Committee: Cabinet

Date: 25th June 2007

Agenda item: 15

Wards: All Wards

Subject**:** **Scrutiny Review on Prevention of Ill Health and Early Intervention : Final Report**

Lead officer: Kate Martyn, Scrutiny Manager

Lead member: Councillor Gilli Lewis-Lavender, Health & Community Care Scrutiny Panel Chair

Key decision reference number: 434

Recommendations:

A. That Cabinet approves the final report arising from the scrutiny review on prevention of ill health and early intervention attached as Appendix 1, taking into consideration the identified potential resource implications contained in Appendix 2;

B. That Cabinet agrees to implementation of the recommendations, with development of an action plan through relevant Merton officers working with the Cabinet Member for Health & Adult Social Services and with the Primary Care Trust and other health partners.

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1. Details

1.1 The Health & Community Care Scrutiny Panel agreed to undertake a cross-cutting review on prevention of ill health and early intervention, in order to highlight how preventative measures can promote well-being, reduce pressures on local health and community care services and contribute to narrowing the health inequalities gap.

1.2 The Panel set up four working groups as follows:-

- Keeping Fit and Well (including physical activity, leisure opportunities)
- Breaking the Habit (drugs, alcohol, tobacco addiction)
- Older People's Health (including chiropody, dentistry)y
- Young People's Health (including healthy schools, vaccination, TB)

1.3 Members were appointed to each of the above groups; however for the issues of mental health and primary health care resources, the Panel met as a whole.

1.4 The review remit has been very wide and therefore a considerable number of recommendations have emerged from the evidence gathered and the witnesses interviewed. The attached draft report contains the findings of the working groups following 13 separate meetings between September 2006 and January 2007.

1.5 An evaluation of the resource implications arising from the review recommendations has been undertaken through liaison with the Authority's officers, Sutton and Merton Primary Care Trust and South West London & St George's Mental HealthTrust. Appendix 2 contains the identified resource implications against each of the review recommendations.

1.6 The Panel agreed the review final report at its meeting on 12th June 2007 and resolved to forward it to Cabinet for approval. Members highlighted some action notes in relation to specific recommendations, in anticipation of Cabinet approving the review findings. These action notes are indicated in Appendix 2 under recommendations 1, 2, 11, 12, 20, 25.

1.7 Cabinet is requested to approve the report and agree to implementation of the recommendations, through an action plan being drawn up for implementation. Progress will be regularly monitored by the Panel as part of its on-going scrutiny work programme.

2. Alternative options

2.1 The Health & Community Care Scrutiny Panel determines the priority issues for its work programme and may add items to the programme as required. Topics meriting a scrutiny review are identified as part of this process. The Panel may therefore select alternative topics if considered appropriate.

3. Consultation undertaken or proposed

3.1 The review has engaged with a wide range of people through hearing evidence at meetings and holding focus groups. The review has been posted on the Council's website and promoted in local press and *'My Merton'* magazine.

4. Timetable

4.1 The Panel set its own review timetable and called meetings as required

5. Financial, resource and property implications

5.1 The resource implications arising from the review recommendations are contained in Appendix 2.

6. Legal Implications

6.1 The Local Government Act, 2000 gives local authorities the power to promote the 'economic, social and environmental well-being' of the communities they serve. This scrutiny review has endeavoured to highlight the importance of maintaining health and well-being through positive action, preventive measures and early intervention.

7. Human rights, equalities and community cohesion implications

7.1 None relating to this covering report.

8. Risk management and health and safety implications

8.1 Issues relating to these have been considered and reported on where appropriate, for example in relation to health and safety in parks.

9. Appendices – the following documents are to be published with this report and form part of the report

9.1 Appendix 1 – Review report

Appendix 2 – Resource Implications relating to review recommendations

10. Background Papers – the following documents have been relied on in drawing up this report but do not form part of the report

10.1 Notes from review meetings held between September 2006 and January 2007. Minutes of the Health & Community Care Scrutiny Panel dated 12th June 2007.

11. Contacts

- Report author:
  - Name: Barbara Jarvis
  - Tel: 020 8545 3390
  - email: barbara.jarvis@merton.gov.uk
- Meeting arrangements - Democratic Services:
  - email: democratic.services@merton.gov.uk
  - Tel: 020 8545 3356/3357/3359/3361/3616
- All press contacts - Merton's Press office:
  - email: press@merton.gov.uk
  - Tel: 020 8545 3181
- London Borough of Merton:
  - Address: Civic Centre, London Road, Morden, SM4 5DX
  - Tel: 020 8274 4901

12. Useful links

12.1 Merton Council's Web site: http://www.merton.gov.uk

12.2 Readers should note the terms of the legal information (disclaimer) regarding information on Merton Council's and third party linked websites.

12.3 http://www.merton.gov.uk/legal.htm

12.4 This disclaimer also applies to any links provided here.

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Appendix1

LONDON BOROUGH OF MERTON

REPORT AND RECOMMENDATIONS ARISING FROM

A SCRUTINY REVIEW OF

PREVENTION OF ILL HEALTH AND EARLY INTERVENTION

JUNE 2007

FOREWORD BY REVIEW CHAIR

Dear Reader,

Please take time to read some disturbing statistics below:

British Heart Foundation: ***BY 2010 1.7MILLION CHILDREN IN UK WILL BE OBESE***

Department of Health: ***IN 2003 24.2 MILLION PEOPLE WERE OBESE – THIS FIGURE WILL GROW TO 27.6 MILLION BY THE END OF THE DECADE***

National Obesity Forum: ***NEARLY A QUARTER OF ADULTS IN UK ARE OBESE IE A BODY MASS INDEX OF OVER 30 (WEIGHT IN KILOGRAMS DIVIDED BY HEIGHT IN METRES SQUARED)***

National Obesity Forum: ***ON AVERAGE BEING OBESE TAKES APPROXIMATELY 10 YEARS OFF AN ADULT'S LIFE EXPECTANCY***

This Forum also states that it costs the NHS : ***£1 BILLION A YEAR TO TREAT PEOPLE WITH OBESITY RELATED DISEASES***

Action on Smoking and Health (ASH): ***114,000 PEOPLE DIE PER YEAR FROM SMOKING RELATED DISEASES***

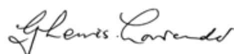
ASH: ***SMOKING COSTS THE NHS APPROXIMATELY £1.5 BILLION A YEAR FOR TREATING DISEASES CAUSED BY SMOKING***

This information, I am sure you will agree, is very alarming and is one of the reasons the O & S Health Scrutiny Panel chose this subject for investigation. It proved to be an enormous, but rewarding piece of work. Every member of the panel tackled an individual area of work with interest and enthusiasm. I do thank them very sincerely and must state that we could not have done this without the unfailing support and tireless energy of our Scrutiny Officer, Barbara Jarvis.

This report has also involved constant contact with our Health and Voluntary Body partners. I would like to thank them for their openness and transparency in the subjects we have been discussing. This has given us all a greater understanding of how the services are provided and we have been able to take this on board in terms of making recommendations that will help improve the services for the residents of the London Borough of Merton. I would also like to highlight the help and input we have received from the Merton Seniors Group.

Finally, I hope you will find this report thought provoking and that it will encourage you all to make at least one small change in your life.

Yours Sincerely



Councillor Gilli Lewis-Lavender ,
Review Chair and Chair of the Health & Community Care Scrutiny Panel

TASK GROUP MEMBERSHIP

All Health & Community Care Scrutiny Panel members :-

Group 1: **Keeping Fit & Well**
Councillors Gilli Lewis-Lavender, Zenia Squires-Jamison

Group 2: **Breaking the Habit**
Councillors Peter McCabe, Gregory Udeh

Group 3: **Older People's Health**
Councillors Sheila Knight, Gilli Lewis-Lavender, Ron Wilson

Group 4: **Young People's Health**
Councillors Jeremy Bruce, Denise March

Also Mr S U Sheikh, Health & Community Care Panel Co-opted member

Acknowledgements:

The Panel would like to express its thanks and appreciation to all those who contributed to this review, through attending meetings and focus groups, giving evidence and answering questions.

Particular thanks go to Mary Sinfield, OBE, for undertaking the 'mystery shopping' exercise on behalf of the Panel on availability of local NHS dental services.

For further information relating to the review, please contact:
Barbara Jarvis, Scrutiny Officer
London Borough of Merton,
Chief Executive's Department
Civic Centre
London Road
Morden, Surrey SM4 5DX
Tel: 020 8545 3390; E-Mail: barbara.jarvis@merton.gov.uk

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

This review report is the result of several months' scrutiny into how prevention and early intervention can improve the health and well-being of lcoal people.

A wide range of issues has been examined and the recommendations, which are listed below, aim to promote healthy lifestyles and contribute to narrowing the health inequalities gap.

Recommendation 1 : That there should be more intensive promotion of all the local leisure activities for all age groups available to the public, through wider circulation of details and distribution of improved leaflets, including via GP surgeries.

Recommendation 2 : That consideration should be given to operating a pilot scheme, whereby one permanent park ranger is employed to be responsible for creating activities and for dealing with litter and maintaining toilets etc.

Recommendation 3 : That opportunities to extend facilities in local parks should be maximised wherever possible e.g. tennis coaching, fitness groups, healthy walks, basketball, five-a-side, wildlife activities, dog training, adult education etc. Also, in acknowledgement of health and safety issues, where facilities are provided, there should be proper supervision to ensure the safety of participants, including appropriate lighting.

Recommendation 4 : That the PCT looks into the possibilities of linking up with Surestart in Merton, which already has an established creche and a site in Tamworth Park as well as the Lavender Centre, to set up exercise classes for young mothers in Merton.

Recommendation 5 : That more work is needed to provide physical activity opportunities for people living in the eastern part of the borough, including identifying potential venues for local activities to be offered.

Recommendation 6 : That efforts should be made to encourage more pharmacies to offer harm reduction strategies, such as needle exchange, in the Mitcham area.

Recommendation 7 : That efforts be made to determine why the level of prescribing replacement treatments in Merton is low and then to try to increase the level more in line with regional and national levels.

Recommendation 8 : There needs to be better co-ordination between police and drug enforcement and better analysis of data to tackle the supply of drugs in the borough.

Recommendation 9 : That Children, Schools and Families and the DAAT continue to develop closer working together to protect young people at risk of drug abuse, particularly looked after children.

Recommendation 10 : That the Council assists the PCT in meeting targets for helping smokers to quit by using established communication mechanisms, for example by including a flyer about the 'stop smoking' service when issuing benefits.

Recommendation 11 : That health scrutiny members take steps to encourage GPs to take a more positive approach to encouraging patients to quit smoking and work more closely with the PCT to promote the local stop smoking service (for example, through a letter from ward councillors to local GP surgeries).

Recommendation 12 : That councillors assist the Authority with picking up contraventions on sale of tobacco and alcohol to underage youngsters , through acting as monitors of problem areas in the borough and reporting incidents to Trading Standards for investigation.

Recommendation 13 : That every patient should be allocated adequate time in check-ups to allow dentists to be able to concentrate more on oral hygiene, which will contribute to reducing the need for some dental work to be done, through promoting prevention of poor dental hygiene, thereby reducing dental costs and increasing capacity in the service.

Recommendation 14 : That information on dental services and the NHS charging bands should be displayed more widely, e.g. in all dental surgeries, in local libraries as well as in the local press. The PCT should continue to search for ways to compile more accurate and timely information, in order to be able to advise patients on which practices are accepting NHS patients at any given time.

Recommendation 15 : That the need to make sure that people needing a podiatry service are appropriately referred is emphasised, via GPs for example.

Recommendation 16 : That there is a need to look at other ways to see people and to expand skills in basic foot care more widely in the community, including through using district nurses where appropriate and through discussions with social services.

Recommendation 17 : That the options for promoting foot care skills through securing pharmaceutical sponsors and organising self-management workshops be actively pursued.

Recommendation 18 : That Merton Council and the PCT should help to increase awareness of the issue of infectious diseases, to encourage parents in the take-up of vaccination for their children, as a preventive measure, including awareness raising in early years settings (e.g. Surestart Children's Centres, schools, Children's Trust).

Recommendation 19 : That schools in the CR4 postcode area and with higher ethnic minority populations should be positively targeted with awareness raising on the issue of immunisation and the risk of TB.

Recommendation 20: That elected members be requested to take more interest in their local ward schools and, by means of a letter to the head teacher and chair of governors, promote the Healthy Schools Scheme in all schools, to ensure 100% commitment, including recommending that schools consider nominating a dedicated Healthy Schools Governor.

Recommendation 21: That consideration be given to improving access to primary care for people with mental health problems, for example through GP drop-in sessions, and promoting GPs to take a special interest in mental health.

Recommendation 22: That there is a need to link mental health services with services tackling drug/alcohol abuse, with community mental health teams developing more joined up ways of working to improve the service.

Recommendation 23 : That GP practices should consider providing health education workers specific to their practice populations.

Recommendation 24: That the PCT should be requested to re-examine the issue of provision of health visitors locally.

Recommendation 25: That the data available within the PCT is used to reallocate health resources according to local needs, rather than according to historical precedent.

The Health and Community Care Scrutiny Panel will monitor the agreed actions to determine the beneficial impact on local people's health as part of its scrutiny work programme.

1. INTRODUCTION

1.1 Merton is a diverse area with considerable contrasts in terms of economic prosperity and life opportunities between different parts of the borough. There is a general east/west divide between the more affluent western part of the borough around the Wimbledon area and the eastern, more deprived, area around Mitcham. Members are concerned about this disparity and the resultant effect on health and well-being.

Tackling the health problems caused by social deprivation and reducing the health inequalities gap are key priorities for health scrutiny councillors.

1.2 Health scrutiny members also continue to be concerned about the levels of NHS expenditure at the acute, or 'sick', end of the health service spectrum, when compared with the preventative, or 'well-being', end. Whilst spending on acute services is imperative, there should be more emphasis on preventing ill health in the first place. The Health & Community Care Overview & Scrutiny Panel therefore agreed to focus on healthy lifestyles and promoting well-being, through undertaking a scrutiny review on prevention of ill health and early intervention.

1.3 The cross-cutting review commenced in September 2006 with the aim of highlighting how emphasis on prevention can result in less ill health and the NHS costs associated with that.

1.4 As part of the '*Choosing Health'* agenda[1], responsibility for promoting health and well-being rests with a range of organisations working together, including local authorities, health service commissioners, service providers, including leisure services and voluntary sector organisations. The recommendations arising from this review are aimed at contributing to the reduction of the health inequalities gap, through the communicating of advice and guidance on healthy living and preventive services and the allocation of health resources according to need.

2. THE PROCEDURE FOR UNDERTAKING THE REVIEW

2.1 The Panel membership of eight councillors divided itself into four review working groups to undertake the scrutiny of health services and procedures and to hear witness evidence. This has resulted in every panel member contributing to the review process. The four review groups were:-

- ***Keeping Fit and Well***

[1] 'Choosing Health', Department of Health White Paper, 2005

- ***Breaking the Habit***
- ***Older People's Health***
- ***Young People's Health***

2.2 Each working group determined its own work programme in line with the overall review terms of reference and set its own meeting dates. Members identified the witnesses they wished to interview and the local stakeholder groups they needed to engage with.

2.3 At the beginning of the process, it became clear that the potential remit for scrutinising prevention of ill health is enormous and therefore there might be scope for identifying future scrutiny issues for separate review, rather than try to cover every topic in one review.

2.4 Sutton & Merton Primary Care Trust (PCT), as a major partner organisation, has played a key part in the review process, attending meetings, providing information and answering questions. Councillors have been able to learn a great deal about how local health services are organised and provided, including the pressures on some services and the needs of local people, including vulnerable clients.

2.5 Local people and some local organisations, such as Merton Seniors (formerly Merton Association of Pensioners), have been engaged with and have expressed their views and concerns. A group of GPs from the Mitcham area also requested a meeting with Panel members, to discuss the issue of primary care resourcing and the need to look at the distribution of health resources, to ensure that allocation is based on the local population's health needs.

2.6 The South West London & St George's Mental Health Trust and the Joint Commissioning Manager for Mental Health met with the Panel to consider the importance of promoting mental health and initiatives to promote this, which are fundamental to maintaining good general health and well-being.

3 REVIEW GROUPS : FINDINGS AND RECOMMENDATIONS

3.1 The four working groups covered a wide range of specific topic areas during the review as part of the focus on health inequalities and deprivation:-

- Health resource distribution in Merton
- GPs' preventive work with patients
- Mental health well being and prevention of mental ill health
- Leisure opportunities
- Parks and open spaces/Friends of Parks Organisation

- Healthy Eating Initiatives
- Tackling Obesity
- Smoking cessation
- Tobacco control
- Substance misuse
- Alcohol misuse
- Chiropody/Podiatry services
- NHS Dentistry
- Older People's Services
- Healthy Schools Scheme
- Teenage health issues
- Vaccination programmes (including the issue of TB)

3.2 Each of the four review groups interviewed a number of witnesses and determined specific recommendations to enhance prevention of ill health, tackle deprivation and narrow the health inequalities gap.

REVIEW GROUP 1 : KEEPING FIT AND WELL

3.3 This Review Group met with Merton's Head of Property and Leisure and the Leisure & Cultural Development Manager to learn about developments in promoting physical activity and leisure pursuits. An extensive amount of work is being undertaken in this area to improve facilities and services for local people through the *Merton Sport, Health and Physical Activity Strategy 2006-2009.*

3.4 This Strategy is one of a number of initiatives, such as the Merton Open Space Strategy and the Allotment Strategy, which contribute to an over-

arching Cultural Strategy being developed. Merton's Arts Strategy is also being updated. These initiatives combine to contribute to participants' physical and mental well-being, which helps to retain good health.

3.5 The key areas of the Strategy, which was launched in October 2006, are firmly embedded with health promotion, with the Primary Care Trust and local schools as key partners. The Review Group was informed that a professional partners group meets once a term for a half day networking opportunity. The Chair suggested that Merton Seniors should be included in the networking arrangements.

3.6 <u>Local Leisure Activities</u>

The Review Group learned that there are a few exercise groups in parks, such as for Tai-chi, but these tend to be self perpetuating through someone taking the initiative and starting the activity off, with people gradually hearing about it and joining in. There is no real capacity for exercise mats to be provided permanently in park pavilions which are generally used to store grounds maintenance equipment. In any case, some exercise is best done on wood-sprung floors. Licences for use of music in parks is now an issue and there have been some complaints about over-use of some local parks. Each park has only a finite number of licences for allocation.

3.7 The Review Group was keen to emphasise the need to promote local leisure facilities which include:-

- bowling greens,
- kick about areas,
- trim trails,
- circular walking routes
- playgrounds
- orienteering course at Wimbledon Park
- crazy golf courses
- tennis courts (some free of charge),
- a women's only gym at Wimbledon Park
- karate clubs
- facilities located in local schools e.g. Raynes Park High School

Leisure activities are advertised through articles in *'My Merton',* use of Decaux signs around the Borough, local press and local area forums. However, the Group considered that more should be done to advertise and promote local facilities and leisure opportunities.

3.8 Targets for making a significant impact on the health and sustainability of communities include one which aims: –

'to achieve a higher percentage of the community being located within 20 minutes walk of two different types of sports facilities, at least one of which will be quality assured.'

Members were informed that 49% of Merton's population is currently within 20 minute walking distance already, whether it be a games pitch, a pool or a golf course. The aim is to achieve more than 50%. Facilities in some local schools are also open to the general public and have a leisure development officer attached.

3.9 Overall, the Review Group considered that there are plenty of physical activity opportunities available to Merton residents, although volunteers are always needed to run local clubs. Work is progressing towards developing a database of local clubs, with access through Merton's website and libraries and this is welcomed.

3.10 Equalities

The issue of female participation in sport was raised and the Group learned that Mitcham Cricket Club has a girl's junior team and hosts women's cricket matches. Members welcomed this and expressed the hope that girls were encouraged to take part in a range of sports in the borough's schools, including cricket. However, in Croydon there is a women's cricket centre which is attracting people away. There is a range of reasons for varied participation in sports, which need to be seen in the context of society as a whole and girls need particular encouragement to participate. It is vital to make sure there are opportunities for all and age or disability should not be a barrier to participation. Even if people don't actually compete to stay fit, being part of the organisation of events and of the whole spectacle is beneficial to personal well-being.

3.11 The Group acknowledged the work being done by other departments/service areas, to link up with sport and leisure initiatives, e.g. the Asset Management Plan and the Older People's Strategy. An example is the development of the Ravensbury Park Pavilion into a GP surgery with S106 monies to invest in the park itself, which demonstrates improvements being implemented to address local need.

3.12 Issues of Safety

The Group raised the issue of feeling safe when entering some leisure facilities, e.g. Canons Leisure Centre, Morden Park Pool, Mitcham Hub, particularly when on foot. Officers agreed to raise the issue with local police and safety officials in terms of patrolling and also in terms of adequate lighting etc. It was pointed out that the Hub still has a landscape scheme to be implemented, which may address some of these safety issues in due course.

3.13 Overall, the Group welcomed the Sport, Health & Physical Activity Strategy and the work undertaken to provide a variety of good quality sport and leisure facilities. Members were impressed with the extent and

variety of activities provided in the Borough. The key issue to emerge was that there needs to be much stronger promotion of what is actually available, in order to encourage full participation and ensure that leisure services are fully inclusive. This will contribute to improving the health of local residents using the facilities, promote a feeling of well-being and help prevent ill health.

Recommendation 1 : That there should be more intensive promotion of all the local leisure activities for all age groups available to the public, through wider circulation of details and distribution of improved leaflets, including via GP surgeries.

3.14 Local Parks Organisations

Review Group 1 also met with representatives of the Friends of Sir Joseph Hood Memorial Playing Fields, who outlined how the Friends of Sir Joseph Hood was formed. The playing fields had been neglected, so local people banded together to rejuvenate them. The Friends were formally constituted in 2004 and there have been two paddling pool campaigns and other improvements through bids for grant monies. Achievements include the following:-

- The children's' playground has been refurbished with £5k for toddler equipment and local people painting the other equipment.
- A working party cleared the tennis courts and a grant for £30k was won from the London Marathon Trust in 2005 – matched with same sum from LB Merton. There are now 4 new courts.
- Two courts for basketball and 5-a-side are waiting for funding to be found. There is also a trim trail and a café in summer in the pavilion.
- There has been a campaign for the toilets to be opened up – Friends open them every morning and then the Council closes them in the evening.
- There have been bug hunts, nature trails and a sports day for children.
- The pavilion is now getting more use with a children's group during the week and it is rented out for events.
- The grounds were nominated for a Green Flag award and missed this by only one point.

3.15 Having achieved so much, the Friends Group considered that the playing fields could be better managed. There are charges for tennis but there is no display to show what the charges are or how to pay and fees are not always collected. So it is confusing to the users. Money had been spent by the council on the bowling green, but the work had

been contracted out and was poorly supervised. Crazy golf had been installed recently, but no mechanism was set up to book to play it. Leisure officers have advised that charges are reviewed annually, including a comprehensive comparison with charging levels in neighbouring areas. Discussions are in progress on the need for a consistent policy for all the borough's tennis facilities as part of the annual review process.

3.16 A lot more could be offered to maximise the use of the park, such as open air aerobics or Tai-chi. The activities such as the trim trail need someone to promote them. The grounds need a dedicated park ranger, to ensure facilities are well maintained and charges should be at nominal rates so as not to deter users. Machines could be fitted to court gates to take the fees automatically to maximise income. Using 'Tennis 4 Free' to provide lessons was looked into, but this organisation will only offer lessons if the courts are not charged for at all. Paddling pools are only supervised for 6 weeks in the summer.

Recommendation 2 : That consideration should be given to operating a pilot scheme, whereby one permanent park ranger is employed to be responsible for creating activities and for dealing with litter and maintaining toilets etc.

3.17 Overall, therefore, the facilities are not used to full potential and there needs to be better co-ordination. Money is needed for more than just facilities; it is needed for management as well. It appears that agency staff are employed in the summer months and so there is no real ownership or pride in the Park. Although there is a Parks Forum which all Friends groups belong to, it proves difficult to get things done, as there is no real co-ordination. Each Friends/parks organisation would benefit from a designated contact person at Merton Council to help with any issues, including health and safety issues for park users. Lighting in parks is one issue; however initiatives such as the lighting installed in Lavender Park in March 2007 help to improve safety for park users and reduce the fear of crime.

3.18 Whilst acknowledging the issue of resource implications, the Review Group concluded that it is not efficient or effective to spend money on park facilities, such as tennis courts, and then not manage them well to maximise the benefits of exercise and income generation opportunities.

Recommendation 3 : That opportunities to extend facilities in local parks should be maximised wherever possible e.g. tennis coaching, fitness groups, healthy walks, basketball, five-a-side, wildlife activities, dog training, adult education etc. Also, in acknowledgement of health and safety issues, where facilities are provided, there should be proper supervision to ensure the safety of participants, including appropriate lighting.

3.19 Leisure Facilities for Older People

Councillors had already heard from local older people about the facilities they would like to see, through another piece of health scrutiny work on an Action Learning Project. Older people had raised the following issues:-

> the benefits of allotments. Merton has an 89% take-up rate for allotments and there is strong demand in some parts of the Borough.

> Older people want to use leisure facilities, such as swimming pools, at times to suit them, and after 9.30am to be able to use freedom passes.

> Healthy walks have been introduced through *Merton Mind* since May 2006, which gets together groups of people, including those with mental health problems, to go for walks in local areas. There are also initiatives to help people with a learning disability through identifying what activities they can take part in. It is important to reach the disassociated groups, rather than focus just on mainstream people, as they are more likely to already make use of local facilities.

> There are over 200 members of the 50+ age group officially linked to Merton's leisure centres.

3.20 Group 1 met with the Physical Activity Adviser from Sutton & Merton Primary Care Trust (PCT), who works across both boroughs to help people who have had falls and on other projects for older people. Work is also done on prevention, including initiatives such as the 'Safe Slippers' campaign, which offers new slippers to replace worn ones. The aim is to encourage people to be more active and prevent a range of conditions, such as:-

- Osteoporosis
- Hypertension
- Mental ill health
- Obesity
- Disability

3.21 Funding has been secured to train people to deliver classes and members considered the training of more people was essential to be able to reach as many clients as possible. There is also the Healthy Walks initiative established in Merton. A PCT workplace initiative has also been set up, using PCT sites for classes after work. Under *'Choosing Health'*, PCTs are required to set an example in healthy lifestyles. Work is also ongoing for the PCT to work more closely with the Council and contribute to the Sport and Physical Activity Strategy.

3.22 People who have had a fall are referred from health professionals for exercise – they currently attend the Nelson Hospital for 8 weeks free of

charge and are then referred to community classes, such as the classes in the Morden Baptist Church, provided in partnership with Merton & Morden Guild. People who would benefit from walking are referred from diabetes centres. There is a waiting list for some classes due to demand. However, the PCT has successfully reached the second round of lottery funding for classes in deprived areas for those who have suffered falls.

3.23 For older people, Age Concern have some trained staff and can facilitate referrals for exercise, including seated exercise classes. The Review Group was also informed that young mothers are referred from Surestart/Connexions for physical activity initiatives, but only in the Sutton area, sadly not in Merton.

Recommendation 4 : That the PCT looks into the possibilities of linking up with Surestart in Merton, which already has an established creche and a site in Tamworth Park as well as the Lavender Centre, to set up exercise classes for young mothers in Merton.

3.24 Review Group 1 also made the following observations:-

- Some fitness activities, such as the Rosemary Conley fitness classes, are only located in the more affluent parts of the borough, i.e. Wimbledon and Merton Park and are not in the most needy/deprived areas such as Mitcham. GPs can make referrals of clients at half price but people need to be able to get to the classes and so the location of classes is a key driver for encouraging participation. Although there is the Merton Horizons Project in North East Mitcham providing physical activity opportunities, more work needs to be done in the areas of deprivation, where the population is more unfit and less healthy.

- Where local employers can provide fitness facilities, staff should be able to have ready access to these and should be encouraged to use them.
- Subsidised activities need to be expanded to allow those who would benefit but can't afford classes to take part. There are some initiatives in Mitcham e.g. Merton Mind has negotiated a good deal with the Canons for using the gym and swimming pool; at Vestry Hall there is a Weightwatchers group. But much more should be targeted towards this area of the borough, where deprivation is higher and there are health inequalities in evidence, including greater incidences of mental health problems (this issue is considered later in the report). It is important to provide opportunities for people to attend classes at a reasonable cost and community centres could be encouraged to see if they can offer more activities.

Recommendation 5 : That more work is needed to provide physical activity opportunities for people living in the eastern part of the borough, including identifying potential venues for local activities to be offered.

REVIEW GROUP 2 : BREAKING THE HABIT

3.25 This Review Group met with the Chair of Merton's Substance Misuse Management Board and with Merton's Drug and Alcohol Action Team (DAAT) Commissioning Manager to consider the strategies and services in place to address drug and alcohol misuse in the borough. The DAAT is part of the Safer Merton Partnership, which has been recently restructured and which sits under the Local Strategic Partnership in the Safer and Stronger Communities domain. It is therefore linked to crime and disorder initiatives.

3.26 The Substance Misuse Management Board includes the local authority, the PCT, the police, probation service, service users and carers. The Government Office for London (GOL)/National Treatment Agency provide directional guidance and scrutinise DAAT. Funding mainly goes to the PCT which then allocates funds to DAAT. There is a £1.5m p.a. pooled treatment budget, which was principally set up for drugs intervention, but work is ongoing to try to expand it to deal with alcohol issues as well. The local authority also provides funding as well as

accommodation for the Team. Other funding comes from the Safer and Stronger Communities fund, small grants and the PCT mainstream funding. The pooled treatment budget has benefited from an above inflation uplift for the last few years but in the future the uplift will be more in line with other allocations.

3.27 The Review Group learned that the DAAT deals with substance misuse in the broadest sense and not just the criminal area. The Drugs Intervention Programme (DIP) located in Haydons Road, is seconding staff from commissioned agencies including volunteers and provides a service for people arrested or out of prison. There is a 10 year national drugs strategy, *1998 – 2008 'Tackling Drugs – Changing Lives'* , which covers 4 key areas:-

- young people,
- supply of drugs,
- drug related crime and
- treatment.

There is also an adult drug treatment plan which is a local plan to implement the national drugs strategy.

3.28 <u>Treatment</u>

There is some evidence on what works from models of care developed by the National Treatment Agency (NTA) and there are 4 tiers of treatment:-

1. generic services
2. open access drop-ins
3. structured care plans
4. residential rehabilitation

Tiers 1 and 2 are the areas of preventive work and treatment is monitored through actions and milestones, which cover commissioning services, workforce development, user involvement, carer involvement, harm reduction strategies, generic services and open access through working with Merton Youth Awareness Programme (YAP). This includes street interventions, advice, and referral to counselling, with appointments given usually within a week.

3.29 The Review Group asked about the areas particularly covered by six local pharmacies offering harm reduction strategies and was informed that these are in Pollards Hill Mitcham (South Lodge Avenue), St Helier Avenue, Haydons Pharmacy, Wimbledon, Raynes Park, Morden Hall Road. Members considered it essential to ensure this service is fully accessible in the Mitcham area, where there is greater need.

Recommendation 6 : That efforts should be made to encourage more pharmacies to offer harm reduction strategies, such as needle exchange, in the Mitcham area.

3.30 Five outreach teams located in Pollards Hill, Mitcham Town Centre (2 teams), Wimbledon Town Centre and Phipps Bridge provide advice including on sexual health. The Youth Service is looking to develop a detached Outreach Team and YAP is hoping to link into that. This will act as a response team and will be more flexible. There is also an adult open access drop-in service which covers use of cocaine and stimulants.

3.31 The number of drug users in treatment in Merton the previous year was 785, the majority of these being Class A drug users, (although the expected number for Merton, based on the London average using the Glasgow University formula used to determine the suggested level of problematic drug users, or PDUs, is 1226). This implies that there are 703 individuals who are 'treatment naïve', i.e. they are not in treatment. It is therefore necessary to develop a better picture of who and where these people are, using information such as accident and emergency figures. Whilst there is a reasonable assumption on the figures, the majority are not in contact with agencies. More information is therefore required from other agencies, rather than just concentrating on those who have committed an offence. In terms of any sharing of information on convictions, such as addresses etc, some users who have been to court are targeted, but the proportion of users in the criminal system is actually low (only 70+ in the previous year out of the 785 users in treatment).

3.32 The referring agencies are the police, primary care (GPs) and self referrals. Neighbourhood and community policing have had a positive impact on the problem and the DAAT and DIP work closely with them. A Joint Tasking Group is looking at geographical areas and different activities, to be targeted by police or to work with the DAAT, which is welcomed.

3.33 There is contact with Children's Services and on looked after children where there is a particular problem. Specific work is done in relation to looked after children on the register. There is also a drug awareness programme in schools, but the problem is that looked after children are more likely to truant and miss school. So the service targets children outside school as well, using different routes through carers and social workers. Members considered this might not be the best approach and what is needed is for young people to talk to friends of those who have died from using drugs, as shock tactics might work better. The YAP holds workshops in schools and speaks to all year groups. There is also support and advice on how to spot signs of drug taking available to parents. The Group also learnt about the 'Mis-spent Youth Club', which is a support network in its own right. Service users can be effective in convincing other users but it is a question of what makes people actually want to change.

3.34 There is help with housing for substance misusers, but mixing them with people who have given up substance misuse increases the risk of them taking up the habit again.

3.35 An expert needs assessment panel has been set up, comprising representatives from the PCT, the DAAT, service users, carers, local service providers and National Treatment Agency. When it met in November 06, the panel recommended there should be a focus on:-

- The number of women in treatment and retention **
- BME communities
- Overall retention rates
- Prescribing
- Geographical spread – “bridging the gap”

***(Retention for treatment is a minimum of 12 weeks, which is the figure used as a proxy measure).*

3.36 There is some targeting of offenders – the Prolific and Priority Offenders Steering Group, which is chaired by the police, uses naming and shaming. The DIP team is engaged where there is a court order for rehabilitation as an alternative to prison, which is a way to get offenders into the treatment programme.

3.37 Merton is in the lower level of boroughs with PDUs. For neighbouring boroughs, Sutton is lower than Merton, whilst Lambeth is higher. The general national trend is increasing. The target is to get people into treatment within 3 weeks and there is sufficient capacity to meet demand. At the time of preparing this report, there are 74% of users retained in treatment (the current year’s target is 77%)

3.38 Data shows that there is low engagement with women who have addiction problems and initiatives are being looked at to promote the use of services by women – high levels of cocaine and cannabis use amongst women are particularly noted. Approximately only a quarter of service users are women at present. In addition, there are lower retention rates for women and also for people under the age of 25 years.

3.39 Black and Minority Ethnic Residents

Census data shows that 25% of Merton’s population describes itself as being other than white, but service user data indicates that 19% describes themselves as being other than white. But this may be because figures include Sutton which has a lower bme population.

3.40 Prescribing

The Review Group was particularly concerned that Merton’s level of prescribing replacement treatments, which at 23% is significantly lower that the regional (36%) and national (46%) levels. There appears to be no obvious reason for this lower level of prescribing.

Recommendation 7 : That efforts be made to determine why the level of prescribing replacement treatments in Merton is low and then to try to increase the level more in line with regional and national levels.

3.41 With regard to geographical spread, it was acknowledged that the map, which gave postcode location of drug users in treatment, should break down the spread even more, possibly to streets, provided it was still anonymised. Another map examined by the Review Group provided 'hotspots' for drug activity.

3.42 A major concern is the issue of where the drugs supply is coming from needs to be tackled. The Group was concerned at the low level of arrests for trafficking in controlled drugs (17, or 7.6%, of all drug related crime). It would be useful for a more comprehensive database, with medical as well as criminal history, to be drawn together to aid a more co-ordinated approach to tackling drug related problems. A more holistic approach with the right screening tools at Tier 1 preventive level (generic services) would help to target as many users as possible.

Recommendation 8 : There needs to be better co-ordination between police and drug enforcement and better analysis of data to tackle the supply of drugs in the borough.

3.43 Alcohol Misuse

The Review Group was informed that alcohol related crime is contained in separate figures but there are no national targets for alcohol addiction treatment or national funding. Merton has always combined the issues of drugs and alcohol abuse, rather than separate them. There is a community alcohol team at South West London and St George's, Equinox at Vestry Hall and local authority funding for day care e.g. Stairways in Sutton. There is also residential rehabilitation. But there is not sufficient capacity for alcohol addiction. A lot of drug users have alcohol problems too - or they replace drug taking with alcohol. Alcohol has been reported as the fifth most harmful substance, after heroin, cocaine, barbiturates and street methadone, all of which are classified as Class A or B drugs, whilst alcohol is unclassified. [2]

3.44 The current drugs strategy ends in 2008 and it is not clear what the new policy direction will be. But drink problems in Merton are generally rising, while drug problems are generally falling and so this suggests a need to reallocate resources, and develop an alcohol strategy and engage with the council, PCT, police, licensing, trading standards. However, funding regimes may still require the DAAT to focus on the issue of drugs beyond 2008.

3.45 Looked After Children

Looked after children are particularly vulnerable and at risk of being approached by drug pushers. Elected members have responsibility as corporate parents and looked after children should be a priority concern. The Children Schools and Families Department (CSF) is

[2] Science Select Committee: Research and Statistics

represented on the Substance Misuse Management Board and are actively engaged in the DAAT Partnership. There are many initiatives already in place which are funded by the DAAT, including in-school & community counselling and in-school workshops. Furthermore in order to enhance the working between the DAAT and CSF a number of working protocols are in place between Children's Social Care/DAAT and Youth Justice Service/DAAT for example.

Recommendation 9 : That Children, Schools and Families and the DAAT continue to develop closer working together to protect young people at risk of drug abuse, particularly looked after children.

3.46 Smoking Cessation

The Review Group met with the PCT Service Manager for Smoking Cessation, and with Merton's Head of Planning and Public Protection, representing Merton's Tobacco Control Steering Group. The PCT provides a treatment service for Sutton and Merton. The Stop Smoking Service is treatment based rather than preventative – for people who want to stop smoking but find it difficult to do so. There is a six week treatment programme based on the 'Maudsley model'. The first session is assessment and preparation to quit with information on treatment aids; session 2 is the quit date, then ongoing support (weeks 3–6). The service is not judgmental and is not an anti-smoking campaign. Some people are in groups but there are also one-to-one sessions and the clients are often people who have failed to quit before. Daytime and evening sessions are available.

3.47 There are 123 community advisers who are trained by the PCT, including pharmacists and GP practice nurses. There is also a strong youth programme in partnership with the Youth Awareness Programme (YAP). A lot of intervention training is done, but there is no budget for undertaking campaigns. So referrals are largely through GPs or family and friends. There is also Level 1 'brief intervention' training which is basic level training and which is now available for council staff. The real problem is to get people to access the service in the first place and to help them 'stay stopped'.

3.48 Long term success is measured by a 52 week follow up on clients and the current success rate is 25% which is higher than the national average. The Group welcomed the fact that the service has targeted the Mitcham area where the need is greatest – the CR4 postcode area. There is sufficient capacity in the service, but the problem is about primary care. There are seven pharmacies who could provide the service but four of these do not have a suitable area in which to see clients. One pharmacy was inundated with people and pulled out of providing the service. There is a total of 3 pharmacies in the CR4 postcode area. A service has been offered at the Wilson Hospital in Mitcham, which is very popular and also at Vestry Hall, Mitcham through daytime groups, although these lapsed in the summer of 2006. Subsequently the PCT advises that the service at the Wilson Hospital

has been expanded from a half day to a full day service. There has been a lack of interest in the service at Vestry Hall and so the service there has not recommenced. However, an 8 week easy access drop-in service is now operating from St. Mark's Family Centre in Mitcham.

3.49 In terms of work with lower socio-economic groups, there has been success on the Roundshaw estate (in the borough of Sutton) and similar work is being set up at the Wilson Hospital, through an open-house/no appointment approach. Members agreed that this is the sector of the community which has the greatest need and which provides the greatest challenge. At the other end of the borough there is similar provision. Wimbledon Village has the lowest need but there is a service operated in Boots and Superdrug in Centre Court Shopping Centre in Wimbledon, in Francis Grove and in Colliers Wood, as well as at Lavender Fields Surgery. 80% of the service is delivered through GP surgeries or is linked to pharmacies.

3.50 The Review Group highlighted some research, which has identified the link between smoking and poverty – with more than 70% of smokers being people on means tested benefits, with a higher prevalence among manual workers.[3] The issue is whether there is some way that these people can be specifically targeted. Low income families are spending a disproportionately high percentage of income on tobacco and go without basics such as proper food which affects the whole family. These people have lower rates of quitting and need more intensive support to quit, particularly as they are unlikely to have a role model. The PCT carried out a health equity audit on the service looking at service use of people entitled to free prescriptions and those in work. People entitled to free prescriptions had lower quit rates. If the Wilson Hospital drop-in service is a success, it may be replicated elsewhere. The message also needs to be spread through the voluntary/community sector and mental health services. The Review Group considered that some people are reluctant to participate in a group session.

3.51 On the issue of GPs prescribing drugs therapy, the PCT confirmed that GPs can prescribe drugs for those who won't join the service although they do encourage people to join wherever they can. The Review Group acknowledges the PCT's drop-in service, launched early in 2006 as part of its 'Give Up 4 Good' stop smoking campaign. It is vital that all local partners/agencies continue to work together on this issue.

Recommendation 10 : That the Council assists the PCT in meeting targets for helping smokers to quit by using established communication mechanisms, for example by including a flyer about the 'stop smoking' service when issuing benefits.

3.52 The PCT advised that links had been made with the Healthy Schools Scheme and an education event has been organised for people involved with young people. Merton YAP retained a member of staff

[3] 'Poor Smokers' - The Policy Studies Institute 1994

who had been HImp funded so that continuity of service could be maintained and are hoping to get some stretch target money for education/promotion.

3.53 It was acknowledged that GPs are treating people for conditions directly caused by smoking and it is vital that GPs, when prescribing for these conditions, take the opportunity to try to persuade people to quit smoking. The PCT advised that 'QOF' points and thus money are awarded to GPs for their role in encouraging people to quit and so GPs should record whether every patient is or is not a smoker and should take every opportunity to deter their patients from smoking . But the points system is not very effective as it is too easy for GPs to comply without properly using powers of persuasion. Smokers also incur a high cost on the NHS and on use of hospital beds.

Recommendation 11 : That health scrutiny members take steps to encourage GPs to take a more positive approach to encouraging patients to quit smoking and work more closely with the PCT to promote the local stop smoking service (for example, through a letter from ward councillors to local GP surgeries).

3.54 There are 3 'Ts' which are used when treating tobacco addiction:-

- Tension
- Trigger
- Treatment

People who do succeed in giving up smoking are often very passionate about their success and can be excellent advocates as 'buddies' in group sessions. But different triggers work for different people in trying to quit smoking. The Carbon Monoxide Test is used during the six weeks' service – its easy to use – clients just breathe into the machine which measures carbon monoxide. The following week the reading should have reduced which encourages people to persevere.

3.55 <u>Tobacco Control Legislation Update</u>

Legislation has emerged largely through the issue of passive smoking and its impact on health. The date for legislation to come into force to provide smoke free public places is July 2007 – regulations will be enforced by the Council's Environmental Health Team. There are some exemptions, e.g. the legislation does not apply to people's own homes, to residential homes in individual bedrooms or in individual prison cells. Public houses will be a challenge but the legislation has worked well in Ireland and Scotland. However, the legislation in England will not have so much emphasis on placing responsibility on premises owners/publicans. Mental health clients are also a challenge. The legislation is likely to result in a wave of people trying to quit smoking but it is expected that this will peak and then revert to the usual level. However, bank staff will be ready and in place to deal with the peak period. The Smoking Control Network has produced a

briefing, which emphasises the key opportunity offered by the smoking legislation. [4]

3.56 The Review Group asked what was being done about the sale of cigarettes to children and were informed that Merton still operates test purchasing schemes and there is proposed enhancement of this programme in the Local Area Agreement (LAA). So this is likely to result in more coverage. Merton has very good rates of compliance as prosecutions two or three years ago have acted as a deterrent. The record for preventing sale of tobacco to children is better than that for sale of alcohol. The current age limit for sale of tobacco is16 years, but Government is proposing to increase this to 18 years in line with the legal age for sale of alcohol. Counterfeit cigarettes are also a problem as they contain a very large quantity of chemicals.

Recommendation 12 : That councillors assist the Authority with picking up contraventions on sale of tobacco and alcohol to underage youngsters , through acting as monitors of problem areas in the borough and reporting incidents to Trading Standards for investigation.

REVIEW GROUP 3 : OLDER PEOPLE'S HEALTH

3.57 NHS Dentistry

The Review Group met with the PCT's Service Improvement Manager for Dental and Pharmaceutical Contracting and learned about the new contracting arrangements for NHS dentists. Under the old contract, dentists used to be paid for the type of treatment they did. With the new contract, although their total contract value still has an element of payment by type of treatment, dentists now receive a fixed monthly salary. Each treatment corresponds to a different number of Units of Dental Activity (UDA) and in exchange for the annual contract value dentists are asked to deliver a number of Units of Dental Activity. No additional money was provided for the new contracting arrangements. Practices receive payment on a monthly basis and are monitored by the PCT both through practice visits and through the Dental Practice Board's (DPB) monthly activity reports. Under-performance can result in money being taken away from a practice and re-allocated to another. There are 3 patient charge bands for NHS work and urgent treatment may also be charged for. From 1st April 2007 the charges have increased to:-

Band 1: £15.90 (increased from £15.50)
Band 2: £43.60 (increased from £42.50)
Band 3: £194.00 (increased from £189.00)

[4] 'Countdown to Clean Air: A Route Plan to 1 July 2007' - Smoking Control Network 2007

3.58 The PCT advised that it is only responsible for contracting NHS work and has no dealings with private dentists. But members were concerned that, if a dentist uses up the allocated units of dental activity, then the surgery can close its books to NHS work, and may then offer private treatment only, until the next allocation of resources for more NHS work. Patients can telephone round to try to find an alternative dentist still taking on NHS work at that time.

3.59 Although the PCT has a list of NHS dentists, it has no way to know whether a contractor accepts NHS patients on any particular day. Although, NHS dentists can no longer charge patients for missed appointments, if a patient misses more than three appointments, surgeries may decide not to offer them treatment. Practices should communicate their policies around missed appointments directly to patients. The PCT advised that it does not currently have any resources for increased patient demand and acknowledged that it had received a lot of calls about how to find an NHS dentist, but these are not considered to be complaints.

3.60 A mid-year review will be undertaken by the PCT in October 2006 to look at allocations and dental activity and map it against population profile and areas of deprivation. The PCT is planning to undertake a survey of patients through use of a questionnaire. The October 2006 review has identified areas with dental activity shortfall and a Sutton and Merton needs analysis will shortly be completed by the sector public health consultant. Members fully endorse the PCT's plan, following the mid-year review, to reallocate dental resources for NHS work, increasing level of services in deprived parts of the Borough.

3.61 The Review Group was advised that the National Institute of Clinical Excellence (NICE) recommends the intervals between routine dental examinations to be between 3 months and 24 months for patients aged 18 and over, depending on their clinical need. The longest interval for patients younger than 18 years is recommended to be 12 months. A unit of treatment is not the visit itself, but relates to what dental work is actually done.

3.62 There is some monitoring of NHS dental services by the PCT.e.g where there is a clinical question regarding a treatment, a dentist can be asked to provide reasoning for choice of treatment at a professional panel. The PCT also has powers to visit practices to see whether information on charges are displayed. If there is a clinical concern over a treatment, the PCT can refer the case for an independent review by the NHS Business Services Authority (BSA) dental reference officers.

3.63 Members considered that patients need to be offered choices and the options open to them need proper explanation, including any costs. Department of Health guidelines suggest that patients should receive a treatment plan for Band 2 and Band 3 treatments. Dentists are requested to provide patients with a personal dental treatment plan for such treatment, which members welcomed.

3.64 Orthodontists

The Department of Health has stipulated that it will only pay for certain orthodontic treatment, that which is diagnosed on clinical and aesthetic balance. Decisions are therefore weighted and treatment only offered if there is sufficient weighting. There is an appeals process for South West London PCTs if a patient is borderline for treatment and another orthodontist in a different PCT considers the case to determine if treatment should be allowed under the NHS. Members were reassured that, for orthodontic patients' whose treatment had already started prior to 1st April 2006, the treatment would not be stopped, even though the criteria had altered.

3.65 Older People/ People with Special Needs

There is a community dental service for patients with special needs such as mobility and phobia problems in conjunction with Wandsworth PCT. Through this, housebound patients can be seen in their own home for some treatment or transported to a clinic. If dental practices are not compliant with the Disability Discrimination Act, dentists should advise on the location of the nearest practice with accessibility.

3.66 The PCT outlined some checks and balances which are in place:-

- Practice visits are undertaken by the BSA dental reference officers, who provide the PCT with a report after each visit. If there is reason for concern, the PCT's Dental Practice Adviser visits the practice for a follow up;
- There is a clinical governance toolkit;
- The Dental Practice Board (which is part of the Department of Health) undertakes clinical checks and interviews patients and then sends the PCT a report;
- Checks are undertaken about every 3 years for each contractor;
- A contractor cannot now sell a practice without going through the PCT, as the contract value does not automatically transfer to he new owner. This gives the PCT the ability to locate services in areas of greatest needs;
- CRB checks and proper references are required for dentists to practice;
- The PCT responds to patient complaints and queries through the Patient Advice and Liaison Service (PALS), either by telephone or in writing depending on the issue raised.

3.67 The Review Group looked at the list of Sutton and Merton dental practices (37 in Merton) and observed that there are more practices located in affluent areas to the west of the Borough. Overall, whilst acknowledging that the dentist contract arrangements are prescribed by the Department of Health, members were concerned that the system does not appear to work to the benefit of patients according to their needs. The Panel agreed to seek public views through a survey

of local dental service provision, to determine how easy it was to find an NHS dentist at a given time and to undertake a telephone exercise to determine the spread of NHS dental services.

3.68 Something To Get Your Teeth Into – A 'Mystery Shopping' Exercise and public survey on NHS Dentistry

A volunteer, Mary Sinfield, agreed to undertake a 'mystery shopping' exercise through contacting 33 local dental practices. The six questions she asked through telephoning the surgeries on 9th October 2006 were:-

1. Do you take NHS patients?
2. Is there a waiting list?
3. Do you do denture work?
4. Is your hygienist's work charged through the NHS, or as private work?
5. What notice is required should I cancel an appointment, and is there a penalty?
6. Can I pay by credit or debit card?

3.69 Of the 33 practices called:-

- Three were orthodontic practices, to which patients could only be referred by a dentist, and one of which advised that there was a two month waiting list at that time.
- Fifteen practices had closed their NHS lists and were only registering new private patients. Of these, four practices indicated that February or March 2007 would be the earliest period at which they might be able to take on further NHS patients (a wait of at least 4 months, therefore). The other eleven practices were unable to say when they might have spare NHS capacity.
- Two practices only provide NHS services to children and those adults claiming welfare benefits. Other adults must register as a private patient.
- Regarding waiting lists, the usual response was that the patient should come to the practice to formally register and make an appointment for a check-up. Some practices advised that if patients did not attend for a regular check-up, they needed to re-register every 15 months, which could be done by telephone.
- Of the twelve practices undertaking denture work, four indicated that this would be subject to the dentist's assessment at the initial check-up, and where complicated work might be required, the prospective patient might be advised to find another practice, or have the work done privately.
- Only five practices had an NHS hygienist, or reported that the dentist did NHS-charged hygienist work him/herself. One practice was without a hygienist, but was trying to recruit one at the time.

- The majority of practices required a minimum of 24 hours notice to cancel an appointment, although some indicated only that there may be a penalty, others that the rules allowed the practice to de-register the patient if there were several cancellations or 'no-shows'.
- All the NHS practices confirmed they accepted payment by credit or debit care, usually with a surcharge for credit cards.

3.70 In addition to the mystery shopping exercise, an article in the local press and on the scrutiny website sought public views on experiences with accessing NHS dental services. Through emails, letters and telephone calls, the following views emerged:-

- There was experience of dental practices going private without notifying existing patients, who then found themselves with excessive charges of around £80 to pay after treatment.
- Some practices only offer NHS treatment to those on benefits for whom treatment is free.
- There were some problems experienced with finding a local NHS dentist forcing patients to go private; however, some people were able to find an NHS dentist willing to take them on, from the list supplied by the PCT.
- One surgery was advertising NHS services but did not offer a full NHS check up with a basic dental hygiene clean – instead trying to sell a private clean costing £55.
- The issue of NHS dental charges not being clearly displayed in surgeries was raised.

3.71 The Review Group was concerned that the cost of treatment could prove a shock to some patients after treatment has been administered, if the charging criteria are not always made clear. Also, that there ought to be a way for the PCT to monitor and manage NHS dentistry activity, which would allow the public to find a dentist taking on new NHS patients at any given time, rather than just providing a list of local dentists and asking patients to telephone round.

Recommendation 13 : That every patient should be allocated adequate time in check-ups to allow dentists to be able to concentrate more on oral hygiene, which will contribute to reducing the need for some dental work to be done, through promoting prevention of poor dental hygiene, thereby reducing dental costs and increasing capacity in the service.

Recommendation 14 : That information on dental services and the NHS charging bands should be displayed more widely, e.g. in all dental surgeries, in local libraries as well as in the local press. The PCT should continue to search for ways to compile more accurate and timely information, in order to be able to advise patients on which practices are accepting NHS patients at any given time.

3.72 <u>Chiropody/Podiatry Services</u>

Members acknowledged that chiropody/podiatry are the issues on which they regularly receive more complaints than almost any other service area. Therefore, the Review Group invited local voluntary and community sector representatives to a focus group on chiropody and podiatry services in December 2006 and the PCT sent representatives as well. Attendees included Merton Seniors Forum (formerly Merton Association of Pensioners) and Age Concern Merton.

3.73 The PCT advised that there is a high demand for these services and also a high level of complaints. There is currently a needs assessment in progress, which started in 2004/5, to assess needs against the criteria for services, so that these are offered to the most appropriate clients. There is now a scoring system for all new service clients and for discharging from the service. The caseload of existing clients is being looked at. Once this is completed, the PCT has agreed that it will report on what it will provide and what can be done for those patients who do not fit the criteria. Consultation is planned in 2007. Potentially there may be six thousand people who won't fit the criteria and who therefore will not receive a service and this has concerned councillors.

3.74 A service is offered through local day centres and also community clinics, e.g. Eastway, Birches Close, Wide Way Clinic, Patrick Doody Clinic, Amity Grove Clinic, Morden Road Clinic. There are currently 14 members of staff covering the service across both Sutton and Merton. For podiatry services, there are 15,000 patients across Sutton and Merton registered for community podiatry services,(including community diabetic patients, but excluding specialist and hospital services), with a waiting list of 9 months. The size of service is about average for South West London (Croydon's is about the same size; Wandsworth's is smaller). Generally there is low staff turnover in the service.

3.75 Various views and concerns were expressed at the focus group:-

- Members and public were concerned that if the condition is allowed to deteriorate, patients are more likely to require a higher level of service at greater cost. Preventative care is therefore crucial.

- Age Concern Merton (ACM) outlined the ACM's event on 9th December – a public consultation on chiropody and a suggested model of service to be piloted as a 'foot health service'. But she emphasised that this would not be a nail cutting service and could not meet all current demand. The 'Solemates' service is now operational.

- The difficulty with finding a private podiatrist, even if people can afford it, was highlighted, especially in the Mitcham area. If a person's nails are too long, they can't get there in any case and it costs around £38-42 per home visit.

- The PCT stressed that it cannot cover everyone's needs and accepts that it must work with the private sector and groups like Age Concern to close the gap.

- There is one foot care assistant who does nail cutting and people requiring this service could still be on the list for treatment through meeting the matrix criteria. However, concern was expressed about people who are currently receiving no treatment at all. The PCT needs to look at other ways to see people – e.g. through district nurses, with training for nail cutting for patients who are low risk. The view was expressed that the matrix does not take into account a person's whole health – it is a points system. There was concern about levels of service need, including housebound people, and how the service would get to know about them.

Recommendation 15 : That the need to make sure that people needing a podiatry service are appropriately referred is emphasised, via GPs for example.

- The issue of using district nurses for podiatry was raised. The advice given is that district nurses do not perform this function, but if patients are already in the district nursing caseload receiving care for other morbidities, this could be a possibility.

Recommendation 16 : That there is a need to look at other ways to see people and to expand skills in basic foot care more widely in the community, including through using district nurses where appropriate and through discussions with social services.

- Training courses should be promoted as well as patient self-management, through workshops etc. – to promote preventative measures, through practical tips. The PCT agreed to liaise with MAP, which has some members with knowledge and skills in this area. It was agreed a 9 month waiting list is unacceptable - self management/prevention are part of the answer.

- The possibility of pharmaceutical companies sponsoring an event, or possibly Boots Chemists or Scholl, was put forward. The PCT agreed that these options could be looked at.

Recommendation 17 : That the options for promoting foot care skills through securing pharmaceutical sponsors and organising self-management workshops be actively pursued.

- Affordability of services is a key concern and the length of time between appointments and treatments.

- Staff in nursing homes are trained to deal with basic foot care and know when to refer on if necessary, which works pretty well.

- The problem with using homecare staff is that there is often a high turnover and training might therefore not provide consistent benefits as skills are lost through turnover. It would not be affordable to continually repeat the training. So staff retention is a key issue. There would also be a need to be sterilising facilities for equipment, or make sure patients had their own clippers etc. The right skills mix is therefore very important.

3.76 At the time of preparing this report, the PCT is still assessing the current podiatry patient caseload, which will result in a percentage of patients likely to be discharged from the service. Local workshops will be held for these patients, to update them and look at alternative forms of care, such as self management. Scrutiny members are committed to monitoring this service area carefully.

REVIEW GROUP 4 : YOUNG PEOPLE'S HEALTH

3.77 Vaccination/Immunisation

This Review Group met with the Director of Public Health and with representatives from the Health Protection Unit to consider vaccination and immunisation programmes and the issue of tuberculosis (TB).

3.78 Current Practice

Members learned that the main national immunisation programme is undertaken during the first two years of life. It includes the

- '5 in 1' where a single vaccination for diphtheria, tetanus, pertussis, polio and Hib replaces two separate vaccinations
- new immunisation against pneumonia (pneumococcal vaccine).

Childhood immunisation is a major public health success, and previously common diseases (measles, mumps, german measles, whooping cough) are now rare.

3.79 The PCT is judged on the take-up of immunisation: 5 in 1 coverage is nearly 95% and MMR has now reached 82% from its previously low base of 71%. Changes to immunisation can have knock-on effects e.g. there is a cohort of young people (late teens / early twenties) who have not been fully protected against mumps this has resulted in an increase in mumps infection in this age group recently.

3.80 There is a large workforce of health visitors working in the community, but GP practices vary in their immunisation rates and there is still suspicion of the MMR vaccine through fear of autism etc.

Recommendation 18 : That Merton Council and the PCT should help to increase awareness of the issue of infectious diseases, to encourage parents in the take-up of vaccination for their children, as a preventive measure, including awareness raising in early years settings (e.g. Surestart Children's Centres, schools, Children's Trust).

3.81 **Tuberculosis (TB)**

TB was never totally eradicated but was down to 5,000 cases nationally in the late 1980s. This increased to 8,000 nationally in 2005. A lot of factors are involved, e.g. travel, migration, overcrowded accommodation, socio-economic status, HIV (which reduces immunity). The numbers of new cases in Merton ranged from 33-64 per year between 2000 and 2005 and 40 cases per 100,000 is the rate used by the World Health Organisation (WHO) to indicate an area of high endemicity. Merton has five wards which have a rate at 40 or above, but overall Merton's rate, in 2005, was approx 33 per 100,000 i.e. less than the overall London rate which is above 40. In Merton, the CR4 postcode is generally the area where factors associated with TB are more prevalent.

Recommendation 19 : That schools in the CR4 postcode area and with higher ethnic minority populations should be positively targeted with awareness raising on the issue of immunisation and the risk of TB.

3.82 Members learned that there has been recent major change to the BCG vaccination against TB programme. The UK was fairly unique in the past in offering a school based BCG programme, as many other countries vaccinated infants. The picture since the 1950s has changed, which is why the school BCG programme ceased in 2005. The focus is now on giving BCG in the first months of life to infants at highest risk from the disease. Across Sutton and Merton (the area covered by the PCT) between 1 in 4 and 1 in 5 infants now receive the BCG vaccination. Risk assessment is based on infants living in an area where the incidence of TB is 40/100,000 or higher or where parents or grandparents were born or live in a country with a TB incidence of 40/100,000 or higher. BCG is also recommended for non-immune new immigrants from high prevalence countries or those likely to visit such a country for longer than three months and for those at risk due to their occupation, such as healthcare workers.

3.83 The neo-natal programme is running well but there may be a need to raise awareness at school entry, including around the issue of TB and it was noted that the BCG does not necessarily confer TB immunity for life.

3.84 There is currently a pilot mobile x-ray unit in London for TB screening, which is targeted specifically at the homeless and prisoners. Treatment for TB takes around six months or longer. Some patients have difficulties with taking treatment consistently over six months and

all efforts are made to encourage them to do this. Very, very occasionally orders can be imposed to admit people with infectious TB under S37 of the Public Health Act and S38 can be enacted to detain them. But people cannot be forced to accept treatment.

3.85 Further spread of TB is controlled by contact tracing (screening and treatment where necessary) amongst family and close contacts of all cases. This is managed by the specialist TB nurses. In London around 76% of TB occurs in people who were born abroad, although very few will come into the country with active TB, but it is important to identify the disease early. In Merton there is a PCT Community Development Co-ordinator who works closely with local community groups. All cases of infectious disease are notified to the local authority.

3.86 The Director of Public Health advised that, In London for the 0-14 years age range, the percentage with TB who were born outside the UK is lower than for those aged 14+ years:-

0-14 years old with TB: 51% were born in UK, 49% outside UK;
14 years + with TB: 24% born in UK, 76% outside UK

3.87 There is a PCT database which is child based (not school based) which holds immunisation records gathered both from health visitors and GP records. The aim is also to record those parents who decline immunisation, so that they are not troubled again. The Health Protection Unit monitors all infectious diseases. The Health Protection Unit works very closely with the PCT and the LA to ensure appropriate action is taken. The Unit provides a level of knowledge and expertise on infectious diseases and supports health colleagues to dispel inaccuracies in information on immunisation which emerge in the press from time to time, wherever possible.

3.88 Healthy Schools Scheme

The Review Group also met with the Healthy Schools Scheme Co-ordinator, who outlined the Healthy Schools Scheme, jointly funded by the Department for Education and Skills and the Department of Health since 1999. There is now a strong national focus for the Scheme and Merton has joined with Kingston and Richmond to implement it locally and 155 schools across the 3 boroughs are included.

3.89 In order to become accredited as a healthy school, four criteria need to be met:-

1. PSHE
2. Healthy Eating
3. Physical Activity, including walking to school
4. Emotional Health and Well-being (includes issue of bullying)

3.90 The Scheme act as a hub and links with other initiatives, e.g. :-

- School Nursing
- School Sports Strategy
- Teenage Pregnancy Strategy
- Drug and Alcohol Action Team (DAAT)
- School Meals Development Group
- Behaviour/Attendance monitoring
- School Travel Plan – walking to school
- Local voluntary groups

3.91 In order to achieve healthy schools status, schools need the full backing of the head teacher and a lot of hard work is involved. The RAG (red, amber, green) system is used to measure success. Merton, Kingston and Richmond are green and are therefore doing very well.

3.92 In accordance with the *'Every Child Matters'* agenda, there is much closer working with partnership agencies now. Children, Schools and Families supports the Scheme. In response to DAAT advising that looked after children are particularly vulnerable to drugs peddling, the best that can be done is to target the more deprived schools and the pupil referral units (Smart centres). The Scheme focuses on health of the school as a whole, including teachers, staff, parents and governors.

Recommendation 20: That elected members be requested to take more interest in their local ward schools and, by means of a letter to the head teacher and chair of governors, promote the Healthy Schools Scheme in all schools, to ensure 100% commitment, including recommending that schools consider nominating a dedicated Healthy Schools Governor.

3.93 Healthy Eating

Action and lobbying by parents has contributed to the healthy food initiative locally [5]. There is a rolling programme for school kitchens to be refurbished to handle cooking food from fresh. For those schools which cannot accommodate this, mother kitchens are used and cooked food is transported to them and reheated on site. The contract for all school meals is let to a single contractor who works closely with the Healthy Schools Scheme officers and is scrutinised by the PCT dietician. Packed lunches are increasing in places and this cannot be regulated. School meals are charged at less than £2 per day and schools are encouraged to work with parents on how to provide a healthy packed lunch as an alternative.

3.94 Physical Activity

There is a target for schools to provide 2 hours per week of high quality sport, to promote a fitter, more active lifestyle and promote well-being. Monitoring of the Healthy Schools Scheme reports:-

- Better behaviour among pupils in schools
- Teenage pregnancy rate is reducing

[5] *Merton Parents for Better Food in Schools*

- Levels of smoking are down
- Levels of drug use are reducing
- Academic performance is improving
- Truancy rates are reducing and attendance improving

However, alcohol consumption is increasing among young people and this is a concern.

4. MENTAL HEALTH AND WELL-BEING

4.1 In October 2006, the Panel as a whole met with the South West London & St George's Mental Health Trust and the PCT to consider the issue of prevention of mental health problems and promotion of mental well-being.

4.2 The Disability Rights Commission (DRC) undertook an investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems. [6] The key issues highlighted by this investigation were:-

- People with mental health problems have higher incidence of schizophrenia, diabetes, stroke, respiratory disease and die younger.

- People with mental health problems and learning disabilities are not always presenting to the GP when they have problems.

- Mental well-being requires decent accommodation, something to do and someone to love – it concerns the relationship between nature and nurture and involves self-respect and sense of identity.

- Any model of developing people to their full potential and integrating within local communities must embrace both social and medical treatment issues. However, the social model of disability is the key way to achieve integration and should be included in staff training. This model enables disabled people to look at themselves in a positive way and requires barriers to be removed, allowing participation fully and equally in society.

- It is not an issue of just treating with drugs but looking at the wider picture.

[6] 'Equal Treatment – Closing The Gap' – Disability Rights Commission, 2006

- Addressing the issue needs to involve schools, employers, adult education, media, housing, leisure etc.

- Mental health inpatient numbers are down from 150k in 1950s to 32k

- Some mental health patients may not even be registered with a GP.

- Users say there can be difficulties with accessing GPs – it is hard to get appointments, waiting times are stressful, people have difficulty dealing with crowded rooms etc.

The panel agreed that the above issues should be taken into account by local practice-based commissioning groups.

Recommendation 21: That consideration be given to improving access to primary care for people with mental health problems, for example through GP drop-in sessions, and promoting GPs to take a special interest in mental health.

4.3 The Quality Outcome Framework ensures that health checks and advice are available for people registered as having serious mental health problems. Access to services appears to be improving all the time with better follow-up services. Early introduction of 'Talking Therapies' in Merton has been successful, with simple counselling for people beginning to have difficulties with mental health and this is a good example of how early intervention can help prevent more serious problems. However, the Panel expressed concern that local funding for other beneficial preventative services, such as the bereavement counselling service, had ceased, and the service replaced by an evidence based cognitive behaviour therapy service at higher levels of need provided by the Mental Health Trust. Members had received numerous letters about this, as the bereavement service had enabled people to seek help in the early stages, helping to reduce the chances of more serious mental health problems developing (which are more costly to provide). Members therefore perceived this development to be a false economy in terms of providing mental health services. The Mental Health Trust has agreed to keep councillors up to date on progress with implementing the service.

4.4 Other issues discussed included:-

- The new self help service using literature in libraries, providing and support and advice to people.

- Improving access to appropriate housing is slow work, although progress is being made.

- Access to vocational work and employment is vital – the Learning and Skills Partnership funds for a vocational worker in primary care and there are 4 vocational workers in community mental health teams.

- BME communities – community development workers work with communities to raise awareness and identify where there is evidence of early mental health problems. However, results and benefits are sometimes slow to see.

- Under Practice based Commissioning, there is a national formula for apportioning PCT money. It is not clear what level of mismatch there was before the current apportionment and the new formula. But there is a need to address unequal treatment.

- Disability access is largely seen in terms of physical disability and not mental health disability, although mental health is a major reason for people to receive disability benefits.

- Equality is not about treating people the same, but about addressing higher needs and priorities with more resources. Higher risk client groups need more attention than other groups.

- A smoking cessation advisor has been appointed within the Mental Health Trust as part of the Local Area Agreement.

- Given the PCT Turnaround Plan, mental health will need to compete with other services for priority and resources. There are now better resources in primary care for mental health services, but the situation will remain challenging for the next few years in terms of resources.

- The importance of effective liaison between mental health services and partners, particularly through community mental health teams developing links with services for tackling drug and alcohol abuse (an issue originally highlighted during a World Mental Health Week).

Recommendation 22: That there is a need to link mental health services with services tackling drug/alcohol abuse, with community mental health teams developing more joined up ways of working to improve the service.

- Both the Mental Health Trust and GPs will need to work together to ensure that patients register with a GP, in order to ensure annual physical health examinations, to check on the need for medication and reduce side effects, and to promote healthy living. Also, residential home clients should be able to indicate a choice of GP.

- Early intervention, assertive outreach and crisis intervention services are required to modernise local services and bring them up to compliance with the National Service Framework (NSF). Health Scrutiny members will focus on these areas in future work to remodel

these services (through a review of adult community mental health services)

- There needs to be more awareness of what disability covers, including cancer, learning disability, dyslexia – all of which can impact on mental health.

- There would be benefits from a local GP conference being held annually, to allow GPs to agree to take collective responsibility for borough wide health concerns, such as mental health issues.

- A number of GPs in Merton are very interested in mental health and there is some good practice in place, which should be built on. However, many GPs are not specifically interested in this area and there should be financial incentives to promote specialism in mental health among GPs, as GPSIs for mental health, with appropriate training etc.[7]

- More work is required to provide physical activity opportunities for people with mental health problems. Work needs to be done with the mental health trust in this area, as improved physical health contributes to enhanced mental well-being.

[7] 'GPSI' : GP with a Special Interest

5. PRIMARY HEALTH CARE RESOURCING

5.1 In September 2006, a group of local GPs from the eastern side of the borough asked to meet the Health & Community Care Panel, in order to outline their key concerns about the health resources allocation process. In particular, the key issues raised were:-

1. Addressing health inequalities
2. The PCT financial situation and the Turnaround Plan
3. National formula for allocation of resources by PCTs, without account taken of deprivation levels.

5.2 The Panel was informed that relationships between PCT and GPs vary from practice to practice. Generally, communication channels could be better. Commissioning groups of GP practices have been set up, covering between 30k to 140k patients each, depending on the size of the group.

5.3 As already highlighted, there are major inequalities between Mitcham (CR4 postcode area) and Wimbledon e.g. higher mortality rate, higher incidence of long term illness, incidence of teenage pregnancy etc. Merton borough as a whole comes out well, but within particular wards there are huge differentials which GPs have observed and which require appropriate resource allocation. Although primary care baseline budgets have been determined by historical levels of achievement for contracted services, the PCT has advised that additional growth monies awarded to the CR4 postcode area practices took into account demographic needs.

5.4 There was a national formula applied but there is local regulation as well, which can provide for extra funding element to be allocated. Each GP practice receives extra funding through this and all practices have been resourced to provide clinical access for services above that achieved nationally. However, it is not transparent as to how this is

applied and it is not entirely related to local need through weighting of criteria etc. The health inequalities information is readily available via the Director of Public Health's report. [8] However, the PCT has acknowledged that the resource allocation process is not sophisticated enough to take account of local inequalities.

5.5 How decisions on funding are made

There is the Professional Executive Committee (PEC) which includes clinical representatives, whose decisions are endorsed by the PCT Board. Local GPs do try to undertake some preventative work locally and there is use of a quality and outcomes framework which takes account of causality. In the more deprived parts of the borough, people are less likely to have their children immunised. South Asian residents form a large group in this area and are more likely to suffer from heart disease or diabetes. Single parent families are also more prevalent. Mental health issues are also more common. The local population is more transient, with a third of the population from the Mitcham area moving within 3 years. The level of tenancies is also higher. There is also a higher percentage of older people (aged 75+ years).

5.6 Members emphasised that information on a whole range of activities to improve health is available and GP surgeries can and should promote these. The GPs interviewed pointed out that a lot of documentation comes their way and there is sometimes no resource to promote healthy activities more proactively. Nevertheless, there is some local good practice in using resources innovatively in response to patients needs and this should be shared.

Recommendation 23 : That GP practices should consider providing health education workers specific to their practice populations.

5.7 GPs are being consulted on the PCT financial turnaround plan but it is felt that the proposals to achieve financial balance are short term, rather than long term sustainable measures. GPs are certainly willing to play their part in the proposals planned but the process needs to be transparent and reflect real health needs. The PCT is relying on the proposals achieving savings through reducing referrals to secondary care, but there is concern that this approach may not address the inequalities gap.

5.8 There is a need to raise the profile of the Mitcham area to give it a proper identity. Some aspects of the Healthy Living Centre are good, e.g. pharmacists. The GPs were informed about the self help groups for mental health issues organised by Merton Mind and GPs had been advised of these in the past. However, there had not been one referral of a client from a GP practice.

5.9 GP Premises

[8] Health Inequalities in Sutton and Merton : Developing a Platform for Local Action (Annual Report of the Director of Public Health 2005)

There is a PCT process with a criteria for addressing the issue of poor GP premises. The PCT is currently in discussion with eight Merton practices regarding the re-development of premises. These developments are at different stages of planning, ranging from identifying sites, drawing up business cases, awaiting planning approval to commencing construction. The planning brief for a local care centre on the Nelson Hospital site has also been consulted on.

5.10 Health Visitors are provided by the PCT but the number is based on historical precedent and Mitcham surgeries are low on numbers of HVs when compared with need. It’s the same situation with regard to district nurses.

Recommendation 24: That the PCT should be requested to re-examine the issue of provision of health visitors locally.

5.11 Practice based commissioning

Members were informed that, under practice based commissioning, GP practices can use 70% of any freed-up resources for re-investment in patient care. Members emphasised the importance of providing strong local health services, including in the area of prevention of ill health, and the need for adequate funding for this.

5.12 Performance

On the issue of whether there is financial reward for achieving targets, the GPs interviewed advised that there was concern about the PCT looking at performance and taking money from poor performers to reallocate to those who meet targets, without taking account of the additional pressures the under-performing practices may face. Surgeries in the Mitcham area are more likely to have a higher number of patients waiting to see a GP and therefore challenging time pressures occur when trying to meet the required 10 minute appointment minimum standard. The PCT has advised that it can provide information regarding performance targets management, should this be requested.

5.13 Mental health also remains an area of concern for GPs with another cut to mental health services in the PCT turnaround plan. However, Merton Council has now committed itself to a budget provision for mental health services amounting to a total of £880k across 3 years from 2007 – 2010, which is very good news. The Mental Health Review Group, which is a sub group of the Health & Community Care Scrutiny Panel, will be scrutinising proposals emerging from the review of community mental health teams during 2007.

5.14 There is a range of indices which could be used to target and reallocate health resources e.g. rates of teenage pregnancy, ethnic profile of local wards, age profile of local population, tobacco and

alcohol use. The PCT is currently undertaking a review of Value for Money in primary care and concerns like deprivation, and whatever that means for individual practices, will be a consideration in this review, as will the standard of services provided and the utilization of additional resources already provided to practices to support greater clinical access to patients. The PCT has been requested to report to health scrutiny members on the outcome of this review in due course.

Recommendation 25: That the data available within the PCT is used to reallocate health resources according to local needs, rather than according to historical precedent.

6. THE CHAIR'S *'LIVE AID'* INITIATIVE

6.1. Promoting healthy eating is vital to promoting good health. A survey of fast food outlets in Merton's town centres is undertaken regularly by Environment and Regeneration Department and the latest survey shows that there are 130 'A5' (hot food takeaway) classified outlets in the borough. However, this does not include establishments like MacDonalds or KFC, which are classified as 'A3' use (restaurants/eat on the premises) but which also provide takeaway food. Clearly the public needs strong resolve to resist temptation in the high street!

6.2. In order to lead by example and actually 'practice what is preached', the Panel Chair decided to convene a group of members and officers who wished to lose some weight through healthy eating and taking more exercise. Monthly weighing sessions were held and members of the group were asked to provide a 'slim' photograph of themselves from former days as an incentive to persevere with the programme. Considerable success has been achieved as reported below, with some people losing up to 2 stones in weight. Biscuits/cookies have also been omitted from refreshments for councillor meetings, and replaced with fresh fruit.

6.3 The Chair's 'Live Aid' Group started in December 2006, when a group of 13 Councillors and two chief officers met together with the joint objective to lose weight and to become fitter. The group has met together regularly over a six-month period. Each time, members were weighed and their waist measurement was taken, as it is apparently very dangerous to carry excess inches round this area.

6.4 The results of the original weigh in and waist measurement indicated that there were four people in the group who were morbidly obese (life threatening) and seven people in the group who were obese (i.e. going down the dangerous route). The rest of the group were just overweight in varying degrees.

6.5 It is now recognised that obesity costs the NHS £1 million per annum to treat disease-related condition e.g. strokes, heart disease, diabetes, joint problems, high blood pressure, high cholesterol etc. So, apart

from personal health benefits for the group, it is hoped that residents will be encouraged by this example.

6.6 The group was advised and assisted by the Sutton and Merton PCT Dietician and Activity Co-ordinator and this help was much appreciated. The group was provided with pedometers to monitor walking levels and issued with very helpful literature from the PCT. The pedometers were very useful, as it made participants fully aware of how much - or how little - they were walking per day. The recommended distance is 10,000 steps per day.

6.7 The group was also encouraged to make a positive effort to take more exercise and in particular to go out into the community to discover the facilities that are out there for everybody to use. In particular the following facilities/ equipment were visited and used:-

- The Hub, Morden
- Sir Joseph Hood Memorial Park, Motspur Park – Trim Trail (Free)
- Local swimming pools
- Rowing machines
- Organised walks (many are organised by London Borough of Merton, Ramblers Associations and local churches)
- Charity Fun Runs
- Dancing
- Walking holidays
- Cycling

6.8 After a period of six months the group has lost a combined total of 6stones 5lbs – and the trend is on a downward slope – so the group has been encouraged not to give up and will continue for another six months to take advantage of lessons learned so far. The PCT has informed the group that losing even a small amount can bring many health benefits.

7. RESOURCE IMPLICATIONS

7.1 The Chair and Vice-Chair met with the PCT in May 2007 to discuss the review findings and determine potential resource implications arising from the recommendations in this report. Merton Council officers have also been consulted on the resource implications impacting on their areas of service delivery.

7.2 Whilst there are inevitably some resource implications arising from a few of the review recommendations, local authority and health officers have determined that essentially the findings of the review and the recommended actions are appropriate for implementation when adequate resources allow and will contribute to promoting prevention of ill health within the local community.

7.3 The resource implications for both the local authority and the PCT will be presented alongside this report when a decision to approve the review findings is being made.

7.4 Once the report has been approved, an action plan will be drawn up to take forward the agreed recommendations. Implementation of the action plan will be monitored by the Health & Community Care Scrutiny Panel as part of its work programme.

8. CONCLUSIONS/NEXT STEPS

8.1 This review has been a very wide ranging and cross-cutting piece of work. Inevitably there have been issues for which there has been no time to undertake any investigation. For example, there has been no examination of teenage pregnancy rates, or of obesity levels. Nevertheless, a great deal of useful work has been covered and the Health & Community Care will be able to raise outstanding issues of concern for possible inclusion in a future scrutiny work programme.

8.2 Many of the Council's regulatory have a direct or indirect effect on the health of local residents. For example, the environmental health function protects residents from air pollution by controlling emissions, inspects food premises to ensure hygienic practices, provides grants to install health and insulation in the homes of potentially vulnerable people and ensures that anti-smoking legislation is enforced.

8.3 Indirect effects include the promotion of pedestrian and cycle facilities in development and ensuring the concentration of community uses, car-free developments, ensuring that buildings are safely constructed to high standards of insulation and accessibility, controlling the availability of alcohol through licensed premises.

8.4 Historically, the above functions have substantially affected the mortality and morbidity of the population to a considerable degree, quite apart from actual medical intervention. There is an associated health impact with almost every aspect of living and the more that healthy lifestyles are promoted, the more people can remain fit and well.

8.5 This report will be presented to the Health & Community Care Scrutiny Panel in June 20906 for endorsement of the recommendations and then forwarded to Cabinet for approval. Once agreed, an action plan will be drawn up to take forward and implement the recommendations.

8.6 Monitoring of progress with implementing the action plan will be undertaken by the Health & Community Care Scrutiny Panel on a regular basis and one or more report champions may be appointed to lead on this work.

Appendix A

OVERVIEW AND SCRUTINY
REVIEW SCOPE

***Review Body*: Health & Community Care Services Overview & Scrutiny Panel**

Task Group Members (Whole Panel): Councillors Jeremy Bruce, Zenia Jamison, Sheila Knight, Gilli Lewis-Lavender, Denise March, Peter McCabe, Gregory Udeh, Ron Wilson;

Title of Review	**Prevention of Ill Health and Early Intervention**
Outline purpose of Review	To scrutinise the level of initiatives and resources given to preventive measures and early action to improve health and promote health improvement by Merton's Community and Housing Department, the PCT and local NHS trusts. To make recommendations to strengthen these initiatives, including measures to narrow the health inequalities gap.
Expected Timescale (possible no of meetings)	A review for at least the first half of the 2006/7 Municipal Year – may extend to end of 2006/beginning of 2007 due to wide remit. Two task group meetings per month likely to be the minimum requirement .
Terms of Reference	To review the extent of health promotion in Merton, in terms of emphasis placed on preventive measures and early intervention initiatives. In particular, to focus on:- a) Healthy living schemes; b) Accessibility to health services, including disability access and mental health services; c) Effectiveness of marketing/promotion of preventive/early intervention initiatives; d) Equity of health resource distribution across the Borough; e) Initiatives to tackle specific health problems in areas of deprivation; f) Benefit of using health impact assessments when formulating policy
Key areas of enquiry	• Tackling deprivation/narrowing health inequalities gap • Health resource allocation/disparity in distribution across the Borough • Smoking cessation campaigns • Action to address increased incidence of TB • Initiatives for tackling obesity • Leisure/exercise initiatives • Drugs and alcohol services

	• Dental services (all ages) • Chiropody services • Promoting mental health/well-being (all ages) • Older People's health issues (links to Panel's Action Learning Project) • Young people's health issues • Healthy eating (including in schools)
How review could be publicised	• Scheduled Panel meetings and agendas are public and advertised as part of the Council's Corporate Calendar. Task Groups are informal meetings, but are not closed to the public. • Members to arrange to undertake visits to various health-related centres, meet with local groups and speak to individuals and health/social care professionals. • Advertising in the local paper/*My Merton* magazine • Merton Council's website • Health clinics/GP surgeries
Possible witnesses (for written or oral evidence) e.g. council officers, individual residents, community groups, partner organisations, other interested stakeholders, other external organisations	Health, social care and education commissioners, providers and users:- • Community and Housing Services • Children, Schools and Families • Sutton & Merton Primary Care Trust (PCT) • Local GPs • Local NHS Trusts • Social Services Guilds • Relevant voluntary sector groups e.g. Age Concern Merton • Mitcham Healthy Living Centre (Horizons) • Service users
Potential barriers	• Review remit is very wide and will require close management to keep focused. • Recommended change likely to involve reallocation of resources which will require a shift in emphasis/culture in real terms.

Expected Outcomes (all linked to Merton's vision and strategic objectives)	It is anticipated that review recommendations will lead to the following outcomes for service users and the Council, Outcomes for Residents: • Improved users' satisfaction • Greater social inclusion • Better understanding of key health issues and individual life choices • Reduced health inequalities • Improved standard of local health and well-being • A focus on deprived areas Outcomes for Merton Council/Health Partners: • Contributes to all strategic themes, particularly older people, healthier communities, safer & stronger themes • Contributes to local strategic partnership objectives • Contributes to Business Plan/Community Plan aims • Provides improved knowledge of users' and their health needs • Tackles the key issues surrounding local health inequalities; • Provides a focus on local deprived areas; • Highlights appropriate changes to resourcing of services; • Increases knowledge about the community and service users should lead to improved decision making;
Possible Sources of Information	• Best practice from other authorities (e.g. reviews on obesity, teenage pregnancy; initiatives to promote healthy living etc) • Department of Health • Primary Care Trust (PCT) • Centre for Public Scrutiny/IDeA • Healthcare Commission • Director of Public Health • 'Choosing Health' white paper • 'Our Health, Our Care, Our Say' white paper
Scrutiny Officer (Policy, Partnerships & Performance)	Barbara Jarvis 020 8545 3390 Barbara.jarvis@merton.gov.uk
Key Relevant Review Officer(s)	Director of Community and Housing Head of Community Care

Members met on 19th July 2006 and agreed to allocate the review remit (key areas of enquiry) to 4 sub-groups, with cross-cutting issues to be dealt with by the whole Panel, as follows:-

Working Group One – Keeping Fit and	Councillor Gilli Lewis-Lavender (lead member)

Well: • Initiatives for tackling obesity • Leisure services • Exercise initiatives • Healthy eating/nutrition	Councillor Zenia Squires-Jamison
Working Group Two – Breaking the Habit: • Smoking cessation campaigns • Drugs addiction services • Alcohol addiction services • Mental health/well-being	Councillor Gregory Udeh (lead member) Councillor Peter McCabe
Working Group Three – Older People's Health: • Links to research for Health Scrutiny Action Learning Project • Chiropody Services • Incidence of TB • Dental Services • Mental health/well-being	Councillor Sheila Knight (lead member) Councillor Gilli Lewis-Lavender Councillor Ron Wilson
Working Group Four – Young People's Health: • Sexual health, • Tackling teenage pregnancy • Healthy eating in schools • Dental Services • Mental health/well-being • Incidence of TB (vaccination programme?)	Councillor Denise March (lead member) Councillor Jeremy Bruce
Whole Panel - Cross-cutting issues: • Tackling deprivation and narrowing the health inequalities gap • Health resource allocation and disparity in distribution across the Borough • Mental health/well-being (all age groups)	All 8 members of Health & Community Care Scrutiny Panel

Review on Prevention of Ill Health and Early Intervention **(Appendix 2)**

Review Recommendations	***LB Merton Resource Implications***	***PCT Resource Implications***
1. That there should be more intensive promotion of all the local leisure activities for all age groups available to the public, through wider circulation of details and distribution of improved leaflets, including via GP surgeries. *(Action Note: Panel Chair & Vice-Chair to arrange to meet informally with the new Consultation and Communications Officer and with the PCT's Physical Activity Advisor)*	A new Consultation and Communications Officer has been appointed in Leisure, to start on 1 June 2007 and this is an area of particular priority. This recommendation is supported, although there are budget restrictions for the Council which members will be mindful of. As far as possible, resources will be allocated accordingly.	The PCT Physical Activity Advisor concurs with recommendation.
2. That consideration should be given to operating a pilot scheme, whereby one permanent park ranger is employed to be responsible for creating activities and for dealing with litter and maintaining toilets etc. *(Action Note: Panel Chair & Vice-Chair to arrange to meet informally with the new Greenspace Manager)*	Not possible due to resources. Parks have been reorganised and a new Greenspaces Team created. Staff resources are allocated in accordance with programme of works, facilities etc. and the review recommendations relating to parks and leisure will be borne in mind. The new structure will provide greater visibility of staff with availability to the public, but it must bed down before changing the approach. The new Greenspaces Manager arrives on 13 June and will work with the Director in shaping this issue. The Department is considering how to have a joined-up approach to residents on the whole street scene/public realm so these comments will be borne in mind.	N/A

Review on Prevention of Ill Health and Early Intervention		**(Appendix 2)**
Review Recommendations	***LB Merton Resource Implications***	***PCT Resource Implications***
3. That opportunities to extend facilities in local parks should be maximised wherever possible e.g. tennis coaching, fitness groups, healthy walks, basketball, five-a-side, wildlife activities, dog training, adult education etc. Also, in acknowledgement of health and safety issues, where facilities are provided, there should be proper supervision to ensure the safety of participants, including appropriate lighting.	This will need to be considered in the round with all the other pressures facing our public open spaces. The Department will continue to bid each year through the capital programme, but is mindful of the Council's competing priorities for investment.	N/A
4. That the PCT looks into the possibilities of linking up with Surestart in Merton, which already has an established crèche and a site in Tamworth Park as well as the Lavender Centre, to set up exercise classes for young mothers in Merton.	The Council does not directly provide exercise classes such as this, being an enabling body not a direct provider and there are no resources available. However, the Director of Environment and Regeneration will be developing a new specification for leisure facilities service in the next few months and will include a requirement for tenderers to consider outsource work from the leisure centres in various venues across the Borough. There is a cost to this exercise which will be unknown until the work is completed. With regard to the Lavender Centre, Merton is developing eight more Surestart Children's Centres over the next year or so, which will provide an ideal opportunity for PCT to liaise with Merton towards offering exercise classes for young parents in more venues.	The PCT Physical Activity Advisor considers that this recommendation would require a funding resource to be identified.

Review on Prevention of Ill Health and Early Intervention (Appendix 2)

Review Recommendations	***LB Merton Resource Implications***	***PCT Resource Implications***
5. That more work is needed to provide physical activity opportunities for people living in the eastern part of the borough, including identifying potential venues for local activities to be offered.	This partly links to the future of Morden Park Pool and the retendering of the leisure facilities contract as mentioned under the above recommendation. Work with members is in progress on the future improvements we can afford for Morden Park Pool. The Authority will liaise with the PCT on identifying possible venues for physical activities in the Mitcham and surrounding area.	PCT Physical Activity Advisor concurs with this recommendation. The need to identify possible venues for physical activities in the Mitcham and surrounding area will be borne in mind.
6. That efforts should be made to encourage more pharmacies to offer harm reduction strategies, such as needle exchange, in the Mitcham area.	N/A	The PCT endorses this recommendation but has pointed out the unsuitability of some pharmacies in terms of appropriate accommodation etc.
7. That efforts be made to determine why the level of prescribing replacement treatments in Merton is low and then to try to increase the level more in line with regional and national levels.	It is agreed that this issue needs to be looked at in terms of action to increase the usage level for drug replacement treatments.	
8. There needs to be better co-ordination between police and drug enforcement and better analysis of data to tackle the supply of drugs in the borough.	This is currently being developed through Safer Merton work.	
9. That Children, Schools and Families and the DAAT continue to develop closer working together to protect young people at risk of drug abuse, particularly looked after children.	This is on-going work.	

Review on Prevention of Ill Health and Early Intervention **(Appendix 2)**

Review Recommendation	***LB Merton Resource Implications***	***PCT Resource Implications***
10. That the Council assists the PCT in meeting targets for helping smokers to quit by using communication mechanisms, for example by including a flyer about the 'stop smoking' services when issuing benefits.	This can be dealt with through existing resources.	
11. That health scrutiny members take steps to encourage GPs to take a more positive approach to encouraging patients to quit smoking and work more closely with the PCT to promote the local stop smoking service (for example through a letter from ward councillors to local GP surgeries). *(Action Note: Chair to write to councillors on this recommendation, once approved)*	Can be dealt with through existing resources.	N/A
12. That councillors assist the Authority with picking up contraventions on sale of tobacco and alcohol to underage youngsters, through acting as monitors of problem areas in the borough and reporting incidents to Trading Standards for investigation. *(Action Note: Chair to write to councillors on this recommendation, once approved)*	Can be dealt with through existing resources.	N/A
13. That every patient should be allocated adequate time in check-ups to allow dentists to be able to concentrate more on oral hygiene, which will contribute to reducing the need for some dental work to be done, through promoting prevention of poor dental hygiene, thereby reducing dental costs and increasing capacity in the service.	N/A	There may be resource issues for this recommendation in terms of time resources; however increased prevention will contribute to resource savings in the long term.
14. That information on dental services and the NHS charging bands should be displayed more widely, e.g. in all dental surgeries, in local libraries as well as in the local press. The PCT should continue to search for ways to compile more accurate and timely information, in order to be able to advise patients on which practices are accepting NHS patients at any given time.	N/A	The PCT will continue to work to provide accurate information on NHS dental services.

Review on Prevention of Ill Health and Early Intervention (Appendix 2)

Review Recommendation	*LB Merton Resource Implications*	*PCT Resource Implications*
15. That the need to make sure that people needing a podiatry service are appropriately referred is emphasised, via GPs for example.	Should not require additional resources in terms of making referrals. However, potential pressures on the service would need to be robustly managed.	
16. That there is a need to look at other ways to see people and to expand skills in basic foot care more widely in the community, including through using district nurses where appropriate and through discussions with social services.	The PCT advises that, if patients are already part of the district nursing caseload and already receive care for other morbidities, the expanding of basic foot care skills through district nursing could be a possibility.	
17. That the options for promoting foot care skills through securing pharmaceutical sponsors and organising self-management workshops be actively pursued.	N/A	This can be pursued.
18. That Merton Council and the PCT should help to increase awareness of the issue of infectious diseases, to encourage parents in the take-up of vaccination for their children, as a preventive measure, including awareness raising in early years settings (e.g. Surestart Children's Centres, schools, Children's Trust,).	It makes sense for Merton Council and the PCT to have a joint strategy for awareness raising about infectious diseases and to encourage take up of vaccination. Some of this awareness raising could be delivered in early years settings, children's centres, schools etc. However, this would be subject to the capacity of relevant staff, including health visitors and school nurses.	
19. That schools in the CR4 postcode area and with higher ethnic minority populations should be positively targeted with awareness raising on the issue of immunisation and the risk of TB.	This recommendation is sensible, but there may be some capacity issues for school nurses.	
20. That elected members be requested to take more interest in their local ward schools and, by means of a letter to the head teacher and chair of governors, promote the Healthy Schools Scheme in all schools, to ensure 100% commitment, including recommending that schools consider nominating a dedicated Healthy Schools Governor. *(Action Note: Chair to write to councillors on this recommendation, once approved)*	Can be dealt with through existing resources.	N/A

Review on Prevention of Ill Health and Early Intervention (Appendix 2)

Review Recommendations	***LB Merton Resource Implications***	***PCT Resource Implications***
21. That consideration be given to improving access to primary care for people with mental health problems, for example through GP drop-in sessions, and promoting GPs to take a special interest in mental health.	This will need firm commitment, but if recommendations can link with work in mental health currently under way, it is more likely that significant progress will be achieved. The Mental Health Partnership Board's current work plan can be reviewed to try to modify it to cover this recommendation.	
22. That there is a need to link mental health services with services tackling drug/alcohol abuse, and community mental health teams need to develop more joined up ways of working to improve the service.	As above – action can be fed into the Mental Health Partnership Board's work plan to deal with this recommendation.	
23. That GP practices should consider providing health education workers specific to their practice populations.	N/A	This can be considered but there will be significant resource implications. So this may need to be an action for future implementation.
24. That the PCT should be requested to re-examine the issue of provision of health visitors locally.	N/A	There is a resource implication attached to this recommendation, but increased provision could potentially be achieved through shifting allocations.
25. That the data available within the PCT is used to reallocate health resources according to local needs, rather than according to historical precedent. *(Action Note: Panel will request a report from the PCT on its Value for Money Review of Primary Care when completed, as part of the Panel's 2007/8 work programme. Paragraph 5.14 of the Review Report refers.)*	N/A	The PCT advises it is unable to agree this recommendation, without support of all local GPs in Sutton & Merton and the Local Medical Committee (LMC). Resource allocation methodology in Personal Medical Services contract would need significant change, requiring agreement of all GPs