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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 2 September 2020

Time: 7.15 pm

Venue: This will be a virtual meeting and therefore will not take place in a physical location, in accordance with s78 of the Coronavirus Act 2020.

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)
Thomas Barlow (Vice-Chair)
Nigel Benbow
Pauline Cowper
Mary Curtin
Jenifer Gould
Rebecca Lanning
Dave Ward

Substitute Members:

Andrew Howard
Joan Henry
Hina Bokhari
David Chung
Oonagh Moulton

Co-opted Representatives

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

Note on declarations of interest

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

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

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Agenda Item 3

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

21 JULY 2020

(7.15 pm - 9.00 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Thomas Barlow, Councillor Nigel Benbow,
Councillor Pauline Cowper, Councillor Mary Curtin,
Councillor Jenifer Gould, Councillor Rebecca Lanning,
Councillor Dave Ward and Di Griffin

ALSO PRESENT: Councillor Stephen Alambritis, Leader of the Council, Louise Round, Managing Director, South London Legal Partnership, Hannah Doody Director of Community and Housing, Mike Robinson, Consultant in Public Health, Stella Akintan, Scrutiny Officer.

In attendance: Councillors Nigel Benbow; Joan Henry, Nick McLean

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Mr Saleem Sheikh.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Minutes of the previous meeting were agreed as a true and accurate record.

4 IMPROVING HEALTHCARE TOGETHER - PROPOSALS FOR ST HELIER HOSPITAL (Agenda Item 4)

The Director of Community and Housing gave a brief overview of the history of plans for re-configuration at Epsom and St Helier Hospital over the last fifteen years. Merton Council commissioned Roger Steer an independent expert to review the Improving Healthcare Together proposals and he will set out the findings from his research. This consultation took place during the height of COVID-19 therefore Merton asked for the consultation to be postponed to allow time to understand impact

of the Pandemic. This request was denied and the consultation concluded 1st April 2020 as originally planned.

The Committees in Common of the South West London and Surrey Heartlands NHS Clinical Commissioning Group met on 3rd July and agreed to adopt the preferred option of building a new hospital in Belmont, Sutton. Officers therefore recommend that this Panel refer this decision to be reviewed by the Secretary of State for Health and Social Care on the grounds that it is not in the best interest of local residents.

Roger Steer, independent Consultant gave an overview of the findings of his research outlining the context of the review and the important issues to be considered. Mr Steer said there was a danger that this model would lead to poor access to services, a specialist unit which will not meet the needs of local residents and there had been an over reliance on rigorous South West London Clinical Standards. The Plans need to be reappraised in light of the COVID-19 Pandemic.

Mr Steer said many senior consultants saw this as an opportunity for a new state of the art hospital however it is important to balance this with the needs of the wider community.

Mr Steer informed the Panel that he has held a number of senior roles including the Chief Executive of an NHS Trust and Director of Finance. He has advised politicians of all political persuasions and been involved in many reconfigurations across the country.

A panel member asked about the impact of the reconfiguration of acute services on deprived communities. Mr Steer said the effect of centralising services for the most deprived is worse in comparison to a two centre model therefore his analysis has shown this needs to be re-examined.

A panel member expressed concern that there is a risk of losing the £500 million if the decision is delayed which will have a detrimental impact on local health services. Mr Steer said the biggest risk is that the decision is rushed and not considered properly. It is important to ensure plans are coherent and in line with guidance.

A panel member expressed concern about the potential loss to the community of the services at St Helier causing a domino effect on services at St George's. It is also a difficult journey by public transport to get to Belmont for Merton residents.

A panel member asked if COVID-19 had taken place before the Improving Health care Together consultation and the £500 million had not been confirmed, would there have been a more rigorous evaluation of the impact of COVID on local health services. Mr Steer said there has been a number of critics of NHS reconfigurations who have argued that the NHS plans rely on insufficient resources, staff, and number of beds in comparison with European neighbours. As a result COVID-19 has shown that the NHS has not been resilient and struggled with the surge in activity during the pandemic.

A Panel member asked which MPs were contacted by the council to discuss the Improving Healthcare Together proposals. Mr Steer said he tried to speak to as many as possible but they were not available. The Director of Community and Housing said due to diaries clashes they didn't get the full response they had hoped for, even though both telephone and face to face meetings were offered.

A panel member asked about Marmot Review (2010) and what it tells us about health inequalities in areas of deprivation and also the disproportionate impact on BAME communities during the COVID-19 pandemic.

Mr Steer said the Marmot Review was commissioned by the Government to investigate health inequalities in the UK. As a result of the findings public authorities are under a duty to help the most deprived and ensure that health inequalities do not worsen, Belmont as a site for the new hospital is one of the most affluent areas in the country. Statistics have been clear that the BAME community was disproportionately affected. It is important to retain as much access to health care as possible. Also, St Helier has a high proportion of BAME communities.

A Panel member asked Mr Steer for clarification on the process for the final decision and the Americanisation of NHS. Mr Steer said the final decision is a series of steps that need to be taken. It is better to intervene at this stage and to seek independent review earlier rather than later. The American healthcare model is good at specialist medicine not as good at general medicine. The founding principles of the NHS are that there should be high quality accessible services available to the majority of people.

A panel member asked how we can be sure the council's evaluations are correct and the Clinical Commissioning Group is wrong. Mr Steer said the NHS proposals in North West London were a good acid test. The Independent Review Panel is devised to point out any biases that may have been introduced locally. There is a danger that vested interests could take over, and promote their own preferences.

A panel member highlighted that data showed that 69% of the Black and Minority Ethnic Community said it was easier to travel to St Helier hospital and it is important to listen to and meet the needs of the local population.

The Leader of the Council with responsibility for Adult Social Care and Health was invited to address the Panel. The Leader said the council has for a long time been opposed to any downgrade of services at St Helier hospital. The council has written to Merton CCG outlining our concerns and asking for additional work to understand the impact of deprivation, this more important due to the recent Covid-19 pandemic. The Leader highlighted the concerns raised by Chris Grayling MP asking for additional work to be done.

The Leader said he recognises the important role of independent scrutiny and the Independent Review Panel are well placed as they are not personally involved the recent decision. The Leader urged the Panel to refer the matter to the Secretary of State for Health and Social Care.

A panel member asked if the council will accept the decision of the Independent Review Panel. Mr Steer said the Panel makes suggestion for improvement, the council should reserve its opinion and wait and see what emerges. The Leader said the council will reflect the interest of residents.

Panel members had a discussion about travel to the new hospital site. A panel member expressed concern about the travel to Belmont. Another Panel member said there is public transport available to get to hospital for those who need it and provided a personal example of when they had used it.

A panel member said those who endorse the plans should agree to refer to the Independent Review Panel to confirm their belief. Concerns was expressed about the whole Improving Healthcare Together Programme including not taking full consideration of the impact of deprivation, the consultation process along with expression of preferred options. It was expressed that this scrutiny panel should stick to the council's position to retain all services at St Helier and not go against officer's advice.

Councillor Dave Ward formally proposed that the Panel accept officer's recommendations and refer the matter to the Secretary of State for Health and Social Care. This was seconded by Councillor Mary Curtin.

A panel member asked what would the councils course of action will be if the Independent Review Panel recommended two district sites and a Centre of Excellence at Belmont. The Leader said he will not agree to reducing services at St Helier Hospital.

A Panel member said there are many unknowns about how long it will take, there is money on the table we have had a consultation. Going down the route of referring to the Secretary of State adds to the uncertainty it could take years to get a decision.

Mr Steer said the process is automatic and normally a review is conducted over a reasonably short spaces of time. There is a hiatus because of the recent pandemic which will help in the long term to shorten the decision process.

The Chair moved the motion put forward by Councillor Ward asking Panel Members to accept the recommendations in the report and refer the decision of the Committees in Common of the South West London and Surrey Heartlands NHS Clinical Commissioning Group to the Secretary of State for Health and Social Care by 31st July 2020.

Those in favour of the motion were as follows:

Councillor Peter McCabe
Councillor Pauline Cowper
Councillor Mary Curtin
Councillor Jenifer Gould
Councillor Rebecca Lanning
Councillor Dave Ward

Those not in favour of the motion were as follows:
Councillor Thomas Barlow
Councillor Nigel Benbow

The motion was carried.

RESOLVED

The Panel agreed to accept all the recommendations in the report.

**5 NOMINATION FOR MEMBERSHIP OF COMMUNITY SUBGROUP OF THE
HEALTH AND WELLBEING BOARD (Agenda Item 5)**

The Director of Community and Housing informed the Panel that a time limited community sub group of the Health and Wellbeing Board has been established to conduct bespoke engagement work with local communities following the COVID-19 pandemic, specifically on the Outbreak Control Plan. The sub group would like to have a representative from scrutiny to sit on the Panel. The Chair nominated Councillor Rebecca Lanning. This was seconded by Councillor Pauline Cowper.

RESOLVED

Councillor Rebecca Lanning was nominated to the sub-group

6 WORK PROGRAMME (Agenda Item 6)

Apologies for absence were received from James Blythe and Mohan Sechan.

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Healthier Communities and Older People Overview and Scrutiny Panel

Date: 02 September 2020

Wards: ALL

Health Scrutiny briefing: Preparation for the next phase of COVID 19

Recommendations:

The Panel are asked comment and discuss the briefing from the Director of Community and Housing on preparation for the next phase of COVID 19

Briefing Summary:

The Community and Housing Department has been fully engaged in supporting the community and services through the first wave of COVID 19. Our Public Health team have, of course, been at the centre of that response, but all services have played a key role particularly in protecting those that might be most vulnerable. This has included ensuring that services that support the most vulnerable continue to operate in a COVID safe mode and supporting rough sleepers off of the streets, but also redirecting staff to new services such as the shielding, community and food hubs.

Although we have taken some steps to re-open services that were temporarily closed, we remain operating in an emergency response mode. The expectation is that there will be further surges in COVID 19 infections and that this will coincide with other health demands such as dealing with backlogs in non-COVID healthcare and winter flu. We have been advised to prepare for a steady increase in workload, peaking in January 2021.

Demand & Capacity Planning

The department is currently scenario planning for future hospital discharge activity as we approach the seasonal pressures of autumn and winter, with the added complexity of the potential for a second surge in Covid-19 specific activity.

National discharge Guidance, Issued in March, sets out 4 distinct discharge pathways and expected distribution across those pathways of patients leaving hospital settings. Those pathways remain in place through the winter and the local authority remains a key partner in facilitation and maintaining flow out of hospital. Those pathways are:

- Pathway 0 – return home with not further health or social care
- Pathway 1 – return home with community health or re-ablement support
- Pathway 2 – placement into intermediate care
- Pathway 3 – placement into temporary residential or nursing bed

Our response to the pandemic with health partners has forged an even closer relationship with a clear focus on responding to the needs of our community. This has provided fresh impetus for the next stages on integration of health and social care.

We are working closely with colleagues across health, with our provider markets and as part of the SWL Integrated Care System. This work is underpinned by demand and capacity modelling, commissioned jointly by London ADASS and NHSE, and developed by consultancy Carnell Farrar. It also takes account of the Government's own 'Reasonable Worst Case Scenario' planning assumptions, which sets out projected statistical analysis of a second 'wave' of Covid-19 over the next 6 months.

Our scenario planning takes account of this modelled demand and along with retrospective data of actual activity through the first Covid-19 surge in April, and historic trends of winter activity. Planning for a range of demand scenarios allows us to understand better the service capacity expectancy to support each pathway.

The model was only received recently and we are currently working through it and developing the options to meet expected demand. Much of the required capacity remains in place from the first wave, such as re-ablement capacity and block booked nursing beds. However, learning from the first wave, we are exploring with health partners and care providers the potential for a 'hot site' to receive COVID positive cases from hospital or other settings.

Care Homes

The impact of COVID 19 on care homes residents has rightly been an issue of national concern. Overall infection rates in care homes, for both residents and staff, have reduced significantly since the peak in mid-April 2020. There have been 38 deaths attributed to COVID 19 in Merton care homes. However, there are only a very small number of new infections now being identified each week and no deaths in recent weeks. A significant majority of the individuals testing positive are asymptomatic and are being identified via more routine testing.

The Council responded by putting in additional support from its public Health and Adult Social Care Team. We have also supplied in excess of 2 million items of PPE to the care sector in Merton to ensure that care staff and service users are properly protected. Of this, over 900,000 items of PPE went to local care homes.

There remains, however, significant problems with the national Whole Home Testing programme, which means that the Government aspiration to routinely test care home residents monthly, and staff weekly, is not being achieved and remains unlikely to be achieved for a significant period of time. Local (South West London) alternatives to support care homes with routine testing are being actively explored with CCG colleagues.

A significant programme of face to face training on Infection Prevention and Control practice has been undertaken across Merton, with all 38 homes in the borough either completing the training or demonstrating that they are delivering equivalent alternative training. This training programme, allied with ongoing support from

Primary Care, Community Health Care, Public Health and Adult Social Care locally, is having a positive impact on the standards of practice in this critical area.

Some limited visiting by relatives is now being allowed by a number of the care homes in Merton, but visiting remains restricted and subject to infection control limitations.

The Council has ensured that the required 75% of the first tranche of Infection Control Fund monies was distributed promptly to all care homes in the borough, and is now distributing the second tranche on the same basis. Officers continue to liaise closely with care home managers and proprietors to understand any financial viability concerns at the earliest possible opportunity. To date we have not identified any major concerns from a viability perspective.

Our planning to support care homes during the winter period is now well developed, and includes exploration of options for minimising infection risk by providing safe accommodation for people who need care home accommodation and who test positive for Covid19 prior to admission (a hot site). This provision may also be used for other vulnerable individuals for whom a place of safety while infectious is appropriate.

Shielding

One of the new challenges that COVID 19 threw up was the need to shield those most vulnerable to the virus. In Merton, 7,237 residents were been classified as 'extremely clinically vulnerable' and were required to 'shield' for a minimum of 12 weeks as part of the emergency measures put in place to control the Covid-19 pandemic. In order to respond to the emergency situation and support this client group,

Our shielding service was staffed by redeployed staff from other services such as libraries. The service contacted and supported all residents who have received a letter either, from the NHS, their GP or clinician requesting to not leave their homes and 'shield'. This service establishes if further support is required in particular around food, medicines and social contact.

The team included Adult Social Social Workers who were responsible for reviewing any resident who required additional support identified by the Merton shielding service. This team has the appropriate skill set to triage clients in relation to risk and legislation to ensure needs are supported. This then determines what course of action or referral is required, for example, safeguarding, Care Act assessment or referral to the Community Response Hub

From early in the pandemic, we worked with MVSC to establish a Community Hub. The hub is a call centre for residents to contact should they need support during the pandemic. The hub is a collaborative project with the voluntary sector. Support requests are triaged into the voluntary sector and requests are generally around food, medicines and social contact. They also receive referral from the Merton Triage team as well as the adult social care.

During the time of shielding over 7,000 residents were contacted by the Merton shielding service either by phone or letter. 3,300 were identified as requiring additional support and were contacted by Social workers in the triage team. These residents were either given information and advice, referred for a care act assessment or passed onto the community response hub. 1811 received food parcels from the government, which was supplanted by support from the local food hub and volunteer shoppers.

Shielding paused on the 31st July in line with government guidance. However, there is still a requirement for the local authority to maintain the shielding list. Updated data continues to be received by the council. We continue to contact, monitor and support those residents most vulnerable identified on the shielding list.

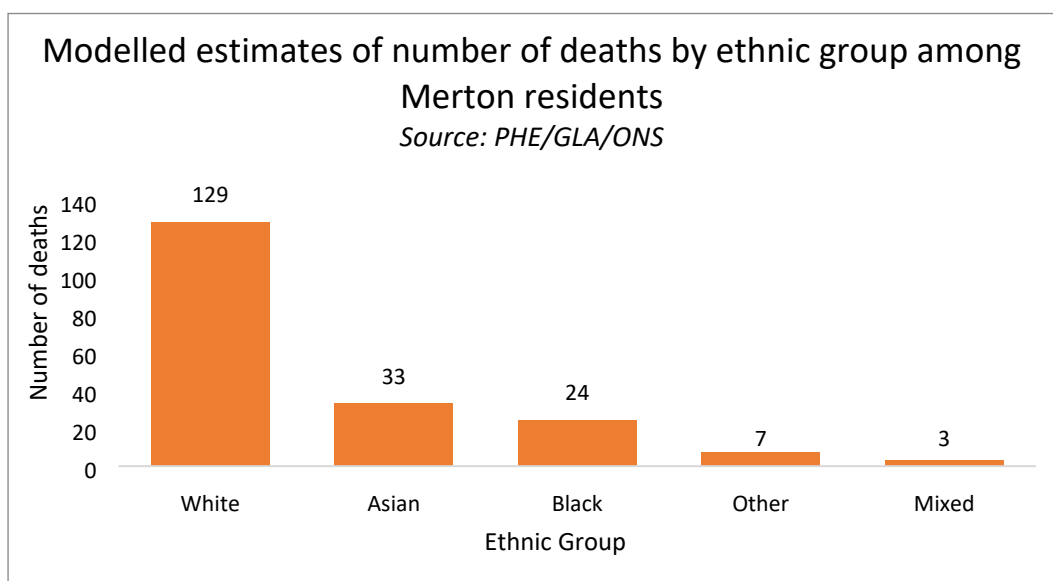
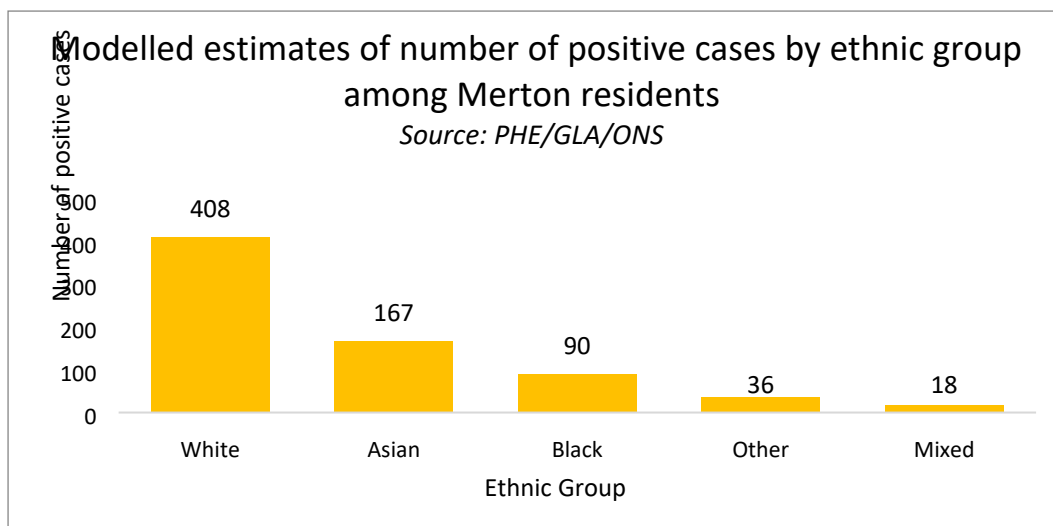
We have plans in place to re-establish the shielding service if a local or national lockdown is imposed, or the government advises those on the list to shield once again. The government has retained the power to reinstate shielding locally or nationally for itself.

Equalities impact of COVID 19

The differential impact on communities has been a stark factor in the pandemic. Understanding which groups are most at risk is a key factor in planning for future spikes in the virus. It is also vital that we understand the impact for recovery planning. Our community has not been affected to the same extent and the long terms consequences and responses may therefore be different. it is the nature of pandemics that such learning happens over a period of years, but the work start now.

Our Public Health Team is leading the work to better understand the disproportionate Covid-19 impact on our community: combining data analysis (refresh of joint strategic needs assessment) with 'lived experience' through qualitative action research commissioned from our voluntary sector, focussing initially on BAME, followed by older age / dementia, and learning disability/autism.

The graphs below set out the modelled data for Merton, ie the reflection of national trends locally. Actual Merton data on ethnicity is only starting to emerge.



As well as developing our understanding, the immediate protection of the most vulnerable communities from Covid-19 in case of local outbreaks and or a second wave is a priority. It includes bespoke and trusted communication and engagement with vulnerable groups about the importance of testing and self-isolation for protection; and bespoke prevention programmes (Covid-fit; rehabilitation, flu immunisation) to improve people's general health and management of long term conditions such as diabetes so they are better protected from suffering severe Covid-19 disease. The above priorities are aligned with our local Primary Care Networks, Merton Health and Care Together Board priorities and SWL recovery proposal so we are all bundling our efforts to make a real difference in a short time.

The work also includes support for our staff. This includes individual risk assessments for safe working practice (remote and face to face) and for LBM the establishment of a BAME staff forum to explicitly challenge racism and increase diversity in recruitment (especially for senior managers).

Our medium to longer-term plan is to shape a safe, fair, and green recovery for Merton people and Merton as a healthy place, focussing on the wider determinants of health and social value, hand-in-hand with holistic integrated health and care services (in line with priorities of the Community Plan, Health and Wellbeing Strategy and Local Health and Care Plan).

Adult Learning

The economic impact of COVID 19 is apparent and will exacerbate the health impacts through the mental and physical health consequences of unemployment, poverty and stress. Adult Learning will therefore play a key role in our community's recovery.

During lockdown Merton Adult Learning's providers have delivered learning in creative new ways for learners via online tutorials and catch up calls. They have ensured that the vast majority of learners completed their courses and are equipped with the skills required for their next career steps.

Merton Adult Learning has also been successful in applying to the GLA's Covid-19 Emergency Support Fund and an additional £360,000 will be invested in adult learning over the next two years. The additional funding will support the service to deliver additional courses for residents to meet the needs of a changing job market and to support residents to improve their digital skills. Part of the funding will also be used to loan ICT equipment to residents who have limited or no access to ICT and to get them trained up to make more effective use of the technology.

Results for the majority of adult learning courses are still being moderated and subject to change but headline predicted grades are:

- GCSE English results have increased by 12% and GCSE Maths results are up by 18%.
- ESOL results will have increased by 0.5% on what was a high achieving figure last year.
- ICT results up 2.5%, which was already high the previous year.

Providers are working closely with the Adult Learning team to ensure that they have the necessary procedures in place to start running courses physically again from September. The procedures being put in place will follow DfE guidance and are likely to include a blended mix of online and classroom based learning. The enhanced focus on skills will be important in supporting our residents to prosper.

Recovery and Reset Planning

The work set out above are just some key elements of the department's Recovery & Reset Programme. As well as planning the next phases of the pandemic, we are looking to what we need to do beyond it. It is recognised that there will be no going

back to how things were. Our community will be changed by it, and so therefore must our services.

We have commenced a limited re-opening of services that closed in the first wave. All libraries are now open with a COVID-safe click and collect model. We keep this under constant review alongside our understanding in trends in the virus. The Civic Centre has re-opened for appointment only face to face work for support with housing needs. Two of our days centres for people with learning disabilities are operating a limited model to provide respite for family carers.

However, we are not able to go back to the way we operated before because of the ongoing risks. This has taught us that there are other ways of operating effectively as well as safely. For example, our housing needs team has continued to support people via telephone and online contact which has worked well. Whilst some face to face contact will be necessary, this has taught us that we can use other methods well and that it suits some customers. We are therefore in the process of enhancing our systems in housing to be able to support people without them necessarily having to come into the civic centre. This is just one example of how learning from COVID 19 is helping to reshape services.

Another example is our work with the voluntary sector. The Community Hub was set up in partnership very quickly at the start of the pandemic. It continues to operate and has since taken over the emergency food service previously operated by the Council. We are in discussions with MVSC in how we can take this model forward as an early intervention and prevention service, to ensure that residents have one place to go to seek assistance in the future.

The key lessons from the first wave are that we have to work hard to protect those most at risk, that communities are not impacted equally, that the pandemic is changing people's lives, that therefore our services have to change, and that we can work differently with partners in health and the voluntary sector to respond. This learning is informing our planning for winter, but is also informing our planning for the future shape of services.

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Healthier Communities and Older People Work Programme 2020/21



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2020/21. 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 21st July

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Discussion on the final decision of the Improving Healthcare Together Programme.	Report to the Panel	Hannah Doody, Director of Community and Mike Robinson, Consultant in Public Health	Panel to discuss the final decision and its implications for Merton residents.

Meeting Date 2 September 2020

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
	COVID-19 – How the Council is managing the response over the next 12 months and preparing for wave two. Including lessons learned from the early outbreak and work with partners, impact on specific communities within care homes and support to those who are shielding.	Report summary/ verbal update.	Director of Community and Housing	Panel to get an overview of the impact on the COVID-19 Pandemic in Merton and consider areas they may wish to do further scrutiny.

	NHS South West London - response to COVID-19	Verbal update.	James Blythe Locality Executive Director, Merton and Wandsworth	Panel to consider how the SW London CCG has responded to COVID19 to support Merton residents.
	Commissioning arrangements in South West London – Update on the new merged CCG's and the implications for Merton as a place.	Verbal update.		

Meeting date – 3rd November 2020

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Health Partners	Mental Health Services – Update on support provided to the community as a result of COVID-19	Reports/verbal updates to the Panel	South West London Mental Health Trust, Community Mental Health Services	Panel to ensure local residents are receiving the support they need following the Pandemic
Budget Scrutiny	Draft Business Plan	Report to the Panel	Director of Corporate Services	Panel to review draft budget and provide comments to the Overview and Scrutiny Commission.
Scrutiny of Adult Social Care	Discussion on Adult Social Care Budget including the Adult Social Care Precept	Report to the Panel	Director of Community and Housing	Panel to gain a better understanding of the budget and the impact on Merton residents.

	and an update on the impact of COVID-19			
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Meeting Date – 11th January 2021

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget scrutiny	Draft Business Plan	Report to the Panel	Director of Corporate Services	

Meeting date – 9th February 2021

Scrutiny of Health Partners	Access to GP Surgeries –update report setting out comparative data on access to GP appointments across South West London. The Panel will also	Report to the Panel	South West London Clinical Commissioning Group	
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	consider out of hours GP Services			
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report			
Scrutiny of Adult Social Care	Safeguarding Adults Reviews			

Meeting date – 26 April 2021

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny				
Scrutiny of Health Partners				

