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HEALTH AND WELLBEING BOARD

29 SEPTEMBER 2020

(6.15 pm - 8.10 pm)

PRESENT Councillor Stephen Alambritis (in the Chair),
Councillor Oonagh Moulton, Chris Lee, Dr Dagmar Zeuner,
Dr Doug Hing, Mark Creelman, Rob Clarke, Dr Aditi Shah, Dr
Mohan Sekeram, Councillor Eleanor Stringer,
Dr Karen Worthington, Hannah Doody, Rachael Wardell, Brian
Dillon, Dave Curtis, Simon Shimmens, Dr Vasa Gnanapragasam
(Vice Chair)

ALSO PRESENT John Morgan (Assistant Director of Adult Social Care for
Merton), Clarissa Larsen (Health and Wellbeing Board
Partnership Manager) and Ola Dejo-Ojomo (Temporary
Democratic Services Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were no apologies for absence. The Chair welcomed the new members to the Board, namely Dr Aditi Shah and Dr Mohan Sekeram, Dr Karen Worthington, and Mark Creelman who was covering for James Blythe's secondment.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the previous meeting on 23 June 2020 were agreed as a correct record.

4 COVID-19 (Agenda Item 4)

4a SITUATIONAL AWARENESS REPORT (Agenda Item 4a)

The Director for Public Health (DPH) presented a summary of the latest COVID-19 situational report for the week ending 23 September 2020 (attached as appendix 1). The DPH issued a word of caution against the figures that initially appeared to suggest an encouraging trend in the number of cases in the borough, advising that there had been a decrease in the numbers for testing. The Board also considered the number of positive cases per 100,000 for each London borough (attached at appendix 2), and the DPH advised it was important to consider London as a whole rather than just the figures for individual boroughs. Although the figures appeared lower in south London than north London, it should be noted that the figures could change at any time due to the fact that London is porous and residents were not

bound by borough boundaries. A number of figures should be considered in this regard, namely:

- People working in boroughs other than the one where they lived
- People living outside London coming to work here and vice versa
- Siblings who go to different schools, or schools in different boroughs

As such, it was important that we did not become complacent. The DPH also advised that authorities across London were working together to control the virus, and this had been agreed by the Mayor of London.

In response to queries from the Board, the DPH advised or confirmed the following:

- The profile of cases confirmed across London tended to be in the younger age group; in Merton it also includes working age range.
- The word “situation” in this context referred to a suspicion of an outbreak even if it has not yet been confirmed. As the term can cause confusion we will change for the next weekly report.
- Board members should encourage others to download the NHS COVID-19 Track and Trace App, as this was one of the interventions and tools that could help control the spread of the virus.
- Granular data was just being received on where residents who had tested positive for COVID-19 had their tests, and data would be shared with the Board after a preliminary analysis of this.

4b LOCAL OUTBREAK CONTROL BRIEFING (Agenda Item 4b)

The DPH gave an overview of the outbreak control governance (attached as appendix 3), explaining how the work of local, sub-regional and regional authorities contribute to the national control framework. This included the statutory Health and Wellbeing Board and its Community Subgroup, the Terms and Reference for which would be considered later in the meeting.

The DPH also explained definitions of some of the terms used to measure and govern the control of the virus, including a range of outbreak scenarios (attached at appendix 4). Included in the outbreak control briefing were the epidemic level ranking in London (appendix 5) and the London strategic escalation process for outbreak management (appendix 6). The DPH brought the Board’s attention to education and childcare summary guidance (appendix 6), and the potential impact on school restrictions. Whilst there had been some schools in south west London that had closed following an outbreak in the school, it was noted that there is a commitment within the national framework not to use school closures as a general means to control the virus. This would only happen following negotiations between regional (London) and national frameworks.

Members of the Board noted that whilst some parents were apprehensive about sending their children back to school during the pandemic, some others complained that the measures put in place by schools were too draconian. The DPH advised that they were working with head teachers and parents to communicate simple explanations to help them distinguish between simple colds and COVID-19 symptoms. Various members of the Board including the Chair expressed thanks to head teachers for their work in responding to the pandemic as well as having to deal with varying concerns from the community.

The Board also considered the draft terms of reference for the Health and Wellbeing Board Community Subgroup for adoption. The Community Subgroup would be an advisory, consultative forum accountable to the Health and Wellbeing Board. Having considered the draft terms of reference, the Board RESOLVED to agree the terms of reference subject to the addition of Healthwatch Merton to its membership.

Note: Councillor Stringer was not present for the consideration of the Health and Wellbeing Board Community Subgroup terms of reference due to brief attendance of a Council-related meeting.

4c ENGAGEMENT WITH COMMUNITIES ON THE IMPACT OF COVID-19 (Agenda Item 4c)

The Director of Public Health introduced the presentation (appendix 9) by giving an overview of the approach of how the Council and voluntary organisations were engaging with the community. The Chief Executive of Merton Voluntary Service Council (MVSC) gave an overview of the work of the Merton Covid-19 Community Response Hub (appendix 8) between March and August 2020. The close of the Merton Giving Coronavirus Fund had seen £210,640 awarded to 75 organisations. Part of the lessons learnt was that although there was a good response to the Hub, they were aware that certain groups and residents had not been reached. Ongoing efforts were being made to address this. He noted that there was a willingness from the voluntary organisations to support vulnerable residents.

The Chief Executive of Age UK Merton updated the Board on how local organisations – MVSC, Wimbledon Guild and Age UK Merton and other informal neighbourhood networks – had continued to support more than 1,500 residents during the pandemic. The presentation also highlighted the direct and indirect impact of Covid -19 on older adults, including mental wellbeing, physical health and finances, and efforts proposed to address these.

Various members congratulated the Community Response Hub for its work and noted that the established collaborative working and community spirit would put us in good stead for the coming months as it became darker, colder and wetter. Dr Gnanapragasam also highlighted the issues of digital parity amongst older members of the community and suggested that younger people could be empowered to help address this, especially during the winter months when feelings of isolation could increase. The Director of Children, Schools and Families noted that the Council had received its allocation of access to laptops for young people who do not have the resources to ensure digital connectivity for their learning, and this would benefit the wider household as well.

5 NHS UPDATE: SWL CCG; SIMON STEPHEN'S LETTER ON THIRD PHASE AND WINTER PREPAREDNESS; PCNS & PRIMARY CARE (Agenda Item 5)

Representatives from the NHS South West London CCG presented an update on its response to the phase 3 recovery from the virus. First, Mark Creelman, Locality Executive Director for Merton and Wandsworth, gave a briefing on the CCG's response to the first wave of the virus and its preparations for the next anticipated wave (appendix 8). He also advised that with regard to Covid-19 testing, south west

London hubs have been set up in all major hospitals in the sub region for primary care staff and their families who are symptomatic. This was a new measure which would assist in identifying who was positive and who would need to isolate.

John Morgan, Assistant Director of Adult Social Care for Merton, updated the Board on work being done on winter preparedness and planning for the next surge in terms of hospital discharges, and people who were shielding. The NHS had provided detailed numbers on those coming to hospital on four different pathways, namely: 0 – those needing no care, 1 – those discharged with home care, 2 – those needing a form of bedrest enablement, and 3 – those needing temporary or long term care until going home. Work had been done with partners CLCH to design pathways in preparation to meet those numbers, and work on the anticipated second surge had commenced with updated numbers from the NHS including the predicted winter planning. With regard to shielding, approximately 7,200 people in Merton were shielding up until the end of July; preparations were being made for shielding patients for a second wave, including working with partners such as supermarkets to fulfil their obligations to provide food. Regarding the impact on care homes, the Care Home Support Team had been commissioned to continue its work until the end of the financial year. Work was also being done with the CCG to look at temporary units where people who had tested positive could go if they could not return to their own care homes or community. This would be a pilot which could be rolled out across south west London.

Dr Vasa Gnanapragasam highlighted some of the challenges that have impacted the productivity of GPs during the pandemic, including having to see patients with a range of illnesses or health needs including mild Covid-19. Whilst GP practice staff had stepped up to meet these challenges, fatigue and fear were also realities faced by practice staff, and it was important that staff took care of themselves.

Further to a query from the Board, Mark Creelan advised that all south west London's hospitals had submitted trajectories of improvement to pre Covid-19 levels up to the end of October 2020.

Various members of the Board expressed their appreciation to community nurses, care workers and care homes for high quality service they had provided during the pandemic and would continue to do so during the winter and flu months. The Chair also thanked the CCG representatives for the update, noting the excellent work done in the community by the health and care workers.

6 MERTON STORY - OUTLINE FRAMEWORK (Agenda Item 6)

The Director of Public Health explained that the Merton Story Outline Framework (appendix 10) was another name for the statutory summary Joint Strategic Needs Assessment (JSNA). The aim of Merton Story was to give an understanding of Merton's needs and assets. The proposal for 2021 included

- highlighting the full impact of Covid-19
- maintaining the same overall structure and format as previous years
- updating existing sections with new data and including voice and the lived experience.

The proposed timeline included the Board considering the draft by January 2021 and the final version being approved by April 2021. Further to suggestions from the

Board, the Director of Public Health agreed that the Merton Story would include a focus on assets including volunteering, address finance and the environment as wider determinants of health impacted by Covid-19 and include reference to “long Covid”.

Having considered the proposals, the Board RESOLVED to agree the proposed process and timeline of the Merton Story for 2021.