

Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 17 July 2024

PRESENT -

Councillor Christine Cleveland (Chair); Councillor Liz Frost, Councillor Bernie Muir, Councillor Kim Spickett, Councillor Hannah Dalton (as nominated substitute for Councillor Councillor Darren Talbot) and Councillor Steven McCormick (as nominated substitute for Councillor Councillor Bernice Froud).

In Attendance: Councillor Rod Ashford (Reigate and Banstead Borough Council), Chris Waller (Founder of We Power On)

Absent: Councillor Bernice Froud and Councillor Darren Talbot

Officers present: Rachel Kundasamy (Community Development Manager), Victoria Sandri-Healy (Community Development Officer) and Dan Clackson (Democratic Services Officer)

1 DECLARATIONS OF INTEREST

We Power On

Councillor Steven McCormick, Other Interest: Councillor Steven McCormick declared that he was already acquainted with We Power On as an organisation.

2 MINUTES OF THE PREVIOUS MEETING

The Panel was asked to confirm that the minutes of the meeting of the Health Liaison Panel held on 5th March 2024 were a true record.

Councillor Kim Spickett advised that there was an inaccuracy at *Minute 11 – Declarations of Interest*, where it stated she is part of the Nutrition Pathway. She requested that the minutes be amended to say she is part of the Malnutrition Pathway. This amendment was agreed by the Panel.

The Panel confirmed that the minutes were otherwise a true record and authorised the Chair to sign them, subject to the agreed amendment.

3 WE POWER ON

The Panel received a presentation from Chris Waller – founder of We Power On

The following matters were considered by the Panel:

- a) It was noted that the speaker's work is inspiring and extremely important. It was questioned what more can be done as Councillors and as a society to support this. It was stated that doing more talking and asking around this subject helps. It was also stated that our culture has changed in a way that mental health has become more of a focal point. However, it was stated that the societal expectation of what goes on needs to change. Walks aren't a 'fix all' but they aim to help people to make a start and feel as though they belong there. If you save one man's life, you've saved a whole family and network of grief. A further question was asked around how one can recognise mental health struggles in people. It was noted that by having more groups, being honest, and giving people the space to share their struggles, we will be able to pick up on these struggles more. It was also stated that help around this topic starts in the home, through education, being aware, listening deeply instead of listening to what we want to hear and asking someone how they really feel.
- b) It was stated that men's mental health is a huge crisis in this country, and that there is a job in all of us to support this, to enable it and to listen. It's about recognising it and realising it, really listening and hearing between the lines. It was noted that the subject matter discussed by the speaker resonates with regards to loneliness. The more we speak about it and embrace it, the more it helps one another. Walking is a fantastic ice breaker as you're not required to look at the person you're walking with.
- c) A question was posed to the speaker regarding numbers for their weekly mental health walks and whether the numbers ever become too large and people get missed out. It was stated that over the last couple of months the speaker has been reminding the regular members of the walking group to keep their head up, know the walk, know the path and look around at their surroundings. These members have expressed an interest in completing Mental Health First Aid training and becoming a walk leader to prepare for the steady increase in numbers that have been noticed. The regular members' attendance allows the speaker to move through the group, even at larger capacity, and check in on other participants.
- d) It was stated that the Council are hugely supportive of what the speaker does, and it is very powerful. When considering suicidality, it often feels as though it only happens to other people and would never happen so close to home. However, it's only when it gets close to home that the impact becomes prevalent. The stigma around seeking help via Samaritans for example is a lot greater than attending a mental health walk on the Downs, people are more likely to open up.

- e) The speaker was thanked once again for their incredibly inspiring story and presentation. It was noted that the Council will be an advocate in supporting the speaker's holistic approach as it is having a great impact on our residents. It was also stated that it's fantastic to know there is something on our doorstep that local men can join and feel part of a community again. The speaker noted that an impact can be made in Epsom through the past 2 years of networking and connection building. The aim is to make Epsom a happy and friendly borough where people don't feel lonely.

4 PUBLIC HEALTH SURREY COUNTY COUNCIL

The Panel received a Public Health Surrey County Council discussion paper, focussing on MMR and Whooping Cough, and vaccination programmes in Surrey.

The following matters were considered by the Panel:

- a) It was stated that Nationwide, there is an issue with children and young people not having their vaccinations or catching these awful diseases and illnesses. This paper depicts that cases of measles and whooping cough are increasing in England. A Measles epidemic became a particular problem in Surrey a few years ago. It was noted that whilst it's not clear quite what our role can be in trying to improve this situation (as the lead on this must come from health and clinicians), it is important to keep it on our radar as these are our children and residents. This is causing pressure on our health service if more children are falling ill and going into hospital.
- b) It was noted that this paper would have been more helpful if it had included any research regarding the key arguments or key pathways that are persuading people into vaccination hesitancy. Also, what Public Health's pathways and messages are to combat this hesitancy. This in turn will signpost what we can do to help our communities on a more local level, because at the moment we are without armoury. It was requested that Public Health are asked about their communications or methodology for vaccination hesitancy and what they are.
- c) It was stated that there is a large lack of awareness regarding these illnesses as it's not common knowledge that they are coming back. It was noted that as political leaders, we have a duty of care to raise this item and highlight the fact that this is going to become a bigger problem. From a borough council's point of view, it is imperative we talk to our Comms team and highlight this.
- d) It was mentioned that where we don't have a Public Health role, we definitely have a role regarding signposting. It is important to use our social media to push this knowledge out or circulate it on our borough boards.

- e) It was stated that there is research being done regarding reasons for low uptake of vaccines as there are conferences on this matter. It was noted that more information will be found out regarding this to better inform the Council on what can be done to help.

The meeting began at 7.00 pm and ended at 8.15 pm

COUNCILLOR CHRISTINE CLEVELAND (CHAIR)