

# Merton Council Healthier Communities and Older People Overview and Scrutiny Panel



Date: 14 February 2024  
Time: 7.15 pm  
Venue: Committee rooms D & E - Merton Civic Centre, London Road, Morden SM4 5DX

## AGENDA

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2 Declarations of pecuniary interest	
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## Healthier Communities and Older People Overview and Scrutiny Panel membership

### Councillors:

Agatha Mary Akyigyina OBE (Chair)  
Jenifer Gould (Vice-Chair)  
Laxmi Attawar  
Caroline Charles  
Eleanor Cox  
Joan Henry  
Andrew Howard  
Simon McGrath  
Slawek Szczepanski

### Co-opted Representatives

### Substitute Members:

Sheri-Ann Bhim  
Jil Hall  
Linda Kirby MBE  
Michael Paterson  
Tony Reiss

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### What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

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# Agenda Item 3

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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

24 JANUARY 2024

(7.15 pm - 9.50 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Caroline Charles, Councillor Eleanor Cox, Councillor Joan Henry, Councillor Andrew Howard, Councillor Simon McGrath and Councillor Slawek Szczepanski

John Morgan (Executive Director, Adult Social Care, Integrated Care and Public Health), Asad Mushtaq (Executive Director of Finance & Digital), Phil Howell (Assistant Director for Strategy and Improvement) and Graham Terry (Assistant Director Adult Social Care)

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

No apologies were received.

### 2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

### 3 MINUTES (Agenda Item 3)

Panel Members confirmed that these are a true and accurate record of the previous meeting.

A Member asked that St Georges return in six months to update on the maternity report (check if we have asked them to return). Scrutiny Officer to add to topic suggestions.

### 4 BUDGET 2024/25 AND MTFs 2024-28 - CABINET PAPERS 15 JAN (Agenda Item 3a)

Taken with Item 6.

### 5 SAFEGUARDING ANNUAL REPORT (Agenda Item 4)

The report was presented by Aileen Buckton, Independent Chair, MSAB.

Four key priorities in strategy:

- Prevention and early detection

- Building and strengthening connections
- Making safeguarding personal
- Quality assurance

There is a focus on educating residents on where concerns can be sent and building relationships with local communities on all aspects of safeguarding.

Community Adult Safeguarding Champions Network was successfully launched.

In response to questions:

- ASC Board website has list of champions and contact details.
- 850 concerns raised is comparable to size of the Merton borough.
- We are looking at whether we are reaching all the communities in Merton, including the Asian community, so we can ensure we are getting all the referrals that we should.
- Independent Domestic Violence Advocate (IDVA) role added to Adult Safeguarding and First Response Team. (This is a standalone role to assist with incoming enquiries and work with people who are affected by domestic abuse).
- Action: Aileen Buckton agreed to send out a detailed note about GDPR and how this is operated around in terms of safeguarding and confidentiality.
- There is a national library of SAR's and we take opportunities for learning from them.

## 6 BUDGET AND BUSINESS PLAN 2023-2026 (Agenda Item 5)

The Chair invited the Cabinet Member for Finance and Corporate Services to introduce the report.

The draft Budget and Business Plan follows on from the first round of budget scrutiny performed in November and includes information on the government provisional settlement and the latest proposals agreed at Cabinet.

Unfortunately the burden of funding vital local services has been passed to taxpayers, however we have been able to identify funds to further invest in some of these services (these are outlined in Cabinet papers) and remain confident this budget is reasonable and sustainable.

The Executive Director for Adult Social Care expanded on the savings in the report.

1. JMC day centre – Proposal is that we rebuild the JMC day centre with 21 supported living spaces above. This will be a saving because we can deflect people from residential care to supported living which will lead to better outcomes for residents.
2. Increasing reablement functions will prevent, reduce, and delay the need for adult social care.

3. Mental Health Brokerage to sit within the Council's Brokerage Team to negotiate the best prices.
4. Recommissioned Home Care providers – new set of providers. The CM2000 system ensures accurate charging.

In response to questions from Panel Members, the Executive Director for Adult Social Care and the Executive Director for Finance and Digital provided further information:

- Inflation is one of the key pressures we are facing.
- Financial Assessments maximise income by checking for eligible benefits.
- ASC 56% of budget – Figures are indicative of most other Local Authorities and social care is a large portion of most other Councils' budgets.
- Benefits of Merton Council undertaking brokerage vs Trust – At Merton we have a skilled and dedicated brokerage team that can find the best placements and negotiate rates, rather than social workers and managers within the trust having to do this. This move will also give us a clearer line of sight in terms of the wider market.
- 2% ASC Precept is vital.
- Fees and Charges – EQIA will be informed by the consultation.
- Redevelopment of the new units of Riverside and JMC – Redevelop building and provide supported living.
- We paid 8.9% more to providers this year because of inflation (We spend around £20m on nursing care).

A Panel Member requested further detail on the capital spend of nearly £10m for Supported Living. Officers confirmed the details will be supplied and presented to the Healthier Communities Panel when available.

The Cabinet Member added that although the new Government funding was announced today, we are far from receiving the funding that we need. We stand to receive £20m less this year than we did in 2010 (Received £93m in 2010. The coming year will see us receive £75m).

## 7 HOW TO KEEP PEOPLE OUT OF HOSPITAL (Agenda Item 6)

Mark Creelman gave an overview of the broad areas of work for this area.

### **Access**

- Invested in telephone with 75% practices already using Cloud Based Telephony
- Promoting use of NHS App
- Online consultations available at every practice
- Universal Care Plan being rolled out across health services - An NHS service that enables every Londoner to have their care and support wishes digitally shared with healthcare professionals across the capital.

- All practices are on track to enable prospective records access.

### **Proactive Care**

- 869 Care Home Beds covered by 10 practices.
- Lead Practice for each Care Home
- Care Planning and Reviews for all residents • Structured Medication Reviews
- Individual case review (approx. 4000 patients discussed per year)
- Care planning and review

### **Prevention**

- Merton Health & Care Plan 2022 to 2024 - Start Well, Live Well and Age Well.
- Cancer screening
- Social prescribing
- Immunisations
- Mental Health - Work is being undertaken to review the crisis support offer available in SWL.
- Virtual Wards and Hospital at Home
- Community Services

In response to questions, Mark Creelman provided further information:

- Working with GP population to ensure same day access to appointments.
- Feedback is important to us, with regards to those GP practices that still need to get it right, so we can offer them the correct training and support.
- Extended Access Hubs can see your records.
- Breast Cancer screening is delivered by St Georges. MC will pass on discussion re mobile van, the Wilson etc.
- 1<sup>st</sup> April 2023 – Primary care complaints became managed by ICB.

The Chair thanked Mark Creelman for his attendance.

## **8 CQC UPDATE (Agenda Item 7)**

Phil Howell, Assistant Director of Commissioning, updated the Panel on this work.

The new Care Quality Commission (CQC) assurance framework for adult social care came into operation on the 1st of April 2023. The Act places a new duty on the CQC to assess local authorities' delivery of adult social care duties under part 1 of the Care Act 2014.

CQC Assurance is being rolled out nationally across Adult Social Care departments. Five local authorities volunteered to take part in pilot assurance activity in the autumn of 2023. The findings and individual assurance reports of these pilot assessments were published in November.

The department has put itself forward for an LGA Peer Review in preparedness for assurance. This will take place in June 2024.

A CQC inspection could occur at any point over the next 2 years. Over the next 3 months the priorities will include ensuring that a self-assessment report is completed,



an action plan is completed, and the Information return is populated, and any gaps are highlighted and there is a plan in place.

## 9 WORK PROGRAMME (Agenda Item 8)

The work programme was agreed.

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**Committee: Healthier Communities and Older People  
Scrutiny Panel**

**Date: 14<sup>th</sup> February 2024**

Wards: All.

**Subject: Men's Health**

Lead Director: Russell Styles, Director of Public Health, Merton Council.

Lead member: Councillor Peter McCabe, Cabinet Lead for Health and Social Care

Contact officer: Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection and Gemma Dawson, Deputy Director, Merton Health and Care Together, NHS SWL ICB.

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**Recommendations:**

1. HCOPSP to discuss the approach to improving the health of Men in Merton.
  2. HCOPSP to discuss and agree to raise awareness of public health campaigns that support the health of Men in Merton, increasing the reach of these important campaigns.
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**1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1. This paper sets out the strategies and plans for supporting the health of men in Merton. It does not attempt to cover all aspects of men's health but provides a brief overview of men's health including how many men are living in Merton, life expectancy of men and the main causes of death in men. The paper then goes on to provide updates on key men's health related issues and sets out opportunities for action.

1.2. It should be noted that there is a paper on Bowel (and Breast) Screening and a paper on women's health on the workplan for the Healthier Communities and Older People Scrutiny Panel meeting in March 2024.

**2 DETAILS**

Introduction

2.1. Unlike Women's health, there is no national, regional or local strategy that specifically focusses on or prioritises action to improve the health of men. This is because although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. There is also not enough focus placed on women-specific issues like miscarriage or menopause and women are underrepresented in clinical trials, so that not enough is known about conditions that only affect women or conditions that affect men and women in different ways. There are also too many instances where women have not been listened to including discussions on symptoms including pain, discussion on treatment options and follow on care. Women's health is on the workplan for the Healthier Communities and Older People Scrutiny Panel meeting in March 2024.

2.2. Although there is no national, regional or local strategy for men's health, the key local health strategies include actions that support the health of men and identify key themes and actions that contribute to men's health. The key local strategies are as follows-

2.2.1 The Health and Wellbeing Strategy: A healthy place for healthy lives (2019 to 2024) has a vision of "working together to make Merton a healthy place by creating the physical and social conditions for all people to thrive, and to complement the provision of holistic health and care services". When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work and play. These factors also shape the choices we make, for example the food we eat or how we choose to travel from one place to another.

2.2.2 The Merton Local Health and Care Plan. The plan sets out work by health, social care and community partners in Merton and across Southwest London to improve health and wellbeing. The priorities identified are focused on the areas where the greatest impact can be made by working collectively to prevent ill health, keep people well and support them to stay independent. The plan identifies key priorities across the life course (Start Well, Live Well and Age Well) to achieve this vision for the residents of Merton.

2.3. In addition to these two key local strategies, that work 'hand in glove' together, health and care services and commissioners look at services through an equity lens e.g. to achieve health equity some groups may need more or different support or resources to achieve the same outcomes. This equity focus is important for all aspects of management of health and care services e.g. identifying population health need, service planning, procurement and contract management.

### Merton Story

2.4. The Merton Story is a snapshot of the local needs which have been identified through the JSNA process, which is developed to inform commissioning intentions in the borough. This work is complemented by health needs assessments and JSNA profiles to provide a rich picture of health and wellbeing within Merton. Key statistics from the Merton Story are -

2.5. Merton has a resident population of 215,200 (2021 Census) and a registered population of 232,368 people, as of 1st October 2023. 51.4% of Merton residents are female and 48.6% are male, which is similar to London (51.5% and 48.5%) and England (51% and 49%).

2.6. Figure One, taken from Merton Data, sets out the population pyramid by gender (2021), comparing the Merton population profile to that of England.

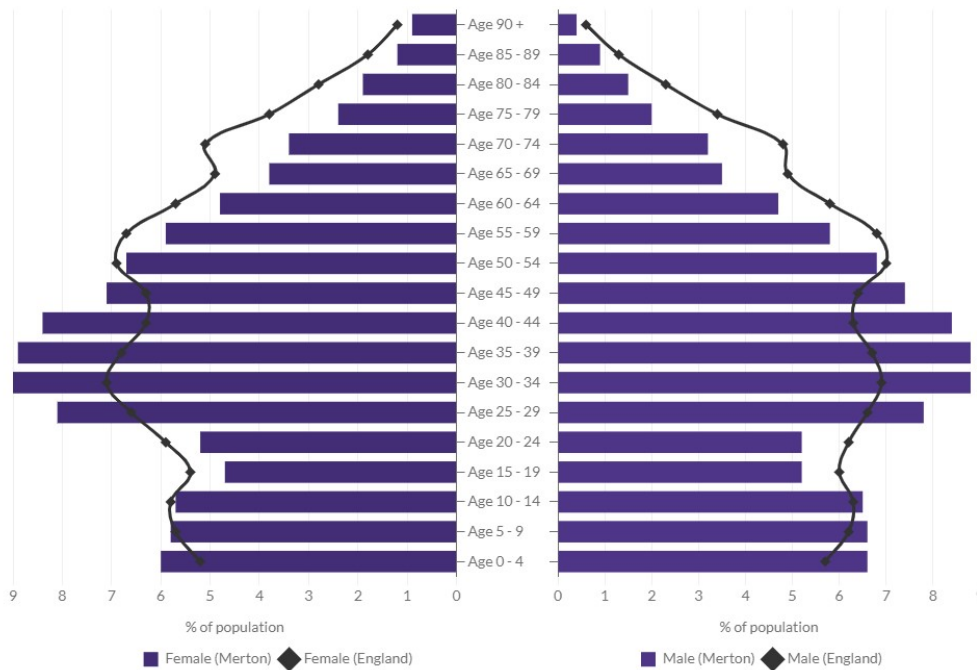


Figure One – Merton population (2021) pyramid by gender

2.7. The White British population in Merton has equal proportions of males (49.8%) and females (50.2%). However, ethnic groups such as White Other (males: 47.4% & females: 52.6%), Black (males: 47.2% & females: 52.8%) and Other (males: 46% & females: 54%) currently have higher proportions of females compared to males. Asian (males: 51% & females: 49%) and Mixed (males: 52.3% & females: 47.7%) ethnic groups have higher proportions of males compared to females. By 2035, these patterns for expected to stay the same.

2.8. Overall life expectancy is 78.6 years in males and 83.5 years in females, and healthy life expectancy is 66.6 years in males and 67.1 years in females.

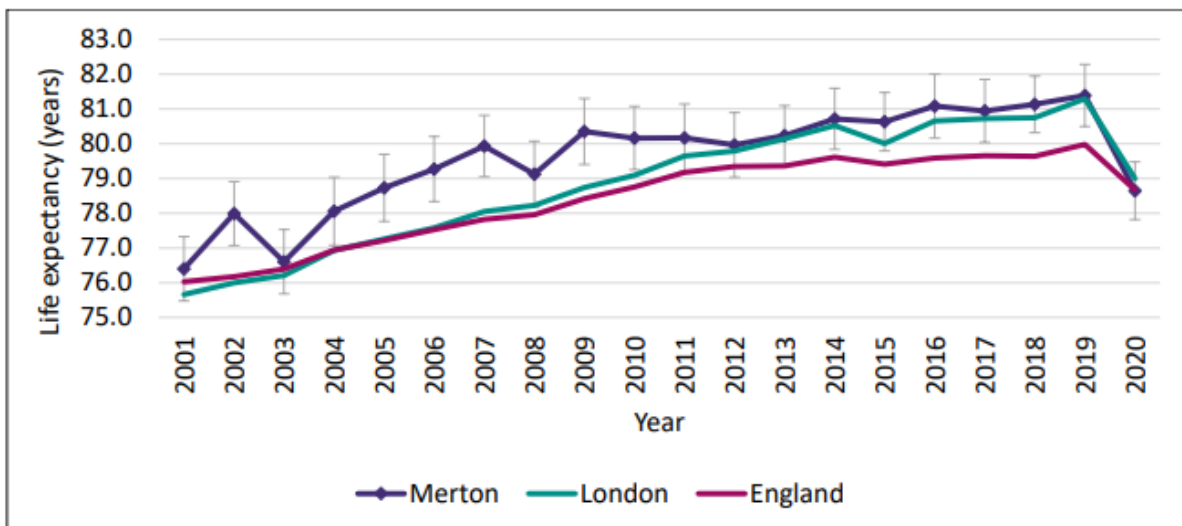


Figure 1: Life Expectancy at birth (years), for males all ages in Merton, London, and England, OHID.

2.9. The coronavirus pandemic led to a far greater number of deaths in total and a higher rate of death in 2020 compared with previous recent years. It affected male

mortality more than female mortality in the UK which is why life expectancy for males have fallen back.

2.10. The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton, is 7.7 years for males and 5 years for females and similar to London and lower than England for males and females. Since 2010-12 there is no clear trend in the gap between the 10% most and 10% least deprived communities in Merton for both males and females.

2.11. Figure 2 shows life male life expectancy by MSOA which is overall lower in the wards in the east of the borough, but some wards in the west of the borough also have a lower life expectancy. Abby, Lavender Fields, Cricket Green, Graveney and Figge's Marsh have MSOAs with the lowest life expectancy in males in the east of the borough.

2.12. Healthy life expectancy (HLE) is a measure of mortality and morbidity, it shows the years a person can expect to live in good health rather than with a disability or in poor health. Healthy life expectancy estimates lifetime spent in "Very good" or "Good" health based on how individuals perceive their general health.

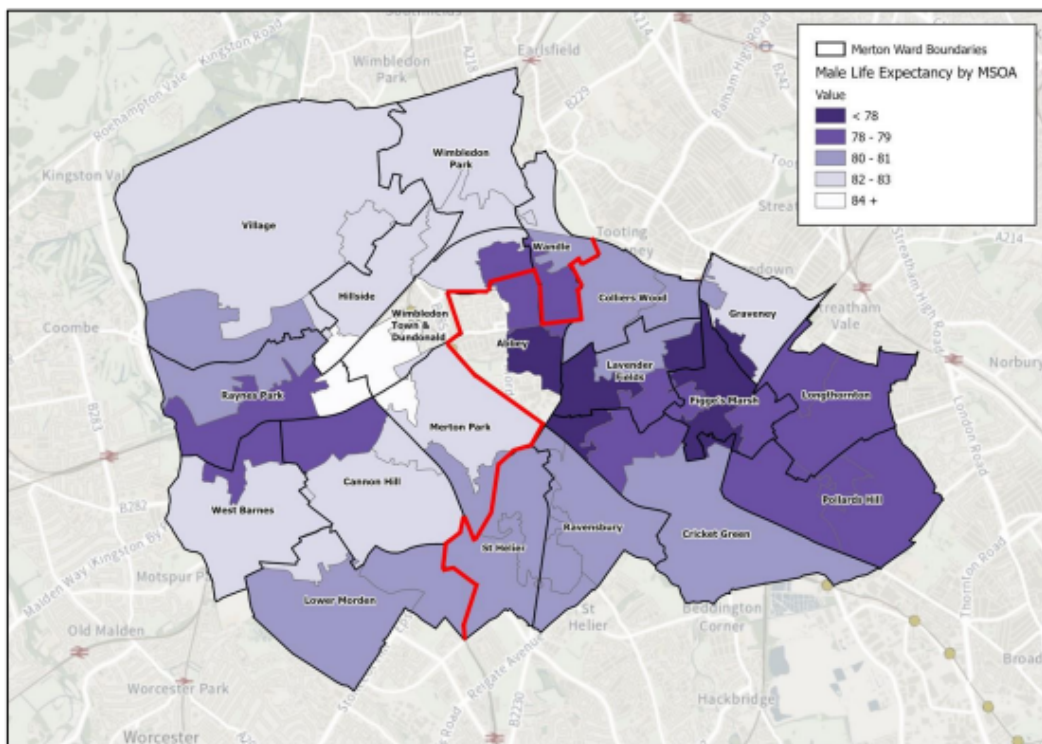


Figure 2: Male life expectancy by MSOA, 2025 to 2019 (OHID, PHOF)

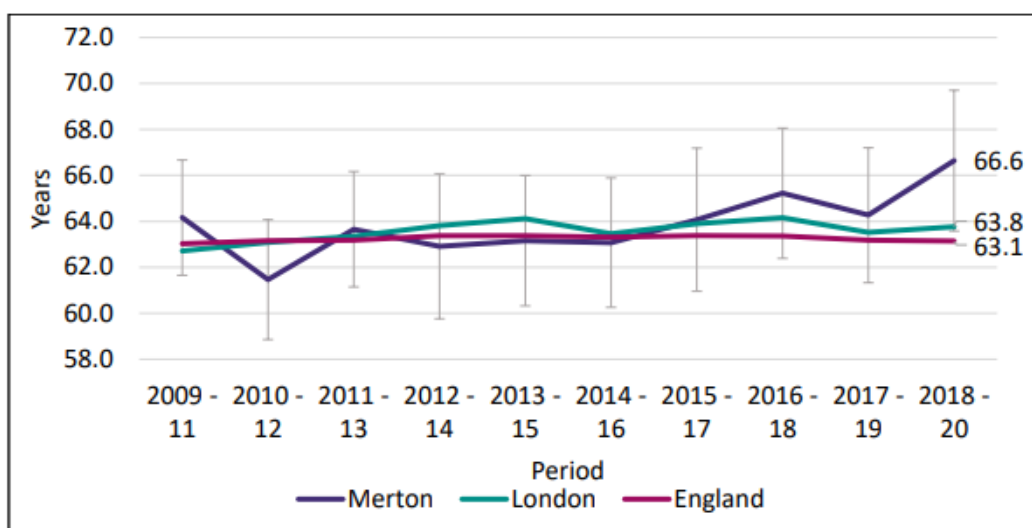


Figure 3: Healthy Life Expectancy (years) for males in Merton between 2009 and 2020. (OHID, PHOF)

### Number and causes of death

2.13. The Office for National Statistics publishes data on mortality on a regular basis, using data taken when deaths are registered. Summary statistics are published including the number of deaths and selected underlying cause of death.

2.14. In England, 540,333 deaths were registered in 2022, which was 9,016 (1.6%) fewer deaths than 2021 and 32,083 (6.3%) above the five-year average.

2.15. In 2022, there were more male deaths registered (292,064 deaths) than female (285,096 deaths), continuing the trend seen in 2020 and 2021.

2.16. The largest difference in deaths registered by region between 2022 and 2021 was observed in London (52,002 and 56,945 deaths, respectively; 4,943 fewer deaths in 2022).

2.17. Table one sets out the five leading causes of death of males in England and Wales in 2022. For males, ischaemic heart diseases remain the leading cause of death, followed by Dementia and Alzheimer's disease and malignant neoplasm.

Leading causes	Number of deaths	Proportion of deaths
Ischaemic heart diseases	38,730	13.3
Dementia and Alzheimer's disease	23,332	8
Malignant neoplasm of trachea, bronchus and lung	14,856	5.1
Chronic lower respiratory diseases	14,690	5
Cerebrovascular diseases	13,046	4.5

Table One – Number and proportion of deaths registered by leading cause of death in males, 2022, England and Wales

2.18. For males, the leading causes of death among individual age groups in 2022 remained largely consistent with 2021. This was except for those aged 80 years and

above, where the leading cause changed from COVID-19 in 2021 to dementia and Alzheimer's disease in 2022.

### Spotlight on men's health issues

2.19. The following section of this update to HCOPSP focusses on some of the key issues relating to men's health but does not seek to provide an update on all themes and actions relating to men's health.

### Coronary heart disease (CHD)

2.20. Also referred to as ischaemic heart disease, CHD is when your coronary arteries, which supply your heart muscle with oxygen rich blood, become narrowed by a build-up of fatty material within their walls. If a piece of the atheroma breaks off, it can cause a blood clot to form, which could block your coronary artery and cut off blood and oxygen to your heart muscle; known as a heart attack. Risk factors for CHD include high blood pressure, high cholesterol, diabetes, smoking, being overweight and physical inactivity.

2.21. Merton Public Health, as part of their Public Health responsibilities, are mandated to provide the NHS Health Check (NHSHC) programme. This programme offers residents between 40 and 74, who are not on an established disease register, a free health check-up every five years. The NHSHC programme screens for key conditions including heart disease, diabetes, kidney disease and stroke. The check takes around 20 to 30 minutes and includes key measurements e.g. taking your height and weight, blood pressure, a cholesterol test and questions on risk factors e.g. family history and lifestyle factors including smoking status, alcohol use and physical activity levels. The health check uses a QRISK algorithm to estimate an individual's 10-year risk of having a heart attack or stroke. This estimated risk is then used by health care professionals to provide advice, treatment and/or signposting to other services to reduce the future risk of heart attack or stroke.

2.22. In Merton the NHS Health Check programme is provided by General Practice. Between 1<sup>st</sup> April 2023 and 31<sup>st</sup> January 2024, there have been 2,681 NHS Health Checks completed in Merton, with 1,020 (38%) checks for men. A snapshot of results from the NHSHC programme can be found in table two.

	Female	Male
CVD Qrisk	0-9.9% - 87%	0-9.9% - 71.2%
<ul style="list-style-type: none"> <li>• &lt;10% = Low risk</li> <li>• 10-20% = Moderate</li> <li>• &gt;20 = High</li> </ul>	10-19.9% - 11.3%	10-19.9% - 21.4%
	20-29.9% - 1.1%	20-29.9% - 6%
	30% + - 0.1%	30% + - 1.5%
Total cholesterol	5 or less – 41.8%	5 or less – 42.5%
	5.01-7.50 – 56.4%	5.01-7.50 – 55.7%
	7.51 + - 1.9%	7.51+ -1.9%
Combined BP	140/90 or less -1443	140/90 or less – 821
	140/90 or higher - 218	140/90 or higher - 199
BMI	Underweight – 2%	Underweight – 1%
	Healthy weight – 41%	Healthy weight – 31%



	Overweight – 29% Obese – 27%	Overweight – 45% Obese – 24%
Hba1c	Under 42mmol – 89% 42-47 -9% Over 48 – 1%	Under 42mmol – 88% 42-47 – 10% Over 48 – 2%
Smoking status	Non-smoker – 1179 Ex smoker – 352 Smoking cigarettes - 106	Non-smoker – 639 Ex smoker – 252 Smoking cigarettes - 104
Audit C (alcohol score)	Low risk – 1385 Increasing risk -99 Higher risk - 26	Low risk – 713 Increasing risk – 84 Higher risk - 21
Physical activity levels	Active – 727 Moderately – 297 Moderately inactive – 257 Inactive – 363	Active – 586 Moderately – 163 Moderately inactive -108 Inactive – 15

Table two – Snapshot of NHSHC results in Merton by Gender between 1<sup>st</sup> April 23 and 31<sup>st</sup> January 2024.

2.23. Complimenting the NHSHC, is the [One You Merton](#) health improvement service that is Merton’s resident facing health improvement service and engages with communities across the borough in a number of community settings e.g. community libraries and other community events. In 2023/24, the service has supported men’s health campaigns and engaged with men in settings across Merton, including the Voluntary and Community sector e.g., Wimbledon Guild. As just one example of the outreach work, the work with Wimbledon Guild has been well received and included presentations on healthy eating, physical activity, emotional health and stress management as well as information on self-checking for testicular cancer. One You Merton also able to deliver in different community settings such as LBM offices, football clubs and faith group settings.

2.24. NHS SWL ICB supports Merton GP practices to offer services which support the initiation and management of patients with Atrial Fibrillation (AF) - the leading and most preventable cause of embolic stroke - with Direct Oral Anticoagulants (DOAC) therapy.

### Diabetes

2.25. Diabetes mellitus is a common chronic disease that significantly affects the health of many people. It may lead to a range of complications which can cause disability and reduce quality of life as well as the life expectancy. Diabetes constitutes a significant health and social burden in the community. There are two types of diabetes, type 1 & 2. Type 1 diabetes is a genetic condition that often shows up early in life, and type 2 although can be genetically inherited is mainly lifestyle-related and develops over time.

2.26. In Merton the prevalence of diabetes has been increasing yearly. In 2020, there were an estimated 4,102 people living with diabetes (type 1 & 2) in Merton aged 18 to 64. This is predicted to increase to 4,279 by 2040, where more men than women will have diabetes. In 2020/21, the recorded prevalence of diabetes in Merton among

people aged 17 and over is 6.4%, which is higher than Southwest London (5.7%) but lower compared to England (7.1%). The estimated total prevalence of diabetes (undiagnosed and diagnosed) was 8.4% for 2020 and is expected to rise to 9.3% in 2035.

2.27. Both type 1 and type 2 diabetes are more common in males than females, accounting for 59% of people diagnosed with type 1 diabetes, and 55% of people diagnosed with type 2 diabetes.

2.28. Before the COVID-19 pandemic, Merton's Health and Wellbeing Board developed a Whole System Approach to tackling diabetes. This included the diabetes truth programme, designed to understand more about how residents who live with, are at risk of or caring for someone with diabetes lead their lives and to identify areas for joint action. The learning from the approach were developed as the Annual Public Health Report 2019, accessible [here](#).

2.29. There are several commissioned services for diabetes care, such as the structured education programmes, type 2 diabetes remission programme (formerly low-calorie diet), the National Diabetes Prevention Programme, deep dives and call and recall programmes to improve care process, screening and identification. These services and programmes are being delivered in a manner that empowers patients and supports quality improvement across the tiers of services with a strong focus on equitable access and delivery, including consideration of men's health.

2.30. There is a 2-year pilot running across 2 PCNs in Merton to improve the identification and optimise treatment for patients with chronic kidney disease and on-going ongoing workstreams with the Health Innovation Network to improve care for patients with Diabetes.

2.31. Merton Health and Care Together Partnership have an item on their agenda in March 2024, to review progress on diabetes and to identify areas of focus going forward.

### Hypertension

2.32. Hypertension is one of the most important risk factors for cardiovascular disease (CVD), which is the leading cause of mortality. Approximately 54% of strokes and 47% of coronary heart diseases, worldwide, are attributable to high blood pressure. GP data indicates Merton's rates of diagnosed hypertension is 10.5% and the diagnosed to expected ratio of hypertension across SWL in 2019/20 was 59%, which means that there are a large number of people in Merton with undiagnosed high blood pressure.

2.33. NHS SWL ICB supports Merton GP practices to offer services which support the diagnosis and treatment of hypertension, including 24hr ambulatory blood pressure monitoring and One You Merton provide blood pressure checks in the community, as an engagement opportunity and then signposting onto further support is required.

### Prostate cancer

2.34. Prostate cancer is the most common cancer in men, but most men with early prostate cancer don't have symptoms. It can develop when cells in the prostate start to grow in an uncontrolled way and some prostate cancer grows too slowly to cause any problems or affect how long you live. Because of this, many men with prostate cancer will never need any treatment, but some prostate cancer grows quickly and is more likely to spread and needs treatment to stop it spreading. In the UK, about 1 in 8 men

will get prostate cancer in the lifetime and this mainly affects men over 50 and the risk increases with age. The risk is even higher for black men and men with a family history of prostate cancer.

2.35. There is no national NHS screening programme for prostate cancer, this is because the prostate specific antigen (PSA) blood test, which is usually the first step towards a diagnosis, is not nearly accurate enough as a primary screening test. The PSA test misses lots of prostate cancers that might benefit from treatment and PSA levels can be raised when there is no prostate cancer present. The PSA test also detects disease that would not cause problems in a man's lifetime, leading to many cases of overtreatment and serious side effects.

2.36. The national charity Prostate Cancer UK has a 'check your risk tool' that is promoted widely in community settings and asks questions about key risk factors and provides additional information and advice and encourages men at higher risk to speak with their GP.

2.37. A new national trial had been announced, known as the transform trial, that aims to find the best way to screen men for prostate cancer. Prostate cancer is the most common cancer in the UK without a screening programme and with funding of £42m, this is the biggest trial in prostate cancer screening in 20 years. This trial is a partnership between Prostate Cancer UK, the National Institute for Health and Care Research (NIHR) and the UK Government and more details are expected in Spring 2024.

2.38. There is also work at Primary Care Network level, linked to the Network Contract Directed Enhanced Service (2023/24), that focuses on prostate cancer, including increasing the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.

#### Testicular cancer.

2.39. There are around 2,400 new testicular cancer cases in the UK every year, which is more than 6 every day (2016 to 2018) and the incidence rates are highest in males aged 30 to 34. Causes of most cases of testicular cancer are unknown, however risk factors include smoking, having a healthy diet and genetic and environmental factors. Other risk factors include undescended testicles, abnormal cells in the testicle, family history and ethnic background; in the UK white men have a higher risk of testicular cancer than men from other ethnic groups.

2.40. Testicular cancer awareness campaigns (see 2.6) include Movember, which incorporate key messages around the importance of checking testicles on a regular basis and talking with your GP if there are any changes in the size or shape or if a lump is identified.

#### Dementia

2.41. Dementia is the second leading cause of death amongst men in the UK (i) (2022) after ischaemic heart disease and whilst more women than men have dementia, men may be at slightly greater risk of developing vascular dementia<sup>ii</sup>.

2.42. By 2025 an estimated 754 men in Merton (aged 65+) will be predicted to have dementia (iii). This will increase to a predicted 843 by 2030.

2.43. Public Health commission community dementia services in Merton run by the Alzheimer's Society at the Dementia Hub. This provides a range of support to people

living with dementia and their families and carers. This includes one to one advice, information and support, education, peer support opportunities and a range of activities.

2.44. Public Health also fund a Motiview Bike project with three exercise bikes located in Merton care homes. Motiview bikes provide safe cycling opportunities and combine this with a video screen where participants can cycle streets around famous places or local roads, which provides opportunities for reminiscence. Care home staff have highlighted the approach has been particularly popular with male residents of their homes.

2.45. Linked to the Health and Wellbeing Strategy (see 2.2.1) Merton's Dementia Action Alliance (DAA) brings together partners from across the community with the aim to make Merton a 'Dementia Friendly Community' where people living with dementia and their carers are supported to remain independent for long as possible. Recent DAA activities include a dementia friendly swimming project with Better Leisure, working with Canons House and Morden Hall Park (National Trust) to become dementia friendly (including an accessible cycle event at the park), working with Commonsense Community Development Trust around dementia training and dementia inclusive activities and awareness raising activity and engagement with General Practice e.g. Francis Grove surgery.

#### Suicide Prevention

2.46. National research shows that men make up the majority of those who die by suicide and middle-aged men are particularly at risk (iv). Latest national data shows that nearly three out of four people who die by suicide are men (74% in 2022) (v). Key risk factors for middle aged men and suicide include unemployment, debt, mental health issues, deprivation, substance misuse, relationship breakdown and housing insecurity (vi vii).

2.47. National research shows that more women attempt suicide than men, but men are more likely to die by suicide. Men may choose more lethal methods of suicide (that do not allow time for others to intervene) and may be less likely to disclose thoughts around suicide or seek help (viii).

2.48. Whilst risk factors for suicide may be universal to both men and women, they may affect genders differently e.g. men may be at higher risk of suicide due to relationship breakdown whilst self-harm is more common in women (ix).

2.49. A review of suicide deaths amongst middle aged men by Manchester University found that 49% of those who died had an alcohol or substance misuse issue, this was commonly associated with unemployment, bereavement, a history of self-harm or violence.

2.50. For Merton the suicide rate (2020-2022) for men is 11.1 per 100,000 population compared to 2.9 per 100,000 for women with a total suicide rate of 6.8 per 100,000 (xi). For men this is similar to the London rate of 10.8 and lower than the England average of 15.8 per 100,000 population.

2.51. Local authorities have been required to have a local plan around suicide prevention since 2012, which have two main objectives; to reduce the suicide rate in the general population and to support those bereaved or affected by suicide. Further guidance by Public Health England (now Office for Health Improvement and Disparities) highlights the importance of working to address suicide in high-risk groups

including middle aged men. The Government's latest Suicide Prevention Strategy (xii) (2023) highlights the need for local plans to include tangible actions to address risk factors at a local level. Further guidance for local authorities is likely to be published in 2024.

2.52. In Merton, Public Health have worked with key strategic partners to develop a Suicide Prevention Action Plan for 2023/24. One of the priorities of the plan is raising awareness around good mental health and awareness around suicide prevention. Between September to December 2023 over 80 people who work or volunteer in Merton were trained in mental health first aid and 90 in suicide prevention and awareness.

2.53. Public Health are currently running Suicide First Aid training to community and voluntary organisations with another 100 places available between February and March 2024. These are being promoted to those working with at risk groups (including men), our substance misuse service provider as well as schools and those working with young people.

2.54. Loneliness and social isolation can contribute to suicide risk, conversely social connection can have a protective effect (xiii). During 2023, Public Health have provided additional funding for the successful Libraries led music project, 'Tuned In' which provides opportunities for social connection through music, led by Jah Wobble. This project was initially set up to appeal to men over 50, improving their mental health and combatting isolation, however it became apparent that its appeal was much wider as younger people and both men and women attended.

2.55. There are a range of other services reducing isolation and improving connections, including the befriending service commissioned by Public Health and VCS activities e.g. the [Men's Space programme](#) led by Wimbledon Guild that meets every Tuesday (10.30am to 12 noon) in Morden.

#### Abdominal Aortic Aneurysm Screening (AAA Screening)

2.56. An Abdominal Aortic Aneurysm is a swelling in the aorta, the artery that carries blood from the heart to the stomach. As we get older the aorta may get weaker and swell creating an aneurysm. Most aneurysms are not serious but large aneurysms are and if they burst they can lead to life threatening bleeding. Around 8 in 10 people with a burst aneurysm will die.

2.57. Men are offered AAA screening in the year they turn 65, with screening consisting of an ultrasound exam to the stomach. Men are six times more likely than women to have an abdominal aortic aneurysm and this is the reason that the screening programme focuses on men. Around 1 in 92 men screened will have an aneurysm. This may be small, medium or large, with small and medium aneurysms monitored and anyone with a large aneurysm is referred to a specialist team for treatment.

2.58. In 2021/22 62.1% of eligible men attended their AAA screening in Merton compared to the England average of 70.3%.

#### Public Health risk factors - inactivity, diet, smoking and alcohol misuse.

2.59. Merton's Prevention Framework aims to help people to stay healthy and independent and to prevent, reduce and delay the need for health and care services. The scope of the framework is across the life-course (start well, live well and age well) and focusses on four public health risk factors: diet/food, physical inactivity, smoking

and alcohol misuse. Although universal services, when looked at through an equity lens, we are able to consider their approach to supporting men in Merton, as below.

2.59.1 Diet/food. One You Merton provides information, advice and access to self-care resources to men to improve their diet and to be aware of how much salt, sugar and saturated fat is in their diet. These resources are actively promoted at community engagement sessions, social media and through links to the NHSHC programme. Cooking groups with Merton Mencap and South Mitcham community Association have engaged men from diverse community groups and all promotions, presentations and groups are followed up with one-to-one support, including goal setting and follow up around different aspects of health such as mobility and movement, healthy eating, moving more, stress management and the public health commissioned stop smoking programme, for those who wish to access it.

2.59.2 Physical activity. In 2021/22, 24.2% of Merton residents were inactive (less than 30 mins activity per week, in bouts of 10 mins or more), which is higher than London (22.9%) and England (22.3%). Men are more likely to be active than women, and Merton Health and Care Together is leading on Actively Merton which focuses on increasing the physical and social activity levels of less active groups including older people and residents with a disability. The Actively Merton approach complements the LBMs Borough of Sport priority, and it is expected that the promotion of activities and the benefits of an active lifestyle will have a borough wide impact and also increase the activity levels of active groups including men.

2.59.3 Smoking. As the primary cause of preventable illness and premature death, smoking is also one of the main determinants of health inequalities. Merton’s Tobacco Control Profile reports that in 2022, 14.9% of over 18’s smoke in Merton, higher than London (11.7%) and England (12.7), meaning that around 1 in 7 (or 21,300) Merton adult residents are smokers. Table two sets out the number of residents supported by the specialist stop smoking service to stop smoking in Merton, with 50.51% being male. Options for the additional investment into stop smoking services in Merton are being developed, due to the additional investment provided by the Governments Smokefree Generations strategy.

	Setting a quit date	Successful quitters (self-report)
Men	542	238
Women	531	207
Total	1073	445

Table Two – Numbers of residents setting a quit date and successful quitters in 22/23

2.59.4 Alcohol. The rates of alcohol dependency in Merton during 2019/2020 were 3.6 times higher amongst males. The Merton adult substance misuse service, provided by Via, engaged with a higher number of males compared to females and during 2022/2023 there 495 adult males engaged in structured treatment and 237 females (67.2% males; 32.4% females). The

Merton Treatment and Recovery group is overseeing a multi-agency plan to increase engagement with treatment and the recently improved pathway between prison and community substance misuse treatment, a pathway which is predominantly used by males, evidence initial success of this pathway.

### High risk groups

2.60. There are several groups of men who are specifically at risk underdiagnosis, late diagnosis and late treatment. In addition, health needs are sometimes not recognised due to their presentation or “diagnostic overshadowing”. This is where symptoms are not recognised as it is assumed to be part of their condition.

### Men with a learning disability

2.61. Whilst the predominant cause of death for those with a Learning Disability is Aspiration Pneumonia and respiratory conditions there are specific areas of concern for men in relation to the availability and access to screening.

2.62. People with a diagnosed Learning Disability should be on the Learning Disability Register with their GP practice. This entitles them to an annual health check, however, there is a need for greater take up and support to access the annual health check and even when annual health checks occur, they do not screen for all conditions.

2.63. Cancer is a leading underlying cause of death among people with learning disabilities. Data from GP records for 47% of people in England in 2017/18 indicate that the number of patients with a recorded learning disability who had a diagnosis of cancer was 1.5%, compared to 2.7% of other people. (NHS Digital (2019) Health and Care of People with Learning Disabilities: Experimental Statistics: 2017 to 2018)).

2.64. An estimated 908,000 adults in the UK have a learning disability, and cancer accounts for 12-18% of deaths in this population. Prostate cancer is the most common cancer in men, but those with learning difficulties are rarely aware of the health risks they face or how to reduce them.

2.65. Men with learning disabilities may be more likely to develop testicular cancer than other men. Recent analysis of NHS Hospital Episode Statistics suggests that people with learning disabilities are far more likely to die from testicular cancer than the general population, with a one in 10 chance of dying from the cancer, as opposed to a one in 36 chance in the general population.

### Men with a serious mental illness

2.66. The life expectancy of people with severe mental illnesses can be up to 20 years less than the general population. Evidence has consistently shown that men with mental illness have greater physical morbidity and mortality compared to the general population. All mental disorders have an increased risk of premature death with eating disorders and substance misuse posing the highest risk.

2.67. Risk of death from unnatural causes is especially high for those with a serious mental health need, for example schizophrenia and mood disorders including major depression.

2.68. Higher morbidity and mortality in mental illness include cardiovascular and respiratory problems in addition to increased suicide risk, adverse effects of medication i.e. weight gain, diabetes, lifestyle i.e. smoking, poor diet and nutrition, lack of exercise and obesity and inability to access physical healthcare.

2.69. The link between men's physical health and mental health is recognised and improved physical health care for those with mental illness is an aim of the NHS Long Term Plan 2023.

### Campaigns

2.70. Complementing service provision and raising awareness of particular health issues, national campaigns that are delivered locally can help raise awareness of disease symptoms, risk factors and services that are able to support individuals.

2.71. There are a number of campaigns that are promoted by LBM and its partners e.g. NHS SWL ICB throughout the year that specifically focus on men's health including Men's Health Week (June 2024) and Movember (November 2024). There are a number of other universal public health campaigns that provide support to men and women to lead healthy lifestyles including Dry January (January 2024), National Walking Month (May 2024), Stoptober (October 2024), World Mental Health Day (October 2024) and World Aids Day (December 2024).

2.72. As key local 'place shapers' and individuals that have good reach into communities across Merton, HCOPSP members are requested to help to raise awareness of these important campaigns throughout the year.

## **3 ALTERNATIVE OPTIONS**

3.1. There are no alternative options to this paper, that sets out a brief overview of men's health including how many men are living in Merton, life expectancy of men and the main causes of death in men. The paper then goes on to provide updates on key men's health related issues and sets out opportunities for action.

## **4 CONSULTATION UNDERTAKEN OR PROPOSED**

4.1. Not applicable.

## **5 TIMETABLE**

5.1. Not applicable.

## **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

6.1. As part of the Governments Smoke Free Generation strategy, additional resources for stop smoking services are being made available to Merton Public Health, to increase the practical support available for residents to stop smoking. As part of the terms and conditions of the additional stop smoking funding, there is a requirement to at least maintain the current investment in stop smoking services.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

7.1. There are no specific legal implications arising out of this report.

## **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1. Men's health is an important health issue for Merton and there are a number of distinct programmes and activities that are either directly targeted at men, or men are engaged through universal services.

## **9 CRIME AND DISORDER IMPLICATIONS**

9.1. Not applicable.

## **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**



10.1. Not applicable.

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

11.1. Not applicable.

## 12 BACKGROUND PAPERS

12.1. Annual Report of the DPH 2019. Tackling Diabetes in Merton, learning from a whole system approach. Available at [https://www.merton.gov.uk/system/files?file=aphr\\_2019\\_diabetes\\_in\\_merton\\_final\\_web.pdf](https://www.merton.gov.uk/system/files?file=aphr_2019_diabetes_in_merton_final_web.pdf)

Department Approval	Name of Officer	Date of Comments
Legal	Fabiola Hickson	05/02/2024
Finance	Lana Hamilton	05/02/2024
Executive Director	John Morgan	05/02/2024
Cabinet Member	Cllr Peter McCabe	05/02/2024

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<sup>i</sup> ONS, Death registration summary statistics, England and Wales: 2022 available at [Death registration summary statistics, England and Wales - Office for National Statistics](#)

<sup>ii</sup> Who gets vascular dementia?, Alzheimer's Society website [Who gets vascular dementia? | Alzheimer's Society \(alzheimers.org.uk\)](#)

<sup>iii</sup> Projecting Older People Population Information System (POPPI) available at <https://www.poppi.org.uk/>

<sup>iv</sup> [Middle-aged men and suicide | Our policy and research | Samaritans](#)

<sup>v</sup> ONS report (2022) [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>vi</sup> [men-suicide-society-samaritans-2012.pdf](#)

<sup>vii</sup> [NCISH | Suicide by middle-aged men - NCISH \(manchester.ac.uk\)](#)

<sup>viii</sup> Gender and Suicide, Samaritans website available at [Gender and suicide | Our policy and research \(samaritans.org\)](#)

<sup>ix</sup> Gender and Suicide, Samaritans website available at [Gender and suicide | Our policy and research \(samaritans.org\)](#)

<sup>x</sup> Suicide by Middle Aged Men, National Confidential Inquiry Report (2021), Manchester University, available at [display.aspx \(manchester.ac.uk\)](#)

<sup>xi</sup> PHOF data (2020-2022) available at [Suicide Prevention Profile - OHID \(phe.org.uk\)](#)

<sup>xii</sup> Suicide prevention in England: 5-year cross-sector strategy available at [Suicide prevention in England: 5-year cross-sector strategy - GOV.UK \(www.gov.uk\)](#)

<sup>xiii</sup> Social isolation and suicide risk: Literature review and perspectives, Cambridge University Press (2022) available at [Social isolation and suicide risk: Literature review and perspectives | European Psychiatry | Cambridge Core](#)

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# Healthier Communities and Older People Work Programme 2023/24



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2023/24. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting-by-meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Panel wish to.

**Chair:** Councillor Agatha Akyigyina  
**Vice-chair:** Councillor Jenifer Gould

## Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -  
Rosie Mckeever (Scrutiny Manager)  
Tel: 020 8545 4035; Email: [rosie.mckeever@merton.gov.uk](mailto:rosie.mckeever@merton.gov.uk)

For more information about overview and scrutiny at LB Merton, please visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

~~Meeting date: 5th September 2023 (Deadline for reports – 24<sup>th</sup> August)~~

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/ Lead Officer</b>	<b>Intended Outcomes</b>
Update on primary care services in: Mitcham well-being Hub at the Wilson, Rowans Surgery and Colliers Wood Surgery	Report to the Panel	Mark Creelman Place Executive, NHS SW London.	Panel to review when services will open what provision will be available to the community.
SW London Primary Care Strategy	Report to the Panel	Mark Creelman Place Executive, NHS SW London.	Panel to review primary care services.
Work Programme 2023-2024	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2023-24

~~Meeting Date 21<sup>st</sup> November 2023 (Deadline for reports – 5pm, 10<sup>th</sup> November 2023)~~

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Budget and Business Plan – Round 1	Report to the Panel	Councillor Billy Christie, Cabinet Member for Finance and Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
Carer's strategy	Report to the Panel	Phil Howell Interim Assistant Director for Commissioning	
Update from St George's NHS Trust	Report to the Panel	Kate Slemeck, Managing Director of St George's)	Panel to receive an overview of key issues and priorities
Heathlands Proposal	Report to the Panel	Mark Creelman	
Report and Recommendations arising from the review of Employment opportunities for people with autism	Report to the Panel	Cllr Caroline Charles, Task Group Chair	To agree the report and recommendations
Work Programme 2023-2024	Report to the Panel	Cllr Agatha Akyigyina, HCOP Chair	To review the topics this Panel will consider in 2023-24

**Meeting date** – 24th January 2024 (Deadline for reports – 5pm, 15<sup>th</sup> January 2024)

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/ Lead Officer</b>	<b>Intended Outcomes</b>
Budget and Business Plan 2023-2026	Report to the Panel	Councillor Billy Christie, Cabinet Member for Finance and Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
Adult Safeguarding - Annual Report to the Panel	Report	Aileen Buckton, Independent Chair of the Safeguarding Panel; Catherine Dunn.	To review work undertaken over the last 12 months.
How to keep people out of hospital	Report to the Panel	Barry Causer, Head of Strategic Commissioning  Mark Creelman Place Executive, NHS SW London.	To look at the work undertaken to treat people outside of a hospital setting The report will focus on: Primary care, Secondary care, Tertiary service, With a look at virtual wards – people cared for at home with remote monitoring.
CQC	Report	John Morgan	Update on preparations
Work Programme 2023- 2024	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2023-24

**Meeting Date – 14 February 2024 (Deadline for reports 5 February 2024)**

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Health services for men - Focus on prostate, heart and bowel cancer.	Report to the Panel	Barry Causer, Head of Strategic Commissioning  Mark Creelman Place Executive, NHS SW London.	To review local health services and identify any gaps in provision
Work Programme 2023-2024	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2023-24

**Meeting date – 12<sup>th</sup> March 2024 - Deadline for Reports 1<sup>st</sup> March 2024**

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
St Helier Hospital – update on disrepair	Report to the Panel	James Blythe, Managing Director for Epsom and St Helier.	Review the plans to for the building repair schedule at St Helier Hospital
Health services for women Focus on: menopause, gynaecological issues, breast screening	Report to the Panel	Barry Causer, Head of Strategic Commissioning  Mark Creelman Place Executive, NHS SW London.	To review local health services and identify any gaps in provision
Departmental update	Report to the Panel	John Morgan, Cllr Peter McAbe	
Bowel and Cancer Screening Schedule	Report to the Panel	Dr Josephine Ruwende (Consultant in Public Health and the Cancer Screening Public Health Lead for NHS London)	Review the take up of local screening in Merton.
Adult Immunisation Schedule	Report to the Panel	Susan Elden, Public Health Consultant – Immunisations, Rehana Ahmed, Senior Immunisation Commissioning Manager, Eleanor Walker-Todd, Immunisation	Review the take up of local immunisation in Merton.



		Commissioning Manager NHS England	
Report of the Health and Wellbeing Board	Report to the Panel	Director of Public Health  Councillor Peter McCabe, Cabinet Member for Health and Social Care	Review of the work undertaken by the Board over the previous year.
New homecare contract	Report to the Panel	Phil Howell Interim Assistant Director for Commissioning	Review delivery of the process and if new providers are performing well.
Work Programme 2023-2024	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2023-24

### Carry over to June 2024

Annual Public Health Report 2023  <i>*The report will not be ready for March</i>	Report to the Panel	Director of Public Health	Members informed of key issues arising from 2022 Annual Public Health Report
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