the hospital will remain open for the next five years. The Trust has recently been successful in a recruitment drive for nurses. Epsom and St Helier is now one of the ten worst estates in the country. Half a billion pounds will be needed to replace the estate.

In regards to the timetable for the next stage of the consultation it is hoped to have a developed an option for a preferred site by June. A consultation event is being held on the 19th March to discuss the criteria for developing the options.

A panel member asked how the Trust will improve it’s services in the community and what the timescale will be. The Chief Executive reported that the Estates Strategy is for 2020. A new building will mean less money tied up in building maintenance costs. Staff will need to be trained to support people in the community. Doctors will need to think differently and help to invest and support people in the community to prevent expensive in-patient care.

A panel member asked what provision is being put in place when a home environment is not suitable for the care of a sick person. Dr James Marsh, Joint Medical Director reported that each case will be dealt with on its own merit, and alternatives such as community hospitals will be available for those who are unable to manage at home.

A panel member asked if the future of St Helier can be secured. The Chief Executive said they are working to secure the future of St Helier. They will develop a financial case for the costs needed for the infrastructure. There are a number of options and will be consulting with community on developing the criteria for the options.

A panel member asked for clarification about the current financial situation at Epsom and St Helier and how will the new estate be funded. The Chief Executive was reminded that the community will continue to defend A&E and maternity services at St Helier hospital. The Chief Executive said the Trust will be able to access private sector funding. The Trust currently is facing a deficit of £25-30 million over the next two years. The cost of maintaining the buildings is contributing to the deficit. The Trust will not be able to break even within the current buildings.

Panel members asked if departments could be closed if the Trust is not able to secure funding and the timescale for the new hospital being built.

The Chief Executive said if funding is not secured there is a risk it could have a significant impact on the hospital. In regards to the timescale there are a number of steps in the process, any of which could be delayed. If all runs smoothly the hospital could be ready by 2021. However, this date is very optimistic.

RESOLVED
The Trust were thanked for their attendance and asked to keep the Panel up to date with the progress of this work.

5 MAKING MERTON A DEMENTIA FRIENDLY BOROUGH (Agenda Item 5)

Nicola Nadanakumaran, who was on work experience at Merton Council from November to February, gave an overview of the report. Ms Nadanakumaran stated that Dementia can have a significant impact upon those who experience it including withdrawal from everyday life. People from black and minority ethnic communities are more likely than their white counterparts to be affected by dementia. Recommendations for making Merton more dementia friendly included; local organisations such as Transport for London, to train staff in dementia awareness.

Daisy Tate Specialist Dementia Nurse for East Merton, said their role is a model of good practice. They help to identify and support those who are often missed and not diagnosed. They support GP's and work with people who have been diagnosed to improve social inclusion and support their well-being.
They train professionals including physiotherapists, occupational therapists, district nurses. They offer dementia friends training to council staff, centre court, and the Tandem centre. The aim is for everyone to commit to an action to improve dementia.

The Borough Engagement Manager from Transport for London (TfL) shared the work that the organisation is using to support customers with dementia. He report that TfL use the Haringey checklist. This includes clear signage, contrasting colours for signage and providing staff assistance. The aim is to increase the confidence of the travelling public. All bus drivers are trained in raising awareness of hidden illnesses.

The Consultant in Public Health reported that there is a steering group which includes membership from public health and Merton Clinical Commissioning Group are developing a local dementia strategy. The Senior Public Health Principal said the public health team have conducted wide range engagement to develop the needs assessment and determine what to include in the dementia strategy.

The Cabinet Member for Adult Social Care and Health said she is championing this issue and will continue to encourage councillors to complete the dementia friendly training. It is also important that young people are included in dementia work both in terms of diagnosis and as carers. Anne Reid, Dementia Nurse reported that the dementia hub has a young person's support group.

A panel member asked for an overview on how the dementia services fit together. The Consultant in Public Health reported that the work of the steering group has helped to raise diagnosis rates. The steering group was also focussed on setting up the dementia hub, which was funded by adult social care. Primary and community care also play a big role in the work of the hub.
A panel member asked the from Transport for London to outline how they support people with dementia on the underground as there seems to be a reduction in station assistants.

The Borough Engagement Manager reported that the closure of ticket offices will lead to more station assistants however there are a number of challenges including budget cuts alongside population growth. Transport for London also support local projects, so are working on the development of Morden Town Centre.

A panel member said the hub is a very good service which we are very fortunate to have in the borough. However there are concerns about the future of funding as well as accessibility as the Hub is a long walk from the nearest bus stop. This presents a challenge for people with disabilities as travel costs can be expensive. An example was given of a lady with physical disabilities who pays £50 each time she attends the Hub.

RESOLVED
The Panel asked the dementia steering group to consider ways to make Merton dementia friendly and report back to the Panel in six months. The Panel would like details on specific projects with associated timescales.

6 WORK PROGRAMME (Agenda Item 6)

The Panel resolved to consider the public health budget at the next meeting and look at the impact of recent task groups.

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 28 June 2016

Agenda item:

Wards: ALL

Subject: Urogynaecology Services at St Georges University Hospital NHS Foundation Trust

Lead officer: Luke Edwards, Head of Corporate Governance, St George's University Hospital NHS Foundation Trust

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. Panel are asked to comment on the plans for Urogynaecology services at St George's and the issues raised by staff and service users about the proposed future plans for the service.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. At the 9th February meeting of this Panel representatives from St George's University Hospitals NHS Foundation Trust attended the meeting to discuss the future of the Urogynaecology service which had been temporarily transferred to Croydon Hospital while a consultation was being carried out on the future of the service. Service users also addressed the Panel to set out their concerns.

1.2. Similar discussions about the service were also held at Sutton and Kingston Scrutiny committees. Following these meetings a joint letter was sent to the Chief Executive of St George's expressing the concerns within scrutiny and setting out the outcomes from each meeting. The joint letter and the response from St George's are attached.

1.3. Senior Representative will attend this meeting to provide an update on the outcomes of the consultation and the future of the service. Service users will also share their views with the Panel.

2 ALTERNATIVE OPTIONS

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

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

2.1. 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.

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

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

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

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11 BACKGROUND PAPERS

11.1.

Head of Corporate Governance
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THE ROYAL BOROUGH OF
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UPON THAMES

By email

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25 February 2016

Mr Miles Scott
Chief Executive
St George's University Hospitals
NHS Foundation Trust
Blackshaw Road
Tooting London SW17 0QT

Dear Mr Scott

I am writing to you regarding various issues which have arisen as a result of your recent public consultation on the Urogynaecology Subspecialty Service.

The Health Scrutiny Committees of Kingston, Merton and Sutton have, at recent meetings, individually considered your plans and have heard counter arguments from one of the consultants and representatives of patients.

As a result we now have a situation where each Committee has reached its own conclusions as set out below.

I understand that the Trust Board will be making a decision on how it will proceed with these plans following the consultation and comments received at the scrutiny committee meetings at its meeting on 3 March 2016.

Whilst we appreciate that it is unlikely that we should now seek to convene a sub committee of the SW London Joint Health Scrutiny Committee, and recognising that Wandsworth (scrutiny, health watch and CCG) have actually accepted your plans as part of wider considerations to address the Trust's deficit issues we believe that it would be helpful if following the Board's decision you were to provide a common response to our three Committees. This would allow our Committees to receive the information and assurances they are seeking as expressed in our various recommendations.

The **Sutton** Scrutiny Committee recommendation at its meeting on 20 January 2016 was "the committee agreed that the matter should be referred to a joint health scrutiny committee given the impact on several boroughs. The committee asked that officers seek legal advice about its remit and therefore its position."

As part of its consideration of the matter on 26 January 2016 the **Kingston** Health Overview Panel heard the views of two patients who expressed concerns about the service provided at Croydon and agreed the following recommendations

1. Endorsed the passing of relevant information to appropriate local staff and supported the investigative processes that will follow and requested that an appropriate report be brought back to the Health Overview Panel;

2. Requested assurance from the relevant health commissioner (Wandsworth CCG) that concerns set out above are appropriately addressed;

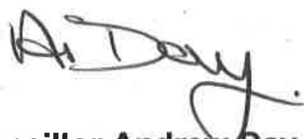
3. Welcomed that the Trust has decided to delay the decision on the proposal to permanently relocate the Urogynaecology service to Croydon University Hospital until 3 March; and

4. Recommended that the Urogynaecology and Paediatric and Adolescent Gynaecology service is provided at St George's in the future.

Merton's Healthier Communities and Older People Overview and Scrutiny Panel met on the 9 February 2016. The Panel unanimously agreed to ask St George's to re-open the Urogynaecology clinic for local people, as a priority.

We look forward to hearing from you in the near future.

Yours sincerely



Councillor Andrew Day
Chair, South West London Joint Health Overview and Scrutiny Committee
(and Chair of Kingston Health Overview Panel)

St George's University Hospitals NHS
NHS Foundation Trust

Blackshaw Road
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SW17 0QT

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Chief Executive's Office
Room 28, 1st Floor, Grosvenor Wing

10th June 2016

Guildhall
Kingston upon Thames
Surrey
KT11EU

Dear Councillor Day

Urogynaecology Subspeciality Service

Thank you for your letter of 25th February to Miles Scott regarding the public consultation on the Urogynaecology Subspeciality Service. I apologise for the delay in responding to your letter. Unfortunately the correspondence was misplaced as a result of the recent changes at St George's.

As you will be aware urogynaecology is a subspecialty of gynaecology for the management of women with pelvic floor dysfunction. St George's University Hospitals NHS Foundation Trust (SGUH) provided an acute local and tertiary urogynaecology service as a subspecialty within the Women's Services directorate.

The urogynaecology service was suspended in June 2015 due to concerns about the safety and governance of the service. External professional organisations had tried to intervene on these issues without success. Following review by the division, the Medical Director and a number of external parties, a decision was taken to suspend the service in order to give time to better understand the available options that would reassure the trust that quality, safety and governance could be restored. As a consequence of the decision to suspend the service a number of steps were taken with immediate effect including the need to: find suitable alternative provision for the patients; understand and manage the related impact on other services; and ensure adequate engagement with key stakeholders with appropriate consideration afforded to equality issues to guide future decision making.

I am aware that you have seen that papers and minutes from trust board meeting on the 3rd March which considered this issue. The trust board met on 3 March 2016 and supported the proposal for the trust to begin a process of liaison with commissioners to understand the appetite and specification for the re-establishment of a urogynaecology service at SGUH. Any reconfigured service would need to meet the requirements of both clinical and financial sustainability in accordance with the Trust's business case process. Any future consultation that may be required in relation to the urogynaecology service will be led by the CCG as commissioner. The service will remain in suspension during this period and there is no immediate prospect of the urogynaecology service at St George's being reinstated.

Since the trust board on the 3 March 2016, the trust has had a series of meetings and discussions with Wandsworth CCG regarding the future provision of a urogynaecology service.

Wandsworth CCG has identified a GP clinical lead who will be working closely with SGUH on the development of any potential new service specification. Building on similar models of care for patients with long term conditions, Wandsworth CCG anticipate that care will be delivered wherever possible by GPs and specialised community staff (physiotherapists and nurses) with leadership from the SGUH team and specialised support from CUH.

Wandsworth CCG anticipates that this should enable patients to have care as close to home as possible, while remaining confident that the specialised input is available if required.

SGUH are working closely with Wandsworth CCG and intend to produce a service specification for testing more widely with stakeholders in the autumn. Consideration of the views of the Health Scrutiny Committees of Kingston, Merton and Sutton will of course be a key part of this process.

I hope this clarifies the current position and next steps.

Yours sincerely

Simon Mackenzie
Chief Executive
St George's University Hospitals NHS Foundation Trust

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: June 28, 2016

Agenda item:

Wards: ALL

Subject: MERTON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICE

Lead officer:

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

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

Recommendations:

A. The Panel are asked to comment on this update.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This paper was prepared at the request of the Merton Overview and Scrutiny Panel, to provide an update on performance, and an account of patient experience, in the newly commissioned Merton IAPT (Improving Access to Psychological Therapies) service. The specific queries addressed by this paper are:-

- the number of people using the service,
- how well is the service working.
- the service's venues, location and numbers accessing each venue.

2 DETAILS

2.1. Introduction and Background Information

Improving Access to Psychological Therapies (IAPT) is a national programme that aims to make evidence based, clinically effective, talking therapies available to the (adult) population of England with mild to moderate forms of depression and anxiety. The national benchmark is that each Clinical Commissioning Group (CCG) district should commission an IAPT service with sufficient size and capacity to treat 15% of the estimated local population with depression or an anxiety disorder.

2.2. IAPT services in Merton were initially provided by South West London and St George's Mental Health NHS Trust (SWLStG). For a number of years, the SWLStG service was unable to deliver the quantitative and qualitative standards expected by commissioners. The decision was taken to revitalise performance, and Merton CCG conducted an open procurement for a new IAPT service. The organisation Addaction won the tender and has provided the Merton IAPT service, 'miapt', since October 2015.

2.3. **Overcoming Initial Barriers to High Performance**

2.4. At first, the new service was not as successful as Addaction and commissioners had anticipated. Addaction identified the following obstacles:-

- Smaller than expected workforce transferred from the SWLStG service
- Larger than expected number of patients transferred from SWLStG
- Inconsistencies in the quality of clinical practice and record keeping in staff.
- Working practices and culture slow to change post transition.

2.5. Merton CCG and Addaction agreed a time limited recovery plan, delivered by Addaction between January and March 2016, to address service deficits; additional investment was committed by Merton CCG and Addaction to underpin the turnaround in performance. Over the past 6 months, the service has worked hard to resolve the issues and to bring the service to a more stable position. Key achievements are:

- Successful recruitment to managerial, Step 2 and most Step 3 roles, meaning that the service is almost at capacity.
- Utilisation of agency staff and staff from across Addaction's other services to fill any vacancies during the recovery period now curtailed.
- All patients transferred from SWLStG have been reviewed and treated.
- Extensive data quality checks and monitoring is now in place, meaning the data reported by the service is more accurate, and reflective of performance.
- Strong clinical governance structures have been brought in by senior clinical staff, and further development of this is planned with recruitment to senior clinical roles within the service.
- Addaction met the targets agreed with commissioners for the first six months in terms of access for clients, and have exceeded the target for those moving to recovery.

2.6. **Number of people using the service**

- The service has received 2,186 referrals since October 2015.
- Since October 2015, 1,482 people have successfully entered treatment, and 831 have successfully completed treatment.
- The quality of the service is high. This report will provide further detail on patient reported outcome measures. The recovery rate (a measure of the extent to which patients are getting better) is also noteworthy, peaking at 56% in March 2016, compared with a national target of 50%, and a London average somewhere around 47%.

2.7. **How Well the Service Is Working**

2.8. **Current position, as Measured by Select Key Performance Indicators**

Headline national and local key performance indicators (KPIs) are concerned with waiting times, the number of patients entering treatment, and recovery rates.

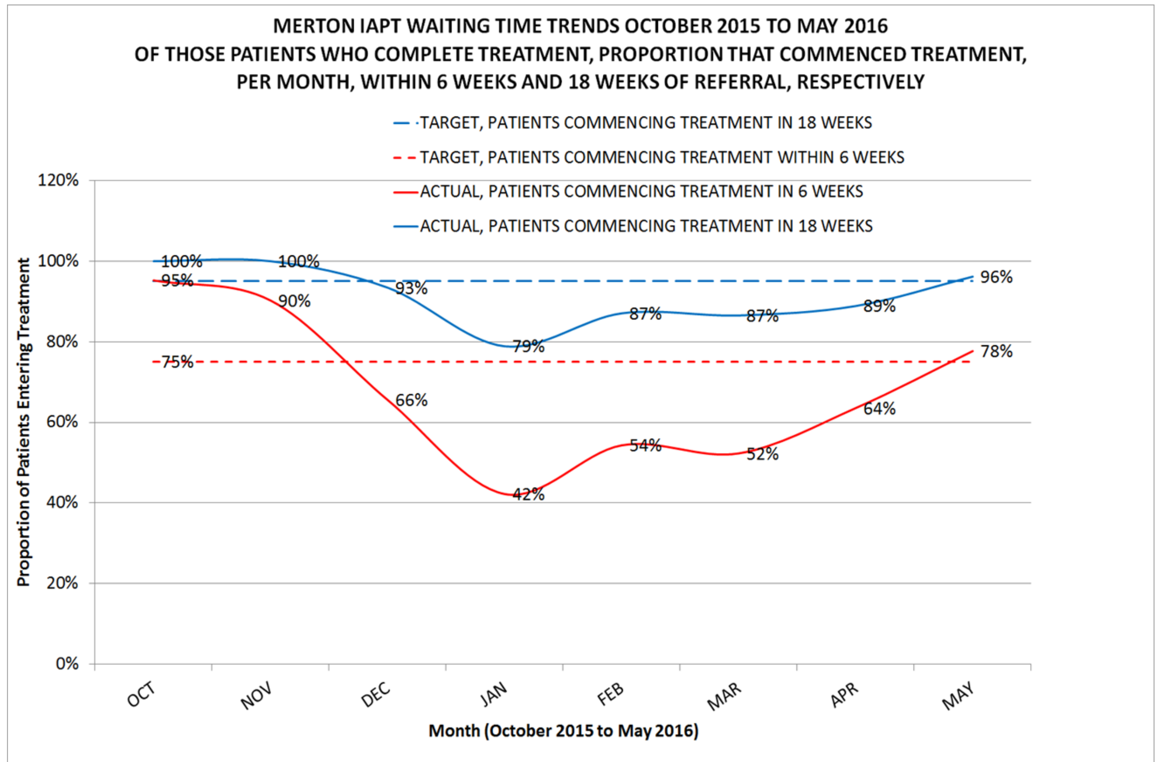
Patients are expected to commence treatment in a timely manner:- 75% within 6 weeks of referral, and 95% within 18 weeks of referral.

In Merton, the estimated adult population with depression and anxiety is 25,322, therefore the service is expected to accept in the region of 3,800

new patients into treatment during the first year of the contract (October 2015 to September 2016).

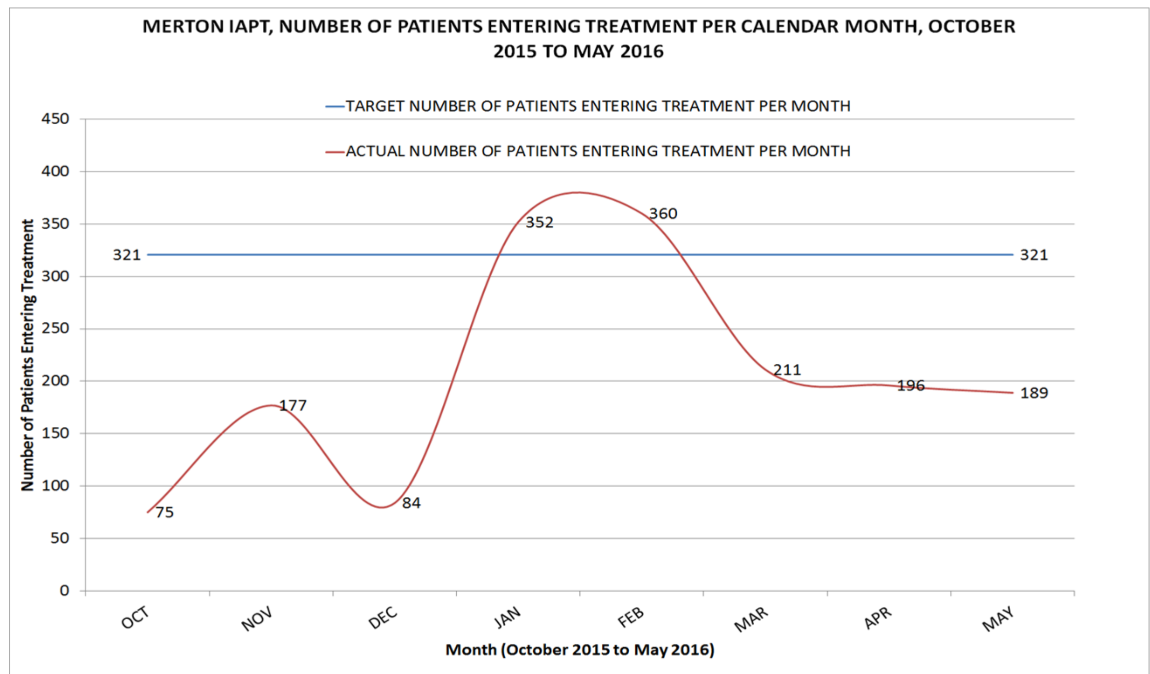
Nationally, IAPT services are expected to ensure at least half of all patients (50%) who leave the service are 'moving toward recovery' (ie getting better); in Merton, the IAPT service is expected to achieve a recovery rate of 52%.

Graph 1: Merton IAPT, Improving Waiting Times



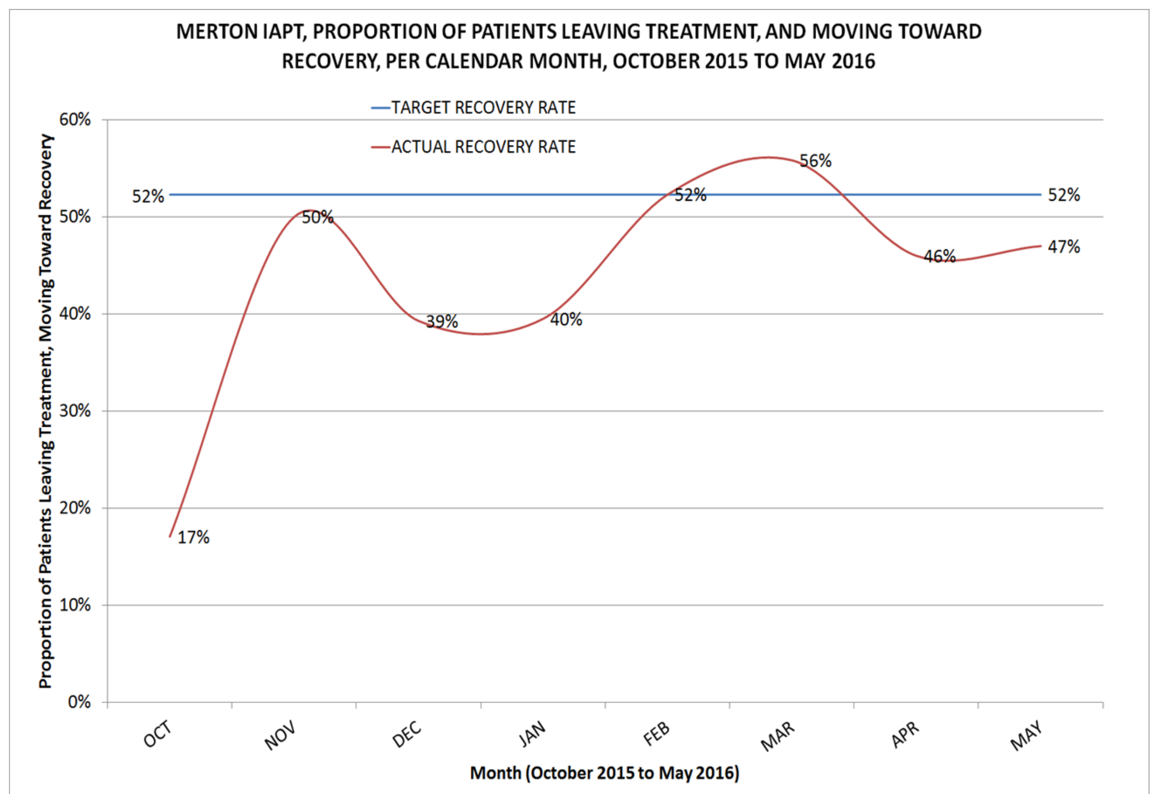
In May 2016, the IAPT service reported the average waiting time from referral to first treatment was 11 days. However, the waiting times key performance indicator measures the waiting times of those patients that have completed treatment in the reporting period. May data shows waiting times are now within the parameters expected by the CCG. However, the service is managing the legacy of extended waiting times that prevailed during the handover period, when patients were transferred from SWLStG to Addaction. The last of these patients should have been discharged from the service during April and May 2016. Addaction have advised the waiting time KPI should be within required parameters henceforth.

Graph 2: Merton IAPT, Patients Entering Treatment



The Merton IAPT service is expected to accept in the region of 3,800 new patients into treatment in its first contract year (roughly 320 new patients per month). The service is falling short in this regard, but, as described later in this document, the service provider has embarked on a marketing and publicity campaign to increase referrals, and has changed working practices to increase the proportion of patients who go on to commence treatment, post referral.

Graph 3: Merton IAPT Recovery Rates



2.9. **Current position, as Measured by Client Feedback**

At the end of treatment, Addaction asks clients to complete the Patient Experience Questionnaire, and of those who have completed this, 96% have reported a positive experience with the service. The following is a sample of statements taken from Patient Experience Questionnaires collected during the period 1st October 2015 to 30th April 2016.

- "I have been very lucky to have my therapist who has been able to get me to challenge some of my very fixed and entrenched ideas and to see how they have contributed so much to my own difficulties."
- Translated from Portuguese: "It was very good to have my sessions with someone speaking my language. It made all the difference."
- "I was totally down and depressed. Did not see a way out of my situation. Taking the counselling helps me to realised the strength within and coping mechanism. My therapist is gentle and she listens and advised appropriately. She gave me ways to identify causes and dealing with my mood swings and options in getting help. My confidence is restored."
- "Telephone was option given to me, I have had some f/f previously. Although I thought it would be strange it has worked out well. better than I thought. I have a picture of Therapist in my head which helped me open up. Been worthwhile. I am definitely better than when I started. I have tools that I can continue to put into place and have hope instead of despair."
- "Very efficient. I am very impressed that this standard of service is available on the NHS."

2.10. **Venues, Locations and Numbers Accessing Each Venue (October 2015 - April 2016)**

Venue	**No. of clients booked for an appointment***	
	n	**%**
Alexandra Road Surgery	33	2%
Central Medical Center	56	4%
Colliers Wood Surgery	10	1%
Cricket Green Medical Practice	655	41%
James O'Riordan Medical Centre	31	2%
Lambton Medical Practice - First Floor	21	1%
Lavender Fields Surgery	12	1%
Mitcham Family Practice	116	7%
Mitcham Medical Centre	92	6%
Morden Hall Medical Centre	194	12%
Ravensbury Park Medical Centre	43	3%
Raynes Park Library Hall	36	2%
Riverhouse Surgery	159	10%
The Nelson Medical Practice	32	2%
Vineyard Hill Road Surgery	64	4%
Wimbledon Village Surgery	40	3%

*The table above details booked appointments. On average 76% of booked appointments are attended. The most popular venue is the Cricket Green medical practice, followed by Morden Hall and Riverhouse Surgery in second and third place respectively.

2.11. Conclusions and Next Steps

Significant improvements and developments have been made to the service, as evidenced in the data from the first six months to March 2016. However, there continue to be areas of focus for the service to ensure it is meeting the required standard against Key Performance Indicators. The following issues have been identified:-

- Thus far, the marketing and publicity campaign has not brought about as big an increase in referrals as had been anticipated, which in turn is having an impact on the number of patients entering treatment.
- Of the referrals received by the service, a smaller proportion go on to enter treatment than had been expected.
- The recovery rate has fallen below contract requirements.
- Waiting times were below requirements, but have been on an improving trajectory since March, and in May the service met both waiting times standards.
- There are vacancies in the administration team which are currently covered by temporary staff. The administrative team is key to booking and following up missed appointments, and in turn is important to the number of patients entering treatment.

2.12. Actions

To address the above concerns, the service is currently carrying out the following actions:

- The service will continue to market the service with a view to further increasing the number of patients referred to the service, for example through work with General Practitioners (GPs) to encourage more GP referrals and sign-postings to the service.
- Addaction will continue to build local partnerships to provide bespoke interventions to the local community, such as group treatment sessions for carers.
- Addaction has implemented a more flexible approach to its engagement with clients referred to the service, with a view to making it easier for them to ‘opt in’ to treatment.
- Performance management of individual practitioners to review Move to Recovery outcomes and to ensure staff are working to the IAPT model.
- The service will review the cases of patients who leave the service without ‘recovering’ to see whether any further action can be taken to improve the recovery rate.
- Addaction will address vacancies in the administration team, and introduce improved management systems to the administration team.
- Addaction met with representatives of Job Centre plus to develop links and further joint working is in discussion.
- Continued weekly review of the performance data which is also shared on a weekly basis with commissioners.

3 ALTERNATIVE OPTIONS

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

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

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

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

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

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

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

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9 CRIME AND DISORDER IMPLICATIONS

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

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: **28th June 2016**
Agenda item:

Wards: ALL

Subject: Public Health savings 2016/17

Lead officer: Dr Dagmar Zeuner, Director of Public Health.

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

Contact officer: Dr Dagmar Zeuner, Director of Public Health.

Recommendations:

A. To note and comment on the approach that Public Health has taken to identifying savings for 2016/17 to meet the national and local savings targets

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of this report is to give the Committee an overview of the approach that Public Health has taken to determine savings for 2016/17, given the scale of the national reductions to the Public Health grant in Merton, as elsewhere, as well as additional local pressures.

1.2. Merton Public Health team has had to make difficult decisions about how to meet the required reduction to the grant, but has taken a considered and structured approach to identifying savings and made every effort to mitigate impact, including using Equality Impact Assessments to guide decision making.

2 PUBLIC HEALTH SAVINGS – NATIONAL CONTEXT

2.1. In August 2015, the Treasury announced that the 2015/16 Public Health grant to local authorities would be reduced by 6.2% in year. For Merton, this equated to a reduction of £664,000 to the grant, and was deducted from the final quarter grant payment for 2015/16. The national Comprehensive Spending Review (CSR) in November 2015 set out further cuts to the Public Health grant for subsequent years, including an additional 2.2% reduction in 2016/17 on top of the reduced 2015/16 baseline.

2.2. Merton's Public Health Grant allocation for 2016/17 is £10,998,000. Together with a locally agreed £400,000 recurrent contribution to Children, Schools and Families (CSF) to fund under-fives' services from 2016/17 (agreed as part of the MTFS before the scale of the national cuts was known), this totals a budget reduction of £1,590,698 in 2016/17.

2.3. As in Merton, Public Health teams across the country are having to make challenging decisions about how to meet the significant scale of savings required to remain within their reduced grants, whilst maintaining mandatory services as well as a focus on prevention, reduction in inequalities and responding to other local priorities.

3 PUBLIC HEALTH APPROACH TO DEVELOPING SAVINGS PLAN

3.1. Given the scale of the reduction to the Public Health grant, making significant cuts to a number of areas across Public Health's work in Merton in 2016/17 has been unavoidable. However, a carefully considered approach has been taken to identify savings, taking into account the council's 'July principles' and using the following criteria:

- Maintain delivery of Public Health mandated services;
- Protect front facing services where possible, for instance by making maximal savings from the Public Health Directorate budget;
- Seek efficiencies as well as service transformation through planned new procurements by innovating service models (i.e. more digital provision), promoting self-care and ensuring a proportionate focus on need.

3.2. Recognising the risks inherent in cutting programmes and services, we undertook detailed Equality Impact Assessments on all proposed savings in order to identify and minimise adverse impacts to service users, and proactively engaged with key partners including Adult Social Care, Children's Schools and Families, and Merton Clinical Commissioning Group.

3.3. The resulting savings plan for 2016/17 is set out in para 17.1 in the attached paper.

3.4. This process has been challenging, given both the total amount of savings required and the financial context across other areas of the council and partners, as well as the tight timescales between announcement of the scale of the cuts and the start of the 2016/17 financial year. This latter issue posed particular challenges in our ability to fully review, for 2016/17 savings plans, portfolio areas where funding was already committed in existing contracts.

3.5. However, as a result of the process outlined above, we feel able to assure Scrutiny that the savings proposals for 2016/17 represent the best possible solution for making the required savings, whilst ensuring that a comprehensive portfolio of good value and effective Public Health programmes remain.

4 FUTURE APPROACH TO FURTHER SAVINGS

4.1. In addition to the 2.2% reduction in the grant in 2016/17, the CSR set out further cuts to the Public Health grant for subsequent years: an additional 2.5% in 2017/18; 2.6% in 2018/19; and 2.6% in 2019/20. The £400,000 recurrent allocation to CSF remains, and from 2017/18 the Council has proposed an additional £600,000 recurrent contribution to adult social care. This too was proposed before the full scale of the Public Health grant reduction was known.

4.2. Whilst savings plans for these subsequent years are outside the scope of this paper, the Public Health Target Operating Model (TOM) is currently being reviewed, setting out strategic aims and aligning resources to underpin the approach to savings options for 2017/18 onwards. In the longer term, there is more flexibility to include a full review of services where funding is currently committed to ensure a rounded look at all areas of Public Health spend. For example, we already looking in depth at sexual health, a significant portfolio within the Public Health budget, to see where ambitious savings can go hand in hand with service transformation, and including work at pan-London level.

The pan-London programme is an innovative means to achieve significant savings but at longer time frames beyond 2017/18. We welcome support from the Committee to ensure this process to identify savings in future years is as robust as possible.

4.3. We think as an approach it is important to not get completely absorbed into focussing on savings and cuts but instead put energy into thinking creatively about the resource we have – which includes the remaining budget and our highly trained and experienced staff. We will carefully consider how to use these resources to best effect in delivering an efficient and equitable Public Health service in Merton going forward.

4.4. It is also important to note that the public health approach is about whole system thinking, and as such we view the whole council resources not just the Public Health grant as important assets to improve health and wellbeing. Hence we seek any opportunity to enhance working across the whole council and with partners to support our residents to live long and healthy lives, and to reduce health inequalities.

5 ALTERNATIVE OPTIONS

All Public Health budget lines were examined, and the final savings plan represents our best judgement of the most proportionate and considered approach to savings, given the challenging context.

6 CONSULTATION UNDERTAKEN OR PROPOSED

We have worked with partners including Children's Schools and Families, Adult Social Care, and Merton CCG, in developing our savings proposals.

7 TIMETABLE

Savings apply to 2016/17

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Set out in the attached paper

9 LEGAL AND STATUTORY IMPLICATIONS

None: our approach to savings has taken into account the legal and statutory implications

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Equalities Analyses have been undertaken for all relevant areas of Public Health savings. The details of the Equalities Impact Analyses undertaken can be found on the Merton Council external website by following the link:

http://democracy.merton.gov.uk/mgIssueHistoryHome.aspx?IId=7518&Opt=0

11 CRIME AND DISORDER IMPLICATIONS

None

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

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

Chief Officer Key Decision paper - Public Health Budget Proposals 2016/17

14 BACKGROUND PAPERS

None

Chief Officer: Simon Williams

Date: Thursday 3 March 2016

Wards: All

Subject: Chief Officer Key Decision - Public Health Budget Proposals 2016/17

Lead officer: Simon Williams, Director, Community and Housing

Lead member: Cllr Caroline Cooper-Marbiah

Contact officer: Dagmar Zeuner, Director of Public Health

Recommendations:

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1. For Chief Officer Key Decision to approve the proposed Public Health budget savings proposals for 2016/17
2. To agree that any PH underspend in 2015/16 can be moved to Public Health reserves, in line with the Public Health grant conditions, in order to help offset cost pressures in 2016/17

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15 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

15.1. This report sets out Public Health budget savings proposals for 2016/17. It outlines the overall budget position and impact of the national savings and corporate contributions.

15.2. The purpose of this paper is to provide information to support the Chief Officer Key Decision to approve these Public Health savings proposals.

16 DETAILS

16.1. The final national Public Health Grant allocation, published on 11 February 2016 is **£10,998,000** for 2016/17. This reflects the additional allocation for the full year costs of Health Visiting commissioning responsibilities and the national savings announced in the Comprehensive Spending Review in November 2015.

16.2. Together with the previously agreed £400,000 recurrent contribution to Children, Schools and Families (CSF) from 2016/17, this totals a budget reduction in 2016/17 of: **£1,590,698**

16.3. In 2017/18 the national grant allocation is £10,727,000. In addition the Council agreed a £600,000 recurrent contribution to adult social care which will leave public health with an available budget of 9,727,000.

16.4. The ring-fence on the Public Health Grant has been extended for a further two years and there will be a national transition to full funding through local business rates from 2018/19 onwards.

16.5. The immediate focus has been on identifying savings in 2016/17, recognising the need to have a robust savings plan going forward in

v

2017/18. It has been agreed that the Public Health Target Operating Model (TOM) will be revised by the new Director of Public Health (DPH), setting out strategic aims and aligning resources, which will enable a fuller review of savings options for 2017/18 onwards.

16.6. The approach to identifying savings for 2016/17 has been to ensure the delivery of public health mandated services and minimise adverse impacts to service users. This has included increasing efficiencies through new procurements; protecting services where funding is tied into existing contracts; reducing funding and in some cases cutting budgets completely.

16.7. Significant savings have been made from the Public Health Directorate budget in order to protect front facing services.

16.8. It is also proposed to actively underspend for the remainder of 2015/16, in order to put savings into public health reserves for 2016/17 which can then be used to offset pressures, especially anticipated genito-urinary medicine (GUM) risk/contingency as this is a mandated open-access service.

17 AREAS OF SAVINGS

17.1. The table below sets out a summary of all saving proposals for 2016/17, totalling **£1,631,000**. The savings target for 2016/17 is **£1,590,698**.

No.	Saving area	Saving Type[1]	Saving amount 2016/17 (£000)	Total budget 2015/16 (£000)	Equalities Assessment required
PH1	**Substance misuse re-procurement** Reduced budget for recommissioning adult substance misuse services and reducing prevention programmes. Recommissioning will bring together a number of components, including detox and shared care in primary care settings, in order to offer better value and care closer to home	SP1 /SP2	**£540**	£2,056	Yes
PH2	**Deletion of Healthy Licensing / Planning post** Decision not to recruit to planned joint post to provide Public Health input to alcohol licensing and spatial planning decisions	SS2	**£40**	£2,056	Yes

[1] SS2: Staffing: reduction in costs due to deletion/reduction in service
SNS1 Non - Staffing: reduction in costs due to efficiency
SNS2 Non - Staffing: reduction in costs due to deletion/reduction in service
SP1 Procurement / Third Party arrangements – efficiency
SP2 Procurement / Third Party arrangements - deletion/reduction in service

No.	Saving area	Saving Type	Saving amount 2016/17	Total budget 2015/16	Equalities Assessment required
PH3	**Environmental Health – miscellaneous expenses** Reduction in budget for printing materials associated with the Healthy Catering Commitment	SNS1	**£3.4**	£5.4	N/A
PH4	**Healthy workplace** Revised approach to delivering the internal LBM healthy workplace programme through existing Public Health and HR capacity	SNS1	**£25**	£30	N/A
PH5	**Integrated healthy lifestyles and weight management service (LiveWell) re-procurement** One year transition, followed by re-commissioning of integrated health improvement, stop smoking and weight management services at a reduced value and improved efficiency with single point of access	SP1 /SP2	**£300.8**	£730.8	Yes
PH6 **PH7**	**Prescribing costs** Reduction in prescribing costs for sexual health services and stop smoking services, which have been capped and included in new contracts	SP1	**£55**	£55	N/A
PH8	**Sexual Health** Decommissioning of SW London sexual health network and Terrence Higgins Trust (THT) delivery of chlamydia screening service, which is now embedded in new community services contract	SP2	**£65.7**	£2,990	N/A
PH9	**NHS Health Checks** Reduction in budget for promotional materials, and for Healthy Living Pharmacy (capping number of Health Checks pharmacies conduct/year)	SNS1	**£7.9**	£232	Yes
PH10	**Befriending service** Reduction in the capacity of 2 year pilot befriending service by 20%	SNS2	**£10**	£50	Yes

No.	Saving area	Saving Type	Saving amount 2016/17	Total budget 2015/16	Equalities Assessment required
PH11	**Handyman scheme** Cutting funding for this subsidy scheme, geared towards reducing falls in older adults in Merton	SNS2	**£8.4**	£8.4	Yes
PH12	**Community Outreach projects** Reduced funds for supporting health-related community development work in the east of the borough	SNS2	**£40**	£50	Yes
PH13	**Health Visiting Resources** Budget for health visitors and school nurses resources now embedded in community services contract	SNS2	**£16**	£16	N/A
PH14	**Children's Public Health programmes** Cutting funding for children's public health programmes including Early Years pathway and service integration development (£50k), support for parental mental health (£50k), targeted Healthy Schools Programme in Mitcham (£100k)	SNS2	**£200**	£200	Yes
PH15	**Public Health Directorate costs** Reduction in budget available for staff continuous professional development (CPD) and other miscellaneous costs	SNS1	**£10**	£14	N/A
PH16	**Merton Clinical commissioning Group (MCCG) Clinical Director posts** Cutting funding to MCCG for GP Clinical Directors, reducing from 4 to 1 (Director for Prevention)	SS2	**£59**	£79	N/A
PH17	**English for Speakers of Other Languages (ESOL) with health messaging** Cut budget for ESOL classes delivered using health materials	SNS2	**£66.4**	£66.4	Yes

PH18	**Health Needs Assessments** Reduce budget for consultancy support for Health Needs Assessments	SNS2	**£100**	£124	Yes
PH19	**Health protection** Cut contingency fund (DPH role is to assure the health protection function rather than direct service delivery)	SNS2	**£10**	£10	N/A
PH20	**Community Services contract** Reduction in Community Health Services Contract value through re-procurement of services	SP1	**£73**	4,500	N/A

TOTAL	**£1,630.6**	£11,217	

18 IMPACT, RISKS AND MITIGATING ACTIONS:

18.1. To date, £1,614,000 savings have been identified which is sufficient to meet the total reduction in grant of £1,590,698 in 2016/17. However, there are also additional significant cost pressures for 2016/17 which have been factored into identified savings.

18.2. Achieving the saving target is dependent on Public Health Sexual Health Services (Genito-Urinary Medicine), which are open access demand based services, being delivered within the projected forecast. £40k contingency/pressures have been included in the saving targets; therefore there is a remaining risk if GUM overspends beyond this. Steps are being taken to try to mitigate this risk by shifting the demand from Level 3 services (GUM) to block contracted Level 2 (Contraception and Sexual Health, or CaSH services) and GPs/ Pharmacies where appropriate.

18.3. The savings that have been identified will have a negative impact on the delivery of public health functions and services. A significant proportion of savings will be achieved through increased efficiencies from re-procurement of services. However there remain risks both in terms of deliverability and reputation.

18.4. Discussions have been initiated with other Directorates within the council, and with Merton CCG as a key strategic and delivery partner, about the impact of Public Health savings on joint working and service delivery as well as mitigation.

18.5. Recognising the impacts and risks, Equalities Assessments have been conducted on each of the areas of savings that were identified as having an equalities implication. These are supplied along with this paper, but in summary the main risks and mitigating actions are set out in the table below:

No.	Saving area	Risks	Mitigations
PH1	Substance misuse re-procurement	The re-procurement of substance misuse services at reduced budget will result in a reduced focus on prevention. Savings have been modelled on having new contract in place by October 2016; any delays in procurement would reduce savings. N.B. Proposed changes do not, at this stage, affect the PH contribution (£174k) to the CSF led Young Peoples Risk and Resilience Service.	It is intended that the re-procured service includes prevention, maintains the good treatment outcomes of the current service and produces cost efficiencies. This will be closely monitored to ensure outcomes are delivered. Preventive programmes around substance misuse will be integrated into other services that Public Health commission (LiveWell, NHS Health Checks).
PH2	Healthy Licensing and Planning post	A planned new joint post between Public Health and Environment and Regeneration (Licensing and Planning teams) will now not be recruited to. This will reduce planned capacity of Public Health and colleagues in licensing and planning to be able to use council levers to create healthy environments for residents, to improve health and wellbeing and reduce health inequalities.	Public Health has developed good working relationships with Licensing and Planning teams and will continue to respond to licensing and planning applications and policy within available capacity, and explore new more efficient ways of working.
PH5	Integrated healthy weight, healthy lifestyles service (LiveWell) re-procurement	The one year transition service, and re-commissioning a new LiveWell service at a significantly reduced value may not meet existing demand, leading to reduced delivery of national outcomes e.g. 4 week quits.	The transition service will be evidence-based, targeted to need (e.g. the east of the borough), with clear criteria for referral and a single point of access for improved efficiency. This will be closely monitored to ensure outcomes are delivered. The transition period will enable time to design a new service that integrates with other Public health commissioned services locally (e.g. NHS Health Checks) and nationally (e.g. the new National Diabetes Prevention progamme to be procured in 2016/17)

x

No.	Saving area (continued)	Risks (continued)	Mitigations (continued)
PH9	Health Checks	NHS Health Checks savings are minimal but will affect the residents of Merton who might have wanted to access NHS Health Checks through their pharmacies.	Currently there is no provision of NHS Health Checks through community pharmacies, so while the scope of the programme in pharmacies may be reduced, this is still an improvement from not having any offer from community pharmacies at all.
PH10	Befriending	This will affect older and vulnerable adults at risk or currently experiencing loneliness and isolation. The proposed saving will have a moderate impact on the voluntary sector providers: Age UK Merton, Wimbledon Guild, Carers Support Merton, MVSC and Positive Network; but mostly Age UK Merton.	We are taking steps to ensure that the numbers seen by the service do not drop significantly. We will ensure that the service is targeted at the most vulnerable by stringent prioritising and targeting, as well as at BAME groups.
PH11	Handyman scheme	The cessation of the subsidy will affect frail/elderly Merton residents who have either fallen or are at risk of falls.	This is a “bolt on” to existing Age UK Merton Handyman Scheme and will not impact on that service per se.
PH12	Community Outreach	The reduction in outreach includes (1) removing budget for non-recurrent ad hoc programmes, and (2) reducing funding available in 2016/17 for supporting capacity building in the voluntary sector to support health and wellbeing objectives (and removing funding entirely in 2017/18). The proposed cut in funding, including reduction in funding to MVSC, will impact on voluntary sector provision and has reputational risks.	In order to mitigate any negative impact, we plan to (1) provide one year’s reduced finding to MVSC in 2016/17 as a transition year, and (2) work across the council to identify opportunities to work in a more coordinated way across Directorates to pool existing capacity building and support to the voluntary sector and include health and wellbeing.
PH13	Health Visiting resources	We are proposing to remove a historical budget for Health Visiting resources.	Public health resources have been embedded in the new specification for Healthy Child 0-5 services (health visiting), to be provided by Central London Community Health NHS Trust from 1st April 2016.

No.	Saving area (continued)	Risks (continued)	Mitigations (continued)
PH14	Children's public health programmes	Early Years pathways Reduction in capacity to deliver service improvement and support the development of care pathways and integrated services, which have the potential to release efficiencies across Early Years providers.	Seek to identify resources within existing teams and work with our new Community Health Services provider to continue developing joined up care pathways and closer integration of services to improve outcomes for families.
		Early Years parental mental health Reduced support to Children's Centre's for parental mental health will result in reductions in staff training and awareness, and direct service delivery to parents.	Mental health resilience will be supported through mainstream services including health visiting and early years services. Development of pathways and new resources for perinatal health is key: we will work with our Community Health services provider to ensure health visiting services continue to identify and support low level parental mental health needs and ensure development of a robust perinatal mental health pathway. We will work with Merton CCG in implementing Merton's Transformation Plan for CAMHS and new funding for perinatal mental health. We will ensure those mothers currently receiving 1-1 support will be able to exit the programme effectively and identify step down services.
		Healthy schools programme Cut to programmes providing direct services for schools and pupils in the 20 schools within the Mitcham Town and East Mitcham school clusters. The cut in funding will result in a reduction in preventative services and practical support to pupils, parents and teachers in addressing health	We will work with school clusters to ensure they are well linked to other local services, e.g. school nursing, childhood weight management services, LiveWell. We will promote and provide links to the London Healthy Schools programme. We will ensure schools have access to national resources e.g.

		and wellbeing, in particular in relation to childhood obesity and reducing health inequalities. An evaluation report of the programme is currently being produced.	Change4Life. We will support the identification of other funding sources and use of volunteers to promote health within schools and community settings, including Health Champions.
PH16	MCCG Clinical Director posts	A reduction to funding to MCCG will result in a reduction in the number of GP Clinical Directors, who provide clinical leadership in the following areas: Children and Maternity; Adults (Early Diagnosis and Management); Cancer, Prevention (Keeping Healthy and Well), which has a reputational risk and operational deliverability risk.	It is proposed to continue funding for the Clinical Director for Prevention. Public Health will continue to work closely with MCCG to ensure appropriate clinical input to other areas.
PH17	English for Speakers of Other Languages (ESOL) with health messaging	Cutting funding in training for ESOL with health messaging will reduce direct service delivery, as well as health promotion messages about diet, physical activity and appropriate access to NHS services.	There is potential to work with the commissioned provider of MAE services once in place, to ensure resources developed as part of this work are available for use in the new service which will still include some ESOL provision.
PH18	Consultant health needs assessment (HNA) budget	Significantly reduced capacity to undertake needs assessment, service and evidence reviews, audits and health impact assessments. The revised budget is £24k. This will limit the effectiveness of Public Health support to internal and external partners and the JSNA which is a mandatory function and as such is also a reputational risk.	The Public Health team will apply stringent criteria to prioritise work from the remaining budget, and carefully plan internal resource to conduct HNAs and service reviews.

19 ALTERNATIVE OPTIONS

19.1. None

20 CONSULTATION UNDERTAKEN OR PROPOSED

20.1. None

21 TIMETABLE

21.1. Savings apply to 2016/17

22 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

22.1. Set out above.

23 LEGAL AND STATUTORY IMPLICATIONS

23.1. None: our approach to savings has taken into account the legal and statutory implications

24 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

24.1. We have undertaken Equalities Analyses for all relevant areas of Public Health savings – see appendices.

25 CRIME AND DISORDER IMPLICATIONS

25.1. None

26 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

26.1. None

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

27.1. Equalities Analyses for each of the savings areas as follows:

- EA PH1 Substance misuse
- EA PH2 Healthy Licensing and Planning post
- EA PH5 Integrated weight management healthy lifestyle and stop smoking service
- EA PH9 Health Checks
- EA PH10 Befriending
- EA PH11 Handyman scheme
- EA PH12 Community Outreach
- EA PH13 Health Visiting resources
- EA PH14 Children's Public Health Programmes
- EA PH17 ESOL with health messaging
- EA PH18 Consultant HNA budget

28 BACKGROUND PAPERS

28.1. None

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 28 June 2016

Agenda item:

Wards: ALL

Subject: Diabetes Task Group

Lead officer: Stella Akintan , Scrutiny Officer

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

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

Recommendations:

A. That the Panel comment on the findings of the Diabetes Task Group

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to provide the panel with and update and overview of the work of the diabetes task group

2 DETAILS

2.1. Last municipal year this Panel set up a task group to consider how to improve services for people with diabetes in Merton. The membership of the panel was as follows:

2.2. Councillor Brian Lewis Lavender (Chairman)
Councillor Sally Kenny
Councillor Abdul Latif
Councillor Marsie Skette
Councillor Brenda Fraser
Councillor Suzanne Grocott
Councillor Joan Henry
Mr Saleem Sheikh

2.3. This report was inspired by the Greater London Assembly report 'Blood Sugar Rush' Diabetes Time bomb in London, The report highlighted that more and more people are contracting type 2 diabetes; largely due to rising obesity and the increase in ethnic diversity in London. This has led to an estimated 75 per cent increase over the last decade. Diabetes is now the biggest single cause of amputation, stroke, blindness and end-stage kidney failure in the UK. (Blood Sugar Rush Report, London Assembly 2014)

2.4. After considering the emerging evidence the task group decided to focus on preventing diabetes in the South Asian Community. This is because people from this group are up to six times more likely to be diagnosed with diabetes than their white counterparts. They are also more likely to experience complications from the condition at a younger age.

2.5. The Census in 2011 highlights that there will be an overall increase in the Black and Minority Ethnic (BAME) population in Merton. Merton's ethnic profile is forecast to change significantly by 2020. The proportion of Merton's BAME population is expected to increase from 37% in 2014 to 40% in 2020. Looking at the breakdown of the BAME population, the largest increases are in Asian Other (notably Sri Lankan), Black African and Black Other groups.

2.6. Given the projected rise in diabetes; the task group members were very keen to adopt an approach which focusses on prevention of diabetes and ensure that resources are not only addressing the symptoms but are targeted to stem the rise in the condition.

2.7. Prevention is also pertinent given the impact of the cost of diabetes. The rise in diabetes is putting extreme pressure on the NHS services. Diabetes accounts for around 10 per cent of current national health spend four-fifths going towards treating complications. (Blood Sugar Rush Report, London Assembly, 2014).

2.8. Background research has provided a wealth of information about the pre-disposition for South Asian community to being diagnosed with diabetes. This group with a healthy BMI have more fat around organs and in the belly area than Europeans with the same BMI, thereby increasing risk. South Asians, are more likely to have not only more abdominal fat, but also less muscle, which further increases insulin resistance. In addition, Asian women are at greater risk of suffering from diabetes during pregnancy, which can put their children at risk of type 2 diabetes in later life.

2.9. The task group has developed recommendations around developing culturally appropriate services, working with the faith communities to deliver health message and support for the voluntary and community sector.

2.10. These recommendations are currently being finalised and the full report and recommendations will be presented to the next Panel meeting.

3 ALTERNATIVE OPTIONS

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

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

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

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

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

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

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

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9 CRIME AND DISORDER IMPLICATIONS

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

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 28 June 2016

Wards: All

Subject: Healthier Communities and Older People Overview and Scrutiny Panel Work Programme 2016/17

Lead officer: Stella Akintan, Scrutiny Officer

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

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

Recommendations:

That members of the Healthier Communities and Older People Overview and Scrutiny Panel:

i. Consider their work programme for the 2016/17 municipal year, and agree issues and items for inclusion (see draft in Appendix 1);

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

iii. Agree on an issue for scrutiny by a task group and appoint members to the Task Group;

iv. Consider the appointment of co-opted members for the 2016/17 municipal year, to sit on the Panel and/or on the Task Group;

v. Consider whether they wish to make visits to local sites; and

vi. Identify any 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 Panel members to determine their work programme for the 2016/17 municipal year.

1.2 This report sets out the following information to assist the Panel 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 Healthier Communities and Older People Overview and Scrutiny Panel;

c) The findings of the consultation programme undertaken with councillors and co-opted members, Council 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 24 May 2016; and

e) Support available to the Healthier Communities and Older People Overview and Scrutiny Panel to determine, develop and deliver its 2016/17 work programme.

2. Determining the Healthier Communities and Older People Overview and Scrutiny Panel Annual Work Programme

2.1 Members are required to determine their work programme for the 2016/17 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 Healthier Communities and Older People Overview and Scrutiny Panel has a specific role relating to public health, health partners, adult social care and mental health scrutiny and to performance monitoring that should automatically be built into their work programmes.

2.3 The Healthier Communities and Older People Overview and Scrutiny Panel 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 Healthier Communities and Older People Overview and Scrutiny Panel have seven scheduled meetings over the course of 2016/17, including the scheduled budget meeting (representing a maximum of 21 hours of scrutiny per year – assuming 3 hours per meeting). Members will therefore need to be selective in their choice of items for the 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 Commission 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 council 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** – The Panel 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. For example Members may wish to question 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 Healthier Communities and Older People 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	▪ The 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 one-day seminar-scrutiny of issues 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 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
The 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 the 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 Healthier Communities and Older People Overview and Scrutiny Panel will need to assess how it can best utilise the available support from the Scrutiny Team to deliver its work programme for 2016/17.

2.10 The Panel is also invited to comment on 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 Healthier Communities and Older People 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 The Healthier Communities and Older People Overview and Scrutiny Panel sets its own agenda within the scope of its terms of reference. It has the following remit:

- Formal health scrutiny including discharging the Council's responsibilities in respect of the Health and Social Care Act 2001 ;
- 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 ageing
- Scrutiny of the Health and Wellbeing Board

3.1 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Issues that have been raised repeatedly at Community Forums have also been included. The Scrutiny Team has consulted departmental management teams in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.

3.2 The councillors who attended a “topic selection” workshop on 24 May 2016 discussed these suggestions. Suggestions were prioritised at the workshop using the criteria listed in Appendix 2. 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.

3.3 A note of the workshop discussion relating to the remit of the Panel is set out in Appendix 3.

3.4 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.

4. Task group reviews

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

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.

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 2016/17. The Healthier Communities and Older People Overview and Scrutiny Panel is free to determine its work programme as it sees 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 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 a 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 2016, 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 and the Local Government and Public Involvement in Health Act 2007.

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 and Older People Overview and Scrutiny Panel draft work programme 2016/17

14.2 Appendix 2 – Selecting a Scrutiny Topic – criteria used at the workshop on 24 May 2016

14.3 Appendix 3 – Notes from discussion of topics relating to the remit of the Healthier Communities and Older People Overview and Scrutiny Panel, Scrutiny Topic Selection Workshop on 24 May 2016

15. BACKGROUND PAPERS

15.1 None

Appendix 1

Draft work programme 2016/17

Meeting date – 28 June 2016

Item/Issue
Proposed Closure of Uro-Gynaecology services for women at St Georges Hospital
Merton Improving Access to Psychological Therapies Service
Merton Public Health Budget – 2016/17
Diabetes task group
Work programme 2016/17

Meeting date – 6 September 2016

Merton Clinical Commissioning Group - update on current priorities
Epsom and St Helier University NHS Trust – progress with the Estates Strategy
Services for people who have experienced brain injury

Meeting date – 20 October 2016

Support for vulnerable residents who have been affected by the impact of welfare reform.
Joint working with citizen's advice and other local partners
Update on Mental Health Services

Meeting Date 8 November 2016

Physical activity for the fifty five plus
Making Merton a Dementia Friendly Borough
Feedback from mini task group review on learning disability centres

Meeting date - 10 January 2017 (scrutiny of the budget)

Meeting date - 7 February 2017

Care in the Community for older people and support when they are released from hospital.

Meeting date – 16 March 2017

Appendix 2

Selecting a Scrutiny Topic – criteria used at the workshop on 24 May 2016

The purpose of the workshop is to identify priority issues for consideration as agenda items or in-depth reviews by the Panel. The final decision on this will then be made by the Panel at its first meeting on 28 June 2016.

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?

Appendix 3

Note of the Healthier Communities and Older People Overview and Scrutiny Panel topic selection meeting on 24 May 2016

Present: Councillors: Sally Kenny (Chair), Mary Curtin, Suzanne Grocott, Abdul Latif, Brian Lewis-Lavender, Gilli Lewis Lavender, Laxmi Atwar.
Co-opted members: Myrtle Agutter and Saleem Sheikh
Simon Williams, Director of Community and Housing, Stella Akintan Scrutiny officer

Apologies: Councillor Peter McCabe, Councillor Marsie Skeete (attended CYP topic workshop) and Hayley James

The Scrutiny Officer informed the meeting that due to an oversight within the team, Hayley James had not been given adequate notification about the date of this workshop and was therefore not able to attend.

Cllr Kenny chaired the meeting on behalf of Cllr McCabe. Cllr Kenny welcomed everyone to the session

After some discussion the following decision were reached in regards to the topics. The panel noted that some topics were similar and there was some attempt to group them together.

The panel are very keen to visit services to meet service users and staff.

The Panel agreed that a training session on Promoting Independence and building resilient communities would be helpful.

	Topic	**How the Panel will look at it**	**Comments**
1.	Impact of loneliness and Social Isolation and keeping older people socially active	Task group review	Panel agreed to combine this with topic five for a task group review. The review will focus on older people.
2.	Support for vulnerable residents who have been affected by the impact of welfare reform	Report to Panel	Too early to look at it in detail. However the Panel could take evidence from Merton Centre for Independent Living, housing and employment charities. The focus on vulnerable people was accepted as important although need to include the sustainable communities panel.
3.	Care in the Community for older people and support when they are released from hospital.	Report to the Panel	The Director of Community and Housing stated that there is a wealth of data on this issue which can be reported to the panel.
4.	Impact of cuts to adult social care on learning disability day centres.	A mini select committee review	Panel members suggest holding a special inquiry day at a learning disability centre to speak to staff, service users about the service as well as look at good practice from elsewhere. It will be in the form of a mini task group with the findings written up in a report with

			recommendations
5.	Impact of the cuts in Adult Social Care – promoting independence and resilience	Task group review	Panel member expressed some concern that the topic will be too broad and will need to be narrowed and defined.
6.	Services for people who have experienced brain injury	Report to the panel	
7.	Joint working with citizen's advice and other local partners	Report to the panel	