

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).

## HEALTH AND WELLBEING BOARD

4 OCTOBER 2016

(3.00 pm - 4.30 pm)

PRESENT Councillor Tobin Byers ( Chair), and Cabinet Member for Adult Social Care and Health  
Councillor Katy Neep - Cabinet Member for Children's Services  
Simon Williams- Director of Community and Housing  
Yvette Stanley - Director of Children Schools and Families  
Chris Lee - Director of Environment and Regeneration  
Dr Dagmar Zeuner-Director of Public Health LBM  
Adam Doyle- Chief Officer Merton CCG  
Karen Parsons- Accountable Officer Merton CCG  
Dr Doug Hing – CCG Clinical Director for the East Merton Model of Health and Wellbeing, had been looking at the new East Merton Model  
Brian Dillon-Chair of Merton Healthwatch,  
Khadiru Mahdi – Chief Executive Merton Voluntary Service Council,

ALSO PRESENT Erin Cowhig Croft – Merton Healthwatch  
Lisa Jewell – Democratic Services

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

Apologies were received from:

Dr Andrew Murray – Vice Chair HWBB and Clinical Chair of Merton CCG  
Dr Karen Worthington - Clinical Director for Transforming Primary Care and East Merton Locality Lead

Dave Curtis – Manager Merton Healthwatch. Replaced by Erin Cowhig Croft

Councillor Gilli Lewis Lavender  
Melanie Monaghan, Community Engagement Network

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

No declarations of pecuniary interest were received

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

The minutes of the last public meeting 19 April 2016 were agreed as a correct record

### 4 WELCOME AND INTRODUCTIONS (Agenda Item 4)

The Chair thanked Councillor Cooper-Marbiah for her all her work as the previous Chair of the HWBB

The Chair thanked Adam Doyle for all his work with Merton CCG for the Health of the Borough and wished him luck in his new role.

The Chair then asked Board members to introduce themselves and state one thing they had done recently in support of the goals of the HWBB

Councillor Tobin Byers had presented a Healthier Catering Certificate at Pollards Hill Community Centre – small changes to diet could have a huge impact to health

Dagmar Zeuner –had been working on actions to reduce Childhood Obesity’ and Social Prescribing.

Brian Dillan had attended a South West London/St Georges Mental Health Trust meeting that reminded him that Healthwatch needed to give more attention to mental health issues, particularly in childhood.

Erin Cowhig Croft –had a meeting with Merton Youth Parliament regarding mental health.

Khadiru Mahdi – had been working on the Social Prescribing pilot project

Dr Doug Hing had been looking at the new East Merton Model

Adam Doyle – Chief Officer Merton CCG - reported that childhood obesity and social prescribing’ are now agreed by the Governing Body as part of the Merton CCG Plan. Also enjoyed community conversations with the Polish community.

Karen Parsons - Accountable Officer Merton CCG, had been developing objectives in health and care for the ‘One Merton Model’

Yvette Stanley - Director of Children Schools and Families, had been working with the CCG and public health to commission a new health provider for early years.

Karen Parsons - Accountable Officer Merton CCG, had been developing objectives in health and care for the One Merton Model and taking part in community conversations.

Yvette Stanley - Director of Children Schools and Families, had been working with the CCG and public health to embed CLCH in early years.

Chris Lee - Director of Environment and Regeneration, had been developing policy around diesel vehicles which had a big impact on health issues. A policy would go to Cabinet suggesting that the polluter pays, and to encourage less polluting cars or no car at all.

Simon Williams - Director of Community and Housing, had been looking at welfare reforms and how to mitigate their impact

Councillor Katy Neep - Cabinet Member for Children's Services had been looking at the impact of built environment on health and having conversations with Housing Associations

Councillor Tobin Byers reflected that we are all working towards shared objectives.

## 5 SUSTAINABILITY AND TRANSFORMATION PLAN (Agenda Item 5)

The Chief Officer of Merton CCG gave a verbal update on the progress of the STP (Sustainability and Transformation Plan). Following publication of the NHS Five Year Forward View (5YFV) in 2015, all regions (or 'footprints') of the NHS in England are required to publish Sustainability and Transformation Plans (STPs) setting out how they will meet the challenges set out in the 5YFV and deliver high quality, sustainable services for their populations in the years ahead.

-

STPs are intended to be developed through a partnership of NHS commissioners and providers, working with their local authorities. This is a significant change to previous NHS change programmes, which have been commissioner-led.

The South West London STP is currently going through the final stage of drafting. An initial submission was made to NHS England in June 2016, in line with national requirements. The final draft – which will remain an iterative document for discussion with local stakeholders and the public – will be submitted on 21 October 2016 and will be more specific on details such as financial modelling.

STPs are a real partnership between commissioners and providers, working with their local authorities. There is a small leadership team:

Kathryn Magson – SRO for STP and Chief Accountable Officer for Richmond CCG

John Goulston – Provider Lead – Chief Executive of Croydon NHS Hospitals Trust

Kath Cawley – STP Programme Director

Ged Curran – Local Authority Lead and Chief Executive of the London Borough of Merton.

The programme has eight clinical working groups, covering different clinical areas, all of which include more than one patient and public representative

The draft STP contains the following:

- A whole system approach based on collaboration between and across commissioners, providers and local authorities
- More care delivered outside hospital in community settings
- An expansion/transformation of primary care
- Proactive, preventative care based on keeping people well and early intervention
- Parity of esteem for mental and physical healthcare

- The need to consider the best configuration of our acute hospitals and of specialised services in south London.

In May 2016 the South West London footprint wrote to over 1000 local organisations to share the emerging thinking and asking for feedback.

The Chair asked for more detail on the collaborative model and engagement with the voluntary sector, when the plan will be ready for public consultation and the reconfiguration of the CCG The Chief Officer replied that

- The CCG engaged with the voluntary sector all the time on a variety of topics including integrated care and out of hospital services.
- The restructure of local CCGs will result in The London Boroughs of Merton, Kingston, Richmond and Wandsworth (with Sutton to join in 2018) sharing one Accountable Officer from 2017, whilst very senior officers manage local commissioning and local issues. The Accountable Officer will deal with NHS England.

The Chief Executive of Merton MVSC suggested that the voluntary sector could have been involved more in the process to date. The CCG Chief Officer acknowledged that the pace had been tight and said he would take this back to the team.

The Chair asked the Board to note that this different approach to the STP has resulted in more involvement by LBM in issues such as out of hospital services.

## 6 LOCAL INTEGRATION OF HEALTH AND SOCIAL CARE (Agenda Item 6)

The Director of Community and Housing presented his report on Local integration of health and social care . The integration work to date in 2016/17 has focussed on creating a shared vision of integrated health and social care provision between social care teams, community health services, voluntary services and the Merton GP federation. The Board noted that the key priority for local integration 2016/17 was to reduce:

1. Permanent admissions to residential care homes
2. Unscheduled admission of vulnerable people to hospital.
3. Delayed transfers of care

The Director of Children Schools and Families explained how her department was integrating health and social care services for children:

- co-location in early years care and health partnership
- children with complex needs were placed in expanded special schools
- meeting the needs of the most vulnerable children was co-located in the Civic Centre

The Board discussed the metrics presented in the report and noted that delayed transfers of care were increased last year, the main reason for this was the problems of providing home care at short notice. Figures for non- elective hospital admissions

were also increased but it is difficult to prevent admissions as it can be a multi-factorial issue. Merton's figures were still in the top percentile across the Country, although they are not as good as they were three years ago.

The Chief Officer of Merton CCG said he felt that the Merton health and care system had coped well within constraints. All agreed that early intervention and prevention were key.

RESOLVED

The HWBB noted the paper and requested a further report in six months to monitor progress

## 7 EAST MERTON MODEL OF HEALTH AND WELLBEING (Agenda Item 7)

The Director of Public Health introduced this joint report of LBM Public Health and Merton CCG, and asked Board members to note that the report that gave detail on the progress of the East Merton Model of Health and Wellbeing (EMMoHWP). The report details the implementation of the Model in East Merton which centres on the redevelopment of the Wilson Hospital into an extended health and community campus co-designed by the local community and clinicians, and co-managed and co-owned in the longer term.

Dr Zeuner then continued to talk about the Health and Wellbeing Board's delivery priorities for 2016/17; preventing and reducing childhood obesity and the social prescribing pilot. The Board discussed the social prescribing pilot and noted the importance of collaboration, voluntary sector and community involvement and the role of the navigators in the project. The terminology 'social prescribing' was questioned.

The Board noted that Dr Andrew Murray, Clinical Chair of the CCG, had added Childhood Obesity to the next Practice Leads meeting, and that Merton is one of 11 London Boroughs to sign up to the 'Great Weight Debate'

The Chair thanked the Director of Public Health for her infectious enthusiasm on this work.

RESOLVED

That the Board members:

1. Considered the report on progress of the East Merton Model of Health & Wellbeing (EMMoHWP), and the Health & Wellbeing Board priorities for 2016/17 relating to preventing childhood obesity, and social prescribing.
2. Continue to champion the EMMoHWP and promote priority areas with their constituencies.

3. Engage in the further development and refinement of the EMMoHWB programme and projects as they progress.

## 8 HEALTH AND WELLBEING FORWARD PLAN AND WAYS OF WORKING (Agenda Item 8)

Board members noted the different approach taken recently to the structure of HWBB meetings and also the forward plan of items to come to HWBB.

Members agreed that recent seminars were valuable and have resulted in an increase in the quality of discussions at HWBB, better working together and an increase in understanding of crosscutting portfolios.

Board members concurred that they need to continue to challenge and ask each other to deliver what we agree on.

The Chair then asked all board members to commit to an action they would take that would benefit Health and Wellbeing in the Borough before the next meeting:

Councillor Tobin Byers will meet with the Chair of Merton HealthWatch to discuss Mental Health and how HWBB can work in this area

Simon Williams will be meeting CLCH (Central London Community Healthcare NHS Trust) to shape work going forward and inform governance structure.

Yvette Stanley will be working on the regional offer on families drugs and alcohol care and the regional proposal for a child sexual abuse house.

Chris Lee would be meeting with the Director of Public Health to discuss actions to reduce childhood obesity.

Councillor Katy Neep would be engaging with the business community and housing to embed health issues and to bring the Great Weight Debate to employees and parents. Conversations with young people about planning their own mental health support with tripadvisor style feedback.

Adam Doyle would be chairing a stocktaking meeting on the EMMoHWB before moving on to his new role.

Karen Parsons would be continuing the community conversations, and working with the Director of Public Health to appoint a project lead.

Dr Doug Hing would be working on a clear plan for social prescribing and also keeping the encouragement and momentum for community engagement going.

Khadiru Mahdi would be working on recruiting the social prescribing officer. and talking to CCG regarding the STP

Brian Dillon would be working with the CCG to understand their processes.

Dagmar Zeuner would be working with CCG and voluntary sector to knit it all together, including recruiting a Manager for the Wilson Campus.

## RESOLVED

That the HWBB:

1. agree the HWB forward plan 2016/17
2. consider new and engaging ways of working at HWB meetings

## 9 UPDATE ON IMPLEMENTATION OF THE CHILDREN AND FAMILIES ACT 2014 PART 3 (Agenda Item 9)

The Board noted that this report had already been considered by the Children's Trust Board, parents of children with complex needs present at this meeting were positive about the transformation process.

## RESOLVED

That the HWBB notes:

1. the progress made in implementation of the Children & Families Act 2014 Part 3.
2. considers the risk implications outlined in Section 9 of the report.