Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 February 2018

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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6	Draft South West London Health Protocol	23 - 34
7	Work Programme	35 - 40

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)
Laxmi Attawar
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Abdul Latif

Substitute Members:
Stephen Crowe
Joan Henry
Najeeb Latif
Ian Munn BSc, MRTPI(Rtd)

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

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

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

Scrutiny's work falls into four broad areas:

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

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

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

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
11 JANUARY 2018

(7.15 pm - 9.15 pm)

PRESENT: Councillor Brian Lewis-Lavender (in the Chair), Councillor Mary Curtin, Councillor Brenda Fraser, Councillor Suzanne Grocott, Councillor Sally Kenny, Councillor Abdul Latif, Di Griffin, Saleem Sheikh and Councillor John Dehaney

ALSO PRESENT: Councillor Mark Allison (Deputy Leader and Cabinet Member for Finance) Councillor Tobin Byers(Cabinet Member for Adult Social Care and Health)

Hannah Doody (Director of Community and Housing) and Caroline Holland (Director of Corporate Services) Dr Karen Worthington (Clinical Director of Transforming Primary Care) Andrew McMylor (Director of Transforming Primary) Stella Akintan (Scrutiny Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Councillor Laxmi Attawar gave apologies for absence

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Minutes were agreed.

4 MERTON CLINICAL COMMISSIONING GROUP - PRIMARY CARE STRATEGY (Agenda Item 4)

The Director of Transforming Primary Care gave an overview of the report highlighting their plans to improve access to primary care. The Director said they were pleased to report that many of these objectives had been achieved and in some cases exceeded, 50,000 appointments had been delivered and they had increased on their ambition from last year. There are now flexible opening times at surgeries with some from 7am some open until 8pm and open on Saturday, same day appointments are also available.

The Clinical Director of Transforming Primary Care added that the Wideway and Wilson hubs are receiving positive feedback from service users. The use of primary

care is increasing but it is not at full capacity at the present time. They are training reception staff to signpost people to relevant service which will also improve access. A panel members asked if there would be additional hubs in north and south Merton given that the current hubs have been so successful. The Director of Transforming Primary Care said the structure is right at the moment as they are not at full capacity. The Clinical Director of Transforming Primary Care added that patients can choose which hub they want to attend.

A number of panel members thanked Merton Clinical Commissioning Group (MCCG) for their work, highlighting that the hubs are working well and services are improving. Local residents, particularly older people, are finding telephone appointments very useful.

A panel member welcomed receptionist training and highlighted that it is important to prioritise GP training for people in the UK. They are also concerned that although twelve hour appointment day is excellent, this should not result in GPs and medical professionals working long hours. The Clinical Director of Transforming Primary Care practices in Merton do support local medical training; however this will not provide enough GPs over the next twenty years so we need to look internationally. GPs work shifts at the surgeries so they can manage their work-life balance.

A panel member asked how the 111 service is advertised. The Clinical Director of Transforming Primary Care said some concerns had been raised about this national helpline. MCCG do promote the service and would welcome ideas about how to advertise further.

A panel member asked when the Princes Surgery will be re-located as a move has been planned for the last 18 months. The Director of Transforming Primary Care said they aim to move to the Patrick Doody building by April this year.

RESOLVED
The Chair thanked MCCG for their work.

5 BUSINESS PLAN UPDATE 2018-2022 (Agenda Item 5)

The Director of Corporate Resources said the budget was reported to Cabinet in December and outlined the assumptions in the Medium Term Financial Strategy as well as provided an update on the business rates. A report will go back to Cabinet in February looking at how the financial position has changed in light of the budget settlement.

A panel member asked about the likely consequences if the deficit is not reduced. It was asked if staff reduction is the main way to the reduce budget gap. The Director of Corporate Resources said the council is required to set a balanced budget. Services can be re-designed without cutting staff, therefore a range of options need to be considered. Refreshing the Target Operating Models will assist with this process.

The Chair invited Lyla Adwan – Kamara, Chief Executive, Merton Centre for Independent Living to address the Panel

The Chief Executive welcomed the opportunity to have a dialogue with the Panel. She commented that the replacement savings seemed sensible. She was of the view that there had been a failure to consult with the local community on some of the new and replacement adult social care savings proposals. This is despite the fact the council identified consultation as an important equality objective. Particular concern was raised about *CH55; 987,000 – less third party payments through promoting independence.* The Chief Executive believed that this saving had been agreed but was not included in the current savings pack. This highlighted a concern about the medium term budget planning process which can result in some items not being discussed. The Chief Executive added that she felt service users would provide a useful and constructive response to savings proposals and they are keen to be involved.

The Director of Community and Housing said adult social care is operating in very challenging financial climate and this has been well documented both locally and nationally. There has also been a significant change in the landscape since 2015 with the introduction of the Health and Social Care Act and additional duties placed upon local authorities.

The Director highlighted that having been in post for six months she is reviewing current spend and savings proposals in the context of this borough. Savings are routinely reviewed throughout the year to ensure they are deliverable within the current environment. The Director will engage with the wider sector to discuss how to provide the best services and value for money. This early phase of engagement and meaningful discussion is distinct from a formal consultation. Appropriate consideration will be given to the consultation process if there is significant change to service delivery. CH55, will be reviewed in line with legislative changes with the implementation of the Health and Social Care Act.

A Panel member highlighted that this Panel has raised concerns about adult social care during previous budget rounds.

6 SAVINGS PROPOSALS CONSULTATION PACK (Agenda Item 6)

Panel members considered each of the savings for adult social care and public health along with the service plans.

A panel member asked for regular updates on changes to budget savings. The Director of Corporate Resources reported that this is available in the monthly Monitoring Report, regular updates are also provided quarterly to the Financial Monitoring Task Group.

A panel member highlighted that the adult social care service plan highlighted that there is likely to be an overspend of £2-3 million. The Director of Community and Housing reported that spending is under control at the moment, however the market is volatile therefore the department plan where possible, make use of early

intelligence and monthly monitoring all of which helps the section to stay within budget.

Councillor Suzanne Grocott asked that the minute record her concern about the current savings shortfall of £382,000 in adult social care.

RESOLVED
The Chair thanked officers for their work.

7 SCRUTINY REVIEW OF HOMESHARE SCHEMES - DRAFT FINAL REPORT AND RECOMMENDATIONS (Agenda Item 7)

Councillor Sally Kenny, task group chair gave an overview of the report and stated it can support the council's financial challenges. The task group found that the scheme could have great potential but will take time to establish within the borough.

A Panel member raised concerns about a scheme of this nature due to the potential safeguarding implications. The task group chair said the Homeshare agency will play a full role in supporting the relationship between the homeowner and home sharer.

RESOLVED
The Chair thanked the task group for their work and the panel agreed for the report to go to cabinet.

8 WORK PROGRAMME (Agenda Item 8)

The work programme was noted

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 February 2018

Wards: ALL

Subject: Services for people who have experienced traumatic brain Injury

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

Lead Officer: Josh Potter, Director of Commissioning, Merton Clinical Commissioning Group.

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

Recommendations:

A. That Panel members comment on the report from Merton Clinical Commissioning Group.

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. On 7th November 2017 NHS England attended the Panel to provide an overview of their services for people who had experienced a traumatic brain injury.

1.2. As a result of this discussion Panel members decided to invite Merton Clinical Commissioning Group, in order to have a comprehensive understanding of the services available for this group.

2 DETAILS

2.1. Merton Clinical Commissioning Group has provided details of their services for people who have experienced brain injury in the report overleaf.

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 2018/19

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.

Neurology and Neurorehabilitation Update

For the Healthier Communities and Older People Overview and Scrutiny Panel

Author: Josh Potter (Director of Commissioning Merton CCG)

1. Background

   This briefing follows a discussion at the Adult Care and Health Overview and Scrutiny Committee on 7th November 2017 focusing on Traumatic Brain Injury. As part of the discussion, concerns we raised around issues with the neurorehabilitation pathways in Merton from the perspective of NHS England's Specialised Commissioning team. Accordingly, Merton CCG was asked to produce a briefing on current work in this area and how it is addressing the issues identified to date.

2. Context

   Merton and Wandsworth CCGs (now working more closely under the umbrella of a Local Delivery Unit "LDU") have agreed with St. George's NHS Trust to redesign and transform the way that care is delivered locally. A partnership Board has been operating since January 2017 where all three organisations have initially prioritised ten specialities. Broadly speaking; the proposals are aligned with the ambitions of the Sustainability and Transformation Partnership (STP); to ensure that patients are seen in the right setting, with the right information, by the right clinician and at the right time. Neurology is one of the specialities prioritised due to the fact that services are fragmented and the quality of patient care could be dramatically improved through more co-ordinated care. Work in this area is recent and ongoing, and as such this paper provides a snapshot in time of what is a rapidly moving programme of work.

3. Issues Identified

   A series of workshops have taken place throughout 2017/18 with St George's Hospital's acute and community neurology teams (already comprising of a wide skill-mix, including; specialist nurses, occupational therapists, physiotherapists, speech and language therapists and rehabilitation assistants), acute geriatric services, community geriatric services, GP Federations, and Commissioner Clinical Leads (for Planned and Unplanned Care).

   Partners agreed the following areas as in need of change:

   - There are large numbers of neurological conditions unnecessarily seen in acute and outpatient departments, which could be managed better in an integrated community care model.
   - Traditional models of care with referrals of patients through routine outpatient pathways means response is slow, and significant numbers go to Accident & Emergency (A&E), leading to admission by non-neurologically trained personnel.
   - Patients with acute neurological conditions cannot be managed efficiently due to the pressures on the outpatients department; this has an impact on patient admissions, length of stay and risk of institutionalisation.
   - GP, A&E and outpatients focus on diagnosis and immediate relief of symptoms. Personal care plans are provided, but there is local variation. More could be done to provide effective self-management, understanding the condition and the consequences of personal lifestyle and the provision of more holistic care.

- There is a significant rate of returners to A&E and medication over use. In 2015/16 there were 8,692 common condition readmissions, of those, 11% were the third readmission or more.

In addition a workshop focusing on the patient voice and the 2015 Public Health Needs Assessment identified the following key issues:

- Improved access to highly-valued and specialist Parkinson's, MS, Epilepsy and NMD nursing input. This included a number of gaps in provision of specialist nursing, in particular Parkinson's and epilepsy nursing.
- Variation in access to the range of services required by people with long term neurological conditions, including therapies, equipment, social services and primary care.
- Access to more rehabilitation places.
- Improved co-ordination and communication between all professionals involved with patient care; rather than leaving it for the carer/spouse to coordinate. This includes the potential for more systematic and proactive coordination of care across agencies; which could be aligned with existing multi-disciplinary services (e.g. HARI at the Nelson Health Centre).
- A need for greater mental health support for people who are diagnosed with LTNCs to assist with the difficulties in coming to terms with limitations in ability and functioning. This would include access to emotional well-being support; and would also need to recognise the needs of the "whole person" and not just the disease.

Specifically in terms of neuro-psychiatric care, while services are available, they neither have adequate capacity nor are targeted to all the appropriate patient cohorts. This challenge is reflected in NHS England's critique of local services which could be leading to a disproportionate use of the Wolfson Unit in Merton.

4. <u>Commissioning plans/developments</u>

A Neurology Workshop was held again in December 2017 which agreed to pilot new ways of working to help relieve pressure on acute services and improve the quality of care delivered. The following areas are prioritised:

- Risk stratification (the process of identifying those most at risk of admission) and multi-disciplinary teams for more co-ordinated care of higher risk patients between the all main neurology services. This to be aligned in Merton to the existing Holistic and Rapid Investigation (HARI) service.
- Additional capacity for specialist physiotherapy.
- Additional capacity for Parkinson's Disease specialist nursing.
- Review and trial additional roles and responsibilities for the existing community neurology service; so they have an enhanced function.
- Additional capacity for counselling and neuro-psychiatric care.

To more clearly understand the impact of the gap in counselling and neuro-psychiatric services as well as how these services could best be trialled to meet the needs of patients; the LDU has been seeking to meet with the following local voluntary sector and community groups.

- Muscular Dystrophy UK.
- Motor Neurone Disease Association.
- Parkinson's Disease Society.
- MS Society.
- Epilepsy Action & Epilepsy Society.

We intend to provide regular update reports to HOSC on how these developments progress.

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13th February 2018

Wards: All

Subject: Preventing Diabetes in the South Asian Community Task Group – update report.

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

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

Contact officer: Amy Potter, Consultant in Public Health & Barry Causer, Head of Strategic Commissioning

Recommendations:

1. The panel discuss and comment on plans for a Whole System Approach to Diabetes, led by the Health and Wellbeing Board and development of a Strategic Framework for Diabetes.
2. The panel notes the progress made on the six recommendations and agree to link this going forward to the Strategic Framework for Diabetes.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To provide an update on the progress against the recommendations of the Diabetes Task Group and to provide information of the Whole System Approach to tackling and preventing Diabetes across Merton.

2 DETAILS

2.1. At their meeting on the 6th September 2016, the Healthier Communities and Older People Overview and Scrutiny Panel finalised their report and recommendations from the task group review of 'Preventing Diabetes in the South Asian Community' and subsequently received an update on progress on the recommendations at their meeting in the 16th March 2017.

2.2. Update on recommendations, are as follows

2.2.1 *Public Health and Merton CCG to consider ways to ensure equitable uptake of the National Diabetes Prevention Programme (NDPP) within the South Asian Community.*

(i) The NDPP programme is an evidence based programme, commissioned by NHS England (NHSE) to support residents who are at borderline diabetic. The programme was launched in Merton in July 2017 but was paused in September 2017 due to information governance concerns.

(ii) The programme has been successfully restarted in Merton in January 2018 and is using a phased approach to delivery focusing on practices in east Merton.

(iii) Positively NHSE have confirmed that they are extending the programme…The specification for the new service will include delivery and materials in different languages including South Asian.

2.2.2 *Public Health and MCCG to ensure that the new lifestyle Service is culturally appropriate and effectively engages South Asian Communities.*

(i) One You Merton stared delivery in April 2017 and

2.2.3 *Public Health to review projects within the East Merton Model and consider if they are culturally appropriate.*

2.2.4 *Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of type 2 diabetes.*

2.2.5 *Public Health and MCCG to consider ways to ensure the equitable uptake of the NHS Health Check programme amongst the South Asian Community.*

2.2.6 *MVSC, MCCG and Public Health to review services provided to South Asian Communities by the existing voluntary and community organisations (for example faith groups) and consider how these can work together, pool resources, and provide consistent messages on diabetes care and raise awareness.*

2.2.7

3 ALTERNATIVE OPTIONS

3.1.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1.

5 TIMETABLE

5.1.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1.

9 CRIME AND DISORDER IMPLICATIONS

9.1.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1.

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

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Date: 13th February 2018

Wards: All

Subject: Preventing Diabetes in the South Asian Community Task Group – update report.

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

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

Contact officer: Amy Potter, Consultant in Public Health & Barry Causer, Head of Strategic Commissioning

Recommendations:

1. The panel notes the progress made on the six recommendations made by the Task Group in their September 2016 report.
2. The panel agrees that the work of the Task Group will now feed in to the Strategic Framework for Diabetes, which is being led by the Health and Wellbeing Board as part of their Whole System Approach to Diabetes.
3. The panel agrees to discuss and comment on the Diabetes Strategic Framework at a future meeting.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To provide an update on progress against the recommendations from the Diabetes Task Group and the Health and Wellbeing Board's (HWB) approach for a Whole System Approach to Diabetes.

2 DETAILS

2.1. At their meeting on the 6th September 2016, the Healthier Communities and Older People Overview and Scrutiny Panel made six recommendations for 'Preventing Diabetes in the South Asian Community' and subsequently received an update on progress on the recommendations at their meeting on the 16th March 2017. Positively, since the original recommendations were made the Merton Health and Wellbeing Board have agreed to build upon the good work taking place across Merton on Diabetes and adopt a whole system approach (WSA) to diabetes across the life course, including the development of a Strategic Framework for tackling diabetes in Merton.

<u>Diabetes Whole System Approach</u>

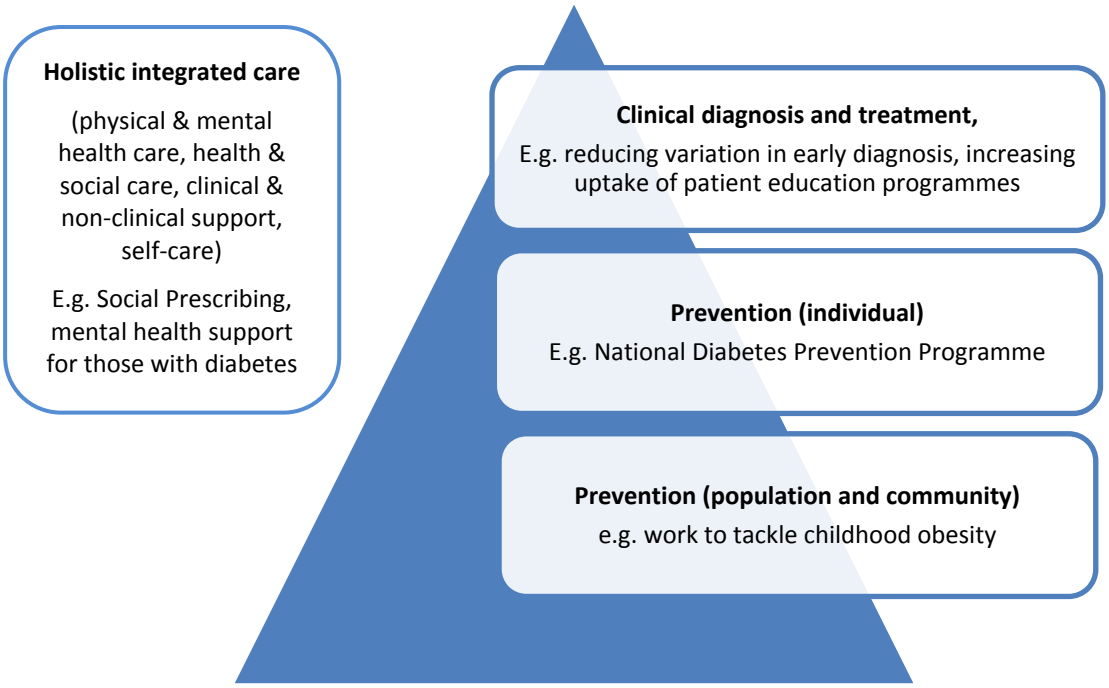
2.2. Diabetes is an area where the traditional 'medical model' centred on specialist and hospital based care has been unable to curb the rise in diabetes cases, serious complications and spiralling costs, and despite evidence-based guidelines there remains considerable variation in hospital, primary and community services, and patient outcomes.

2.3. Recognising this, in June 2017 the Merton HWB agreed diabetes a priority topic to address strategically across partners, building on the HWB's previous focus on work to tackle Childhood Obesity, and as an exemplar of how a whole systems preventative approach to other long term conditions might work.

2.4. Approaching diabetes is a complex problem that cannot be addressed by straightforward clinical solutions. This has led the HWB to frame diabetes as a systems leadership challenge for HWB members, with the need to engage the community rather than imposing solutions, a challenge which requires the iterative development of a strategic framework, rather than a more straightforward clinical strategy.

2.5. The Diabetes Strategic Framework will build on the work already undertaken in Merton to tackle diabetes. Building on the work of this task force, the work on childhood obesity and social prescribing, the framework will take a life course approach, span the whole health and care system, and focus on prevention and tackling health inequalities including those linked with poverty and ethnicity (including South Asian Communities) . It will aim to deliver behaviour change at scale, as well as improve early diagnosis and holistic integrated health and care in the community.

2.6. The strategic framework will look at where we are now, and where we want to be in terms of outcomes that matter to individuals at risk of or already with diabetes, to their families, and to the health and care system (from clinical measures such as HbA1c and reduced inequalities in uptake of services, through to outcomes that the community itself defines as success measures), and how we can get there. The diagram below (Figure 1) gives a suggested outline of the different facets of a whole system approach to diabetes, but will be developed and refined over time.



2.7. The process for the development of the framework will be an intervention in its own right, making explicit use of the different skills, experiences and roles of the member of the board as clinicians, community representatives, council officers and politicians, as well as a broader range of officers, clinicians and place shapers in the local area.

2.8. A key component of the development of the framework is the Diabetes Truth programme, which aims to develop the HWB's behaviour as systems leaders in addressing a complex problem. Initially funded by the Leadership Local Vision, the programme (which started in early 2018) will buddy HWB members with a resident who is living with or at risk of diabetes. The aim of this is for HWB members to get a deeper understanding of the lived experience of diabetes and therefore the vulnerabilities that others might feel, the link to poverty and also how HWB and senior professionals might work with people and communities differently; what it might mean to be community led around the prevention and treatment of diabetes and how the HWB, through its organisations and teams, might mobilise people with diabetes to take action around their own health.

2.9. On 30th January 2018, the HWB meeting was held at Vestry Hall and HWB members heard the experiences of over 10 Merton residents, including those from South Asian Communities and community leaders, who are living with or at risk of diabetes. The conversations between HWB members and residents and community leaders will continue on a one to one basis over the next two months and will feed valuable insight into the development of the strategic framework.

2.10. We would welcome the opportunity to present the findings of the Diabetes Truth programme and the Strategic Framework to the Task Group at a future date.

<u>Update on recommendations from the Task Group.</u>

2.10.1 ***Public Health and Merton CCG to consider ways to ensure equitable uptake of the National Diabetes Prevention Programme (NDPP) within the South Asian Community.***

(i) The NDPP programme is an evidence based programme, commissioned and funded by NHS England (NHSE) to support residents who are borderline diabetic. The programme was launched in Merton in July 2017 but was paused in September 2017 due to concerns around information governance (IG), which have now been resolved.

(ii) The NDPP was successfully restarted in Merton in January 2018 and is being rolled out in a phased approach to delivery and focuses on GP practices in east Merton. Between July 2017 and September 2017 779 letters were sent out to Merton residents inviting them to take part in the programme with 329 residents accepting a place on the programme; 100 (29.5%) of these are from an Asian background. This compares to just over 18% of Merton's residents who are from an Asian ethnic group (Census 2011). As the South Asian community has a higher risk of diabetes this suggests equitable uptake according to need of the NDPP program.

(iii) A further 370 invite letters have been sent out during January 2018 and it is expected that a high number of these are from a South Asian Community.

(iv) Positively, due to the good results of the programme, NHSE are initially extending the programme for another 24 months during which time the programme will be evaluated at a national scale. The detail of this extension is in negotiation at a national and sub-regional level, but it is our understanding that it will include options for the delivery and publicity materials for NDPP to be in different languages including those from the South Asian community.

2.10.2 ***Public Health and MCCG to ensure that the new lifestyle Service is culturally appropriate and effectively engages South Asian Communities.***

(i) The new lifestyle service, delivering under the One You Merton banner, started delivery in April 2017 and has a key objective to engage and support residents from east Merton and from key community groups e.g. South Asian Communities. This is inline with the council's overarching objective to bridge the gap between the east and the west of the borough.

(ii) The service includes digital information, advice and tools to support behaviour change and the website has been developed with Google Translate functionality; which translates the text into Arabic, Gujarati, Hindi, Polish, Punjabi, Tamil and Urdu.

(iii) One You Merton have developed an approach that identifies and trains health champions from within communities, to support them from within. Five health champions have been trained to date from South Asian Communities including representatives of Muslim Women Merton, Muslim Women's Club and the Ethnic Minority Centre.

(iv) One You Merton have delivered workshops, interventions and supported health days at a number of community groups that work with the South Asian Community including the Ethnic Minority Centre, The British Muslim Association, The Tamil group (Vestry Hall), a Health and Wellbeing Seminar with British Muslim Association, EMC-Exhibition of Ephemeral Arts, Joint Committee with EM and the Social Anxiety Group.

2.10.3 ***Public Health to review projects within the East Merton Model and consider if they are culturally appropriate.***

(i) MCCG is leading the work on the Wilson Health and Wellbeing Board Campus and working closely with the Council and the HWB. As part of the development *'Community Conversations in East Merton' work took place between Jul-Dec 2016, between Health and Wellbeing Board members and well connected local community members in East Merton ('Community Connectors'). Conversations were had with more than 450 people from as many different backgrounds, age groups and interests as possible about what its like to live in the east of the borough, their experience of health needs and how the Wilson might act as a catalyst to improve health and at develop an even greater sense of community and belonging – and ultimately how the Wilson might become a health and community wellbeing campus. This included members of the South Asian community.*

(ii) Significant clinical and partner engagement has been undertaken by Merton Clinical Commissioning Group (CCG), Merton Council, MVSC and partners on the proposed shape of the healthcare and wellbeing model for the Wilson site during 2016 and 2017, through the Wilson Programme Board. This will continue throughout 2018 and beyond as plans for East Merton Model of Health and Wellbeing based around the Wilson site continue to develop, and will include discussions around equalities and access to services delivered from the Wilson by all members of the community, especially those facing worse health outcomes.

(iii) A Communication and Engagement Strategy for the Wilson has now been developed by Merton CCG and was signed off at the Wilson Programme Board on 23rd Nov 2017. MCCG are also assigning dedicated staff resource to support Wilson communications and engagement with the local community around the proposals for the Wilson site. Now there is a Wilson Communications & Engagement strategy, there will begin to be a regular flow of information to and feedback from the public in 2018, including through VCS forum such as INVOLVE. The first public workshop outlining proposed options for the site is planned for Spring/Summer 2018; workshop content development will be supported by the Wellbeing Workstream Group.

(iv) In addition, a Wellbeing Workstream group has been set up by the Wilson Health and Wellbeing Campus Development Manager (seconded from, and still working part time for, Healthwatch), under the Wilson Programme Board, looking specifically at the Wellbeing aspects planned for the Wilson site (e.g. Information Advice and Guidance services, Enterprise Hub, green spaces for community gardening etc, rather than the clinical services which will also be delivered from the site). It is made up of Voluntary and Community Sector (VCS) organisations which relate to the proposed 'Wellbeing' service options, plus those with a key local interest. Members therefore include: Healthwatch Merton, Sustainable Merton, BAME, Merton Community Transport, Age UK, MVSC, Mitcham Cricket Green Heritage, MCil, Citizens Advice, Mental Health Forum, Commonside Trust.

(v) The first meeting of the Wellbeing Workstream Group was held on 27 Oct 2017, and the second on 14 December 2017, and will meet at regular intervals throughout 2018. Draft Terms of Reference for this group have been developed – this group is a vehicle for accountability for decision making on development of the Wellbeing aspects of the site, and will take forward the Wellbeing service design/engagement. It will also be able to collate feedback on the development of the Healthcare (clinical) part of the site, and the feel and accessibility of the whole Campus, and feed this back into the Wilson Programme. Progress to date was presented to members at the 27 Oct meeting, who fed back that they were impressed with the amount of work done behind the scenes, felt that it made sense and wanted to support the project going forward.

2.10.4 ***Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of type 2 diabetes.***

(i) At South West London (SWL) level, the SWL maternity transformation programme acknowledges the high rates of diabetes in Merton, and has

identified actions to improve partnership working with pre-conception care colleagues/ GPs to improve the care and outcomes for women with pre-existing conditions such as diabetes, as well as to explore a SWL approach to develop an assessment and referral protocol to support women and families who are overweight/obese to lead healthier lifestyles during pregnancy and postnatally. South Asian and other high risk BAME communities will be a key target group for this work, including those who do not already have diabetes but who are at increased risk of gestational diabetes.

(ii) Meanwhile locally, all expectant mothers from a South Asian background should be offered a Glucose Tolerance Test to check for signs of gestational diabetes, due to the increased risk. Merton CCG's transformation plans for diabetes (which will form a strand of the overarching Whole System Approach) will look at all aspects of the diabetes pathways, including for those at increased risk of diabetes during pregnancy.

2.10.5 ***Public Health and MCCG to consider ways to ensure the equitable uptake of the NHS Health Check programme amongst the South Asian Community.***

(i) The NHS Health Check programme is now being delivered by Merton Health (the GP Federation) and the contract clearly sets out a targeted approach to delivery of the programme. This prioritisation sets out that the following key priority groups, who have increased risk of cardiovascular disease, are of specific interest and should be prioritised; to increase the reach and also uptake by patients in these key groups

a) *South Asians, who have increased risks of heart disease compared to Europeans*

b) *Males, who if other factors are equal, are at higher risk of cardiovascular disease compared to females*

c) *People with a family history of clinically proven cardiovascular disease before the age of 60 years*

d) *People with a history of smoking*

e) *People residing in areas of higher deprivation by postcode*

(ii) From April 2017 to September 2017 324 South Asian patients were invited for a Health Check and 17% of those invited have since received a completed Health Check. It is expected that the uptake of the health checks are wil increase now that Merton Health have mobilised and their performance will be closely monitored through effective contract and performance management. More specific work is underway, building on previous consultation with the community, to actively follow up with high priority groups including South Asian patients to increase the uptake rate of the Health Check programme.

2.10.6 ***MVSC, MCCG and Public Health to review services provided to South Asian Communities by the existing voluntary and community organisations (for example faith groups) and consider how these can work together, pool resources, and provide consistent messages on diabetes care and raise awareness.***

(i) In 2017, the VCS Health and Social Care Forum, with MVSC's support, developed a consortium of voluntary sector providers for health, social

care and wellbeing services. Their aim is to improve collaboration and formal partnership working by sharing expertise, pooling resources and joining up services for Merton residents. Their services are aligned to the borough's priorities including diabetes. The Consortium was launched in January 2018.

(ii) During 2016 and 2017, MVSC has worked closely with the Ethnic Minority Centre (EMC) to develop services and gain funding e.g. Get Set & Get Active, Healthier Lives for U and Feeling Good Group for Mums (health discussions and fitness activities).

(iii) The BAME Voice comprises a range of BAME organisations (including those directly serving south east Asian communities) working collaboratively on health and social care information, advice and support services.

3 ALTERNATIVE OPTIONS

3.1. NA

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Wilson Health and Wellbeing Campus and Diabetes Whole System Approach have significant components of community engagement and consultation.

5 TIMETABLE

5.1. NA

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. NA

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. NA

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. NA

9 CRIME AND DISORDER IMPLICATIONS

9.1. NA

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. NA

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

- NA

12 BACKGROUND PAPERS

12.1. NA

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 February 2018

Wards: ALL

Subject: South West London Health Protocol

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 proposed South West London Health Protocol and suggest how it can be strengthened and/or clarified.

B. That the Panel agree to send the Protocol to health partners in Merton for comment and agreement.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the attached report is to provide Panel Members with a draft Protocol on joint arrangements between health partners and scrutiny committees. The protocol sets out proposals to guide health partners to decide when to consult with scrutiny panels at an early stage if they are a considering major change to health services. Although this Protocol is focussed on South West London it can also be adapted for use at the local level. The protocol is attached.

2 DETAILS

2.1. The last meeting of the South West London Joint Health Overview and Scrutiny Committee (JHOSC) was held on 13th December 2017, both the Chair and Vice-Chair of this Panel sit on the JHOSC. Committee members agreed to work with health partners to gain agreement on the attached Protocol setting out a joint approach for working with the JHOSC, especially in regards to significant changes to local services.

2.2. Early sight of such proposals enables scrutiny members, with their knowledge of local communities, to comment on the plans before they are finalised. Health Partners also have a statutory duty to consult with scrutiny.

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 2018/19

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

Arrangements to discuss possible changes in health care: proposed South West London protocol

Introduction

Change in health services is unavoidable and necessary. In broad terms, three levels of change may be identified:

- Minor changes that are undertaken as part of routine management in order to address identified problems or bring about service improvements. For such very minor changes, it is unlikely that any specific consultation or engagement process will be required;
- Changes that go beyond routine management but are still relatively minor in nature. For such changes, engagement with service users and other stakeholders may be necessary, but a formal consultation process is unlikely to be required;
- Changes involving a substantial reconfiguration of services, on which there should be formal consultation in accordance with the relevant health scrutiny regulations.

The purpose of this protocol is to

- help local agencies share information early in the process before formal consultation might be triggered
- assist local agencies in agreeing into which category a proposal falls,
- set out the process to be followed in undertaking a formal consultation, including management of joint scrutiny where a proposed change affects residents from more than one borough.

It does not, however, provide a detailed set of instructions to be followed in all cases, and its value is dependent on the exercise of common sense and the readiness of all parties to agree a proportionate approach.

The following quotation is taken from the DH publication - “Local Authority Health Scrutiny, guidance to support Local Authorities and their partners to deliver effective health scrutiny” June 2014 and provides the guiding theme to this protocol : seeking to provide a framework and associated processes which can support high quality early engagement prior to, and moving where required, into the formal consultation phase.

“ The duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals should be seen in the context of NHS duties to involve and consult the public. Focusing solely on consultation with health scrutiny bodies will not be sufficient to meet the NHS’s public involvement and consultation duties as these are separate. The NHS should therefore ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed. …….If informally involved and consulted at an early enough stage, health scrutiny bodies in collaboration with local Healthwatch, may be able to advise on how patients and the public can be effectively engaged and listened to. If this has happened, health scrutiny bodies are less likely to raise objections when

consulted."

Preparing the ground

For this protocol to be effective, it must be underpinned by good ongoing communication between those responsible for commissioning and providing health care and the bodies responsible for scrutinising and commenting on health services on behalf of patients and the public. Providers and commissioners should share plans and proposals with officers of Healthwatches and local authority scrutiny bodies at an early stage in their development, so that informal discussions on likely consultation requirements can take place before a proposal for change is fully formulated. Where such informal information sharing is undertaken in confidence, this must be respected by the Healthwatch or local authority scrutiny body.

Where a proposal for change goes beyond routine management, engagement with service users and other stakeholders will be required. This engagement process should commence at an early stage, potentially before the proposed change has been fully formulated or endorsed, and the results of such early engagement may help to inform the decision on whether there is a need for formal consultation. Guidance on good practice in engagement is presented in *Transforming Participation in Health and Care* (NHS England, September 2013).

Determining the need for formal consultation

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 set out specific requirements for formal consultation with local authorities over substantial developments or variations of health services although there are three specific exclusions from the requirement for consultation on substantial change:

- Where the relevant NHS body or commissioner is satisfied that the change needs to be made urgently in the interests of patient or staff safety or welfare. In these circumstances, the local authority must be notified as soon as possible of the change and why consultation was not undertaken;
- Proposals for dissolution or changes to the constitution of NHS Trusts or CCGs (unless these also involve substantial changes to health services);
- Proposals in a report from a trust special administrator (put in place by the Secretary of State where a trust is in financial difficulties, as these will be dealt with under separate consultation arrangements.

The term 'substantial' is not defined in the regulations or the subsequent (2014) health scrutiny guidance. Most service changes implemented by the NHS will fall short of this threshold but, in planning changes, consideration should be given as to whether they might have an impact on the accessibility or acceptability of the service, either to service users as a whole or to particular population groups.

The variety of circumstances that may apply is such that there is little value in attempting to define thresholds that will determine whether or not a variation is or is not to be regarded as substantial. However, the following observations may be made:

a) that if the responsible NHS body declines to undertake consultation on a change that the local authority considers substantial, the local authority is entitled to refer the matter to the Secretary of State on the grounds of inadequate consultation; and

b) legal challenges to NHS bodies over inadequate consultation have been upheld.

To avoid the risk of such challenges, it is prudent for the responsible NHS body to carefully consider the views of the local authority before deciding whether public consultation is required.

The 2014 guidance commends the development of protocols between local authority scrutiny bodies and their NHS counterparts to assist in deciding whether a change should be considered as 'substantial'. Where such protocols exist, they generally refer to the four factors presented in the 2003 Health Scrutiny Guidance as 'to be taken into account' in determining if a change is substantial:

a) **changes in accessibility of services**, for example withdrawal or significant reduction of a service at a particular site. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location;

b) **impact of proposal on the wider community** and other services, including economic impact, transport, regeneration;

c) **patients affected.** Changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services);

d) **methods of service delivery**. Modernisation of provision usually involves changed methods of service delivery, and such changes can normally be considered as routine management interventions. However, changed methods might contribute to a service change being viewed as substantial. Relocation of a service or replacing face to face interactions with a wholly online service may be seen as substantial by patients.

It will assist discussion on the need for consultation if the responsible NHS body presents the likely impact of the proposed change in these terms, and the local authority also uses them in presenting its rationale for whether a change should be considered substantial.

The stage at which public consultation should take place is when specific proposals for change have been developed. Broader plans setting out overall ambitions and intended direction of change should be subject to wide engagement and informal consultation, but they will generally lack the detail that local authorities are looking for in this formal consultation process.

A decision on whether a change should be treated as 'substantial' need not necessarily be taken when it is first proposed, and the need for consideration of whether or not a change is substantial, and for the formal consultation processes associated with a substantial change, should be considered in drawing up a timetable.

In deciding whether it considers a change 'substantial', the views of actual service users and the local population will be very significant for the local authority scrutiny body. Prior and informal engagement with those likely to be affected by a change is thus likely to be very helpful to the local authority in its deliberations. Without such prior engagement, the scrutiny body will necessarily adopt a precautionary approach, regarding the change as substantial unless there is strong evidence to the contrary.

Individual changes in services are often part of a wider process. Where interdependent changes are proposed, it will usually be best for these for these to be addressed in a single consultation, with consideration of whether the change is substantial being applied to the overall package rather than to each individual change. An example might be a phased move of multiple services across a Trust's estate. In this case, the consideration would be as to whether the overall reconfiguration package represented a substantial change, rather than whether this was the case for each individual move.

Collating the information

Even where a consultation is over a change initiated by a service provider, the consultation would normally be undertaken by the responsible commissioner (although they may delegate most of the work to the provider).

When a responsible NHS body has in mind a proposed service change that goes beyond business as usual and might reasonably be considered a substantial change, it will complete the 'Trigger Template' attached as Appendix One, which is designed to bring together the information that local authority scrutiny bodies will require in deciding whether or not formal consultation is required.

In preparing this information sheet, it may be helpful for the commissioner and provider to meet and discuss the issue with the health scrutiny officer and Healthwatch co-ordinator for the borough most directly affected, although this is not a required part of the process.

This information sheet will be shared with the lead officers responsible for health scrutiny in each of the boroughs from which patients are drawn.

Reaching a decision

If the NHS body itself believes that the change is substantial and formal consultation is required, then formal consultation procedures will be implemented and no decision is required from the local authorities.

Where the NHS body is uncertain or believes that formal consultation is not necessary, its final decision will need to be informed by the views of the relevant local authorities. Within two weeks of receiving the information sheet, and following consultation as necessary with the elected member responsible, each scrutiny officer will indicate which of the following represents the views of the local authority scrutiny body:

a) The change is definitely substantial and formal consultation is required;

b) The change is not substantial and formal consultation is not required;

c) The issue is marginal and would need to be referred to the full scrutiny committee for a decision;

d) Further information is required before the local authority can reach a decision.

The response will be supported by an assessment of the proposal in relation to the four decision-making criteria set out above.

The majority of hospital-based acute services in South West London, especially those provided by St George's, serve patients from more than one borough. Each borough is entitled to consider whether a proposal represents a substantial change for its residents, and no borough has the power to impose its view on other boroughs.

Where all boroughs are agreed that the change is substantial (or just one borough is affected and it considers the change substantial), then the NHS body will be expected to give due weight to this in deciding whether to move to formal consultation.

Where all boroughs are agreed that the change is not substantial (or just one borough is affected and it considers the change is not substantial), then formal consultation is not required and the NHS body will be expected to undertake an appropriate level of informal consultation and engagement on the proposal, in accordance with the guidelines on good practice in consultation.

Where at least one borough considers that the issue is marginal, or that further information is required before it can make a decision, the NHS body should seek to provide any further information that is required to enable that authority to reach a conclusion.

As each borough will consider the matter independently, it is possible that different boroughs will reach different conclusions as to whether or not a change is substantial. This carries with it the risk of perverse results, where the borough with the highest number of patients believes that a change is not substantial, but one with a smaller number of patients concludes that it is.

Where there is a disagreement between boroughs, it will be the responsibility of the scrutiny officers from the relevant boroughs to arrange for discussion between elected members from their boroughs (which could be face to face, by telephone or by e-mail) with the aim of agreeing a common position. If further information is required to enable the local authorities to reach a consensus, the NHS body should endeavour to provide this. If a consensus is reached on the need for formal consultation, the NHS body will be expected to take account of this in reaching its decision.

Where a common position cannot be agreed by the local authorities, they will advise the responsible NHS body of this. In deciding whether or not to undertake formal consultation, the responsible NHS body will be expected to take account of the views of the local authorities, including the reasons advanced by any authority considering that a change is substantial,

Should the responsible NHS body decide not to undertake formal consultation, but at least one of the local authorities considers that the proposed change is substantial, this entails a risk that the local authority will refer the matter to the Secretary of State on the grounds of inadequate consultation. The risks of referral will be greatly increased if there is a consensus amongst the local authorities that formal consultation is required.

The 2014 Health Scrutiny guidance emphasises that every effort should be made to seek local resolution before a referral is made to the Secretary of State. Accordingly:

- The NHS body will provide the local authorities with an explanation as to why it considers that formal consultation is not required and what informal engagement processes have been and will be undertaken;

- Before making a referral to the Secretary of State, the local authority will consider the explanation provided by the NHS body and will also consider whether a compromise (for example, enhancements to the informal engagement process) might adequately address its concerns;
- In the event that a compromise appears possible, a meeting will be held as soon as possible between the relevant local authority and the responsible NHS body to explore this and seek an agreement;
- Where the relevant local authority does not accept the reasons given by the responsible NHS body for not undertaking formal consultation and no compromise can be agreed, it will be the responsibility of the local authority scrutiny body to reach a decision on whether to refer the matter to the Secretary of State as soon as practically possible.

Managing the consultation

Where there is consultation on a proposal for substantial change in health services affecting more than one borough, the options for fulfilling the scrutiny role on this consultation may either be undertaken through a joint committee or through one borough taking the lead, with others delegating their scrutiny powers to the lead borough. The local authorities in South West London have established a standing Joint Health Overview and Scrutiny Committee with the power to establish sub-committees constituted so as to respond to consultations affecting more than one borough, meaning that joint scrutiny arrangements on substantial changes can be put in place relatively quickly.

The decision as to whether joint scrutiny arrangements or delegation of responsibilities to a lead authority is more appropriate is one that will need to be agreed between the affected boroughs in each case. In general, where multiple boroughs have reached the conclusion that the change is significant for their residents, then joint scrutiny arrangements are likely to be most relevant. Where only one borough considers the change substantial or the change clearly affects the residents of one borough far more than any other borough, lead scrutiny arrangements are likely to be preferable. However, as no authority can be required to delegate its scrutiny powers to another authority, joint scrutiny arrangements will be required if there is not unanimous agreement on the delegation of powers to a lead authority.

TRIGGER TEMPLATE

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:

Trigger	Please comment as applicable
1. **Reasons for the change & scale of change**	
What change is being proposed?	
Why is this being proposed?	
What is the scale of the change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	
How are you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	
2. Are changes proposed to the accessibility to services?	**Briefly describe:**
Changes in opening times for a service	
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	
Relocating an existing service	
Changing methods of accessing a service such as the appointment system etc.	
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and	

ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	
3. What patients will be affected?	**Briefly describe:** **(please provide numerical data)**
Changes that affect a local or the whole population, or a particular area in the borough.	
Changes that affect a group of patients accessing a specialised service	
Changes that affect particular communities or groups	
4. Are changes proposed to the methods of service delivery?	**Briefly describe:**
Moving a service into a community setting rather than being hospital based or vice versa	
Delivering care using new technology	
Reorganising services at a strategic level	
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	
5. What impact is foreseeable on the wider community?	**Briefly describe:**
Impact on other services (e.g. children's / adult social care)	
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	
6. What are the planed timetables & timescales and how far has the proposal progressed?	**Briefly describe:**
What is the planned timetable for the decision making	
What stage is the proposal at?	
What is the planned timescale for the change(s)	
7. Substantial variation/development	**Briefly explain:**
Do you consider the change a substantial variation / development?	

Have you contacted any other local authority OSCs about this proposal?	

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Healthier Communities and Older People Work Programme 2017/18

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2017/18. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

Scrutiny Support

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

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

Meeting Date 27 June 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	St George's University Hospitals NHS Foundation Trust.	Verbal update at the Panel	Dr Andrew Rhodes, Acting Medical Director, St George's Hospital	Panel to receive an update on the improvements since the recent CQC inspection.
Performance Monitoring	South West London and St George's Mental Health NHS Trust	Verbal update at the Panel	David Bradley, Chief Executive, SWLST Mental Health Trust.	Panel to receive update on proposed changes to Autistic services.
	Work programme report	Report to the Panel	Cllr Peter McCabe, Chair Stella Akintan, Scrutiny Officer	To agree the work programme for 2017-18

Meeting date – 06 September 2017

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Consultation	Epsom and St Helier University NHS Trust – Update on current priorities	Report to the Panel	Daniel Elkeles, Chief Executive, Epsom and St Helier	Panel to receive an update on the Trust Estate Strategy
Performance Review	Access to local assessment Centres and the assessment process	Report to the panel		
Scrutiny Review	Loneliness Task Group – Final Draft Report.	Report to the Panel	Councillor Sally Kenny	To consider the report and recommendations arising from the review

Meeting Date – 07 November 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Services for people who have experienced brain injury	Report to the Panel	Specialised Commissioning Group Merton Safeguarding Adults Board	To review the services available for this group
Performance Monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the council's draft budget

Meeting date – 11 January 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the council's draft budget
Policy Development	MCCG Primary Care Strategy	Report to the Panel	Dr Andrew Murray, Chair, Merton Clinical Commissioning Group.	Look at succession planning for GPs and access to GP Services
Scrutiny Review	Final report and recommendations from the scrutiny review of the Homeshare scheme.	Report to the Panel	Councillor Sally Kenny, Task Group Chair	To send the report to Cabinet for final agreement.

Meeting date – 13 February 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Services for Merton residents who have experienced Traumatic Brain Injury.	Report to the Panel	Josh Potter, Director of Commissioning Merton CCG	Panel to comment on the work from MCCG
Scrutiny Review	Update from the work of the 'Preventing Diabetes in the South Asian Community' task group	Report to the Panel	Barry Causer, Public Health Commissioning Manager	Progress with implementing the recommendations
Policy Development	South West London Health protocol/ trigger document	Report to the Panel	Stella Akintan,	Panel to agree to support Protocol

Meeting Date – 13 March 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Update on the Health and Wellbeing Board and Health and Wellbeing Strategy	Report to the Panel	Dr Dagmar Zeuner, Director of Public Health	Review outcomes from the work of the Board
Scrutiny Review	Preventing Loneliness in Merton Task Group – Department Action Plan	Report to the Panel	Public Health Team.	The Panel to review the department action plan to implement the recommendations arising from the report.
Performance monitoring	Review of Personal Independence Payments and Universal Credit process in Merton	Report to the Panel	Sarah Hernandez, District Operations Manager for Croydon, Sutton and Merton. Department for Work and Pensions	To review and comment on how PIP and Universal Credit processes are working in Merton.
Performance Monitoring	Healthwatch Merton - Future procurement arrangements	Report to the Panel	Dr Dagmar Zeuner Director of Public Health.	Update for the Panel

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