

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 2 July 2015
Time: 7.15 pm
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Laxmi Attawar
Michael Bull

Co-opted Representatives

Myrtle Agutter
Saleem Sheikh
Hayley James

Substitute Members:

Abdul Latif
Joan Henry
Gregory Patrick Udeh
Jill West

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

What is Overview and Scrutiny?

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

Scrutiny's work falls into four broad areas:

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

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

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

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

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

17 MARCH 2015

(19.15 - 20.45)

PRESENT

Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Pauline Cowper,
Councillor Mary Curtin, Councillor Brenda Fraser,
Councillor Sally Kenny, Councillor Abdul Latif, Saleem Sheikh
and Hayley James

Dr Kay Eilbert (Director of Public Health) and Anjan Ghosh
(Assistant Director and Consultant in public health) Stella
Akintan (Scrutiny Officer), Dr Louise Wilkinson (Director of the
SWL Breast Screening Service), Dr Josephine Ruwende
(Consultant in Public Health –Cancer Screening Lead)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Suzanne Grocott and Co-opted members; Myrtle Agutter and Hayley James.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE MEETING HELD ON THE 11 FEBRUARY 2015 (Agenda Item 3)

Minutes were agreed

4 MATTERS ARISING FROM THE MINUTES OF THE 11 FEBRUARY 2015 (Agenda Item 4)

none

5 NHS ENGLAND CANCER SCREENING PROGRAMME - UPDATE (Agenda Item 5)

Dr Wilkinson gave an overview of Breast Screening for women aged 50-70 years. She reported that there are ten screening sites in South West London as women should not be more than thirty minutes away from a screening centre. Uptake of breast screening tends to be lower in inner London and higher in the suburban areas. The South West London uptake rate is 65% which is higher than the average for an outer London area. There is a link between low uptake and people who live in

deprived areas. In South West London a higher level of cancer is detected than in London generally and around 5% of people are called back for further tests.

Dr Ruwende said Bowel and Cervical Cancer is screened in General Practice. The national target is 80% In South West London screening rates have increased from 67% -73% which is above the London average of 70%. There are significant variations between practices. There has been a 5% increase in bowel cancer screening, again with significant Practice variation.

There is lower uptake amongst younger people and those in deprived wards. In terms of improving uptake it was reported that NHS England support providers such as St George's hospital, who text people offering scheduled appointments and send reminder letters. They also work with Age UK and other voluntary organisations to try and improve take up.

Action by individual practices can also have a significant impact. Therefore they are developing a good practice guide for all practices called an 'Uptake and Coverage Strategy'.

A panel member said she tried unsuccessfully to book a test on line and then was not able to re-schedule the appointment. Dr Louise apologised to the councillor for their experience and said the service has now been improved and should be more robust.

A panel member asked if screening within the wider age range results in higher cancer detection rates. Dr Wilkinson said there is an on-going debate in the media about whether screening is effective. A pilot is being run on the effects of screening the wider age range and results will be available from 2020.

A panel member asked the length of time a patient would have to wait between the detection of an abnormality and being seen by a consultant. Dr Ruwende said it would depend on the severity but is likely to be three weeks for breast screening and six weeks for bowel and cervical.

A panel member asked why cervical cancer is on the increase and if this is due to higher levels of screening. Dr Ruwende said this is a trend across the country particularly within the younger ages groups, we are not sure why this is but is likely to decline because the HPV vaccine.

A panel member asked what we are doing to address the link between low uptake of immunisations and deprivation. Dr Wilkinson said Pan London commissioning was having an impact, as well as letters from GP's, texting women, second appointment. In South West London nursing staff go into the practice to help with uptake, they hold health open days, give out information at supermarkets. Incentivising GP's may also help to improve take up.

The Chair said all the information in the report is open interpretation, we need to look at why we are falling short of the target, what are we doing in the East of the borough, are you providing information in different languages? are you using social media to contact young people.? He further stated that he is deeply saddened that we are so far from the national targets. We could reach younger people at the school

gates we need to be creative in our thinking. We need to provide the right material in the right languages.

The Director of Public Health said the public health team try to fill in some of the gaps locally by using community health champions and the health guide, which provides basic information to communities. The team go to locality meetings and challenge GPs with comparative data on take up rates. The Public health team have also developed a set of top tips on the basic things they should be doing to improve uptake of immunisations.

Dr Wilkinson said there is an Early Indications and Management Group and are working with the CCG on a cancer action plan. There is also a pilot with NHS England on providing more support for people who have received the kit but not completed the test.

Dr Ruwende agreed that it s important to meet the national targets although there are many determinants which are outside the scope of their team so they are working with providers to implement good practice which will help in reaching the national targets. A leaflet is provided in a common non English language, although this cannot cover all languages, and will not support those who have low levels of literacy.

A panel member said she found the bowel screening test unpleasant. The Chair said we need to talk to people about the consequences of not doing it. Dr Ruwende said the unpleasantness of the test can put people off, the pilot is looking at ways to support people such as offering gloves.

Resolved

Officers were thanked for their work and for attending the Panel meeting.

6 SOUTH WEST LONDON AND ST GEORGES MENTAL HEALTH TRUST
QUALITY ACCOUNT - TO FOLLOW (Agenda Item 6)

7 QUALITY ACCOUNT - EXECUTIVE REPORT (Agenda Item 6a)

The Service Director for Merton gave an overview of the report which outlined the proposed quality indicators for 2015/16

A panel member asked if their handbook would be available in different languages. The Service Director said they will try and meet requirements within the resources they have available.

A Panel member said he is sitting on a South West London Joint Scrutiny Committee looking at in-patient mental health services and Merton was cited as an example of good practice for community mental health services what is happening to achieve this. The Service Director said we have invested in the home treatment service meaning that we work with people intensively in their own homes.

A panel member asked what support is provided to carers. The Service Director said they use a triangle of care between parents, carers and the service user. They are piloting a project working with young carers to provide respite.

A panel member asked about they are managing a rise in demand as well as budget cuts. The service Director said they could do more if they had more money. The Trust are investing more money in Improving Access to Psychological Therapies services which means that 3,500 more Merton residents are coming into treatment than five years ago. This approach supports early intervention.

A panel member asked what Budget cuts has the service faced. It was reported that much of the funding has moved to the acute sector, the average Clinical Commissioning Group spends 13% of their funding on Mental Health in Merton it is 9.8%. Merton has consistently low funding but positive outcomes.

RESOLVED

The Panel thanked officers for their work and supported the general direction of the Trust but are concerned about how much can be achieved with limited resources.

8 PLANNING THE HEALTHIER COMMUNITIES AND OLDER PEOPLE'S OVERVIEW AND SCRUTINY PANEL'S 2015/16 WORK PROGRAMME (Agenda Item 7)

The Scrutiny Officer introduced the report asking Panel Members to put forward suggestions for the work programme 2015. The following topics were put forward:

Dementia

Facilities in place to keep people fit as they get older
services for people with sickle cell disease

RESOLVED

The scrutiny Officer was asked to include the suggestions in the long list of topics to be discussed at the next meeting in July.

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 2nd July 2015

Agenda item:

Wards: ALL

Subject: Epsom and St Helier University Hospitals NHS Trust – Update report.

Lead officer: Daniel Elkeles, Chief Executive

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 progress report

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of the report is to provide the panel with an update of the work of Epsom and St Helier University Hospitals NHS Trust. The report is attached.

2 ALTERNATIVE OPTIONS

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

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

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

- 3.1. The Panel will be consulted at the meeting

4 TIMETABLE

- 4.1. The Panel will consider important items as they arise as part of their work programme for 2015/16

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Update report from Epsom and St Helier

11 BACKGROUND PAPERS

11.1.

LONDON BOROUGH OF MERTON HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

2ND JULY 2015

Thank you for inviting me to your meeting today and for giving me the opportunity to provide you with a progress report on my first six months as Chief Executive of Epsom and St Helier Hospitals. I'm going to share with you how we performed last financial year, explain our five year strategy and key objectives for 2015/16, report on how we are doing as we approach the conclusion of Q1 of 2015/16 and a look beyond our 5 year plan for the future of our estates.

One of the things that has impressed me from my very first day has been the professionalism, dedication and enthusiasm of our staff and volunteers and I'd like to come back to this at the end of this presentation, when you will also have an opportunity to ask any questions.

Let's start with last year.

1. How did we perform in 2014/15?

I am pleased to report that the trust performed well against almost all of the key quality, performance and financial standards.

Quality and performance:

Our Hospital Standardised Mortality Ratio (HSMR) was favourable at 96.8 (at Dec 2014) against the standard of less than 100.

We achieved the 4 hour A&E target of 95% of patients being seen, treated or admitted with 95.7% and are only one of three London trusts that achieved this.

The 18 week referral to treatment (RTT) performance for the remaining target following the recent announcement about changing it was 93.5% against a target of 92% for completed pathways.

We reported 7 trust apportioned MRSA bacteraemias (vs 8 in 2013/14) of which 5 were classified as avoidable and 2 unavoidable. The standard was zero avoidable bacteraemias.

For C.difficile infections, we reported 42 hospital apportioned cases against the DH limit of less than 40 cases. Our limit for 2015/16 is no more than 39 cases.

For cancer treatment we worked hard throughout the year to improve on our performance for treatment to start within 62 days of urgent GP referral where the target was 85% and we achieved 75.1%.

Our finances:

The Trust met its breakeven plan and delivered a small surplus of £79k – the first time we have achieved a surplus in recent years.

At the end of March 2015 we sold of a small parcel of land on the Sutton Hospital site to Sutton Borough Council and made a profit of £5m on the land sale all of which is being reinvested in our estate in 2015/16.

2. Our Five year strategy and key objectives for 2015/16

At the end of March 2015, our board approved our 5-year strategy for 2015-2020 and our 2015/16 objectives.

Our 5-year strategy states that both Epsom and St Helier hospitals will continue to provide consultant-led, 24/7 A&E, maternity and in-patient paediatric services. St Helier will provide specialist and emergency care, such as acute surgery, and Epsom will expand its range of planned care. We will work with GPs to provide significantly more care in community settings so that people only come to hospital when it is absolutely necessary.

Our 2015/16 objectives will ensure we provide high quality, compassionate care to all our patients by:

- delivering safe and effective care with respect and dignity
- creating a positive experience that meets the expectations of our patients, their families and carers
- providing responsive care that delivers the right treatment, in the right place at the right time
- being financially sustainable
- working in partnership with all of our local stakeholders in the interests of our local patients and a sustainable local health and social care economy.

In setting these objectives we have recognised the principal challenges that we face:

- the need to strengthen staffing in key service areas
- address variability in the delivery of clinical care
- address the poor quality of our estates
- create a financial recurrent surplus each year.

3. Q1 performance

I can report the following for Q1 to date (April):

- A&E 4 hour standard we achieved 95.4% in April
- Our 18 week referral to treatment (RTT) performance for complete pathways achieved 92.9% (target = 92%)
- MRSA = zero bacteraemias
- C.difficile = 3 cases
- Cancer 62 days = 65.3% (target = 85%)

Finances – we posted a deficit of £2,304k against the planned deficit of £1,382k which was £992k adverse against our plan. A detailed recovery plan has been implemented to address this shortfall.

4. Investing in a high quality healthcare environment

As I said earlier, we are committed to our 5-year plan of improving our existing estate and facilities for all our patients.

We also need to plan for the long term to deliver high quality care from facilities our patients deserve and can be proud of. No proposals beyond 2020 have yet been formulated but you will, no doubt, have heard that a review of the options is underway and our next public Board meeting on 26th June will include an update on where we are.

The paper we will be presenting to our board will outline why we are looking at our estates strategy for 2020-2030, describing our buildings and the current challenges we are facing. It will highlight what hospital buildings should look like in 2020-2030 giving some examples of what can be achieved through excellent buildings. The paper will then compare our current estate to others, encompassing the

developments we already have planned and the impact this will have on patient experience. It will also look at the cost of developing our current estate to be fit for 2020-2030.

As you can see from this brief overview, it will be a discussion document and makes no proposals on options. It does look at what could be the next steps which are focused on meeting with patients and local people, key stakeholders and interested parties, to discuss what they see as important to them in terms of hospital estate.

This approach to engagement, which will be discussed at the Board meeting on the 26th June, is scheduled to take place over this summer and will report back to our board in October 2015.

5. Our People

I want to share with you some of the fantastic work our staff and volunteers have been doing in the last couple of months to support our patients and our hospitals.

Nurses Day on 12th May was celebrated at Epsom for the excellent work our nurses and midwives do every day across both our sites. Midwife Lydia Baker won our Nurse of the Year Award and Suzanne White was awarded Support Worker of the Year.

From 1 to 7th June was our Volunteers Week which celebrated the contribution they make to help feed patients, help visitors find their way around our hospitals, run the shops and tea bars and broadcast on our hospital radio stations. We have nearly 500 volunteers aged 17-94 who contribute a staggering 65,000 hours each year.

Two colleagues Ron Dalton, a staff Nurse in A&E and Joanna Edwards, physiotherapist recently travelled to Kenya with 139 wheelchairs as part of the 'Wheels for the World' charity to provide disabled people in Africa with wheelchairs and giving them increased independence.

There have been many other examples where our staff have gone above and beyond the call of duty. This includes our staff who supported us over two May bank holidays and Derby Day on Saturday 6th June, held our Dementia Awareness Week in May and held training for our new healthcare assistants in caring for our older patients.

Thank you for listening and I'm happy to answer any questions.

Daniel Elkeles
Chief Executive
Epsom and St Helier University Hospitals NHS Trust

Email: communications@esth.nhs.uk

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Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 2ND July 2015

Agenda item:

Wards: ALL

Subject: Mental Health Step-Down Accommodation Review

Lead officer: Mark Clenaghan, Head of Operations, South West London and St George's Mental Health Trust, Caroline Farrar Assistant Director of Commissioning and Planning, Merton Clinical Commissioning Group.

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

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

Recommendations:

- A. Panel Members are asked to comment on the proposed changes to "step down" mental health facilities in Merton.
 - B. The Panel should consider whether to send a formal response to the CCG
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. Norfolk Lodge has operated as a rehabilitation/step down hostel for Merton residents for 17 years.
- 1.2. The report attached at **Appendix One** sets out details of the process to renew and improve the step-down service for Merton residents and the environment from where it is delivered, and not about the closure of the existing facility.

2 ALTERNATIVE OPTIONS

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

- 3.1. The Panel will be consulted at the meeting

4 TIMETABLE

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

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

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

- Mental Health Step-Down Accommodation Review

11 BACKGROUND PAPERS

11.1.

Mental Health Step-Down Accommodation Review

1. Introduction

1.1 Norfolk Lodge is an 11 bedded mental health 'step-down hostel' for Merton residents with mental health needs. Its primary focus as a step-down facility is the short-term treatment and recovery of patients who have passed through their acute phase of inpatient treatment at Springfield Hospital, but still require 24/7 health treatment for a period of up to 12 weeks, before moving to more independent accommodation.

1.2 Norfolk Lodge is commissioned by Merton Clinical Commissioning Group (MCCG), and has operated in its current site in Norfolk Rd., Collier's Wood since 1998. The service is provided through South West London & St. George's Mental Health Trust (SWLSTG), and the building itself is leased from a private landlord.

1.3 The service first opened as an alternative to the 'long-stay ward' model that was being phased out in mental health to be replaced by less institutionalised and more community based models. For many years, Norfolk Lodge operated as a rehabilitation hostel with a wide remit, supporting people with long-term and short-term needs; male and female; and accepting referrals from both community and inpatient settings.

1.4 Whilst the breadth of this model offered an inclusive approach, it has proved challenging to meet this diversity of needs in such a small facility, and this has seen the service move to its current specific focus. Particular milestones in this regard included:

- In 2007, Norfolk Lodge could no longer meet NHS gender segregation criteria, and became a male only facility. The service had always had a male bias, with only 1-2 females being treated at any one time – alternative spot-purchasing placements have been in place over the last 8 years to meet this need.
- In 2014, the service became commissioned specifically as a 12 week step down service in order to focus on this specific client group, and thus enable a more defined discharge pathway from acute admission wards. This was accompanied with a commitment from MCCG to meet the needs of those people with longer term 24/7 rehabilitation needs, if

necessary by spot-purchasing individual placements bespoke to people's needs.

- 1.5 As part of the spectrum of supported accommodation for people with mental health needs in Merton, the service has been referenced in two recent reviews:

'The spectrum of accommodation in Merton, from high to low dependent and independent accommodation for people with mental health needs should be reviewed, in order to establish current needs, to enable forward planning for the future provision of housing and support options for people with mental health needs'.

Adult Mental Health Needs Assessment 2013-14, Public Health Merton

'Partners in Merton need to prepare and examine business cases...for a replacement service for Norfolk Lodge. It would need to provide short-term step down support from Hospital as described in Annex 4. It needs to cater for male and female residents and it needs to have capacity for 5 or 6 people'.

Merton Mental Health Housing Support and Accommodation Review (draft)
2015, London Borough of Merton

- 1.6 The latter review scoped service models operating elsewhere, as an opportunity to learn and import best practice into Merton, and representatives from MCCG, SWLSTG and the Council (LBM) visited a number of services operating in London in February, 2015. These models involved partnerships between the NHS, providing clinical in-reach; and established housing providers who provide the 24/7 support and treatment for residents. It was clear from these visits that there was significant potential to remodel the step-down provision for Merton residents in a manner which could improve patient outcomes, and provide cost efficiencies that could be reinvested into patient care.
- 1.7 From this, MCCG have asked SWLSTG to review the existing step-down model and to develop a partnership with the right supported housing provider to bring this innovation and service improvement into Merton. This is consistent with the SWLSTG strategy, in working in partnership with third sector partners to provide step down/supported housing, rather than directly providing this through the Trust.
- 1.8 Thus, any re-modelling of step down provision in Merton needs to be seen in the context of improving the service model rather than closing/reducing

existing provision, and that the outcome will be an improved service delivered from an in-borough location.

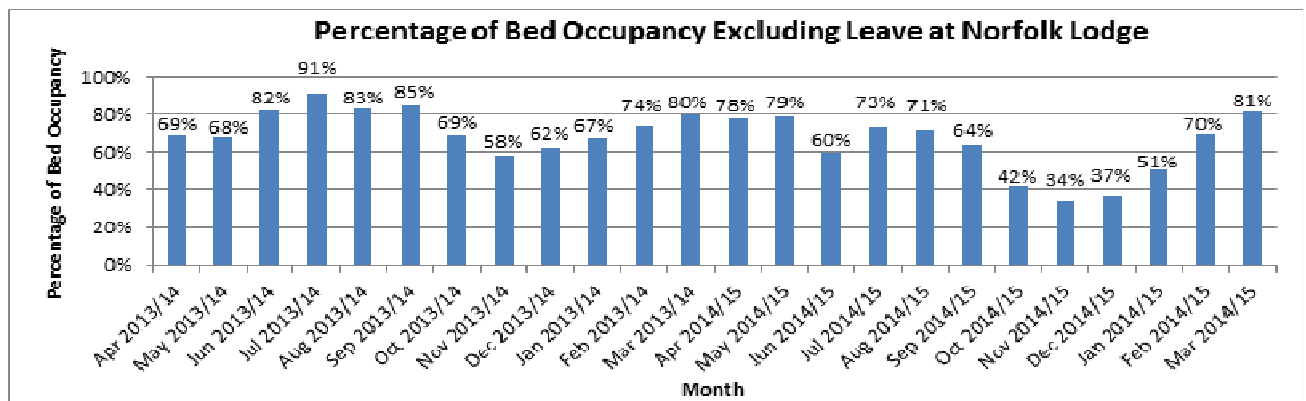
1.9 Both the Adult Mental Health Needs Assessment and the Merton Mental Health Housing Support and Accommodation Review have recommended more work to review mental health supported accommodation, therefore any re-modelling will also need to be seen within this context. This review of step down accommodation is the first step in that process, but agreement has been reached with LBM officers that the plans do align with the wider review of supported accommodation that will follow.

2. Norfolk Lodge – Existing provision

2.1 Norfolk Lodge is an 11 bedded converted house in Norfolk Rd, Colliers Wood, that has operated as a rehabilitation/step down hostel since 1998. The building has not had any significant refurbishment since then. It does not have en-suite bathrooms, and this was a major factor in it falling below the NHS gender segregation criteria and no longer being able to support females since 2007.

2.2 Other facilities such as kitchens or bathrooms are dated and in need of significant capital refurbishment, which is prohibitive for SWLSTG within the lease terms.

2.3 Figure 1 demonstrates the usage of the service:



As an 11 bedded facility, the usage has varied from 4-10 beds/month usage over the last two years, and since its focus became a 12 week step-down facility in 2014, from 4-8. This also relates to admission rates which average 4-5 per month. We believe that there is room to improve the community outreach and discharge planning from the service, and thus plan for a 6-7 bedded step-down service in the future.

2.4 SWLSTG lease the property on a 10 year lease from a private landlord. The lease runs from 2010-2020, with one break clause (with requirement for 6 months' notice) in September, 2015. In order to ensure best value for taxpayers' money, SWLSTG, in consultation with MCCG, needed to make the decision whether to give notice through the break clause in March 15. Given the poor state of the physical environment, and the wider context (see paras. 1.4-1.8), both organisations felt that it was prudent to issue notice and to plan for an alternative service to be provided. The service will therefore stop being provided from Norfolk Lodge in September, 2015. The alternative to issuing notice would have been to commit to the remaining 5 years of the lease at Norfolk Lodge, which would have considerably reduced the scope for improvement of the service model or environment.

2.5 MCCG has pledged to maintain the existing level of investment in mental health services as is currently invested with Norfolk Lodge. This will enable SWLSTG to develop the right partnership with a housing provider, and if efficiencies are released MCCG will reinvest these back into other mental health services in the community. The work is progressing through a market warming event for potential providers in July, which will be followed by more detailed discussions against a specification to agree the best provider. From an analysis of need, and discussions to date the service user/carer representatives and clinicians, the specification of the new service will include:

- 24/7 step/down provision in high quality accommodation.
- An increased emphasis of outreaching into community (employment, shopping, structured activities, accommodation) to support service users to make the next step in their recovery.
- An increased emphasis on peer support and drop-in functions.
- A clinical in reach service provided by SWLSTG.
- Overall pathway management operated by SWLSTG.

2.6 Both MCCG and SWLSTG acknowledge that engagement with key stakeholders should have taken place before the decision was made not to extend the lease, and apologize for this. Service user and carer representatives have been involved in subsequent discussions:

- Workshop with service users, carers and clinicians (14.4.15)
- Presentation to SWLSTG S&M Carer Reference Group (2.6.15)
- Presentation to Trust Acute Care Forum (15.5.15)

These discussions and those with Trust staff have informed the draft specification of the new service outlined in para. 2.5.

SWLSTG and MCCG are also working with Healthwatch to plan a workshop with key stakeholders in July – date to be confirmed at time of writing.

2.7 MCCG and SWLSTG acknowledge that such change must have active input from key stakeholders and met with service user and carer representatives on 15.6.15 to discuss how this may be best progressed. Key initiatives in this regard included a commitment to:

- a fortnightly planning group that would ensure that service user and carer representatives would be involved in the agreement of the service specification of the new service and in related key decision-making processes.
- Service user/carer involvement in market warming event for potential providers.
- A Healthwatch sponsored event to engage a wide range of service users, carers and wider public on proposals being developed.
- Service user and carer involvement in choosing the housing provider.
- Monitoring the impact of both the interim and longer term changes through tracking of key performance indicators (e.g readmissions to acute beds within 30 days of discharge, Delayed Transfers of Care) relating to this part of the pathway.

2.8 The existing service will cease operating from Norfolk Lodge in September, and the housing partner chosen will consider a range of properties from where to deliver the future service. It remains a possibility within this that the new provider could provide the service from a refurbished Norfolk Lodge.

2.9 Whilst MCCG and SWLSTG agree on this as the direction of travel, both organisations acknowledge that it will not be possible to implement this level of service transformation by September when Norfolk Lodge closes. Discussions are progressing with a selection of existing local providers who could provide bespoke individualised placements during the interim period of Norfolk Lodge closing and the new model commencing. This interim period is likely to be 6 months depending on discussions with potential providers.

2.10

2.11 SWLSTG and MCCG both commit to service users being supported at the right level according to their needs, both through any interim period and when the substantive model becomes operational, and this will be monitored through the key performance indicators referenced in para 2.7.

2.12 Norfolk Lodge staff would be redeployed within existing vacancies across SWLStG as a result of this.

3. Summary

- 3.1 Norfolk Lodge has operated as a rehabilitation/step down hostel for Merton residents for 17 years, and both the building and service model are in need of renewal. This has been highlighted in two recent reports which call for a review of the model within a wider review of supported accommodation for people with mental health needs in Merton.
- 3.2 Given this context, SWLSTG in agreement with MCCG, have issued notice on the break clause on the existing lease to move out of the property by September, 2015 in order to develop a best practice model for Merton residents.
- 3.3 MCCG have protected the existing level of investment to enable SWLSTG to enter into informed discussions with potential housing partners, and agree a sub-contractual relationship that will deliver the best outcomes for Merton residents.
- 3.4 SWLSTG and MCCG have both made a commitment to involve service user and carer representatives in key decisions moving forward such as the choice of housing provider,
- 3.5 All acknowledge that these substantive arrangements are unlikely to be in place by the time that Norfolk Lodge closes and are thus making arrangements with existing local providers for individual bespoke placements that may be required over the interim period, to ensure that service users are supported at the right level of care according to their needs.
- 3.6 This process is about a renewal and improvement of the step-down service for Merton residents and the environment from where it is delivered, and not about the closure of the existing facility.
- 3.7 This process needs to be seen as one work stream within a wider review of supported accommodation for Merton residents with mental health needs.

Mark Clenaghan
Head of Operations

SWLSTG

June, 2015

Caroline Farrar
Assistant Director of
Commissioning and
Planning
MCCG

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Committee: Healthier Communities Overview and Scrutiny Panel

Date: 2nd July 2015

Agenda item:

Wards: All

Subject: Healthier Communities and Older People Overview and Scrutiny Panel Work Programme 2015/16

Lead officer: Stella Akintan Scrutiny Officer

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

Forward Plan reference number: n/a

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

Recommendations:

That Members of the Healthier Communities Overview and Scrutiny Panel

- i) Consider their work programme for the 2015/16 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) Consider whether they wish to make visits to local sites;
 - iv) Agree on an issue for scrutiny by a task group and appoint members to the Task Group. The new task group will begin when the current one completes its work.
 - v) Identify one issue for in-depth agenda item;
 - vi) 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 2015/16 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) Support available to the Overview and Scrutiny Panel to determine, develop and deliver its 2015/16 work programme.

2. **Determining the Overview and Scrutiny Panel Annual Work Programme for 2015/16**

- 2.1 Members are required to determine their work programme for the 2015/16 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 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.
- 2.3 The Overview and Scrutiny Panel has seven scheduled meetings over the course of 2015/16, including the scheduled budget meeting (representing a maximum of 21 hours of scrutiny per year – assuming 3 hours per meeting). Members will therefore need to be selective in their choice of items for the Panel's work programme.

Principles guiding the development of the scrutiny work programme

- 2.4 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

2.5 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the panel if s/he still has concerns.

2.6 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

2.7 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.
- 2.8 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 2015/16.
- 2.9 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.
- 2.10 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: -

- Formal health scrutiny, including discharging the Council's responsibilities in respect of the Health and Social Care Act 2001
 - Health, including promoting good health and healthy lifestyles, mental health and reducing health inequalities
 - Community care (adult social care and older people's social care)
 - Active aging
 - Access to care and health services
 - Scrutiny of the Health and Wellbeing Board
- 3.1 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as 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.
- 3.2 A description of all the suggestions received is set out in Appendix 1.
- 3.3 The suggestions are to be prioritised at the panel meeting using the criteria listed in Appendix 2. In particular, panel members should identify issues that relate 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.

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. This review will begin when the current task groups finishes its work in early 2016.

5. Public involvement

- 5.1 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.
- 5.2 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.
- 5.3 This engagement will help the Panel to understand the service user’s perspective on individual services and on co-ordination between services. Views can be heard directly through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time the Panel/Task Group may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.
- 5.4 Much can be learnt from best practice already developed in Merton and elsewhere. The Scrutiny Team will be able to help the Panel to identify the range of stakeholders from which it may wish to seek views and the best way to engage with particular groups within the community.

6. ALTERNATIVE OPTIONS

- 6.1 A number of issues highlighted in this report recommend that Panel members take into account certain considerations when setting their work programme for 2015/16. 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.
- 6.2 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.

7. CONSULTATION UNDERTAKEN OR PROPOSED

- 7.1 To assist Members to identify priorities for inclusion in the Panel’s scrutiny work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:
- a. Members of the public have been approached using the following tools: articles in the local press, My Merton and Merton Together, request for suggestions from all councillors and co-opted members, letter to partner organisations and to range of local voluntary and community organisations, including those involved in the Inter-Faith Forum and members of the Lesbian Gay and Transgender Forum;

- b. Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2015, and by contacting the Scrutiny Team direct; and
- c. Officers have been consulted via discussion at departmental management team meetings.

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 8.1 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.

9. LEGAL AND STATUTORY IMPLICATIONS

- 9.1 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.
- 9.2 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.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 10.1 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.
- 10.2 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.

11. CRIME AND DISORDER IMPLICATIONS

- 11.1 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.

12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

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

- 13. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
- 13.1 Appendix 1 – Summary of topics relating to this Overview & Scrutiny Panel’s remit suggested for inclusion in the scrutiny work programme
- 13.2 Appendix 2 – Selecting a Scrutiny Topic – criteria to be used at the meeting on the 2nd July
- 14. BACKGROUND PAPERS**
- 14.1 None

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

Progress with the implementation of the Care Act 2014 in particular the impact on self funders and the new processes for safeguarding adults

The Care Act will have a significant impact across adult social care services. The areas relevant to this panel include; changes to the assessment and eligibility criteria for residential care, commissioning independent advocacy services and changes to the definition of a vulnerable adult for safeguarding purposes as well as putting Adult Safeguarding boards on a statutory footing.

How could scrutiny look at it?

- Invite council officers to give an overview of progress with implementation of the care Act
- Invite Carers Support Merton and Merton Seniors Forum to share the views of residents and service users

How do we support older people with physical and mental disabilities in the community? Is the council doing this effectively with care, consideration and responsibility?

A significant number of people with physical and mental disabilities are living in their own homes with support from social work, NHS and domiciliary care teams. The Panel has touched on some of these issues through task group reviews. A review on safeguarding adults looked at domiciliary care and a review on supported housing for people with mental health problems made recommendations about promoting independent living. The Panel therefore may wish to consider the role of befriending services other support services for this group. The Panel could look at what support they provide to people, and if there are enough services to meet the need and if necessary how it could be expanded.

How could scrutiny look at it?

- The Panel could invite relevant voluntary groups to talk about the services they provide to people physical and mental disabilities as well as any issues and challenges that they may have.

Supporting the Prevention agenda

The prevention agenda is at the heart of the plans for the future of the NHS, as a significant proportion of diseases are exacerbated by lifestyle factors. There is an increased risk of some cancers, cardiovascular disease and diabetes due to lack of physical activity, obesity, smoking, and excessive alcohol consumption. This panel can play an important role in ensuring that the council and our partners are focussed on prevention, have identified it as a priority and are using innovative and creative ideas to promote it.

How could scrutiny look at it?

Frontline staff – Those who work directly with the public are well placed to share health messages and signpost people to services. The Panel could consider the role of social workers, health visitors the police and fire fighters in sharing prevention messages

The Panel can also ask partners to talk about their work on preventing disease and promoting health, particularly how this is identified as a priority and the subsequent impact on service delivery.

Use of Volunteers in Day Centre Services

Last financial year the council was forced to make significant cuts within adult social care, including a change to the services provided to people at day centres. The Panel can play an important role in looking at the new models of service, how they are working and how they can be improved, particularly the use of volunteers to provide activities in the day centres.

How could scrutiny look at it?

- Panel members could visit the service speak to service users and staff invite officers to the Panel and discuss the volunteer recruitment process and the training and support they will receive.
- The Panel can consider how the council is addressing any challenges that may have arisen with this new approach.

Making Merton a Dementia friendly borough

The Alzheimer's Society is developing the concept of Dementia Friendly communities, which involves looking at changes that can be made within a local area to make it more supportive for people with this condition as well as their carers. The Alzheimer's society has gathered evidence from people with dementia to identify key areas which could make a difference. Areas of focus include; challenging stigma and building understanding of dementia, developing accessible community services, easy to navigate environments, respectful and responsive business services.

Dementia friendly environments not only provide support to individuals, they also provide economic benefits as improved community services help to enable people to live in their own homes rather than residential care.

How could scrutiny look at it?

- Speak to local businesses and find out what support they provide to customers with Dementia and encourage them to train their staff to recognise and support people with dementia. Possible invitees could include Sainsbury's, Boots, Iceland.
- Ensure that council run services are accessible for people with dementia –including leisure services, libraries and customer contact points.
- Panel members could meet with staff and service users at the Merton Dementia Hub to discuss what more could be done to make the borough dementia friendly.
- Invite the Alzheimer's society to discuss their vision for dementia friendly communities.

Healthy high streets

Healthy high streets are those which seek to create a thriving business environment for the local community which also have a positive impact on public health. This includes healthy food choices and affordable financial services.

How could scrutiny look at it?

Review the work of other local authorities who are working in this area and consider how it can be applied to Merton:

Invite a member of the London Healthier High Streets working Group to talk about the work they are doing, Their current work programme includes: looking at the density of off-licenses, proliferation of betting shops and hot food take away planning policy restrictions.

Speak to the Director of Public Health about how work on this issue is progressing in Merton.

Integrated Care

The integration of health and social care is a major local and national government priority. Merton Council is delivering this through the Better Care Fund and has pooled resources with the MCCG and other partners to deliver important objectives. This includes developing new ways of working to keep people out of hospital and supporting and protecting social care by ensuring that the wider health and social care economy used existing funds to make up for funding gaps in social care.

How could scrutiny look at it?

The Panel could scrutinise the progress with delivering integrated care in Merton. Given that this project regularly reports to the Health and Wellbeing Board the panel may wish to look at this from a different perspective and invite service user and staff representatives to discuss the impact that this project is having,

Out of hospital care

Last autumn, NHS published a Five Year Forward Review setting out their plans to meet the demands of health care for the future; this will involve new models of care and a change in the way in which services are delivered. The main thrust will be to strengthen out of hospital care. This will mean that care services can be shaped to meet the needs of the local population and it will help to tackle the financial burden as hospital based care is the most expensive provision.

An example includes, local areas increasing the number of multispecialty community providers which are large GP practices working in partnership with consultant physicians, nurses, therapists, social workers and others. This more integrated approach is working in some places already including parts of London and Birmingham.

How could scrutiny look at this?

The Panel could invite Merton Clinical Commissioning Group to discuss their progress with developing models for out-of-hospital care and what issues and challenges they are facing with this process. The Panel could also invite councils officers, voluntary sector and Healthwatch colleagues share their views on what new models of care could look like in Merton.

The effects of the adult social care budget cuts

Last financial year the council was forced to make significant cuts within adult social care. The Panel can look at performance data to consider any impact that the cuts may have had.

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

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

Further suggestions may emerge from discussion at the workshop.

Points to consider when selecting a topic:

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