

# Merton Council

## Healthier Communities and Older People Overview and Scrutiny Panel



Date: Wednesday 16 January 2013  
Time: 7.15 p.m.  
Venue: Committee Rooms B, C and D  
Merton Civic Centre, London Road,  
Morden SM4 5DX

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### AGENDA

	<u>Page Number</u>
1. Declarations of interest See note 1	-
2. Apologies for absence	-
3. Minutes of the meeting held on (a) 15 November 2012 and (b) 20 November 2012 (special meeting)	3 9
4. Matters arising from the minutes	-
5. Business Plan Update 2013-2017 Members are asked to bring their copy of this report which has been circulated separately.	-
6. Work Programme 2012/13	13

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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.**

For more information about the work of this and other overview and scrutiny panels, please contact Stella Akintan, Scrutiny Officer, on 020 8545 3390 or e-mail [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

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## Healthier Communities and Older People Overview and Scrutiny Panel Membership

### Full Members:

Councillor Suzanne Evans (Chairman)  
Councillor Peter McCabe (Vice Chair)  
Councillor Margaret Brierly  
Councillor Brenda Fraser  
Councillor Maurice Groves  
Councillor Logie Lohendran  
Councillor Dennis Pearce  
Councillor Greg Udeh

### Substitute Members:

Councillor Laxmi Attawar  
Councillor Janice Howard  
Councillor Linda Taylor  
Councillor Sam Thomas  
Co-opted Representatives  
Myrtle Agutter  
Laura Johnson  
Sheila Knight  
Barbara Price  
Saleem Sheikh

### Note 1

Members are reminded of the need to have regard to the items published with this agenda and, where necessary to declare at this meeting any Disclosable Pecuniary Interest (as defined in the The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012 ) 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 Council's Assistant Director of Corporate Governance.

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### *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](mailto:scrutiny@merton.gov.uk). Alternatively, visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny).

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY  
COMMITTEE

15 NOVEMBER 2012

7.15pm-9.50pm

PRESENT: Councillor; Suzanne Evans (Chair), Peter McCabe, Margaret Brierly, Brenda Fraser, Logie Lohendran, Dennis Pearce, Linda Taylor, Greg Udeh.

Co-opted members: Myrtle Agutter, Laura Johnson, Sheila Knight, Barbara Price, Saleem Sheikh,

ALSO PRESENT: Councillor Mark Allison, Councillor Linda Kirby, Simon Williams, Director of Community and Housing Caroline Holland, Director of Corporate Services, Rahat-Ahmed-Man, Head of Commissioning, Karthiga Sivaneson, Project Manager Mark Clenaghan, Service Director Springfield Hospital, South West London Mental Health Trust

1 DECLARATIONS OF INTEREST

There were no declarations of interest

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from: Councillor Maurice Groves

3 MINUTES OF THE MEETING HELD ON 5 SEPTEMBER 2012 AND 17  
SEPTEMBER 2012

The minutes of the previous meetings were agreed

4 MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes

5 GP FUNDING REVIEW

The Chair welcomed Neil Roberts Director of Primary Care to the meeting. He reported that all Primary Care Trust's were asked to review their contracts in 2006. Sutton and Merton did not go through this process at the time, Merton has now developed a redistribution model. This means that although no money is taken out of the funding pot there is no additional investment so there are winners and losers in the process. The Carhill formula is being used which reflects the age, size, and population and factors which impact on workload. Sutton and Merton are in line with other London boroughs. Twenty-four out of twenty six boroughs have signed the new contracts.

A panel member argued that Wimbledon practices have been adversely affected and pointed out that this panel has been asking for information about how practices have

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been affected for quite some time without getting any answers.

Mr Roberts reported that Wimbledon could be adversely affected as the new formula takes levels of deprivation into consideration. The information will be supplied to the panel as requested.

A panel member pointed out that patients and patient groups are concerned about the possible loss of the Vineyard Hill surgery in Wimbledon Park and need to be reassured. Mr Roberts said he would be happy to meet with them to explain that the practice is not set to close, rather contracts are being renegotiated and funding levels revised, they hope to find a compromise with all the practices.

A panel member asked what would happen if the redistribution doesn't work. That we must also ensure we do not forget the prevention agenda was highlighted. It was reported that the NHS Commissioning Board would be responsible to ensure that this process worked.

## 6 Care Quality Commission

Robert Throw, Compliance Manager was welcomed to the Panel. Mr Throw reported that he has a team of thirteen inspectors covering the area of Merton, Sutton and Croydon with responsibility for about 599 care homes. Panel members were invited to comment on the consultation proposals.

A panel member said there had been some concerns about the inspection process for some care homes, Winterbourne View had highlighted this nationally but there were also some local issues. The consultation document does not address this and CQC are moving from a local to a national model.

Robert Throw reported that all the inspectors live in the boroughs that they inspect and work on a local basis. They regularly take action on care homes of concern.

A panel member highlighted that a witness who met with this panel pointed out that the CQC are not fast enough on picking up issues and if they want results they go to the media. Please reassure this panel that whistle blowers protection is taken seriously.

Robert Throw reported that after the failings at the Winterbourne View care home whistleblowers are taken very seriously, currently 20-30% of CQC inspector's time is taken up following up whistle blowers issues.

The Chair asked how we could improve the working relationship between CQC and this panel. Robert Throw reported that they currently receive lots of information from a wide variety of sources. Mr Throw would be happy to attend Panel meetings when invited.

A panel member expressed concern when CQC reported that they carry out

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inspections once a year. Patterns of care can change for a number of reasons including change of management. Mr Throw said inspections take place once a year as a minimum they will be increased if there are any cause for concern.

A panel member reported that this panel has recommended that there is a Merton Standard for care homes

Robert Throw reported that the CQC will not be re-introducing star ratings for care homes, they can be counter productive if star ratings are relied upon too heavily and if they are not weighted with value for money.

The Chair asked for the CQC to contact this panel if there were any issues of concern in the borough, to which Mr Throw agreed

RESOLVED

That CQC report issues of concern to the Panel and attend meetings as necessary

7 TRANSPORT REVIEW

Simon Williams gave an overview of the position with the transport review. He reported that there will be a report to Cabinet on assisted travel policy which this Panel may also wish to see in due course

Council made the decision about freedom passes earlier this year as we do not have a statutory duty to provide freedom passes to people with mental health problems, however as a result of concerns by this panel it was decided that rather than remove the whole budget there is money to give assistance. The Mental Health Trust has been commissioned to consult on how to implement the decision.

Mark Clenaghan added that we are moving to more targeted provision for travel. We are looking a different ways of travel including cycling.

A panel asked if this money would specifically be for freedom passes or if it will be part of a personal budget. It was reported that it will be part of personal budget however some can still get freedom passes if they have a learning disability, or are not eligible for a driving licence.

Panel members asked how people will be reassessed and informed of the changes, It was reported that people would be informed through a planned approach. There will be advertising with posters and leaflets, care co-ordinators will also meet with and support people. Merton Platform the service users group has been informed of the changes and has already provided some useful feedback.

A panel expressed concern that there may be a misguided view that people with mental health problems have a social worker visit them at home and they do not need to go out or need a freedom pass. Furthermore mental health has yet again been targeted for cuts when the borough already spends less on mental health than

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other areas.

A panel expressed concern about suggestions to encourage people with mental health problems to cycle and would people be given helmets and training.

It was reported that there would be support for people to attend bikeability.

Mark Clenaghan reported that we would be moving from universal to targeted support. It will focus on those who need it for their recovery.

A panel member said that they felt that people with mental health problems were being targeted and were unconvinced that this approach will be effective and will be costly to implement.

Mark Clenaghan reported that there would be not be additional cost implications as care-coordinators are already in regular contact with this group. Transport needs will be considered within a plan of care, on an individual basis using self directed support.

A Panel member pointed out that Merton Transport and Merton Community Transport has not released any savings to date. Councillor Linda Kirby pointed out that the working relationship has improved but costs are going up. She claimed that transport is a difficult area to find solutions, as there is not enough money. Simon Williams pointed out that it would be possible to find savings as we move away from fleet transport.

## 8 BUSINESS PLAN

Caroline Holland Director of Corporate Services gave an overview of the budget position highlighting that there were additional costs from travel cost and pay inflation. There is a capital programme increase for children due to need for school places, with the rising birth rate this means there is a longer term implication on building costs into capital programme which will impact on revenue.

In response to a question the Director of Corporate Services reported that the current under spend in Adult Social Care is £5.2 million.

A panel member pointed out that it is hard to justify cuts given the high level of underspend and that we must protect front line services.

## 9 IMPACT OF THE CUTS IN DOMICILLIARY CARE

THIS ITEM WAS EXEMPT FROM PUBLIC DISCUSSION

## 10 SAFEGUARDING OLDER PEOPLE TASK GROUP – DEPARTMENT

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ACTION PLAN

Simon Williams introduced the report, saying that there had been progress with the agreed recommendations.

On recommendation five a panel member pointed out that people with dementia are not properly diagnosed, 6 out of 10 people are being diagnosed.

Simon Williams reported that the Merton Clinical Commissioning Group has set diagnostic rates to drive up early diagnosis rates, this area has been overlooked by some medics as there has been a belief that little can be done to help them

RESOLVED

That the Panel receive a more detailed update of the action plan and implementation of the recommendations to the next meeting

11 MERTON LINK UPDATE

Barbara Price gave an overview of the current activities within Merton Link.

12 Work Programme 2012-13

Item received

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7.15PM-8.30PM

PRESENT: Councillors Suzanne Evans, Peter McCabe, Margaret Brierly, Brenda Fraser, Logie Lohendran, Laxmi Attawar (substitute), Linda Taylor (substitute), John Dehaney (substitute).

Co-opted member: Laura Johnson

ALSO PRESENT: Dr Val Day Interim Director of Public Health, Julia Groom, Joint consultant in Public Health

1 DECLARATIONS OF INTEREST

Margaret Brierly declared an interest as a member of the shadow health and well being board

2 Apologies for absence

Apologies for absence were received from:

Councillors Maurice Groves, Dennis Pearce and Greg Udeh. Co-opted members: Barbara Price, Myrtle Agutter, Sheila Knight

3 MERTON DRAFT HEALTH AND WELLBEING STRATEGY

Dr Val Day, Interim Director for Public introduced the strategy highlighting that it is complimentary to existing strategies

The Chair invited general thoughts on the strategy

A panel member pointed out that it is important that the strategy is as inclusive as possible and there is a concern that middle age and middle class people may be overlooked.

Dr Day pointed out that this is a concern, while the aim is to support equality, diversity and the protected characteristics we must ensure the needs of all the population are met. There are some characteristics that will be applicable to everyone such as the local environment and healthy living. Overall we focus on those that are the least able and have the greatest need .

Some panel members felt that the strategy was too broad and didn't focus on individual need, it was asked if there could be references where relevant information could be found. It was pointed out that if we want people to read the strategy there needs to be something in it for them

Dr Val Day said is a whole population strategy, each priority will be delivered by one

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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](http://www.merton.gov.uk/committee).

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of the partners on the Health and Wellbeing Board, they will develop a delivery plan which will translate into milestones and outcomes. This will help people to see how it translate into a service.

A panel member referred to a response to the consultation proposals from Mark Clenaghan at the Mental Health Trust pointing out the strategy divides “physical and mental health into two separate categories without addressing the inter-relationships between the two illnesses. The paper was circulated to the Panel.

Dr Day pointed out that priority three encompasses physical and mental illness and is intended to do so.

A Panel member pointed out that there are no timescale scales in the Strategy

Dr Day reported that this had been done on purpose because the strategy had been developed before the Health and Wellbeing Board becomes statutory. The delivery plan will include more timescales where appropriate.

The Panel were invited to make comments on priority one in the strategy

A panel member pointed out that In giving every child a healthy start in life it was important that this begins for mothers in anti-natal.

Dr Day reported that this was the case and is also linked to good sexual health. Local authorities will have responsibility for age 5-19 in its public health role this will also include school nurses. Services for 0-5years will stay with the NHS Commissioning Board for two years as the rest of the transition embeds within councils then those services will transfer.

A panel member asked for more details on the programmes to tackle anti-social behaviour linked to mental health problems. Julia Groom reported that there were was anti-bullying work as well as peer support and also programmes to tackle risky behaviour such as substance misuse.

A panel member said that while nutrition in schools is poor, increasing the take up of free school meals should not be a priority. Also, while breastfeeding is important this is not suitable for all mums. The same is to be said for keeping active, as some people are not good at sports.

Dr Day said that breastfeeding rates in Merton are quite high. The public health team are conducting a piece of research looking at why some people breastfeed and some don't. Although breast-feeding provides the best start for babies, there is a recognition that women should have the support that they need. Although there is an issue of nutrition in some school meals, the key issue is to ensure that all children have enough to eat. The benefit changes may mean that children are not having enough food. In terms of exercise, the best physical exercise is walking, which is

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easy and accessible for most people and should be promoted.

A panel member pointed out that in a borough of 200,000 people we need experts to identify population needs, this approach has achieved a lot of benefit to communities in the past.

The Panel were invited to comment on priority two

A panel queried the link between obesity and deprivation, as being overweight cuts across all social backgrounds. It was also pointed out that obesity can be linked to genetics another panel member noted that some organisations give people rewards to motivate them to lose weight.

Julia Groom said that there is a strong link between obesity and deprivation although it is prevalent in all sections of the population. Merton has developed a multiagency response with the Live Well project to support people to live a healthy lifestyle. Dr Day added that some areas have adopted controversial reward-based projects, In Merton it is important that people have access to healthy food.

A panel member asked for smoking cessation programmes to be flexible; some people thrive in the group environment while others do not. It was noted that there was large cohort of adults on benefits who smoke, this group should be targeted as they will benefit financially as well in their health.

Dr Day said a couple could spend up to £5000 a year on cigarettes, which can be a huge part of their income. NHS services must be evidenced based and take on new opportunities. Smoking cessation and Live Well services are coming together to make them more sustainable and successful

The Panel we invited to comment on priority three

A panel member welcomed the commitment to offer more support to carers as this will alleviate a greater cost to society

A panel member asked how we can make commitment to provide more support at a time when we are making cuts.

Val Day reported that it is not always about spending more money it can be about developing a multi agency approach and using the money you have more effectively.

RESOLVED

That Panel submit a formal response to the consultation.