Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 22 October 2015

Time: 7.15 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

		Page Number
1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 4
4	Prevention of ill Health	5 - 14
5	Use of Volunteers in Merton Day Centres	15 - 18
6	Impact of Adult Social Care Savings - To Follow	
7	Work Programme	19 - 24

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.

For more information about the work of this and other overview and scrutiny panels, please telephone 020 8545 3390 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093

Email alerts: Get notified when agendas are published
www.merton.gov.uk/council/committee.htm?view=emailer

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
Caroline Cooper-Marbiah

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

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

Note on declarations of interest

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

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

Scrutiny's work falls into four broad areas:

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

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

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

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

3 SEPTEMBER 2015

(19.15 - 20.35)

PRESENT Councillors Councillor Peter McCabe (in the Chair), Councillor Brian Lewis-Lavender, Councillor Mary Curtin, Councillor Brenda Fraser, Councillor Suzanne Grocott, Councillor Sally Kenny, Saleem Sheikh, Councillor Laxmi Attawar and Councillor Michael Bull

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Hayley James and Myrtle Agutter

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Panel agreed the minutes as a true record of the meeting

4 PREVENTING INCONTINENCE AMONGST WOMEN OF CHILD BEARING AGE - MERTON CLINICAL COMMISSIONING GROUP RESPONSE TO RECOMMENDATIONS (Agenda Item 4)

Catrina Charlton, Senior Commissioning Manager gave an overview of the report stating that services for urinary incontinence cuts across a number of areas including; planned care, maternity and elderly care. As Merton Clinical Commissioning Group do not commission maternity services, they are working with partners in the South West London collaborative to deliver the recommendations in the task group report. The aim is to develop a unified service specification where continence issues are included and addressed.
A panel member asked for confirmation on the timescales for delivery. The Senior Commissioning Manager reported that it will be implemented during 2016/17 although this needs to be confirmed with the maternity network.
A panel member asked if staff are involved in implementing the task group recommendations and understand the impetus to improve continence services. The Senior Commissioning Manager reported that staff will be responsible for asking patients if they have had the relevant continence checks. A patient survey will provide feedback from this process and ensure that the relevant questions are being asked.

A panel member asked what monitoring, review and evaluation processes will be put in place. The Senior Commissioning Manager said a number of different pathways were responsible for implementing the recommendations.

The Chair asked for lead officers within each of the pathways to report on their work as the Panel would like clarity about what will be achieved and the associated timescales. The Senior Commissioning Manager said the continence service is currently out to tender, MCCG has strengthened the specification for urinary incontinence in light of the task group recommendations.

A panel member asked what success will look like in relation to the proposed changes to the continence service. The Senior Commissioning Manager said the results of the patient survey will be a measure of success. Also when more people come to the service to get help and advice and there is greater awareness about what services are available.

A panel member asked what progress had been made to date. The Senior Commissioning Manager said a foundation for this work has been put in place. The task group report has raised the profile of the issue, the maternity services spec has been developed and shared with the sector.

A panel member asked how MCCG will reach hard to reach groups in regards to continence services. The Senior Commissioning Manager said they will work closely with the public health team to achieve this aim.
Julia Groom, Consultant in Public Health said health visitors will have an important role in talking to people about urinary incontinence. The transfer of health visitors to public health will provide a useful opportunity to ensure these messages are embedded into statutory organisations.

The Senior Commissioning Manager said MCCG will not be able to identify champions within the organisation because of resource issues therefore they will work closely with the public health champions. The Chair queried who will be held to account for this work as this will provide reassurance to the panel that it will be implemented. Senior directors should be asked to report on their progress. The Senior Commissioning Manager agreed to include it within the reporting requirements.

RESOLVED

The Senior Commissioning Manager to write to the Panel, through the scrutiny officer to confirm timescales for the implementation of the recommendations incontinence task group.

The Senior Commissioning Manager to including incontinence issues within the reporting requirements to the Clinical Reference Group

5 TRANSFER OF COMMISSIONING RESPONSIBILITY FOR HEALTHY CHILD 0-5 SERVICES TO PUBLIC HEALTH MERTON (Agenda Item 5)

Julia Groom, Consultant in Public Health gave an overview of the report stating that the transfer of health visiting to the local authority is the final stage of the transfer of responsibilities to public health. This is a great opportunity for the local authority due

to the benefits of early investment in children's services and the long term outcomes it can achieve. This transfer will mean we have an integrated 0-19 healthy child services and there will be no additional financial pressures as a result of the transfer.

A panel member asked if parents will experience a difference in service during the period of change. The Consultant in Public Health said neither service users nor staff will experience a change. The transfer is a result of a national commitment to provide locally focussed services.

A panel member asked if the council will take the opportunity to look at the role of the health visitor to enhance the service. The Consultant in Public Health said it will be an opportunity to look at roles, skills, mobile technology, and possible efficiencies which could increase client facing time.

A panel member asked how we can increase the level of families who receive a new birth visit by 14 days as it currently stands at 80%.The Consultant in Public Health said there will be a financial penalty written into the new contract which will encourage improvement.

A panel member asked for clarification about the specific improvements that can be expected from the integrated 0-19 healthy child system. The Consultant in Public Health said it will be a universal service that will focus on prevention, early intervention for families and support throughout childhood. It will enable the council to signpost people to services and help to reduce isolation. Therefore it will improve support, especially those with a high level of need.

A panel member asked what outreach and support will be provided for those who do not engage with services. The Consultant in Public Health said there is a dedicated health visitor who looks after vulnerable families including those who are homeless and not registered with a GP.

RESOLVED

The panel welcome the transfer of the new functions to public health and hope to see an improvement in performance and more opportunities created for health visitors to increase face to face time with clients.

6 WORK PROGRAMME (Agenda Item 6)

The work programme was noted

This page is intentionally left blank

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 22 October 2015

Agenda item:

Wards: ALL

Subject: Prevention

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

Lead member: Councillor Caroline Cooper-Marbiah, Cabinet member for Adult social care and health

Forward Plan reference number:

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

Recommendations:

A. That members of Healthier Communities and Older People Overview and Scrutiny Committee discuss the questions at the end of the report and make recommendations.

---

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report sets out the importance of addressing the wider determinants of health, the need for prevention of ill health and the work of Public Health, together with partners, to address this.

2. DETAILS

2.1 Prevention – a definition:

Prevention includes a wide range of activities aimed at reducing risks or threats to health to avoid problems before they occur.[1]

When people are asked about health, they usually think about disease and health care services, which only account for about 20-30% of what creates good health and wellbeing. The larger influences on health and quality of life stem from the broader conditions in which people live and work. Our health is determined by our early years, opportunities for good education and work, our lifestyle choices, the healthcare we receive and our wider economic, physical and social environment.[2] See Figure 1.

---

[1] Institute for Work and Health http://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention
[2] Kings Fund/LGA (2014) https://www.slideshare.net/kingsfund/making-the-case-for-public-health-interventions

Figure 1: What determines if we're healthy or ill

Barton and Grant 2006 based on Whitehead and Dahlgren 1991

There is substantial and increasing evidence to suggest that investing in the prevention of ill health makes economic sense. Prevention can be cost-effective, provide good value for money and provide return on investment (ROI) in both the short and longer term. See Appendix 1 Powerpoint slides.

2.2 Addressing Health Inequalities through an Increased Focus on Prevention

Merton is fortunate to have good quality Council and health care services and outcomes. However, as we know, these outcomes mask significant inequalities within the borough. Our challenge is then to halt the increase in the difference in life expectancy between the more deprived and better off parts of the borough. Addressing these inequalities is the focus of the work of the health and wellbeing strategy, as well as the focus of the Public Health team. Inequalities in health outcomes are not inevitable. If we shift from dealing with disease and crises to prevention, we will not only improve people's quality of life and reduce health and social care costs, we will also reduce health inequalities.

The starting point for our public health work in Merton is an understanding that we must work across boundaries with partners to raise the priority of creating health as a key contribution to overall wellbeing of Merton residents, along with education, a thriving economy, health care and a sustainable environment.

Many of the services offered by the Council influence these conditions as set out in a King's Fund report *Improving the public's health A resource for local authorities.*[3] The report sets out a number of areas with solid evidence where local authorities could maximise their impact on health and reduce inequalities; i.e.,

- the best start in life
- healthy schools and pupils
- helping people find good jobs and stay in work

[3] Buck D and S Gregory. 2013. *Improving the public's health A resource for local authorities*. The King's Fund London.

- active and safe travel
- warmer and safer homes
- access to green and open spaces and the role of leisure services
- strong communities, wellbeing and resilience
- public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
- health and spatial planning.

At the same time that Public Health moved from the NHS to the local government, significant savings were being required. The Public Health budget of about £9.2m is fixed and ring-fenced until April 2016, when a decision will be made about maintaining the ring fence. The fixed nature of the budget means there is an annual decrease in real terms. In 2015 the Government announced a £200m in-year cut to public health funding; how to distribute this across Councils is the subject of an ongoing consultation. In addition, Public Health will be expected to contribute to overall Council savings between 2016/17 – 2018/19. With a decreasing budget, the Public Health team recognises that they must work differently to try to keep prevention and health inequalities at the top of the agenda.

We recognised early on the potential of work on prevention of ill health to improve residents' quality of life and to reduce health and social care costs. This however required substantial efforts to convince partners of the importance of prevention and these efforts continue. The challenge is not only about an increased focus on prevention services but also convincing a council that provides excellent resident services and economic initiatives to promote prosperity, for example why it is important that these services have a positive influence on health. For example, a high street full of chicken shops may have no empty shops, but provide few healthy choices for residents. The challenge then is about finding a common goal that may require compromise to deliver a thriving economy that promotes health.

With our NHS partners in Merton Clinical Commissioning Group, we focus on opportunities to embed prevention in all frontline work and as part of all clinical pathways. We work with MCCG partners to address health care inequalities through early detection and management of long-term conditions, for example.

Partnering with the voluntary and business sector provides Public Health multiple opportunities to reach out into our different businesses and communities through community groups and organisations, training their members as volunteer community health champions, for example.

2.2 Examples of Initiatives to Promote Prevention and Address Health Inequalities

While working toward an increased focus on prevention, we recognise the following principles

- Health is everyone's business and can only be created by breaking down traditional silo ways of working, including with community groups to expand our reach into different sections of our population
- Health and health care are not the same thing; health care only comes in once a problem has arisen to cure, manage or rehabilitate where possible
- We can only raise the priority of health through alliances and shared ownership with the residents of Merton and their representatives (both elected and in the voluntary sector) and with commissioners of services
- Individuals' responsibility for their lifestyle choices must be made possible by increasing availability of healthy options to make these the easy choice through use of policy levers. This is not as expensive as working to change individuals' behaviour but does require political will
- Working in settings provides opportunities to reach larger audiences for a bigger impact than by focusing on the individual level
- It is possible to achieve more with fewer resources by working differently to achieve more than by working alone

The Health and Wellbeing Strategy Merton the Place for A Good Life is focused on addressing health inequalities and embedding prevention. It brings together work with Council, MCCG, and voluntary and business sector partners to address the influences on health and the significant health inequalities in Merton. Working across the life course on the influences on health means that we start early in life to ensure that young children acquire the skills and resilience required to do well at school. Upon school completion they have the knowledge and life skills to lead a productive life with adequate resources for themselves and their families and for making decisions to be healthy and well.

Examples of Council levers that directly influence health include levels of income and education, which are the largest influences on health. Providing increased opportunities to both not only has the potential to prevent future poor health but also to reduce health inequalities. The Merton the Place for a Good Life strategy therefore includes the following goals

- Increased efforts to reduce the gap in school readiness and GCSE results
- Job creation and support for people on benefits to increase access to apprenticeships and jobs

An important part of the work of Public Health is to convince our Council colleagues that we can work together to ensure that all the work of the Council has a positive impact on health.

Building on the principles discussed above, we set out below examples of how we work on the influences on health in the Council and the opportunities available through partnership work.

Prioritise the early years

In addition to working with Council partners to address inequalities in opportunities for the early years and education, we seek to

- Develop early years pathways to ensure that midwives, health visitors, children's centres, GPs and school nurses understand each other's roles and communicate well during transition to ensure that no child falls out of the safety net
- Train children's centre staff to identify mental health issues for mums

Work in settings

- **Healthy Schools -** this pilot works through two school clusters in east Merton to encourage healthy choices and to embed prevention in the school environment
- **Healthy Workplaces –**
    - within the Council for staff to encourage healthy lifestyles and to ensure the Council provides healthy options through its own caterers and sites
    - for staff in small and medium local enterprises in partnership with the Chamber of Commerce

Work through communities to build resilience and capacity

- **Health champions** – are respected members of community groups or GP practice staff who provide brief advice and signposting for lifestyle and free clinical prevention services such as immunisations or cancer screening. MVSC works with Public Health to recruit community groups and their members to become health champions. A new My Health Guide, the adult equivalent of the children's red book is a resource for both health champions and for individuals to make commitments to reach a lifestyle goal
- **Healthy Pollards Hill** – this place-based pilot is under development to bring together some of the strands of the health and wellbeing strategy in a community development effort to increase the voice and capacity of residents to improve their community in partnership with housing and community associations, along with the Council.

Embed prevention in health care

- **Proactive GP pilot** – aims to embed prevention in GP practices in east Merton and to increase early detection of long-term conditions by linking practices to health champions who screen for these conditions and signpost, where appropriate to GPs and to lifestyle services such as Smoking Cessation
- **East Merton model of care** – a needs assessment for the 2013 health inequalities conference revealed that a different model of care would be required for a more deprived, ethnically diverse population in the east of the borough who get long-term conditions at a younger age. The model should bring together health and social care, Public Health, Council social services

(e.g., housing, benefits) and the voluntary sector. While work on the model has not yet commenced, the work should lead to a model that focuses priority on prevention, self care and primary and community care, with use of acute settings only when health issues cannot be resolved at these lower levels.

- **Agreement to include prevention as part of all pathway development work,** joint work with MCCG on weight management and alcohol pathways and services. Public Health is developing a one-stop referral service, bringing together services for smoking cessation, weight management, and behaviour change in partnership with MCCG, which funds the Tier 3 obesity service.

Make prevention everyone's business

- The Health and Wellbeing Board has taken on prevention and health inequalities as top priorities of its work. The focus of the Board has expanded beyond health and social care to include influences on health, which are now represented by the Director of Environment and Regeneration, where many of the services that influence health are delivered.
- Bidders for the new community health services contract are required to embed brief advice and signposting for all frontline staff in their services

Embed prevention and health impact in Council work

- **Use Council policy and regulatory levers to influence health**
    - Health Impact Assessments are being undertaken for three regeneration projects in Merton
    - Public Health is now a Responsible Authority – although health is not a licensing objective, Public Health responds to licensing and planning applications by working with applicants to agree conditions to reduce access to high strength alcohol, for example. All Responsible Authorities meet regularly to share information and experience

      Public Health is supporting the licensing consultation on the Statement of Licensing Policy through a pop-up café in the proposed cumulative impact zone in Mitcham to gather residents' views on the kind of high streets and town centres they want. The café will run in the morning on Tuesday 01 September and in the afternoon on Thursday 03 September. Members of the scrutiny panel are invited to attend.
- **Embed officers in key services and prevention in existing work and contracts; e.g.,**
    - Public Health has embedded an officer in the environmental health service to promote a healthy catering commitment and a good food culture generally across Merton
    - The litter enforcement service contract requires officers to encourage offenders who smoke to accept a referral to Stop Smoking services

- The young people's substance misuse service offers brief advice and signposting for sexual health

- **Make prevention understandable and fun for residents and staff** through
    - Initiatives such as Step Jockey and Merton on the Move to increase physical activity in partnership with MCCG, MVSC and the Chamber of Commerce
    - User-friendly summaries versions of the Joint Strategic Needs Assessment and infographic ward profiles (Appendix 2)

2.3 The Remaining Challenges

The Public Health team took up the challenge of and succeeded in creating a robust public health function for the residents of Merton. Merton did not have its own Public Health team before April 2013; there was and still is much to do to convince local decision makers about the importance of the Public Health approach and of working across a system to embed prevention.

The Council has many levers it can use to influence the wider determinants of health and promote prevention– the challenge is to retain this focus given the financial challenges that are being faced. By appreciating and promoting the importance of prevention, all Councillors and officers can contribute to this focus and help deliver better health and wellbeing across communities in Merton.

2.4 Questions for Discussion

1 Work through communities

Health champions – are respected members of community groups or GP practice staff who provide brief advice and signposting for lifestyle and free clinical prevention services such as immunisations or cancer screening.

Q *How can we encourage the Council and Councillors to link their work with Health Champions, become Health Champions themselves and promote the work of Health Champions?*

Q Do members of the Scrutiny Panel believe they could have a broader role in the Council to promote prevention? If so, what could this be?

2 Embed prevention

Understanding the health impact of work outside of health care and using Council levers to have a positive impact on health wherever possible
Public Health has negotiated Health Impact Assessments of three regeneration projects, helped establish a Responsible Authorities Group and create capacity to comment on licensing and planning.

Q *How can the Council continue make better use of levers such as licensing and planning to influence provision of fast food, alcohol, smoking, betting and payday loan outlets in our town centres and high streets as well as future regeneration opportunities to promote health and wellbeing?*

3 Make prevention understandable and fun for residents and staff

Initiatives such as Step Jockey and Merton on the Move have been run as high profile campaigns to increase physical activity in partnership with MCCG and MVSC. Public Health have also produced user-friendly summaries of the Joint Strategic Needs Assessment and infographic ward profiles

Q *How can these campaigns and resources be promoted and used by Councillors and the Council to have maximum impact on health and wellbeing in Merton?*

3 ALTERNATIVE OPTIONS

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

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

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

4 CONSULTATION UNDERTAKEN OR PROPOSED

The Panel will be consulted at the meeting

5 TIMETABLE

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

2 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None relating to this covering report

3 LEGAL AND STATUTORY IMPLICATIONS

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

4 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

5 CRIME AND DISORDER IMPLICATIONS

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

6 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None relating to this covering report

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

Appendix 1 – Powerpoint slides Making the Case for Public Health interventions

Appendix 2 – Example of Ward profile using infographics

This page is intentionally left blank

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 22nd October 2015

Agenda item:

Wards: ALL

Subject: The Use of Volunteers in Merton Day Centres

Lead officer: Andy Ottaway-Searle

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

Forward Plan reference number:

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

Recommendations:

A. For Members to note the report on progress in recruiting volunteers.

B.

---

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The report is to update the Committee on the use of volunteers in Day Centres for people with disabilities provided by Merton. As part of savings agreed in 2014 from April 2015 Merton planned to reduce some permanent staff in day centres. It was proposed that the increased use of volunteers would mitigate some loss of choice of activities available to customers.

2 DETAILS

2.1. As part of the Adult Social Care savings programme for 2015/16 staff savings were required across the department, including in Direct Provision. It was agreed that as well as changing the management structure it would be necessary to reduce a number of front line posts. The proposal would mean that day services continued to provide a safe and secure day time respite for carers but inevitably the range of activities on offer would reduce. It was felt that recruiting volunteers to help with activities in the centres would mitigate some of this effect.

2.2. As at September 2015 we have six people volunteering on a regular basis across the three centres. In addition we have four students starting work experience placements, and a Music Therapy student due to start an extended placement in October. Active recruitment alongside MVSC and Merton Mencap is continuing, but there appears to be a limited number of people available to assist in day time settings. Both of these groups report that demand for volunteers generally is exceeding supply at this time.

2.3.

2.4.

3 ALTERNATIVE OPTIONS

3.1. As noted we are continuing to work with partners to recruit more volunteers and are considering alternative means of advertising such as using NHS noticeboards. Our recruitment process is necessarily strict and we require strong references and DBS clearance to allow volunteers to work with our vulnerable customers, so we need to continue to use agreed methods which potentially limits the number of volunteers available. We understand that day time hours can be an obstacle to some people who would volunteer their services, but this needs to be explored further. Our Libraries Service has successfully recruited many volunteers so managers will work with colleagues from that service to apply their methods.

3.2. Further work will also be done to ensure that potential volunteers are made aware of the opportunities on offer in day services. We recognise that most people do not have experience of these settings so would not think to offer their time, or might feel that they would not have the right skills to help out.

3.3. In terms of impact in day centres, staff are changing timetables so that although there are more large group activities, all customers have guaranteed small group time carrying out their chosen activities. We are reshaping how staff are deployed to focus on how customers receive personal care in order to free up other staff to run sessions. The main effect has been a reduction in small groups attending activities in the community.

3.4. Working with local colleges has been a good source of bringing in people to help run activities, and which provides the students with valuable experience in this field. Recently we have established an agreement with NESCOT and are taking two students from there in the near future. We have recruited two apprentices who spend four days per week in two centres, and this has also been helpful.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The proposals on day services were part of the wider Adult Social Care consultation which took place in December 2014 and January this year. Carers are kept updated via a range of meetings including Adults First and the Learning Disability Partnership Board.

5 TIMETABLE

5.1. This activity is already in place, and will continue to be part of our Day Services offer.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. There is no direct cost although we will pay for DBS checks to be carried out, and provide supervision and support to all volunteers.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. None

9 CRIME AND DISORDER IMPLICATIONS

9.1. None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. All volunteers are subject to DBS checks and need to provide references. Managers of the services carry out any necessary Health and Safety induction.

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

- None

12 BACKGROUND PAPERS

12.1. None

This page is intentionally left blank

Healthier Communities and Older People Work Programme 2015/16

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2015/16. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

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

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

Scrutiny Support

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

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

Meeting Date 02 July 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Consultation	Epsom and St Helier University NHS Trust – update on current priorities	Report to Panel	Daniel Elkeles, Chief Executive, Epsom and St Helier Lisa Thomson, Director of Communications, Epsom and St Helier	Panel to receive an update on the Trust's plans to modernise Epsom and St Helier hospital
Policy Development	Merton Step down accommodation	Report to Panel	Mark Clenaghan, Service Director, South West London and St Georges Mental Health Trust Caroline Farrar, Assistant Director of Commissioning and Planning	Panel to receive an update on proposals to close Norfolk Lodge mental health facility.
	Work Programme			

Meeting date – 03 September 2015

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Pre-decision scrutiny	Healthy Child 0-5 Transfer	Report to the Panel	Julia Groom, Consultant in Public Health	Panel to comment on the report before it goes to Cabinet.
Scrutiny Review	Preventing incontinence task group update report	Report to the Panel	Catrina Charlton, Senior Commissioning Manager. Merton Clinical Commissioning Group	Panel to comment on progress with implementing the recommendations.
	Work Programme –	Report to the Panel	Stella Akintan/ Cllr Peter	

	agree final draft		McCabe	

Meeting date – 22 October 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Adult Social Care Savings	Report to the Panel	Simon Williams, Director of Community and Housing	
Performance Monitoring	Use of Volunteers in day centres	Report to the Panel	Andy Ottoway-Searle, Head of Direct Provision	To review the progress with recruiting volunteers.
Policy Development	Preventing ill health	Report to the Panel	Dr Kay Eilbert, Director of Public Health	To look at the prevention agenda and consider how the Panel can provide ideas and support.

Meeting Date – 10 November 2015

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Consultation	Update from Epsom and St Helier Hospital on Estates Strategy Community Consultation	Senior officers to attend Panel	Daniel Elkeles, Chief Executive Epsom and St Heiler University NHS Trust	To review/ discuss outcomes on recent consultation with community on estates strategy
Policy Development	Update on the Care Act	Report to the Panel	Simon Williams, Director of Community and Housing	To gain an overview and the main implications of the Care Act, and the progress with implementing it in

				Merton.
Performance monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To review savings proposals

Meeting date – 12 January 2016 BUDGET

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the council's draft budget

Meeting date – 09 February 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Integrated Care			
Policy Development	Out of hospital Care			
Consultation	Update from Epsom and St Helier Hospital			
Scrutiny Review	Diabetes task group Final Report			
Scrutiny Review	Physical activity for the fifty five plus			

Meeting Date - 17 March 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Healthy High Streets			
Policy Development	Support for older people with physical and mental disabilities in the community			
Policy Development	Making Merton a Dementia Friendly Borough			

This page is intentionally left blank