Agenda Item 8

Committee: Healthier Communities Overview and Scrutiny Panel

Date: 3rd September 2014

Agenda item:

Wards: All

Subject: Healthier Communities and Older People Overview and Scrutiny Panel

Work Programme 2013/14

Lead officer: Stella Akintan Scrutiny Officer

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

Scrutiny Panel

Forward Plan reference number: n/a

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Recommendations:

That Members of the Healthier Communities Overview and Scrutiny Panel

- i) Consider their work programme for the 2014/15 municipal year, and agree issues and items for inclusion:
- ii) Consider the methods by which the Panel would like to scrutinise the issues/items agreed;
- iii) Identify a Member to lead for performance monitoring on behalf of the Panel;
- iv) Identify a Member to lead for budget scrutiny on behalf of the Panel;
- v) Consider whether they wish to make visits to local sites;
- vi) Agree on an issue for scrutiny by a task group and appoint members to the Task Group. The Task Group will subsequently meet to scope the review and draft the terms of reference that will be reported back to the next Panel meeting for approval;
- vii) Identify one issue for in-depth agenda item;
- viii) Consider the appointment and recruitment of co-opted members for the 2014/15 municipal year, to sit on the Panel and/or on the Task Group; and
- ix) Inform the Scrutiny Officer of their views on their training and support needs.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to support and advise Members to determine their work programme for the 2014/15 municipal year.
- 1.2 This report sets out the following information to assist Members in this process:
 - a) The principles of effective scrutiny and the criteria against which work programme items should be considered;
 - b) The roles and responsibilities of the Overview and Scrutiny Panel;
 - c) The findings of the consultation programme undertaken with Members, Senior management, voluntary and community sector organisations, partner organisations and Merton residents;

- d) A summary of discussion by councillors and co-opted members at a topic selection workshop held on 11th June 2014; and
- e) Support available to the Overview and Scrutiny Panel to determine, develop and deliver its 2014/15 work programme.

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

- 2.1 Members are required to determine their work programme for the 2014/15 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of Merton.
- 2.2 The Overview and Scrutiny Panels have specific roles relating to budget and business plan scrutiny and to performance monitoring that should automatically be built into their work programmes. Members are recommended to appoint a Performance Monitoring Lead Member and a Business Plan/Budget Scrutiny Lead Member on behalf of the Panel.
- Overview and Scrutiny Panels may choose to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work. Any call-in work will be programmed into the provisional call-in dates identified in the corporate calendar as required.
- 2.4 The Overview and Scrutiny Panel has six scheduled meetings over the course of 2014/15, including the scheduled budget meeting (representing a maximum of 18 hours of scrutiny per year assuming 3 hours per meeting). Members will therefore need to be selective in their choice of items for the Panel's work programme.

Principles guiding the development of the scrutiny work programme

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

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

Models for carrying out scrutiny work

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

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

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

Support available for scrutiny activity

- 2.8 The Overview and Scrutiny function has dedicated scrutiny support from the Scrutiny Team to:
 - Work with the Chair and Vice-Chair of each Panel to manage the work programme and coordinate the agenda, including advising officers and partner organisations on information required and guidance for witnesses submitting evidence to a scrutiny review;
 - Provide support for scrutiny members through briefing papers, background material, training and development seminars, etc;
 - Facilitate and manage the work of the task and finish groups, including research, arranging site visits, inviting and briefing witnesses and drafting review reports on behalf on the Chair; and
 - Promote the scrutiny function across the organisation and externally.
- 2.9 The Overview and Scrutiny Panel will need to assess how they can best utilise the available support from the Scrutiny Team to deliver their work programme for 2014/15.
- 2.10 The Panel is also invited to comment upon any briefing, training and support that is needed to enable Members to undertake their work programme. Members may also wish to undertake visits to local services in order to familiarise themselves with these. Such visits should be made with the knowledge of the Chair and will be organised by the Scrutiny Team.
- 2.11 The Scrutiny Team will take the Overview and Scrutiny Panel's views on board in developing the support that is provided.
- 3. Selecting items for the Scrutiny Work Programme
- 3.1 Each Overview and Scrutiny Panel sets its own agenda within the scope of its terms of reference, with the Overview and Scrutiny Commission taking a coordinating role to ensure that any gaps or overlap in the scrutiny work programme are dealt with in a joined-up way.

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

- 3.1 Formal health scrutiny, including discharging the Council's responsibilities in respect of the Health and Social Care Act 2001, the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012.
 - Health, including promoting good health and healthy lifestyles, mental health and reducing health inequalities
 - Community care (adult social care and older people's social care)
 - Active aging
 - Access to care and health services
 - Scrutiny of the Health and Wellbeing Board

- 3.2 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as Panel agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS Sutton and Merton and Merton Voluntary Service Council. Other issues of public concern have been identified through the Annual Residents Survey. The Scrutiny Team has consulted departmental management teams in order to identify forthcoming issues on which the panel could contribute to the policymaking process.
- 3.3 A description of all the suggestions received is set out in Appendix 2.
- 3.4 The councillors who attended a "topic selection" workshop on 11th June 2014 discussed these suggestions.
- The suggestions were prioritised at the workshop using the criteria listed in Appendix 3. In particular, participants sought to identify issues that related to the Council's strategic priorities or where there was underperformance; issues of public interest or concern and issues where scrutiny could make a difference.
- A note of the workshop discussion relating to the remit of this Panel is set out in Appendix 4.
- 3.7 Appendix 1 contains a draft work programme that has been drawn up, taking the workshop discussion into account, for the consideration of the Panel. The Panel is requested to discuss this draft and agree any changes that it wishes to make.
- The Panel may also wish to select items for scrutiny from the presentations made by the Assistant Directors and Cabinet Member at the Panel's meeting on 11June 2014 or based on other public priorities of which Members are aware through their ward work.
- 3.9 Items on the Cabinet's forward plan that relate to the remit of this Panel are listed in Appendix 5. The Panel may wish to include one or more of these issues in its work programme.

4. Task group reviews

- 4.1 The Panel is invited to select an issue for in-depth scrutiny and establish a task group in order to carry out the review.
- 4.2 A potential area for in-depth scrutiny was identified at the workshop was diabetes:

5. Co-option to the Panel membership

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

6. Public involvement

- 6.1 Scrutiny provides extensive opportunities for community involvement and democratic accountability. Engagement with service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Panel.
- 6.2 Service users and the public bring different perspectives, experiences and solutions to scrutiny, particularly if "seldom heard" groups such as young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities are included.
- 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.
- Much can be learnt from best practice already developed in Merton and elsewhere.

 The Scrutiny Team will be able to help the Panel to identify the range of stakeholders from which it may wish to seek views and the best way to engage with particular groups within the community.

7. ALTERNATIVE OPTIONS

- 7.1 A number of issues highlighted in this report recommend that Panel members take into account certain considerations when setting their work programme for 2014/15. Overview and Scrutiny Panels are free to determine their work programme as they see fit. Members may therefore choose to identify a work programme that does not take into account these considerations. This is not advised as ignoring the issues raised would either conflict with good practice and/or principles endorsed in the Review of Scrutiny, or could mean that adequate support would not be available to carry out the work identified for the work programme.
- 7.2 A range of suggestions from the public, partner organisations, officers and Members for inclusion in the scrutiny work programme are set out in the appendices, together with a suggested approach to determining which to include in the work programme. Members may choose to respond differently. However, in doing so, Members should be clear about expected outcomes, how realistic expectations are and the impact of their decision on their wider work programme and support time. Members are also free to incorporate into their work programme any other issues they think should be subject to scrutiny over the course of the year, with the same considerations in mind.

8. CONSULTATION UNDERTAKEN OR PROPOSED

- 8.1 To assist Members to identify priorities for inclusion in the Panel's scrutiny work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:
 - a. Members of the public have been approached using the following tools: articles in the local press, My Merton and Merton Together, request for suggestions from all councillors and co-opted members, letter to partner organisations and to range of local voluntary and community organisations, including those involved in the Inter-Faith Forum and members of the Lesbian Gay and Transgender Forum;
 - Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2014, and by contacting the Scrutiny Team direct; and

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

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

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

10. LEGAL AND STATUTORY IMPLICATIONS

- 10.1 Overview and scrutiny bodies operate within the provisions set out in the Local Government Act 2000, the Health and Social Care Act 2001, the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012.
- 10.2 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

11. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 11.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engagement. The reviews will involve work to consult local residents, community and voluntary sector groups, businesses, hard to reach groups, partner organisations etc and the views gathered will be fed into the review.
- 11.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.

12. CRIME AND DISORDER IMPLICATIONS

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

13. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

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

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

- 14.1 Appendix I Healthier Communities Overview and Scrutiny Panel draft work programme 2013/14
- 14.2 Appendix 2 Summary of topics relating to this Overview & Scrutiny Panel's remit suggested for inclusion in the scrutiny work programme
- 14.3 Appendix 3 Selecting a Scrutiny Topic criteria used at the workshop on 29th May 2013

- 14.4 Appendix 4 Notes from discussion of topics relating to the remit of the Healthier Communities Overview and Scrutiny Panel, Scrutiny Topic Selection Workshop 22nd May 2013
- 14.5 Appendix 5 Discussion paper on co-opted members
- 15. BACKGROUND PAPERS
- 15.1 None

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

Meeting Date 03 September 2014

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

Meeting date - 22 October 2014

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

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Meeting date – 12 November 2014

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

Meeting Date – 14 January Budget Meeting

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

Meeting date – 11 February 2015

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

Meeting date - 17 March 2015

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

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

Topic: Mental Health

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

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

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

Topic: Diabetes time bomb in London

Who suggested it? Council officer

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

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

How could scrutiny look at it?

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

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

Review local plans of the CCG and HWB to tackle diabetes

This area could be considered for a task group review.

Topic: Tackling obesity

Who suggested it? Cabinet member

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

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

Topic: Health issues within the Polish community

Who suggested it? Polish Family Association

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

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

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

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

Who suggested it? Local Resident

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

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

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

Who suggested it? Cabinet member

Summary of the issue:

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

How could scrutiny look at it?

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

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

Who suggested it? Local community organisation

Summary of the issue:

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

How could scrutiny look at it?

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

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

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

Summary of the issue:

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

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

Topic: Scrutiny of the clinical commissioning policy

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

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

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

Topic: Scrutiny of the health and wellbeing board

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

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

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

Topic: Healthwatch

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

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

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

Topic: Upgrading the status of staff in care homes

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

Who suggested it?: Local resident

Summary of the issue:

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

How could scrutiny look at it?

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

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

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

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

Further suggestions may emerge from discussion at the workshop.

Points to consider when selecting a topic:

- Is the issue strategic, significant and specific?
- o Is it an area of underperformance?
- Will the scrutiny activity add value to the Council's and/or its partners' overall performance?
- o Is it likely to lead to effective, tangible outcomes?
- o 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?
- o Is it an issue of concern to partners and stakeholders?
- o Are there adequate resources available to do the activity well?

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

11th June 2014, 7-8pm.

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

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

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

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

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

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

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

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

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

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

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

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

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

Background

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

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

Reasons for the proposed change

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

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

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

Process to appoint new co-opted members

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

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

Number of co-opted members for the Panel

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

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

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

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