Merton Council
Healthier Communities and Older People Overview and Scrutiny Panel

Date: 6 September 2016
Time: 7.15 pm
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:
Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Laxmi Attawar
Mary Curtin
Suzanne Grocott
Sally Kenny
Abdul Latif
Marsie Skeete

Substitute Members:
Stephen Crowe
Najeeb Latif
Ian Munn BSc, MRTPI(Rtd)
Gregory Patrick Udeh

Co-opted Representatives
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

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL
28 JUNE 2016

(7.15 pm - 9.10 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair), Councillor Mary Curtin, Councillor Suzanne Grocott, Councillor Sally Kenny, Saleem Sheikh, Hayley James, Councillor Laxmi Attawar and Councillor Marsie Skeete Councillor Stephen Crowe, Councillor Najeeb Latif

ALSO PRESENT: Professor Andrew Rhodes, Acting Medical Director, St Georges University Hospital NHS Foundation Trust , Patrice Beveny, Senior Commissioning Manager, Merton Clinical Commissioning Group Sue Hilyard Director of Commissioning Operations, Merton CCG , Kerry Smith Director of Addaction,. Dagmar Zeuner, Director of Public Health, Stella Akintan Scrutiny Officer

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Councillor Brian Lewis Lavender and Councillor Najeeb Latif attended as a substitute.

Apologies were received from Councillor Abdul Latif and Councillor Stephen Crowe attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

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

4 UROGYNAECOLOGY SERVICES AT ST GEORGES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (Agenda Item 4)

Professor Rhodes, Acting Medical Director provided an update on the latest position with the Urogynaecology Clinic which provides services for management of women with pelvic floor dysfunction at St George's University Hospital NHS Foundation Trust. Professor Rhodes reported that feedback from service users and patients and scrutiny panels demonstrated that there is a strong desire to maintain a service in South West London. The St George's Trust Board considered this and decided not to

permanently close the service. Wandsworth Clinical Commissioning Group (CCG) has been tasked with considering what level of service is required and where it will be located.

Panel members asked; if St George's have the money to invest in another service, what is the timetable around the provision of a new service, if the service will be provided by GP's. Professor Rhodes said the commissioners will decide the level of service that is required and provide the associated funding for it. The timetable is unclear but they expect a proposal later this year and if any new provision is agreed upon it is probable this will begin in the new financial year.

A panel member asked if Wandsworth CCG will be taking the final decision even though Merton patients will be affected. Professor Rhodes reported that Wandsworth will be providing the majority of the funding.

A panel member asked what action has been taken to address the concerns raised by patients about the service at Croydon hospital. Professor Rhodes reported that there had been no complaints in the last five to six months. New patients also have the option to go to St Helier, or Kingston hospitals.
A panel member asked if Wandsworth CCG have involved South West London Women's Action Group in the consultation. Professor Rhodes reported representatives from the group regularly attend St George's Board however their involvement with the Wandsworth CCG will need to be confirmed.

RESOLVED
The Chair on behalf of the Panel to write to Wandsworth CCG to ask them to involve South West London Women's Action Group in the decision making process.

5 MERTON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SERVICE (Agenda Item 5)

Patrice Beveny, Senior Commissioning Manager, Merton Clinical Commissioning Group gave an overview of the report stating that Addaction took over the delivery of the contract in 2015. There have been some obstacles as Addaction had more patients than expected due to a miscalculation. As a result they did not have the required level of staffing. A recovery plan was put into place and the service has improved but still need to meet targets on waiting times, recovery times and treatment.

Sue Hilyard Director of Commissioning Operations, Merton CCG said she had inherited a challenging position in January. They are still cautious about advertising as they want to clear the back log and improve service.

Kerry Smith Director of Addaction said they are taking self- referrals and referrals from the community. Addaction attend community events such as the Mitcham Carnival to raise awareness of their services.

Panel members raised concerns about possible high turnover with the use of temporary staff to support people with mental health problems, the cost of the

contract, what happens if people need immediate support. The Director of Addaction reported that Addaction now has a full complement of staff, although temporary staff did commit to the organisation for long periods of time. The panel were informed that the service is on an activity based contract. A referral is assessed to determine the level of need and then prioritised.

RESOLVED
The Improving Access to Psychological Therapies Team agreed to attend the panel in November to provide an update on the progress with the service.

6 PUBLIC HEALTH SAVINGS 2016/17 (Agenda Item 6)

The Director of Public Health reported that the department was required to make in-year savings. The July principles helped to guide difficult decisions by protecting vulnerable children and adults and making efficiencies to protect front line services. Public Health will also work with the Health and Wellbeing Board and departments across the council to embed public health principles.

A panel member asked if the saving for the de-commissioning of the handy man service is a false economy as this service can prevent older people having hazards in the home that can lead to falls. There is also £40,000 surplus in the savings budget.

The Director of Public Health reported that the savings plan is more stringent than target to manage uncertainty, they have also built in a small margin of error. All the services provided by public health team focus on prevention so there could be an impact in the longer term. The team are trying to not be short termed focussed and work in silos but rather look across the system to ensure minimum impact of budget savings. There is also a mop up service for handy man service.

A panel member said Age UK provide a handy man service and had to absorb additional costs following the end of the council service and would therefore like more details about the mop up service. The Director of Public Health agreed to provide details of the alternative to the handyman service

A panel member asked what happened to the substance misuse procurement. The Director of Public Health explained that an attempt to procure a more efficient service has resulted in no bidders coming forward and hence the current contract had to be extended to ensure on-going service delivery. The reason for the unsuccessful procurement with hindsight is that the service specifications for the budget available were probably too ambitious and therefore no bids were received. There has been significant learning from the process and the team is working now with providers and service users to re-design the service model.

A panel member expressed concern about the significant savings in Live-Well re-procurement which will in turn lead to reductions in the smoking services. Again this prevention service is a false economy as it can prevent the onset of other more expensive health conditions other adverse outcomes such as increases in unemployment because of ill health.

The Director of Public Health reported that the current system does not incentivise investment in prevention because the return on investment does not benefit those who invested. For example the NHS will benefit from smoking cessation however the funding for the service is provided from the public health budget of the local authority. The Sustainability and Transformation Plans jointly developed between the NHS and local authorities at a regional level will seek to address this and take a holistic approach across the health system and make it easier for budgets to be pooled and organisations to work together.

A panel member queried the changes to the smoking cessation budget. The Director of Public Health reported that face to face interventions, that are most expensive will be targeted at the most vulnerable. The Public Health team are looking at digital measures and information apps for universal access to the service. There are on-going discussions whether the NHS could include smoking cessation in the long term conditions care pathways.

Councillor Stephen Crowe put forward a motion asking the panel to support the public health budget except for the cuts to the handy man service which he suggested could be funded from the £40,000 savings above target.

Councillors Crowe, Grocott and Latif voted in favour of the motion.

No councillors voted against the motion

Councillors McCabe, Curtin, Kenny Attwar and Skette abstained from the motion.

The motion was carried.

RESOLVED

That officers consider the motion passed by this Panel

That the Director provides more detail on alternatives to the handyman service.

7 DIABETES TASK GROUP (Agenda Item 7)

Task group members were thanked for their work. The Panel look forward to receiving the full report and recommendations.

RESOLVED
The summary of the work was noted by the Panel

8 WORK PROGRAMME REPORT 2016-17 (Agenda Item 8)

The work Programme was agreed.

The Panel agreed that the task group would look loneliness across the age ranges in the context of promoting resilience and independence. Councillors; Grocott, Skeete, Atwar and Kenny agreed to participate in the review.

The Chair informed the Panel that Myrtle Agutter had resigned as co-opted member. The chair led the panel in thanking Myrtle for her extensive contribution over a long period of time.

RESOLVED

The panel agreed to write to Myrtle Agutter to thank her for her contribution to health scrutiny in Merton.

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 6th September 2016.

Wards: ALL

Subject: Verbal update from Merton Clinical Commissioning Group

Lead officer:

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel.

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

Recommendations:

A. That Panel members comment on the update from Dr Andrew Murray, Chairman of Merton Clinical Commissioning Group (MCCG) on the current priority areas of work within the CCG.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To update the panel on the current priorities within the CCG.

1.2. Dr Andrew Murray will attend the panel to provide a verbal update on the current priorities, areas of focus and challenges facing MCCG at this time

2 ALTERNATIVE OPTIONS

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

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

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

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11 BACKGROUND PAPERS

11.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 6th September 2016

Wards: ALL

Subject: Epsom and St Helier University Hospital NHS Trust – Update on the Estates Strategy

Lead officer: Daniel Elkeles, Chief Executive Epsom and St Helier University Hospital NHS Trust

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

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

Recommendations:

A. That members comment on the developments within the Estates Strategy

B.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The Chief Executive of Epsom and St Helier will attend to provide an update on Epsom their Estate Strategy.

2 DETAILS

2.1. The Panel were given an overview of the Estate's Strategy in July 2015 and a further update in March 2016. Members were informed that the current buildings across all sites are old, physically crumbling and no longer fit for purpose. The consequences of this are wide ranging and effect the quality of care. Many of the departments are not situated in the correct place causing clinicians to have to travel across the sites. There is also a financial impact and an extra £1million is spent annually on some services due to the poor quality of the estate these include; cleaning, maintenance and energy costs.

2.2. To reconfigure the service on the current site would cost over £500m, therefore the Trust are considering a range of options. At the last meeting the Panel were informed that the Trust had begun community engagement activities in the local community to determine top priorities for a 21st Century hospital.

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.

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

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

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

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9 CRIME AND DISORDER IMPLICATIONS

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

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 6th September 2016

Wards: ALL

Subject: Report and Recommendations arising from the Preventing Diabetes in the South Asian Community Task Group

Lead officer: Stella Akintan, Scrutiny Officer

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

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

Recommendations:

A. That the Panel comment on the report and recommendations arising from the 'Preventing Diabetes in the South Asian Community' task group.

B. That Panel send the report to Cabinet and Merton Clinical Commissioning Group for final agreement.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This Panel commissioned a task group to consider Diabetes given that is a condition which is on the rise and has significant physical and emotional impact on the individual as well as a financial pressure on the NHS. The task group decided to focus on Prevention with the South Asian Community where the prevalence of the condition is the highest. The full report is attached at Appendix A

1.2.

2 ALTERNATIVE OPTIONS

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

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

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

3 CONSULTATION UNDERTAKEN OR PROPOSED

3.1. The Panel will be consulted at the meeting

4 TIMETABLE

4.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

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

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

8 CRIME AND DISORDER IMPLICATIONS

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

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Report and Recommendations arising from the Preventing Diabetes in the South Asian Community Report.

11 BACKGROUND PAPERS

11.1.

DRAFT

Report and recommendations arising from the task group review of 'Preventing Diabetes in the South Asian Community'

September 2016

Task Group Membership;

Councillor Brian Lewis Lavender, Chairman.
Councillor Suzanne Grocott
Councillor Abdul Latif
Councillor Sally Kenny
Councillor Marsie Skeete
Councillor Joan Henry
Councillor Brenda Fraser
Mr Saleem Sheikh

Who the task group met with;

- Commissioner and Service Improvement Manager for Planned Care, Merton Clinical Commissioning Group
- Senior Commissioning Manager
- Local GP's
- Assistant Director and Consultant in Public Health, Merton Public Health Team
- Diabetes UK, South West London Branch
- Merton Joint Consultative Committee for Ethnic Minorities
- Dr Ponnusamy Saravanan, South Asian Health Foundation
- Merton Asian Elderly, community organisation.
- Chief Executive, Merton Voluntary Sector Council

DRAFT

FOREWORD by the Chair, Councillor Brian Lewis-Lavender

When considering which subject to tackle for the Scrutiny Task last year, Diabetes came to the forefront as a growing problem facing the NHS. (Costing £36,000,000 per day[1])

More research showed that this condition in the South Asian Community was five times more prevalent than with white Europeans.

10% of diabetes sufferers have Type 1 Diabetes which is incurable, **but** 80% have Type 2 Diabetes which in most cases is preventable.

It was obvious to the group that prevention of Type 2 diabetes should be our focus.

The following report highlights the growing cost of diabetes and the other serious conditions that can develop as a result of this illness.

It was a difficult decision for the Task Group to select one ethnic community, but it was felt that a major improvement in the Prevention of Diabetes in this community was achievable.

I would like to thank the task group members our Scrutiny Officer, as well as the groups that we met for their valuable input to this report.

DRAFT

[1] Source: Diabetes UK.

Draft Recommendations

1. Public Health and Merton Clinical Commissioning Group (MCCG) to consider ways to ensure the equitable take-up of the National Diabetes Prevention Programme within the South Asian Community.

2. Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.

3. Public Health to review projects within the East Merton model and consider if they are culturally appropriate.

4. Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of Type 2 diabetes.

5. Public Health and MCCG to consider ways to ensure the equitable take- up of the NHS health check amongst the South Asian Community.

6. Merton Voluntary Sector Council (MVSC), MCCG and Public Health to review the services provided to the South Asian Community by the existing voluntary and community organisations (for example faith groups) and consider how these charities can work together, pool their resources, and provide consistent messages on diabetes care and raise awareness.

DRAFT

Introduction

1. Overview and scrutiny task groups provide an opportunity to develop an in-depth councillor led perspective on a local problem. Councillors can draw upon their knowledge of the area and the concerns of residents. They therefore bring a fresh insight and offer practical solutions to enhance services for local people.

2. This review will focus on preventing diabetes to improve the quality of life for residents and reduce the burden on NHS services. Diabetes mellitus is a common life-long health condition. It is caused when the amount of glucose in the blood is too high because the body cannot use it properly. This is because the pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter the body's cells – or the insulin that is produced does not work properly (known as insulin resistance). If left untreated or poorly controlled, diabetes can lead to serious health problems, from limb amputations, blindness and kidney failure and a greater risk of cardiovascular disease, heart attack and stroke.

3. The task group has chosen to focus on Type 2 diabetes; where the body can still make insulin, but not enough, or the insulin it does produce does not work properly. Around 90% of adults with diabetes have Type 2. A number of factors can lead to people being at risk of developing Type 2 diabetes; this incudes, family history, age and those within some ethnic groups. The risk is exacerbated by lifestyle factors such as obesity, poor diet and an inactive lifestyle. Therefore maintaining a healthy weight, regular exercise can, in some cases prevent the condition or can control the symptoms that can prevent further complications. Local authorities through their public health teams and working with health and voluntary sector partners can play a central role in helping to promote healthy lifestyles and greater awareness of the risks.

4. Support for people in the South Asian Community will be the focus of this review as they are up to six times more likely to be diagnosed with diabetes than people of white ethnicity. This group are also more likely to experience complications from the condition at a younger age.

5. This review was inspired by the Greater London Assembly report 'Blood Sugar Rush' Diabetes Time bomb in London [2]. The report highlighted that more and more people are contracting Type 2 diabetes; largely due to rising obesity and the increase in ethnic diversity in London. This has led to an

[2] Blood Sugar Rush' Diabetes Time bomb in London, Greater London Assembly report ,2014.

DRAFT

estimated 75% increase over the last decade. Diabetes is now the biggest single cause of amputation, stroke, blindness and end-stage kidney failure in the UK.

6. While prevalence of the condition in Merton may be lower than some other London Boroughs, the projected change in our demographics means that the diabetes time bomb is also a cause for concern locally.

7. Given this impending crisis; the task group members were very keen to adopt an approach which focusses on the prevention of diabetes to ensure that resources are not only addressing the symptoms but are targeted to stem the rise in the condition. On this basis preventive messages will need to be implemented at the beginning of the life course so that healthy habits are firmly embedded.

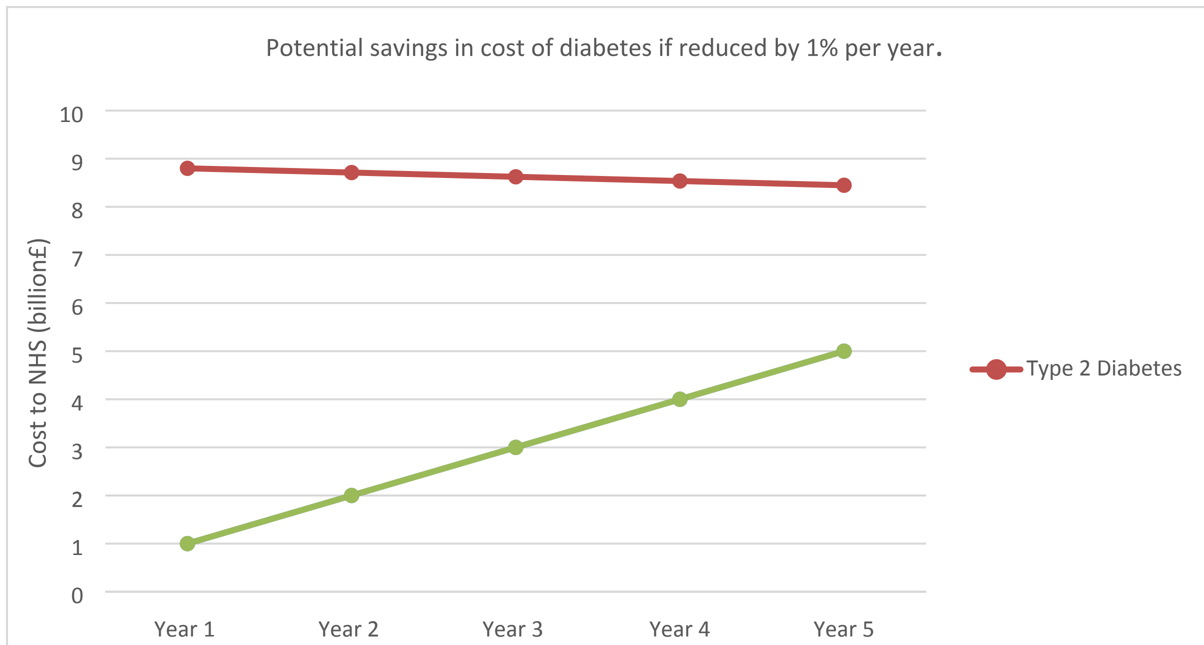
8. Prevention is also pertinent given the unsustainable cost of diabetes. The rise in diabetes is putting extreme pressure on the NHS services. Diabetes accounts for around 10 per cent of current national health spend, four-fifths going towards treating complications. [3]

9. It is estimated that if we do not increase preventative measures and change the way diabetes is treated, the cost will rise from £8.8 billion in 2010/11 to £39.8 billion by 2035/2036 which would account for 17.8% of the NHS budget[4]. This task group believes that a concerted effort across all local partners can reverse this trend and even a reduction of 1% in the current costs of diabetes can have a significant impact, as indicated in the graph below:

[3] Blood Sugar Rush' Diabetes Time bomb in London, Greater London Assembly report ,2014.

[4] Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs, Diabetic Magazine. 25 April 2012.

DRAFT



Source: Cost of Diabetes Report, Diabetes UK (2014)

Diabetes in the south Asian community

10. South Asians are a diverse group of people from Indian, Pakistani, Bangladesh and Sri Lankan origin, with differing religion, language and cultural practices. While this report will use the term South Asian people, it recognises that there are significant differences within these groups which will need to be taken into account when developing services.[5]

11. According to the 2011 UK census, people describing themselves as Asian or Asian British make up the second largest ethnic group in the UK, after the white population. In total, 4.9% of the total population identified themselves as originating from South Asian countries (India, 2.3%; Pakistan, 1.9%; Bangladesh,0.7%), totalling approximately 3,080,000 people.[6]

12. At the local level a significant demographic change emerging from the Census in 2011 was the overall increase in the Black and Minority Ethnic (BAME) population in Merton. Merton's ethnic profile is forecast to change significantly by 2020. The proportion of Merton's BAME population is expected to increase from 37% in 2014 to 40% in 2020. Looking at the breakdown of the BAME population, the largest increases are in Asian Other (notably Sri Lankan), Black African and Black Other groups.

13. Background research has provided a wealth of information about the pre-disposition for South Asian community to being diagnosed with diabetes. This group with a healthy BMI have more fat around organs and in the belly area

[5] Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians, 2009

[6] Type 2 diabetes in the UK South Asian population, An update from the South Asian Health Foundation, 2014

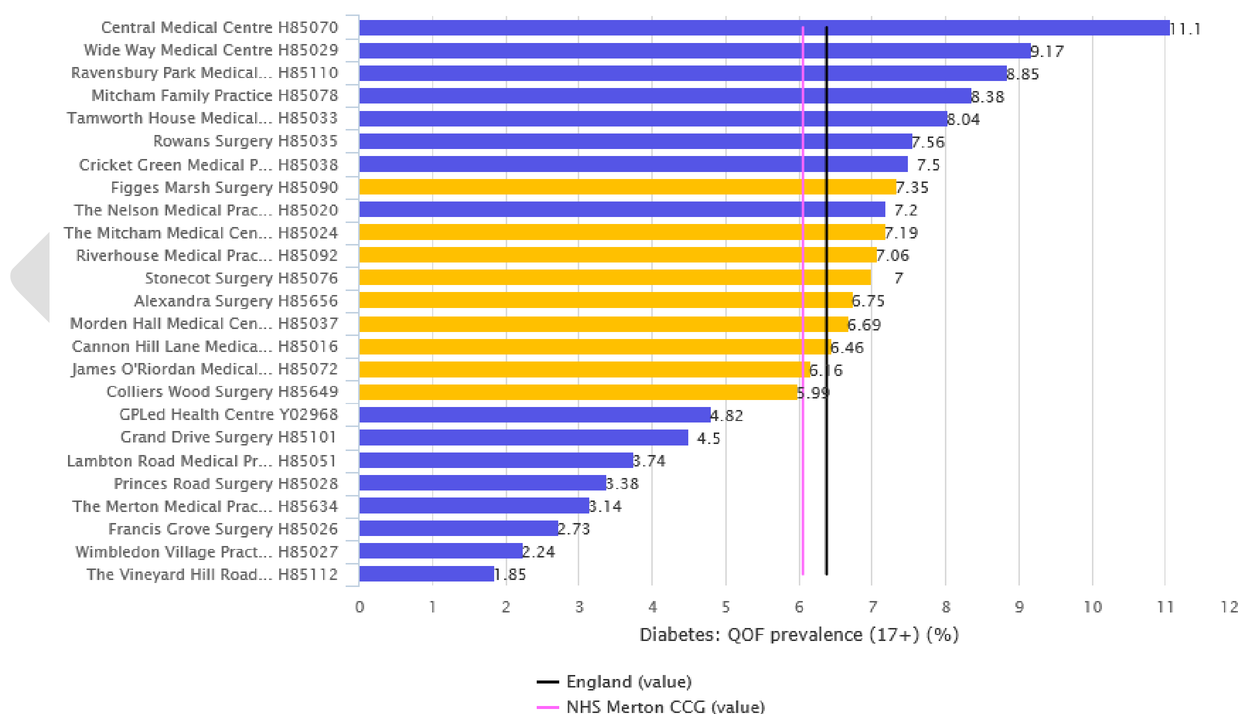
DRAFT

than Europeans with the same BMI, thereby increasing risk. South Asians, are more likely to have not only more abdominal fat, but also less muscle, which further increases insulin resistance. In addition, Asian women are at greater risk of suffering from diabetes during pregnancy, which can put their children at risk of Type 2 diabetes in later life[7].

14. Researchers have found that Asians have the "thrifty" phenotype which means their bodies are designed to conserve energy and lay down food in the form of fat, (BBC article) Overall the evidence is consistent and robust: South Asians are at an increased risk of diabetes and cardiovascular disease but at a younger age, with a lower BMI and Smaller waist circumference compared to the white population[8].

15. Diabetes in Merton

16. In Merton, based on GP registers (QOF, 2014-15), the recorded prevalence of diabetes (both types but only adults) is 6.0%. This equates to approximately 10,292 people and about 1 in 19 adults having diabetes. The level of recorded diabetes in GP practices across Merton ranges from 1.85% to over 11% prevalence.



[7] Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

[8] Type 2 diabetes in the UK South Asian population, An update from the South Asian Health Foundation, 2014

Diabetes recorded prevalence by GP Practices in Merton, 2014/15

A focus on prevention

17. For this task group, prevention of diabetes will mean support to enable people to live healthy lifestyles and to make healthier decisions. However, given that behaviour change can be a complex process, a range of measures need to be considered such as incentivising people and restricting some activity such as unhealthy take-away food shops near schools [9].

18. Diabetes UK supports a whole systems approach to reducing obesity which is about developing an environment where it is easier to maintain a healthy weight, through access to parks and open spaces, clear food labeling and reducing the number of unhealthy food options on the high street[10].

19. Task group members were pleased to understand that the concept of prevention is this reflected both within internal and national documents.

20. The Merton Annual Public Health report focusses on the importance of prevention as a driver to reduce the rise in health conditions which is placing an unsustainable burden on the NHS. The report defines prevention as "avoiding poor health outcomes before they occur, intervening early to diagnose disease or re-establishing as much independence as possible when disease or disability do occur – offers numerous opportunities to improve the quality of people's lives and to make our health and social care system more affordable[11]."

21. In 2014, the NHS published a report entitled the 'Five Year Forward View' this highlighted the importance of prevention to mitigate the unsustainable rise in costs in some diseases including diabetes as well as the far reaching impacts of preventable illnesses. The report highlights the future of the NHS will mean more local specialist care centres providing integrated holistic care. There will be strengthened community services and out of hospital care. It recognises that in order to tackle these challenges a one-size-fits-all approach will not be effective.

22. A recent report by the New Local Government Network highlights the challenges that local government faces in implementing a preventative agenda. It argues that reviews into the future of the NHS dating back to the early 2000s has shown that in order to make the NHS sustainable, there needs to be a focus on early intervention and self management of care and

[9] Changing Behaviours in Public Health. To Nudge or to Shove. Local Government Association, 2013
[10] Cost of Diabetes, Diabetes UK 2014
[11] The time for Prevention is Now, Keeping People Healthy Reduces Health Inequalities Merton Public Health Report, 2015

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ensuring that people are involved in their own care. This will support health decisions and encourage responsibility within our communities[12].

23. However, the report argues for this to be achieved we need to move away from short term operational and political objectives and focus on long term planning. Health spending needs to move away from treatment and support prevention. This is exacerbated by the funding pressures particularly in public health budgets.

24. The task group learned that given that the majority of the NHS budget on diabetes is spent on treating the complications, there is still a vast amount of work to do to prevent people getting the condition and ensuring that it will well managed to avoid amputations and associated health conditions.

25. The task group found encouraging evidence of a prevention project within the work of the East Merton model of health. It involved funding from Merton Clinical Commissioning Group to healthy lifestyles to prevent diabetes. The ethnic minority centre provides health information and advice to the BAME communities, received £8,000 for its project Healthier Lives 4U will encourage healthy lifestyle options specifically in the black and ethnic minority communities.

Existing services for people with diabetes in Merton

Primary Care

26. Merton Clinical Commissioning Group (MCCG) told us that the majority of care for someone with diabetes will be provided by his or her GP. Tier 2 and 3 diabetes care is commissioned predominantly by the Clinical Commissioning Group and provided in community settings.

Community Care

27. Community based services provide care for patients with complex needs, this was given by Sutton and Merton Community Services (SMCS) until March 2016 and is now delivered by Central London Community Healthcare NHS Trust

28. This community team comprises:
29. Consultant Diabetologist Lead
30. Diabetes Nurse Specialists
31. Specialist Dieticians

[12] Get Well Soon, re-imagining place based health, New Local Government Network, 2015

32. Specialist Podiatrists

33. In addition to providing clinical advice and treatment, the community diabetes service also provides education for people with diabetes in accordance with NICE guidance, to help them to understand and, where possible, manage their own condition and retain their independence and quality of life.

34. In addition MCCG is delivering an Expert Patient Education programme for people with Long Term Conditions, including diabetes. The Expert Patient Programme is an education programme which recognises that many of the issues and problems encountered by people with a long term condition are the same, regardless of the condition. The programme is a series of courses run by local accredited trainers who themselves have one or more long term condition. These courses provide people with advice on how they can best manage the problems associated with living with a long term condition (including feelings of isolation and loneliness) and also how best to access health services.

Acute Care

35. People requiring more complex care, perhaps because they have other conditions or complications, or are pregnant, are referred to hospital diabetes services for treatment

Merton Clinical Commissioning Group work with GP Surgeries

36. MCCG is working with GPs to focus on decreasing the number of undiagnosed cases and improving structured education for management of the condition. A specific piece of work involves visiting every GP practice to ensure people are aware of symptoms of diabetes and those who are diagnosed are placed on a GP register.

37. The Outpatient Navigation System and DXS being implemented in GP settings in 2016/17 will also support the diabetes pathway.

Merton Public Health Team

38. Diabetes is generally more common in patients from areas of high socio-economic deprivation, which in Merton are concentrated predominantly in the East Merton area. An East Merton Model of Health and Wellbeing (EMMoHWB) is being established in this area. This is a whole system preventative approach focussing on the whole person as well as the community. It aims to build a movement of behaviour change, built around a new healthcare facility involving all stakeholders including residents, GP's and councillors. Projects will focus on reducing childhood obesity, increasing

physical activity. It will also introduce social prescribing which will enable primary care services to refer people to non-medical options such as further education, leisure and sports clubs or cultural groups.

39. Merton is fortunate to have a 'Live well' Programme in the East of the borough. This provides a range of initiatives to support people to maintain healthy weight, be physically active, smoking cessation and reduce alcohol consumption. The service has recently been re-designed due to budget savings.

40. The NHS health check is one of the ways that diabetes is diagnosed. This is a universal and systematic programme for everyone between the ages of 40-74, to assess risk of heart disease, stroke, kidney disease and diabetes, and to support people to reduce or manage that risk through individually tailored advice. The task group was pleased to be informed that the invitation to the NHS health check will prioritise people according to age and ethnicity with relevant adjustments made for BMI and hypertension. This means it will meet the needs of people from the South Asian Community who tend to contract the condition at a younger age and with a lower BMI.

41. Diabetes UK argues that the NHS health check is a very effective mechanism to prevent diabetes. Early diagnosis of pre-diabetes or non-diabetic hyperglycaemia can prevent the onset of full diabetes. This could produce a gross national saving of £40 million per year after four years. When taking into account the savings to the NHS due to averted strokes and other complications, it could be a gross saving of £132 million per year over ten years[13].

42. Merton along with other South West London boroughs has gained early access into the NHS Diabetes Prevention Programme; this is a joint commitment from NHS England, Public Health England and Diabetes UK. Its main aim is to identify those at high risk of diabetes and refer them to an evidence based behavior change programme. Overall it is hoped that this will significantly reduce the four million people in England who are expected to have Type 2 diabetes by 2025.

Findings of the task group

43. Having met with a wide range of witnesses the task group have made the following observations and recommendations:

Current services

[13] Cost of Diabetes, Diabetes UK, 2014

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44. There has been recognition that more can be done to enhance diabetes services in Merton. Improvements are being made however it is clear that resources are limited and it is one of a number of significant local health challenges that is being addressed.

45. Witnesses from MCCG and public health highlighted that services are in place to address weight management and physical activity which is a preventative approach to diabetes. The diabetes prevention programme will be launched in the autumn of 2016, specifically targeting high risk individuals.

46. The Blood Sugar Rush report highlighted that Merton is one of the London Boroughs that is not meeting the nine quality measures set out in the NICE guidelines. MCCG told this task group that they do not commission GP services therefore it can be difficult to monitor service quality[14]. However they are currently working with GP's to improve levels of diagnosis in surgeries where the level of prevalence is particularly low.

47. The task group were pleased to be informed that take up of the NHS health check is above the national average in Merton. However research has shown that those from lower socio economic groups and some seldom heard groups are the least likely to respond to this programme. Therefore initiatives need to be put in place to increase take up especially amongst those who are least likely to engage.

Services targeted at the South Asian Community

48. The task group believes that there needs to be services that are specifically target the South Asian Community. Our evidence demonstrates that this group often does not access main stream services and may hold some fatalistic beliefs which impact negatively on willingness to attend appointments, engage in discussion with health care professionals and follow diet and lifestyle recommendations[15].

49. The task group met with Dr Ponnusamy Saravanan from the South Asian Health Foundation. This organisation conducts research on health issues in the South Asian community and lobbies for improvement to services. Dr Saravanan highlighted that diabetes is increasing and all projections have been exceeded. Some statistics say 25-30% of males over 40 will be diagnosed with the condition. It should also be recognised that South Asian children are 13 times more likely to contract diabetes than their people of

[14] This statement was correct when the evidence was given in June 2015. The commissioning responsibility for GP services has since changed.

[15] Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

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white ethnicity [16].

50. Again research has highlighted the importance that culturally sensitive interventions can make. Given the prevalence of diabetes in the South Asian community, some people can have a fatalist approach and feel that given their genetic pre-disposition a diabetic diagnosis is inevitable and changes in lifestyle would be futile. This view point was shared when the task group met with the Joint Consultative Committee for Ethnic Minorities. Therefore health message need to challenge and address this particular mind-set. Furthermore religious leaders tend to view this fatalism as misplaced which suggests a potential role for religious leaders in behaviour change programmes [17].

51. Research on dietary habits demonstrates that many within the South Asian Community would benefit from specific health messages in accordance with their cultural practices. Meals typically tend to contain large portions of carbohydrates (i.e. bread or rice), fat (e.g. butter or ghee) or salt. To some extent these can be ‘hidden calories. In addition, there is a tendency to overcook vegetables, destroying essential vitamins, which to some degree undermines the benefits provided by the fact that meals are often cooked from scratch with fresh ingredients[18].

52. It is important to target health messages at those who do the cooking as it may not be the person who has diabetes. Therefore Dr Saravanan has particularly suggested the task group should target women and expectant mothers who are most likely to be the gatekeepers of the family diet. The task group believes that this is an important consideration and also that a sensitive approach should be found to discuss these issues with expectant mothers without alarming them.

53. Another important dietary consideration is that of meal times which can influence weigh gain. For example, breakfasts tend to be small and the major meal eaten quite late at night, up to 11pm in many households. Furthermore, food, in particular the provision of luxurious or traditional foods, has an important social role in the South Asian community. As such, the consumption of these foods is often felt to be obligatory to avoid offending people and potential alienation from the community and healthy choices are often not available[19].

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[16] Prevention of Diabetes in South Asians presentation to Merton Councillors, Dr P Saravanan, Associate Professor and Hon Consultant Physician University of Warwick and George Elliot Hospital, 2015

[17] Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians, 2009

[18] Type 2 Diabetes in South Asians: similarities and differences with white Caucasians and other populations, Annals of the New York Academy of Sciences, Gujral et al, 2013.

[19] Diabetes Digest in Focus, Care of Diabetes in People of South Asian Origin, Diabetes Digest Vol 9 No 2 2010.

54. A large number of South Asians will fast, either on a regular basis (for example, many Hindu people may fast one day each week) or as part of a religious observance and Muslim people during Ramadan. In diabetes, fasting may lead to hypoglycaemia, hyperglycaemia and dehydration, and some people may be reluctant to take their medication during their fast [20].

55. The task group found that there initiatives around the country which are developed to specifically support people from the South Asian community in primary prevention and also managing the condition so it does not get worse.

Lambeth and **Southwark** set up a community champions training programme. People were trained so they could provide outreach work within their own communities, talking to seldom heard groups and increasing awareness. The Community Champions attended community centres, tenants meetings community fun days and events. They handed out information and spoke to people about local diabetes services.

Tower Hamlets runs an initiative called 'Good Moves' which is a culturally and linguistically appropriate programme designed for people with diabetes to learn more about physical activity, relaxation, and cooking healthy food. The aim is to create a healthy body and mind which can empower people and therefore support better management of the condition and prevent associated complications. The groups are culturally appropriate holding separate sessions for men and women. The sessions are interactive and encourage participants to learn from each other in making changes in their lifestyles and behaviour. Good Moves works with existing organisations such as community centres GP surgeries and faith groups

Events in faith settings were held in **Walsall** at a Bangladeshi Mosque and a Hindu Temple **in Southall.** Both were very well received and well attended. They provided information and advice on diabetes and there was opportunities for questions and discussion. The general learning from these events is there is a captive audience so an opportunity to speak to large numbers of people.

Camden - runs structured education programmes for the Bengali community with Type 2 Diabetes. The project enables Bengalis to self manage their condition more confidently and effectively. The project also explored the challenges which prevent Bengalis in Camden from accessing current services. The consultation exercise, observation of current services and focus group meetings show that while Bengalis in Camden are aware of the diet and lifestyle recommendations associated with managing Type 2 diabetes, they would like to engage in group sessions, held at local community centres, which focus on delivering basic information and practical advice on managing diabetes on a day-to-day basis. Access to affordable exercise classes is also a concern. They wanted advice on healthy eating, cooking and weight loss.

[20] Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians, 2009

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56. The task group believes that there are a number of low cost interventions that can be developed which can have a high impact. The task group understand that there will be opportunities within the National Diabetes Prevention Programme and the Lifestyle Management Services to work with people within the South Asian Community and help them to access mainstream services.

57. While the task group commends the programmes with East Merton model of care it is important to ensure that they are accessible to all members of the community therefore the task group would like all services to be examined to ensure they are culturally appropriate.

Recommendations:

1. Public Health and Merton Clinical Commissioning Group (MCCG) to consider ways to ensure the equitable take-up of the National Diabetes Prevention Programme within the South Asian Community.
2. Public Health and MCCG to ensure that the new Lifestyle Service is culturally appropriate and effectively engages South Asian Communities.
3. Public Health to review projects within the East Merton model and consider if they are culturally appropriate.
4. Public Health and MCCG to find sensitive and appropriate ways to ensure South Asian expectant mothers are aware of the increased risk of Type 2 diabetes.
5. Public Health and MCCG to consider ways to ensure the equitable take- up of the NHS health check amongst the South Asian Community.

Information and advice to the community

58. The new models of health proposed by the NHS Five Year Forward View will mean that communities need to be empowered to manage their own health care. While handing out leaflets are shown to be one of the least effective methods of behaviour change, research by Camden Clinical Commissioning Group found that South Asian groups often place a high value on education and written material was found to be a useful way of sharing information within families. The task group met with David Edwards from Diabetes UK, who told Panel members he is a registered speaker for Diabetes UK.As a representative of Diabetes UK he can go to all schools in the borough and

faith groups to talk to people, giving out information helps both those who have been diagnosed and the carer. They also run a care line. Mr Edwards also said he regularly delivers talks in North London giving advice on fasting to those who have been diagnosed with diabetes. South London mosques tend not to ask for this service. Mr Edwards said he has received specific training on delivering health messages in mosques.

59. Mr Edward recommended and this task group agrees that Merton should run health days. There are avenues we could use to disseminate information; all these are cost effective ways of educating people. We need to provide information in the right places. Other London boroughs who have higher South Asian populations and dedicated budgets to tackle diabetes in these communities often adopt this approach

Support for the voluntary sector

60. The task group see the voluntary and community sector as playing an important role in supporting healthy lifestyles. We visited Asian Elderly a local voluntary group who run a plethora of programmes which has a positive impact on health and wellbeing. They run weekly yoga programmes; invite speakers to discuss issues such as managing health issues and healthy cooking. Many people who attend this group would not attend mainstream services, due to culinary preferences and language barriers. When we spoke to participants, it was clear that more work needs to be done to raise awareness and provide healthy lifestyle messages. It was also clear that services such as this are at the forefront of supporting the prevention agenda. We understand anecdotally that many local organisations are facing funding challenges and need the skills and support to find new revenue streams as well as attract and retain volunteers.

61. The MVSC local directory indicates that there are a significant number of local voluntary organisations who provide support to the south Asian community on diabetes related issues. This task group tried unsuccessfully to engage with this group. However it is organisations such as these who will provide essential services and work closely with the community to provide specialised services.

62. Given our concern about the voluntary sector, we met with the Chief Executive of Merton Voluntary Sector Council (MVSC), to gain a better understanding of the support available to the voluntary and community sector organisations in this time of austerity where many are facing funding crisis and being forced to close. The Chief Executive told us that they provide support to small organisations such as fund raising, governance and

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budgeting advice. Unfortunately many people seek support when they are at crisis point at which time limits the type of interventions that can be provided.

63. In the current climate we were told that it is important that local organisations work in partnership to provide services. There is a competitive and decreasing funding pool and funders want to avoid duplication and overlap.

64. However the task group became aware of wider issues about the need for a targeted approach on how we support groups in the community. We need an overview of the services that exist, an understanding of their specific aims and objectives and the areas that there may be gaps within the sector. We need public health team and Merton Clinical Commissioning Group working with MVSC to map and target our voluntary groups to ensure they are making the most of their resources and send able to signpost and refer people to relevant services when necessary.

65. We need to understand what services are available if they are under threat of closure and how they can work together to support the community.

Recommendations:

6. Merton Voluntary Sector Council (MVSC), MCCG and Public Health to review the services provided to the South Asian Community by the existing voluntary and community organisations (for example faith groups) and consider how these charities can work together, pool their resources, and provide consistent messages on diabetes care and raise awareness.

Councillors supporting local communities

66. In terms of innovation and ideas, some Merton councillors and volunteers have established social clubs for older people. These meet on a weekly basis and tackles loneliness and isolation amongst older people. This highlights that councillors can lead on developing new approaches to supporting communities. A case study from a councillor is set out in **appendix A**

Appendix A

There are several social clubs for older people have been established in Merton. Below is an example of how one was set up for those who may choose to follow this example.

Why it was set up
Sadly, often couples lose partners or may have chosen not to marry at all. This can soon develop into all kinds of scenarios, loneliness being one of them. This can lead to depression and feelings of isolation. It is now recognised that this can be one of the underlying causes of dementia.

In addition these situations can be very real reasons why older people develop diabetes eg people living alone might not have healthy diets. They might not exercise regularly- thus put on weight and become physically inactive.

A few simple rules to set up one of these clubs (or even two) in the local area.

1. Establish that there is a need (I am sure there will be)
2. Leaflet your area asking people to express an interest and let them know the kind of activities you are planning to do.
3. Most important find a suitable hall with small kitchen. Negotiate an hourly rate. See if you could get some kind business person to sponsor this (This will be your biggest outlay)
4. Hopefully you will get some replies. So even if it is a small number (don't worry the numbers will snowball) Set up a date for your first meeting (get some teas, coffees and biscuits set up) People always chat better around a cup of tea- A charge

£2.00 is appropriate to go towards the cost of the hire of the hall and the cost of provisions.
5. At this first meeting - tell the group what you intend to do, but do give them plenty of opportunity to say what they want from their club. I would be perfectly happy to come along to the first couple of meetings to get you going and to give advice/ contacts where needed
6. Encourage people to tell the group a little about themselves and what they want to get out of the club (but don't force them if they are mortified at the idea)
7. Most people want to meet once a week but that is not set in stone.
8. Here are a few ideas from some of the clubs indicating activities that have been enjoyed in the past.
Speakers
Quizzes
Trips out
9. Encourage club members to take an active role in the running of the club. You will be surprised to discover the wealth of expertise from within your group. You will also be able to find some home grown speakers from your own members who would be willing to talk about a previous job or an interesting hobby
10. Take steps to ensure your members are kept safe.
11. Many members tell me from several different groups that the clubs have changed their lives. Nothing is more joyous for me to visit one of the clubs and be in a room to hear men and women chatting happily and usually roaring with laughter.

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 2016

Agenda item:

Wards: ALL

Subject: Activities within Learning Disability Day Centre – Mini task Group Review

Lead officer: Stella Akintan, Scrutiny Officer

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

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

Recommendations:

A. That the Panel consider and comment on the broad scope for this review

B. That the Panel appoint members to the task group review.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the report is to provide the panel with a draft scope and time table for a mini task group review of activities within Learning Disability Day Centres.

2 DETAILS

2.1. At the last meeting of this Panel, members opted to conduct a mini task group review to consider the range of activities available in Learning Disability Day Centres.

2.2. Day time opportunities play an important role for people who attend day centres. It gives people the opportunity to take part in various interests and activities; make friends; develop relationships as well as new skills. This can build their confidence and well-being

2.3. This review topic was put forward by a member of the public who, as a carer for a service user, was concerned about the number and range of day centre activities. This is because budget savings in 2014/15, led to a reduction in the number of front line staff and increase the use of volunteers to support activities within day centres.

2.4. Therefore the purpose of this mini review is to look at the current activities and determine whether they meet the needs of service users. It will also consider good practice from elsewhere particularly the neighbouring boroughs of Sutton, Wandsworth and Lambeth who have similar day centre models to Merton. The review will gather all the evidence and present its findings to the 8th November meeting of this panel.

2.5. The mini review will take place over the course of a day and will meet with six to eight witnesses who will be able to provide insight into the activities provided in day centres in Merton.

2.6.

2.7. Draft Timetable for the review

Date	Topic	Duration	Location
Early September	Agree scope of the review and witnesses	2 hours	Civic Centre
Mid September	Hold review day	10am-4pm	A local Learning Disability Day Centre
End of September	Visit services	To be agreed	Sutton, Wandsworth and Lambeth
Early October	Task group meeting to consider findings and agree recommendations	2 hours	Civic Centre
November 8th 2016	Final report to Health Scrutiny Panel		

2.8. Suggested witnesses include:
Day Centre Staff
Service Users
Carers
Head of Direct Provision
MVSC
Learning Disability Charities:
Scope
Merton Mencap
Merton Centre for Independent Living

2.9. Potential witnesses who are not able to provide evidence to the review will have the opportunity to provide a written submission or share their views with the scrutiny team at a convenient time.

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.

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

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2016/17

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

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

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9 CRIME AND DISORDER IMPLICATIONS

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

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

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12 BACKGROUND PAPERS

12.1.

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Healthier Communities and Older People Work Programme 2016/17

This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2016/17. 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 28 June 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Consultation	Proposed closure of Urogynaecology clinic at St Georges Hospital	Verbal update at the Panel	Dr Andrew Rhodes, Acting Medical Director, St George's Hospital	Panel to receive an update on the future of the clinic.
Performance Monitoring	Merton Improving Access to Psychological Therapies Service	Report to the Panel	Commissioning Team, Merton Clinical Commissioning Group. Director of Addaction.	To provide an update on the service
Budget	Merton Public Health Budget – 2016/17	Report to the Panel	Dagmar Zeuner, Director of Public Health	To review budget decisions

Meeting date – 06 September 2016

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Consultation	Epsom and St Helier University NHS Trust – Update on current priorities	Verbal update to the Panel	Daniel Elkeles, Chief Executive, Epsom and St Helier	Panel to receive an update on the Trust Estate Strategy
Policy Development	Merton Clinical Commissioning Group – Update on current priorities.	Verbal update to the Panel	Dr Andrew Murray, Chair, Merton Clinical Commissioning Group.	Update on the work of MCCG
Scrutiny Review	Diabetes Task Group	Report to the Panel	Councillor Brian Lewis Lavender	To consider the report and recommendations arising from the review
Scrutiny Review	Draft task group scoping document on Learning Disability Day Centres	Report to the Panel	All Panel	To discuss the scope of the review.

Meeting date – 20 October 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Support for People who have been affected by brain injury	Report to the Panel	Adult Social Care/ Merton CCG	Review services and recommend improvements if/where necessary
Policy Development	Joint working with Citizen's Advice and other local partners to support vulnerable residents	Report to the Panel	Merton and Lambeth Citizen's Advice and Mental Health Services	
Policy Development	Impact of welfare reform	Report to the Panel		To review the impact of welfare reform on vulnerable residents.

Meeting Date – 08 November 2016

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Physical activity for the 55 plus	Report to the Panel	Dagmar Zeuner, Director of Public Health	Review the progress with this work.
Policy Development	Making Merton a dementia Friendly Borough	Report to the Panel	Dagmar Zeuner, Director of Public Health	Review the progress with this work.
Performance monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To review savings proposals.
Scrutiny review	Feedback from the Learning Disability Day Centres review	Report to the Panel		

Meeting date – 10 January 2017 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 – 07 February 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Update on Mental Health Services	Report to the Panel		
Policy Development	Care in the community for older people and support when they are released from hospital.	Report to the Panel		

Meeting Date - 17 March 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes