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Merton Council

Health and Wellbeing Board

Date: 29 September 2020

Time: 6.15 pm

Venue: This will be a virtual meeting and therefore not held in a physical location, in accordance with s78 of the Coronavirus Act 2020.

- 1 Apologies for absence
- 2 Declarations of pecuniary interest
- 3 Minutes of the previous meeting 1 - 6
- 4 Covid-19
- 4a Situational Awareness Report
Slides to follow.
- 4b Local outbreak control briefing 7 - 14
- 4c Engagement with communities on the impact of Covid-19
Slides to follow.
- 5 NHS update
Slides to follow.
- 6 Merton Story - outline framework
Slides to follow.

Future meeting dates

This is a public meeting and the livestream at can be viewed at www.youtube.com/user/MertonCouncil.

Requests to speak will be considered by the Chair. If you would like to speak, please contact democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: communications@merton.gov.uk or telephone 020 8545 3483 or 4093.

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

Health and Wellbeing Board Membership

Merton Councillors

- Stephen Alambritis (Chair)
- Oonagh Moulton
- Eleanor Stringer

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

Agenda Item 3

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.

HEALTH AND WELLBEING BOARD

23 JUNE 2020

(6.22 pm - 7.57 pm)

PRESENT Councillor Tobin Byers – Chair
Dr Vasa Gnanapragasam (Vice Chair) - Chair Merton CCG
Councillor Eleanor Stringer – Cabinet Member for Children’s Services
Councillor Oonagh Moulton,
Hannah Doody - Director of Community and Housing
Rachael Wardell - Director of Children, Schools and Families
Chris Lee - Director of Environment and Regeneration
Dr Dagmar Zeuner - Director of Public Health
James Blythe - Managing Director, Merton and Wandsworth CCG
Brian Dillon - Chair HealthWatch Merton
Simon Shimmens - Chief Executive Merton Voluntary Service Council
Rob Clarke Chief Executive, Age UK Merton

ALSO PRESENT Dave Curtis, Manager HealthWatch Merton, Dr Karen Worthington, Vice Chair, Merton CCG Borough Committee, Dr Aditi Shah, Clinical Lead for Planned Care, Merton CCG Dr Mohan Sekeram, Clinical Lead for Social Prescribing, Merton CCG, Cathryn James (Assistant Director – Public Protection), Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Stella Akintan (Scrutiny Officer) and Amy Dumitrescu (Democratic Services Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Dr Doug Hing and Dr Andrew Otley.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 28 January 2020 are agreed as an accurate record.

Prior to starting the formal business of the Board, the Chair noted the thanks of the Board to all involved in Covid assistance particularly in the health and care sector, in voluntary services and within Schools.

The Chair also advised that there had been a number of changes to the board including the resignation of Councillor Kelly Braund and Councillor Eleanor Stringer

had joined the Board. The Board noted their thanks for her work during her time on the Board.

The Chair particularly welcomed Dr Vasa Gnanapragasam to the Board as the new Vice Chair replacing Dr Andrew Murray who has stepped down from the Board as he becomes Chair of the new South West London CCG. The Chair thanked Dr Murray for his years of valued support in the work of the Board. He also welcomed Drs Mohan Sekeram, Aditi Shah, Karen Worthington to this meeting.

4 SWL CCG/ICS UPDATE - VERBAL UPDATE (Agenda Item 4)

James Blythe, Managing Director for the Merton Borough Committee presented the report, advising that the Merton CCG had now ceased to exist and as of 1 April 2020, the six South London CCGs had merged to become the South West London CCG. There is now also a Merton Borough Committee, Chaired by Dr Vasa Gnanapragam and led by Merton GPs which has significant CCG budgets delegated to them.

Also on the 1st April, the South West London Sustainability and Transformation Partnership was granted ICS (Integrated Care System) status, meaning that the NHS has confidence in the partnership arrangements in place.

The Chair noted that the terms of reference for the Board would need to be updated in due course to reflect the changes.

5 COVID-19 PANDEMIC AND PLANNED HWB ENGAGEMENT PROGRAMME ON IMPACT ON VULNERABLE COMMUNITIES - PRESENTATION (Agenda Item 5)

The Director of Public Health presented the report. The slides used during the presentation are available here:

<https://democracy.merton.gov.uk/ieListDocuments.aspx?CId=184&MId=3720&Ver=4>

It was noted that the peak excess death rates were in the middle of April, both for Covid-related deaths and others deaths likely partially due to the under-reporting of Covid. The total deaths are now lower than at the same time last year.

In Merton most deaths occurred in hospital, with the 2nd most common place of death being in care homes, however Merton was not standing out as an outlier with the increase death in care homes, with numbers being around average.

There was a particular differential in the first data from the ONS (Office for National Statistics) and whilst this was now evening out, there still remained a difference with more deaths occurring in the East of the Borough.

There were a number of underlying issues including housing and overcrowding contributing to this, as well as vulnerability, with diabetes being a particular issue. It was noted that the underlying causes were mostly socially patterned.

The Director of Public Health gave an overview of the ecological studies which noted higher incidences of Covid deaths in the East of the Borough, in high risk occupations and associated with BAME communities. It was noted that these figures were based on modelling, as the Council does not currently have the data on the deaths that have occurred in the borough.

There would also be some work to look at the indirect impact of Covid for example the impact on mental health, and the Council will be working with the NHS to understand the emerging evidence relating to these issues, as well as looking at engagement with the volunteer sector to gain more insight of 'lived experience'. James Blythe stated that they were trying to get as much data as possible. Initial data shows a marked variations from area to area within East Merton and this needed to be reconciled clearly back to risk factors.

Dr Karen Worthington requested that the effects on children were not overlooked and suggested that there was a need to have a focus on rehabilitation type services for people who have been seriously ill with Covid.

The Director of Public Health assured colleagues that they were particularly interested in relation to children and their lived experience will form part of the work to engage with communities.

Members of the Board raised concerns around health inequalities and the inequality gap which has increased due to Covid.

6 MERTON CARE HOME SUPPORT PLAN - PRESENTATION (Agenda Item 6)

The Director of Community and Housing presented the report (the slides shown have been published on Merton's website here:

<https://democracy.merton.gov.uk/ieListDocuments.aspx?CId=184&MId=3720&Ver=4>)

Covid19 had led to unprecedented challenges and the Director thanked colleagues and care homes across Merton for everything they had done so far during the pandemic.

The Director of Public Health advised that this had been a traumatic episode and she wanted, through dialogue and engagement with the Care Homes, to understand the key issues, including the issue of sustainability of care homes in the future. It was noted that Covid was still around and the Council would continue to protect our care homes. The Director of Public Health commented that the pandemic has highlighted an area of health and care which hasn't been previously valued and she hoped that the focus on the need for good care in care homes will continue be taken seriously. The Chair echoed the thanks to the staff and their teams.

7 COMMUNITY HUB UPDATE - PRESENTATION (Agenda Item 7)

Simon Shimmens and Rob Clarke presented the report and gave an overview of the statistics shown on the slides (published on Merton Council website here

<https://democracy.merton.gov.uk/ieListDocuments.aspx?CId=184&MId=3720&Ver=4>)

Rob Clarke praised the work of the London Borough of Merton staff who had been running the Community Hub, which would now be continued by the voluntary sector going forward as Council staff were required to go back to their usual roles.

The Chair and others on the Board echoed the thanks and the Chair thanked Simon and Rob particularly for their hard work.

8 TEST TRACK TRACE (TTT) - VERBAL UPDATE (Agenda Item 8)

The Director of Public Health gave a verbal update on the Council's plans for outbreak control. This would involve supporting the NHS testing and contact tracing service as would be one of the tools to manage any future outbreaks of Covid and to prevent spread of infection. The Council would need to build awareness and connectivity so that when anyone developed symptoms they engaged with the service and self-isolated.

One big insight was that during the peak of Covid, the communications messages didn't land equally and the Council were very keen to engage and understand this working with the voluntary sector. The Local Authority would have an important role to play and the Health and Wellbeing Board will be a part of this. Contact tracing is a protection tool and the Council was proposing a sub-group of the Board be set up with community representatives that mirror the diversity of the community to oversee the outbreak plan and to also double up as an oversight group to look at the impact of Covid on vulnerable communities.

The Chair emphasised that it was really important get people on the sub-group who have links in the community. The composition of the group would be looked at shortly and the sub-group would meet more regularly than the Health and Wellbeing Board.

9 PARTNERS UPDATE ON ON-GOING RESPONSE TO/IMPACT OF COVID-19 AND PLANS FOR THE FUTURE - VERBAL UPDATE (Agenda Item 9)

All members of the Board gave a brief update about the work ongoing in their areas and any upcoming work.

Dr Karen Worthington advised that in the NHS in relation to primary care, the NHS had tried to embrace a 'triage first' approach to patients. The NHS had deployed and expanded digital initiatives, ensuring patients were able to contact the NHS via phone, online and all GPs were now also offering video consultations. The NHS had rolled out remote working supporting workforce resilience. No GP practices were unable to offer services even during the peak of the pandemic. There were two hubs running for suspected Covid assessments and as numbers of infections are falling, the NHS are revising services and looking at learning from them so they could plan for future waves. The NHS were now looking at resetting primary care and restarting some of the services which had been paused including those focusing on long term conditions, screening and immunisations.

James Blythe advised that all of their structures were working on recovery and there was a South West London Recovery Board now set up. There had been a campaign called 'NHS is here for you' aimed at those not presenting at health settings, particularly those who had symptoms of or incidents of heart attacks, strokes and cancer to ensure they were presenting. Referral rates are now increasing, however, rates are still not where they need to be and the NHS has seen some impacts from late presentation.

Simon Shimmens advised that they were now focusing on how they might re-establish services. The MVSC work with organisations including a focus on BAME organisations on recovery and sustainability. Simon stated that they did support 19 organisations in May to achieve £104,000 of funding and had also had the support of a huge number of volunteers.

Rob Clarke reiterated that members of the Health and Social Care Forum were looking at recovery planning as they move forwards and would also do some analysis of the gaps particularly on preventative services. Rob advised that they needed to think about the issue of digital exclusion as those who struggle to access services usually will continue to be and potentially more so if services become more of a digital by default model. The Chair noted that this should be revisited with the Board. Dave Curtis (Healthwatch) advised they had paused the majority of activity in March and asked how they can support the BAME work planned.

Brian Dillon (Healthwatch Chair and Treasurer of MVSC) stated there was a concern for budgets and with any new demand going forward he was concerned about budgets and resources declining at a point when they would need to draw more resources.

The Director of Children Schools and Families advised that schools had been open for keyworker children and vulnerable children throughout the pandemic, including over the Easter holidays, and over the end of May half term. Since the beginning of June schools had opened more widely to Reception, Year 1, Year 6 and Nursery year groups and from 15th June to Year 10 and 12. Schools had seen a steady increase in the number of children in schools, with more than 4500 children in school in Merton on 22nd June 2020. Schools had also been providing education resources to those at home.

In relation to vulnerable children, staff were spending more time interacting virtually to make contact, but sometimes there is a need to visit in person and so social workers and others had been undertaking visits and seeing children to ensure safety.

Supervised contact was taking place virtually, where required, and the service was continuing to make arrangements for children in care to spend time with their birth families. This was increasingly being done virtually.

The Children Schools and Families Department never saw a reduction of more than 20% of staffing and had been over 80% staffed for a long time, so they could continue with their work. At the start of lockdown there had been a reduction in referrals as children weren't being seen, those these had risen in more recent weeks and as children return to school and become more visible, it was expected that referrals will increase further. It was therefore anticipated that the peak of the impact on that part of the service will be later in the year after the initial health impact has perhaps reduced.

In regards to the impact on children's health, there had been a reduced presentation of children in hospital for other ailments and deaths from common childhood illnesses had increased. The Council had tried to get the message across through schools that children should go in for healthcare when required. The Director was aware that whilst lots of children have enjoyed lockdown there were many for whom there would be a significant impact on their mental health and this would need to be worked on. Councillor Stringer stated that there had been tremendous work by all and she had appreciated the communications from the health community.

The Director of Environment and Regeneration advised there had been a significant impact on promoting healthy places – all services within Environment and Regeneration had been delivered, with the exception of leisure centres, which had been closed since March 23rd. With the Council's support to GLL they were anticipating a move to recovery from 6th July and would be open with a limited offer. Parks and greenspaces had remained open and well used although there had been restrictions on their use. The Council had engaged a contractor to assist the Council

and Police to ensure social distancing was followed, and some sports were not being played as usual. Environmental Health had undertaken lots of effort to ensure High Streets and Town Centres could open safely and there had been lots of work by Licensing and Trading Standards in relation to reopening of premises. There had been a significant reduction in car use and, with that, a decrease in levels of air pollution. The reduction in public transport capacity and peoples' willingness to use it had led to an increase in walking and cycling and the Council were looking at how to build this into the way the Borough moves, including temporary cycle lanes, temporary wider pavements and school streets and Low Traffic Neighbourhoods. The finance available would limit what could be done as the previously provided funding by TFL of £1.5m had been halted with new emergency funding was on a bidding basis, and it was unclear how much Merton would be able to access. There was a Department for Transport pilot on hired electric scooters and Merton had asked to be part of this pilot, which could begin as early as August or September 2020. The Director of Community and Housing gave an overview of the services provided in peoples' homes stating that homecare providers had worked incredibly hard as had unpaid carers and this was echoed by the Chair. Councillor Moulton passed on her thanks and the thanks on behalf of all Councillors for the huge amount everyone had done across all sectors. Councillor Moulton raised the issue of testing within domiciliary care. The Director of Community and Housing responded that testing was challenging, and whilst any care worker who has symptoms can access testing, there was no strategy nationally or direction from Sage as to testing of asymptomatic workers. The Director assured the Board there was a strong voice from all London Boroughs about this issue.

10 PNA (PHARMACEUTICAL NEEDS ANALYSIS) (Agenda Item 10)

It was noted that the Pharmaceutical Needs Analysis, which is usually refreshed every three years, would now be extended with publication now required by Government for April 2022.

Committee: Health and Wellbeing Board

Date: 29 September 2020

Agenda item:

Wards: All

Subject: Health and Wellbeing Board Community Subgroup - Terms of Reference

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Councillor Stephen Alambritis, Leader of Merton Council

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A. To agree the draft terms of reference for the Health and Wellbeing Board Community Subgroup.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To set out the draft terms of reference for the Health and Wellbeing Board (HWBB) Community Subgroup for agreement.

2 BACKGROUND

At the June meeting of this Board the creation of a Community Subgroup was discussed to be made up of HWBB members and their nominees. The Subgroup was established in response to the Local Outbreak Control Plan (LOCP) that all local authorities were required to produce a in June this year. A copy of Merton's Covid-19 Outbreak Control Plan is available [here](#).

3 DETAILS

- 3.1. The HWBB Community Subgroup met for the first time on 4 August 2020. The Subgroup is supporting the implementation of Merton's Covid-19 Outbreak Control Plan, delivering the 'member-led local governance board', suggested in Government guidance. It has oversight of communication and engagement with the general public, with a focus on protecting vulnerable communities.
- 3.2. In Merton, the Community Subgroup is also providing oversight of work on the impact of Covid-19 on vulnerable communities – those disproportionately impacted by the virus to date. This involves working with communities to gain insight to lived experience through on-going community dialogue, which itself will support contact tracing to protect those communities.
- 3.3. Terms of Reference were drafted for the Community Subgroup and discussed by the Subgroup at its meeting on 4 August. The ToR are attached as an appendix to this report for agreement by this Board.

4 ALTERNATIVE OPTIONS

The alternative option would be for the core Health and Wellbeing Board to take this role, but as the HWBB meets less frequently and has a broader remit, it would be more difficult for partners to respond quickly to any new developments.

5 CONSULTATION UNDERTAKEN OR PROPOSED

The Health and Wellbeing Board was consulted on the proposal to create a Subgroup on 23 June 2020 and HWBB members are involved in the Subgroup, both directly and through their nominees.

A broad programme of engagement with community groups is taking place and will be reported to the HWBB and the Community Subgroup.

6 TIMETABLE

The Community Subgroup will initially meet for a fixed period up to April 2021.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

N/A

8 LEGAL AND STATUTORY IMPLICATIONS

The Community Subgroup will report to the statutory Merton Health and Wellbeing Board. Wider accountability is set out in the attached documents.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The focus of the Community Subgroup is on those vulnerable community groups, that have to date been disproportionately impacted by Covid-19.

10 CRIME AND DISORDER IMPLICATIONS

N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

Appendix I - Health and Wellbeing Board Community Subgroup Draft Terms of Reference

BACKGROUND PAPERS

[Covid-19 Outbreak Control Plan](#) Merton Council, July 2020

Merton Health and Wellbeing Board
HWBB Community Sub-group
Terms of Reference DRAFT (160920)

1. Purpose

The HWBB Community Sub-group will support the implementation of Merton's Local Outbreak Control Plan. Delivering the 'member-led local governance board', suggested in Government guidance, to communicate with the general public with a focus on protecting vulnerable communities.

In Merton, the Community Sub-group also has oversight of work on the impact of COVID-19 on vulnerable communities, involving insight to lived experience' and on-going community dialogue, which itself will support contact tracing to protect communities, including the most vulnerable.

2. HWBB Context

This Community Sub-group is an advisory, consultative forum and is accountable to, Merton Health and Wellbeing Board.

- Merton Health and Wellbeing Board (HWBB) is a statutory partnership providing overall vision, oversight and direction for health and wellbeing in Merton, including service provision and the wider determinants of health.
- It brings together local Councillors, GPs and community representatives, supported by officers, as system leaders to shape a healthy place and health and care services.

The Health and Social Care Act 2012 made Health and Wellbeing Boards statutory for all local authorities. The Act also permits the local authority to arrange for HWBBs to exercise 'any functions that are exercisable by the authority'.

3. Responsibilities

The Community Sub-group supports delivery of Merton's Local Outbreak Control Plan. Specific responsibilities are the oversight of:

- i. Communication and engagement with Merton residents on local outbreak control.
- ii. Support for vulnerable people, as required by the Local Outbreak Control Plan, to get help to self-isolate as one of the interventions to protect vulnerable communities.
- iii. Engagement with vulnerable communities through a rolling programme of voluntary sector led dialogues to gain insight to lived experience (including

BAME communities, older people and people with learning disabilities and autism, and involving children and young people).

- iv. Review health and wellbeing services (working closely with Merton Health and Care Together) to ensure a culturally appropriate offer, accessible to all, that meets the needs of diverse communities, to support health seeking behaviours and prehabilitation.

4. Principles and Priorities

The priority of the Community Sub-group is to support and protect the health and wellbeing of Merton’s most vulnerable communities, learning from people’s lived experience. In doing so, the work of the group will adhere to Merton HWBB’s agreed core principles of:

- Tackling health inequalities.
- Prevention and early intervention.
- Health in All Policies approach.
- Community engagement and empowerment.
- Experimenting and learning.
- Think Family.

5. Membership

The Community Sub-group, is member led. The Chair is the Chair of Merton Health and Wellbeing Board. The broader composition of the Sub-group is made up of members of the core HWBB and additional nominees with the right skills and community connections, sponsored by Board members.

HWBB Community Sub-group membership	HWBB member
Chair of Merton HWBB (Chair)	Y
Cabinet Member for Children’s Services & Education	Y
Member of Health Scrutiny Panel	N
Member of the Conservative Group	Y
CCG Borough Committee Chair	Y
CCG Clinical Director	N
CCG Chief Executive Merton and Wandsworth	Y
CCG Comms & Engagement Lead	N
Young Inspector	N
Voluntary / Community sector representative	Y
Voluntary / Community sector representative	N
LBM Director of Public Health	Y

In addition to the formal membership, LBM and other officers will attend as needed including LBM's Head of Communications, Head of Strategic Commissioning (Public Health) and Health and Wellbeing Board Partnership Manager as regular attendees.

6. Accountability

The Community Sub-group, as an advisory and consultative forum, reports to Merton HWBB. It can also report, if required, to LBM Corporate Management Team and will link closely to the Outbreak Control Officer Group, Merton Health and Care Together and other contacts involved in delivery of the Local Outbreak Control Plan.

Accountability is outlined in the chart in Appendix I

7. Operational Arrangements

Frequency of meetings

The Community Sub-group meets more frequently than the core HWBB in order to respond more quickly emerging issues. Meetings will alternate with the core HWBB, for a fixed period and additional meetings of the Sub-group can be arranged if needed, to respond to any significant developments.

Duration & setting of meetings

Meetings of the Community Sub-group last for 1 hour 30 minutes and will initially be held virtually, via Zoom.

Agenda and papers

Agendas are agreed with the Community Sub-group Chair in advance. Formal reports will be kept concise and to a minimum with a focus on key information in accessible written or slide format.

Agendas and any papers will be circulated beforehand wherever possible, no later than five working days in advance of the meeting, via the Merton Democratic Services web pages.

Transparency

Meetings (other than any informal workshops / seminars) will take place in public and formal minutes will be taken and posted on the Council's Democratic Services web pages.

Quorum

At least four members of the Community Sub-group must be in attendance including at least one member from each of the following constituent groups, before decisions can be taken:

- Council Members
- Council Officers
- Merton Clinical Commissioning Group
- Voluntary Sector

Code of conduct and conflict of interests

The obligation to register disclosable pecuniary interests applies to all Community Sub-group members who will be asked to declare any interests in matters under consideration and on a general basis declare any interests in the Register of Interests.

All members of the Board will be subject to the standards and behaviours set out in the Council's Code of Conduct.

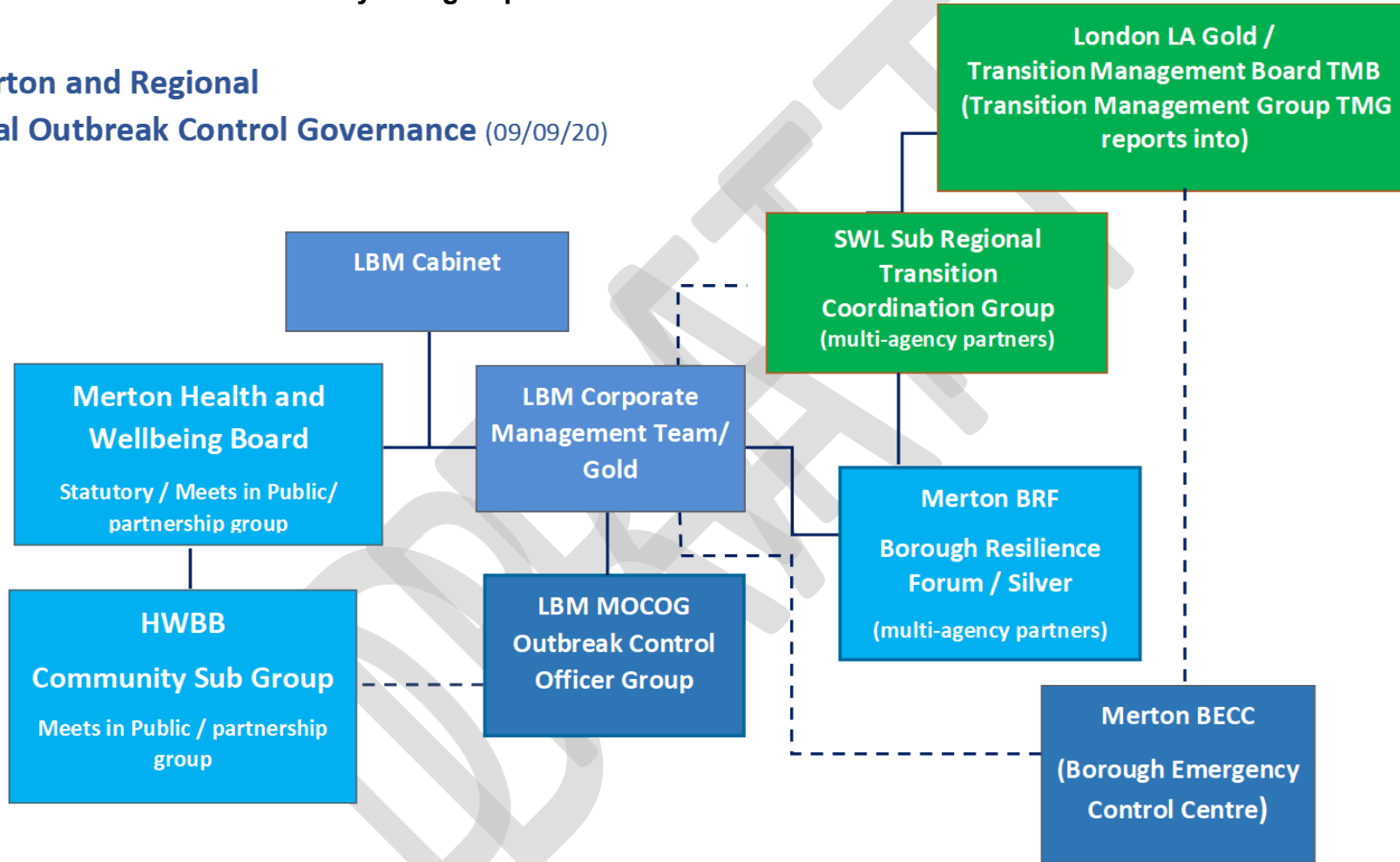
Duration of Community Sub-group

The proposal is that the Community Sub-group is a task and finish group, has a fixed term and will be reviewed at the end of April 2021.

DRAFT

Appendix 1 – HWBB Community Sub-group Governance Chart

Merton and Regional
Local Outbreak Control Governance (09/09/20)



Key: LBM & Partners LBM Sub Regional / Regional (LAs & Partners)

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