

Merton Council Council

18 November 2015

Supplementary agenda

27 Non Priority Questions (Remaining)

1 - 6

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Non Priority Questions - Remaining

1. From Councillor Gilli Lewis-Lavender to the Cabinet Member for Adult Social Care and Health:

I understand that more Londoners are now contracting Tuberculosis. Can the Cabinet Member tell me what steps she has taken to ensure that residents of Merton are made aware of the symptoms of this disease and how the disease is transmitted? In addition to this, can she please tell me if there has been any increase in the number of people in Merton who have contracted TB in the last 10 years?

Reply

The role of Public Health Merton locally is assurance in relation to health protection issues, under which TB control falls. The lead agency for addressing TB is Public Health England, which includes overseeing the local implementation of the national strategy and initiatives to increase awareness and knowledge of TB.

There has been an increasing trend in TB cases nationally over the last ten years and so too in Merton.

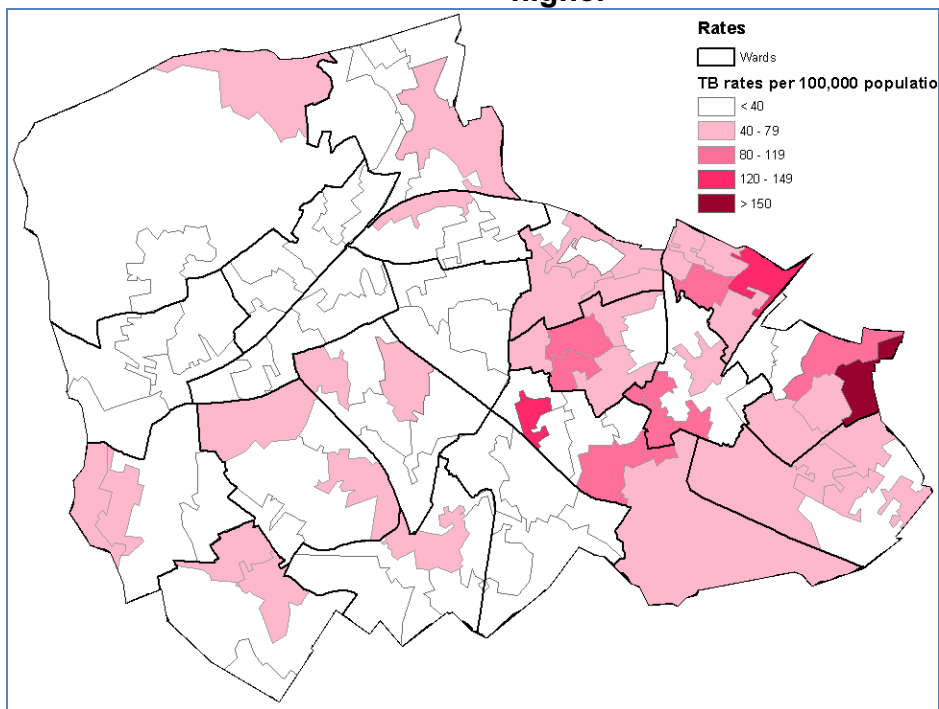
From 2016 a new national TB strategy will be launched. Merton is an early adopter of a significant programme under this strategy to address latent TB infection testing in new arrivals from countries with a high TB prevalence prospectively and retrospectively.

We have successfully secured funding from NHS-England/ Public Health England for doing this through Merton GP practices and are in the process of developing the model through a multi-agency steering group, including experts from TB clinics in St George's Hospital NHS Trust and Epsom and St Heller's NHS Trust, and from PHE. This will include information and raising awareness among these groups through GP practices.

Merton is one of three boroughs in South West London (others being Wandsworth and Croydon) with TB rates $\geq 20/100,000$ and TB numbers that represent $\geq 0.5\%$ of total England TB numbers. Merton had 65.3 cases annually on average between 2011 and 2013 and a TB rate of 32.1 per 100,000 over the same period. Merton has a more ethnically diverse, younger, mobile and deprived population in the East of the borough compared with the West, and predictably the incidence rate by Lower Super Output Area is the highest in the East of Merton but with areas in the West of Merton too (figure below). Data also indicate that in both male and female populations in Merton the rate of TB notifications are highest in the 20-29 age groups, with the highest rates seen in the BAME communities. In BAME groups the highest rates are in Indian communities followed by Pakistani communities. Most cases in Merton were born outside the UK and most cases are in males.

Research indicates that a significant number of TB cases in the UK are as a result of latent TB infection reactivation. As stated, from 2016 a new national TB strategy will be launched and Merton is an early adopter.

Figure 1: 3-year average TB incidence rate by Lower Super Output Area, 2011-2013
(LSOAs are areas with between 1000-3000 population)- darker areas are higher



This will be undertaken by PHE and NHS-E in partnership with NHS Merton CCG and Public Health Merton. The current focus is on latent TB infection testing. The model in Merton entails GP Practices proactively identifying the target group specified by PHE. This group will be targeted prospectively (newly registered people falling in this group) and retrospectively (from already registered patients in this group). GP Practices will contact individuals, have a detailed conversation with them in order to make them aware of TB risks, the risk of them having latent TB and the implications for their family as well as the community, and to get them to undergo a test to help rule out whether they have LTBI. In the process the individual will be sent a letter, leaflets with information on TB and guidance about the test.

People with latent TB are not infectious and indeed mostly do not have any symptoms (symptoms start to appear when TB is reactivated, and even then they may not be infectious). So rather than a blanket approach towards raising awareness on TB, the approach is to adopt a targeted approach with “at risk” groups. Other “at risk” groups (such as people in prisons or in confined places like army barracks etc.) are addressed through PHE. It must be appreciated that TB is a very sensitive topic with a lot of stigma and discrimination associated with a diagnosis/ potential diagnosis of TB. Therefore great caution and sensitivity have to be exercised in addressing the issue, using evidence based and epidemiologically supported targeted programmes and approaches, rather than a wider population based approach.

Can the Cabinet Member tell me how the council plans to continue to engage with residents about what happens at Full Council and Planning Applications Committee meetings once webcasting is scrapped in February 2016?

Reply

Subsequent to the introduction of webcasting by Merton Council in November 2012, new legislation now allows members of the public to film or otherwise record council meetings. The webcasting of full Council and Planning Applications Committee meetings costs the council £15,000 per annum. In the light of the financial pressures facing the council, Budget Council on 4 March 2015 agreed to discontinue webcasting once the current contract finishes in February 2016. Public engagement will continue through public attendance at these meetings and the availability of agendas and minutes on the council's website. We also use community forums, My Merton magazine and press releases to keep residents informed of discussions and decisions at full council and planning meetings. I understand some members also report on Council meetings by using twitter, although I understand Cllr Badenoch does not communicate via this medium.

3. From Councillor Suzanne Grocott to the Leader of the Council:

Could the Leader advise us what will be the main focus of the South London Partnership now that the Government has announced the full devolvement of business rates to Local Government?

Reply

The South London Partnership will continue in its role as the voice of South London. Although business rates are to be devolved, the government has at the same time announced that the local government grant is to be scrapped. With the government having slashed local government funding by 40% over the last few years, the South London Partnership will be lobbying hard to ensure the new funding formula is not used as a way of reducing the funding for local councils even further.

4. From Councillor Suzanne Grocott to the Cabinet Member for Finance:

How much does the Council expect to pay in legal costs to fight the legal action brought against the authority by disgruntled contractors that failed to win contracts with the Council and which further services are now going to have to be cut because of this challenge to how Merton awards contracts and the revenue that is being lost as a result?

Reply

There is currently only one procurement challenge brought against the Council, so this must refer to the action brought by a disgruntled contractor that failed to win the integrated CCTV and ANPR (Automatic Number Plate Recognition) contract.

The legal challenge meant that the award of this contract was automatically suspended however following a successful application by the Council at the High Court this was lifted and the installation of the system is now progressing.

The unsuccessful contractor also had to give a cross undertaking in damages for any losses caused by the delay in the contract being signed.

The contractor is now left with claiming damages for alleged irregularities in the procurement process. Specialist counsel has been instructed and is satisfied regarding the Council's chances of successfully defending the claim. Legal costs will be sought against the contractor if the claim is unsuccessful and costs have already been awarded to the Council in respect of one of the preliminary hearings. It is therefore premature to give an answer regarding legal costs at this stage.

5. From Councillor Brian Lewis-Lavender to the Cabinet Member for Community Safety, Engagement and Equalities:

Can the Cabinet Member tell me how many times the new 'community trigger' has so far been used in Merton by residents demanding that anti-social behaviour is dealt with by the relevant authorities?

Reply

Under the new ASB legislation, the ASBU received one activation of the Community Trigger (CT), upon investigation it did not meet the criteria as it was a first complaint rather than a request for a case review, and subsequently dealt with as such. However, it did test Merton's CT process which was found to be in good working order

6. From Councillor David Simpson to the Cabinet Member for Community Safety, Engagement and Equalities:

I understand that there have been 17 cases of Islamophobic graffiti reported in Merton over the last 12 months. Given the worrying increase in this type of crime, can the Cabinet Member tell me what is being done to tackle it and other hate crimes?

Reply

Neither the Police nor the Community Safety team recognise this statistic as there may be some confusion with the total number of islamophobic offences recorded over the last 12 months which is at 17. The number of islamophobia graffiti incidents amounts to 2 in the last year. The Council works hard to remove all graffiti particularly sexist, hate or islamophobic graffiti. We aim to remove offensive or racist graffiti anywhere in the borough within 48 hours, and other graffiti within five days.

The police work with the council to bring perpetrators to justice whilst we work closely with partners to improve community cohesion and understanding of all faiths and beliefs.

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