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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

13 FEBRUARY 2018

(7.15 pm - 8.25 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Laxmi Attawar,
Councillor Brenda Fraser, Councillor Sally Kenny,
Councillor Abdul Latif, Di Griffin and Saleem Sheikh

ALSO PRESENT: Councillor Tobin Byers (Cabinet Member for Adult Social Care and Health) .

Hannah Doody (Director of Community and Housing) and Amy Potter, (Consultant in Public Health) James Blythe (Managing Director, Merton and Wandsworth Clinical Commissioning Group) Jill Anderson (CCG Commissioner) Stella Akintan, (Scrutiny Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Mary Curtin

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Councillor Peter McCabe gave his apologies for the last meeting but this was not recorded in the minutes. The Scrutiny Officer apologised for this error

4 SERVICES FOR PEOPLE WHO HAVE EXPERIENCED BRAIN INJURY (Agenda Item 4)

The Managing Director said this report is an update on the work presented to this Panel by NHS England on the 7th November 2017. The previous paper identified some concerns with neurorehabilitation pathways and lower levels of psychology provision within Merton Clinical Commissioning Group (MCCG). This has been reviewed and MCCG found there is a gap in provision compared with neighbouring boroughs. MCCG is looking at how to increase service provision and will be working with local groups

A panel member asked if support for families is being considered. The Managing Director said MCCG promote talking therapies and carers can gain support through the social prescribing service.

A panel member asked if the social prescribing model is successful. The Managing Director said they have received positive feedback and the service is being rolled out permanently across East Merton. Longer term analysis will determine if it is reducing reliance on GP services.

A panel member highlighted the importance of involving the patient voice in service change. The Managing Director said they are working with community groups and will be able to demonstrate involvement before the service is finalised.

A panel member asked if extra resources had been allocated to fund the increased provision that is needed. It was also highlighted that work in Aylesbury has been identified as a good practice for their role in helping people with brain injury get back to work. This addresses the high rates of incarceration among this group as a result this service helps society as a whole. The Managing Director said there is a general investment pot of funding which can support brain injury patients. Health tries to provide as much cross public sector benefit as possible but their first priority is to their health responsibilities.

A panel member asked if MCCG had addressed the issue in delayed transfer of care which was raised by NHS colleagues on the 7th November. The Managing Director said he is working closely with the Director of Community and Housing to address this issue and they are monitoring this on a weekly basis.

A panel member asked when MCCG will be in a position to provide an update on this issue. The Managing Director said he would be able to report to the Panel in six months.

RESOLVED

The Panel thanked officers for their report.

5 PREVENTING DIABETES IN THE SOUTH ASIAN COMMUNITY TASK GROUP - PROGRESS WITH IMPLEMENTING RECOMMENDATIONS (Agenda Item 5)

The Consultant in Public Health gave an overview of the report and stated that Panel members are asked to consider how the useful work of the diabetes task group fits into the wider strategic framework for diabetes.

A panel member asked why there had been a focus on one community when this issue affects a number of different ethnic communities. The Consultant in Public Health said the South Asian Community was the focus of the task group as they had identified that this group had the highest incidence of the condition, however the strategic framework will focus on all communities.

A panel member highlighted that education will play an important role in supporting people with diabetes. The Consultant in Public Health agreed and welcomed the task group's recommendation six which asks public health work with the voluntary sector to develop consistent messages. The CCG Commissioner said that an Education

Hub would be established to provide courses and information for all sections of the community.

A panel member asked if the officers were aware of the research conducted by Professor Taylor which had led to a significant decrease in diabetes rates. The officers said they had not seen the research but they recognise the important link between lifestyle and diabetes and the education programme will help to support people with this.

A panel member said it is important to use sound scientific understanding of diabetes as the condition can be prevented and controlled but not always cured.

RESOLVED

The Panel thanked officers for their work and attendance at the meeting

6 DRAFT SOUTH WEST LONDON HEALTH PROTOCOL (Agenda Item 6)

A panel member welcomed the protocol as it brings together all the relevant information and therefore is a helpful document.

RESOLVED

The Panel agreed to support the draft Health Protocol and send to health partners for comment and agreement.

7 WORK PROGRAMME (Agenda Item 7)

The Panel noted the work programme