

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at [www.merton.gov.uk/committee](http://www.merton.gov.uk/committee).

## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

22 OCTOBER 2015

(19.15 - 21.40)

PRESENT Councillor Peter McCabe (in the Chair), Councillor Brian Lewis-Lavender, Councillor Brenda Fraser, Councillor Suzanne Grocott, Councillor Sally Kenny, Councillor Laxmi Attawar and Councillor Michael Bull, Councillor Joan Henry, Myrtle Agutter, Saleem Sheikh

Dr Kay Eilbert, Director of Public Health, Amy Potter, Consultant in Public Health, Andy Ottoway-Searle, Head of Service Provision, Madeleine Sword, Healthy Schools Cluster Development Manager East, Diana Sterck, Chief Executive, Merton Chamber of Commerce, Sierien Razak, Live Well Health Improvement Coordinator/Health Trainer, Stella Akintan, Scrutiny Officer.

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

Apologies for absence were received from Councillor Mary Curtin and Hayley James, Co-opted Member.

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

None

### 3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

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

### 4 PREVENTION OF ILL HEALTH (Agenda Item 4)

The Director of Public Health gave an overview of the report stating that it can be difficult to make a case for prevention as the evidence of its success is the absence of ill health and there is a significant period before the benefits of prevention programmes become apparent. We are aware that 60-70% of the disease burden is caused by wider determinants of health such as poverty and lack of education. But 36% of the disease burden is caused by lifestyle risks such as smoking, obesity, lack of physical exercise and excessive alcohol consumption. The Director asked the Panel to consider how to embed prevention across the council, how can we use campaigns and resources to have the maximum impact on health and how we can use licensing and planning to improve health and wellbeing

The Consultant in Public Health said the team has a role in commissioning targeted services with priority placed on the early years as ensuring children have a strong

foundation for their adult years has long term benefits. Public Health therefore supports work in children's centres and schools.

Madeleine Sword – Healthy Schools Cluster Development Manger East said schools are at the heart of the local community and a number of projects have been developed targeted at pupils, parents and school staff. Programmes include; get fit get active, cooking, gardening and top-up swimming lessons.

The Consultant in Public Health said they were also focussing on work places and Merton is signed up to the London Healthy Work Place Charter. We are also working with Wimbledon Chamber of Commerce to reach out to smaller businesses and organisations. Diana Sterck, Chief Executive, Merton Chamber of Commerce said their organisation support this initiative because if people are healthy at work they are able to perform better in their role. The Chamber of Commerce raises awareness of the corporate benefits of having healthy staff and provides businesses with the tools they need to implement changes required. The scheme promotes healthy work place champions, links to other organisations to deal with stress and back pain and encourages businesses to implement small changes which can have a significant impact such as eating fruit rather than biscuits and innovative ideas such as walking meetings rather than sitting down.

The Consultant in Public Health said the team also support a number of projects in the community such as health champions and Live Well, a healthy lifestyle service which includes behaviour change specialists and stop smoking services. The service has supported over 3000 people in Merton, and smoking cessation rates are increasing, contrary to most other areas.

The Consultant in Public Health said they are also working to embed public health across the council by working with licensing and planning to try and create healthier choices on the high streets.

A panel member asked what influence public health can have on planning. The Director of Public Health said they can provide the evidence about links between unhealthy food outlets and proximity to schools. Politicians also have an important role to play in this agenda as they consider what impact planning and licensing applications will have on their local communities.

A panel member said that she was pleased that a planning application for a twenty four hour off licence was rejected in her ward.

A panel member asked how we motivate GP's. The Director of Public Health said we are working with GP's to embed prevention, the council in partnership with Merton Clinical Commissioning Group and GP's are currently running a pro-active GP pilot, which is working on smoking cessation and early detection of Chronic Obstructive Pulmonary Disease, if it is successful it will rolled out more widely and include other long-term conditions. The voluntary sector is also a partner providing health champions who give simple health advice.

A panel member said it is important to encourage people to take responsibility for their own health. Sierien Razak, Live Well Health Improvement Coordinator/Health Trainer said trying to change habits is important, helping people to become motivated and set their own goals, this is the environment in which they will take action. The Consultant in Public Health said that in order for individual behaviour change to be effective, it is important to concurrently work to change the cultural norms, for instance taking the example of alcohol; an Identification and Brief Advice project around alcohol is taking place in other London boroughs which will also be implemented in Merton. This targets young people and helps them to recognise how much alcohol they are drinking compared with the national guidelines.

Panel members asked how we are tackling the unhealthy food options that are provided by food banks, the number of allotments that remain unused and how we measure success in smoking cessation.

In response it was reported that public health is working with Sustainable Merton to encourage food growing. Food Banks are an unfortunate necessity during these difficult times, however the public health team are about to begin working with supermarkets to re-distribute their unused fruit and vegetables through one initiative. Smoking cessation is measured on a four week quit which is the national standard; the public health team are currently looking at the twelve month rate and supporting those who have tried to quit a number of times in the past. Live well are also trying to attract long term smokers into services.

## RESOLVED

Recognising the importance of prevention the Panel thanked officers for their work and asked for future updates.

## 5 USE OF VOLUNTEERS IN MERTON DAY CENTRES (Agenda Item 5)

The Head of Service Provision gave an overview of the report stating that although there has been some success, the council needs to do some work to attract volunteers into day centres. The Library service has been very successful at this and it is important to learn from them. Also, people may need more support to understand what the voluntary role involves.

A panel member asked if the team are working with hospitals to recruit students. The Head of Service Provision said that previously qualifications such as the NNEB used to attract people however this is no longer the case so they will consider other opportunities to work with hospitals.

A panel member asked about training for volunteers. The Head of Service Provision reported that there is an induction process and supervised time. Volunteers receive all the required safeguarding checks and a full member of staff is always present to support them in their voluntary role.

A panel member asked what effort is being made to attract young people. It was reported that it is important that young staff who can work with our young customers. There have been a significant number of young people over the years and some of the current paid staff started on a voluntary basis.

The Director of Community and Housing said the council is refreshing the volunteering strategy, the recent residents survey highlighted that 80% of the community do not volunteer so there is potentially a large resource for the council to access. We need to move away from traditional perceptions of volunteering and recognise it as an important responsibility as citizens. A new website is being developed and the approach will be to engage with people and not over-burden them. There will also be discounts and incentives for those who volunteer. We also need to be aware of the fact that it took five years to build up the volunteers within libraries.

**RESOLVED**

The Panel thanked officers for their work

## 6 IMPACT OF ADULT SOCIAL CARE SAVINGS (Agenda Item 6)

### **ADULT SOCIAL CARE SAVINGS**

The Director of Community and Housing gave an overview of the report. He explained that we need to promote independence and resilience. The initial proposals focussed on procurement and many initial savings were made without significant disruption to frontline services. We are now at the tipping point and future cuts are likely to have a bigger impact. The only way to mitigate the impact is if more people give their time and money to helping vulnerable people.

The Chair allowed the following people to address the Panel;

Lyla Adwan- Kamara, Chief Executive Merton Centre for Independent Living

The Chief Executive of Merton Centre for Independent Living has deep concerns about the impact of welfare reform. We need to consider what a cut of 20% will mean for local residents. We know that 2000 people will see a partial or total loss of benefits from their Disability Living Allowance.

There are problems with the assessment process which has already led to a national suicide. Merton Centre for Independent Living is already hearing about regular evictions through their case work. We need to think about the cumulative impact of the savings.

Lyla Adwan- Kamara gave an example of the impact of welfare reform on a client from Merton Centre for Independent Living. The client was given a work capability assessment and scored zero points and informed they were not eligible for Employment Support Allowance. As a result their housing benefit was also stopped. The person lodged an appeal against the Employment Support Allowance decision but in the meantime built up rent arrears. The client was made homeless on the day

the Employment Support Allowance appeal was heard, which was found in their favour.

[Khadiru Mahdi](#), Chief Executive MVSC

The Chief Executive of Merton Voluntary Sector Council said he understand the council's restraints and that the narrative is more about resilience as the state shrinks as well as the fact that the voluntary and community sector need to step in. However demand is rising and we need to consider the sustainability of cuts such as decommissioning meals on wheels. There is a false economy as people who would benefit from prevention are moving to statutory need. MVSC are trying to work with the council and volunteers to lever support into the council. Consultations are taking place and it is important that the council listens to the outcomes from residents.

A panel member said that adult social care has a 1% percentage saving target while Children's schools and families has a 0.75% target. Why these targets are not evenly spilt and are there any plans to reduce them. The Director of Community and Housing reported that the percentages are reviewed on an annual basis, and is a constant dilemma given the level of need across all departments.

A panel expressed concern that we are losing compassion in communities and that the outlook was overly pessimistic and we need to look at all possibilities including income generation. The Director of Community and Housing said we are looking at new models of care and we need to rediscover neighbourhood, public health are investing in the good neighbourhood scheme.

A panel members pointed out that family members are not always able to provide care and people can have a range of mental health issues or be not be computer literate. Technology also has high running costs which may also create difficulties. We also need to remember that many older people have children who are also senior citizens and could be disabled or have moved out of the borough.

The Director of Community and Housing said we need to make use of new types of remote communication so that those who are housebound can make use of new types of telecare services to communicate. We can use new Apps to create a circle of support for people and interact with them in real time. People can be supported to go online and different arrangements can be made those who are unable to do so.

The Cabinet Member for Adult Social Care and Housing said overall the council has to make a 40% cut to its budget and Adult Social Care has to contribute to that. We are currently in a transitional period where we need to re-model services to meet the needs of local residents. Officers are working hard to develop new service models.

A panel member expressed grave concern about the impact of the cuts to adult social care on older and disabled people

RESOLVED

The Panel thanked officers for their work

7 WORK PROGRAMME (Agenda Item 7)

The work programme was noted