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Merton Council

Health and Wellbeing Board

Date: **23 November 2021**

Time: **6.15 pm**

Venue: **Council Chamber**

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

1	Apologies for absence Apologies were received from Dr Andrew Otley	
2	Declarations of pecuniary interest There were no declarations of interest	
3	Minutes of the previous meeting RESOLVED: That the minutes of the meeting held on 28 September 2021 were agreed as a correct record.	1 - 4
4	Covid 19 in Merton Covid-19 in Merton: 4a) Situation Assessment Report 4b) Vaccination update 4c) Post Covid Syndrome	
5	Health and Social Care Recovery Priorities	
6	Recovery Programme - Your Merton, climate action and co-benefits for equity and wellbeing	
7	Slides shown at meeting	5 - 92

This is a public meeting – members of the public are very welcome to attend.

Requests to speak will be considered by the Chair. If you would like to speak, please contact by midday on the day before the meeting.

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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 mater and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

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Health and Wellbeing Board Membership

Merton Councillors

- Rebecca Lanning (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

HEALTH AND WELLBEING BOARD
28 SEPTEMBER 2021

(6.15 pm - 8.06 pm)

PRESENT	(in the Chair), Dr Vasa Gnanapragam, Councillor Eleanor Stringer, Chris Lee (Director of Environment and Regeneration), John Morgan (Interim Director Community and Housing), Brian Dillon (Chair Healthwatch Merton Independent Board)
ALSO PRESENT	Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Amy Dumitrescu (Democracy Services Manager) and Richard Seedhouse (Democratic Services Officer)
ATTENDING REMOTELY	Councillor Oonagh Moulton, Dr Dagmar Zeuner (Director Public Health), Jane McSherry (Director, Children Schools and Families), Mark Creelam (Locality Executive Director Merton and Wandsworth CCG), Simon Shimmens (Chief Executive Merton Voluntary Service Council), Rob Clarke (Chief Executive, Age UK Merton) Hetty Crist (Communications Manager), Dr Karen Worthington (Vice Chair, Merton CCG), Dave Curtis (Manager, Healthwatch Merton) and Dr John Clark (SWL Clinical Lead for Diagnostics)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Councillor Rebecca Lanning, Dr Mohan Sekeram Dr Aditi Shah and Dr Andrew Otley.

2 DECLARATIONS OF 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 22 June 2021 were agreed as a correct record.

4 COVID-19 IN MERTON (Agenda Item 4)

The Director of Public Health presented the report and gave an overview of the most up to date Covid-19 statistics within Merton and London. It was noted that more recently there had been an increase in outbreaks including within Schools. Whilst the impact was being monitored this was currently flat however the lag between infection rates and the effect on hospitals had also been noted.

Whilst numbers of deaths continued to be low, there had been an increase in the number of infections among children and regular testing using LFTs (lateral flow tests) continued to be encouraged.
The pattern of lower uptake within some BAME groups still remained and the equity of vaccination was being monitored alongside continuing with communication and engagement to reach these groups.
The Director of Public Health reminded the Board of the evergreen offer for vaccinations to enable anyone who hadn't had a vaccination to receive one at any time.
Booster vaccinations for over 50s would begin shortly and vaccinations for 12 to 15 year olds would start imminently, administered within the school settings.
In response to questions, the Director of Public Health advised that the majority of cases within school settings are pupils and mainly those of secondary school age. The data appeared to show that vaccination was preventing serious disease more effectively than preventing transmission.
Public Health England had been undertaking surveys and studies looking at immunity levels in different age groups and had found that generally younger children had high levels of antibodies and therefore it was hoped that any outbreaks would be shortlived.
In response to further questions, the Director for Public Health responded that there were some concerns relating to non-covid excess death rates but this was not yet completely understood, although there were some known issues such as late presentation.
The Director of Public Health confirmed that, where possible logistically, flu and covid vaccinations could be taken together. Dr Worthington confirmed that this was logistically challenging as the booster had to be taken six months after the second dose and the Pfizer vaccine requires a 15 minute observation period which the flu vaccination does not, however it was the plan to administer these together to the most vulnerable where possible.

The Board then considered a short paper proposing an extension of the HWBB community subgroup until March 2022 (3 further meetings) with an ongoing focus in these meetings on vaccination equity and covering Long-Covid, particularly focusing on equitable access to support services.

RESOLVED: That the Board agreed to an extension of the Health and Wellbeing Board Community Subgroup to 1st March 2022.

5 MERTON STORY / JOINT STRATEGIC NEEDS ASSESSMENT (Agenda Item 5)

The Director of Public Health presented the report noting that there was a statutory duty for the HWBB to produce a Joint Strategic Needs Assessment (JSNA). The JSNA was a high level strategic document and would be used to prepare specific in depth needs assessments when required. The Merton Story had been provided as an overall strategic document.
The Director of Public Health provided an overview of the statistics within the documents, noting that there had been an increase in some of the figures for

example the number of long covid infections had now increased to 2700 from the 1300 stated within the document.
.
Members thanked the Director of Public Health for the report and commented on the issues within the document, including noting that childhood immunisations remained an area of concern to be followed up, as well as the high level of hospital admissions for very young children and noted that work was underway to understand the reasons for this.

RESOLVED:

1. That the Board considered and, subject to final comment, agreed The Merton Story 2021
2. That the Board supported the dissemination of The Merton Story 2021 and associated JSNA products.
3. That the Board considered how the Merton Story can best inform partners' wider work going forward.

6 HEALTH AND SOCIAL CARE UPDATE (Agenda Item 6)

The Locality Executive Director Merton and Wandsworth CCG presented four presentations.
On Presentation 1 ICS (Integrated Care Systems) Update, an overview of the key elements was given and noted this was to improve health and wellbeing for everyone and to improve health and social care services and to ensure the limited resources were sustainable and being used appropriately and providing value for money. It was noted that there was now national guidance relating to the development of the ICS particularly around how it should be designed and further amendments were expected as the process progressed. Pre-listening events had taken place with Local Authorities, Health and Wellbeing Boards, Councillors, Healthwatch and the voluntary sector to consider what the governance should look like going forward. An update of progress was provided noting that option 3 of the 5 considered options was the preferred option going forward, this being a committee of ICB (integrated care board).
On Presentation 2 Local Health and Care Plan update - workshops had been setup taking learning from the JSNA (Joint Strategic Needs Assessment), Merton Story and population and health management work. Engagement would continue throughout October 2021, including a survey which had been designed to go out to individuals and membership organisations. Over 100 people had attended the workshops so far and the refresh plan would be made available on the website so comments could continue to be received over the next few months. An update would be provided to the Health and Wellbeing Board meeting in November.
Presentation 3 Merton Borough Estates Strategy & Mitcham Health & Wellbeing Hub Update noted that the estates strategy would be continuously reviewed and the programme board were due to meet during the week of this meeting. It was stated that the NHS preferred site was the Wilson, however, guidance means that all options had to be revisited as part of the process. The expected go-live date was 2025.
The Locality Executive Director Merton and Wandsworth CCG and the SWL Clinical Lead for Diagnostics presented the final presentation Community Diagnostic Hubs –

plans across South West London, noting that the NHS had provided national funding for diagnostic hubs to help manage the current backlogs and bidding for funding had been submitted for 3 sites within South West London, including St Helier Hospital, along with a number of proposed locations for satellite sites. Plans for local Community Diagnostic Hubs were broadly welcomed but the need emphasised to retain a whole person approach, in addition to carefully and realistically considering issues of access, including via public transport.The Board agreed an update would be brought to a future meeting of the Health and Wellbeing Board.

Merton Health & Wellbeing Board

23rd November 2021

Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence

23rd November 2021

Produced by Gary Forbes (gary.forbes@merton.gov.uk)

Summary of COVID cases, testing, contact tracing, deaths, vaccinations and NHS figures

23rd Nov 2021

Domain	Indicator	Merton (previous value)	Merton change	London (previous value)	London Change
Regional marker	R value (4th November)	-	-	1.0 to 1.2 (1.0 – 1.2)	→
Cases over last week (3rd – 9th Nov)	New cases	435 (591)	↓	21,401 (26,280)	↓
	7 day rate (per 100,000)	204.8 (268.3)	↓	238.8 (293.2)	↓
	Official 7-day rate (per 100,000)*	264.0 (313.4)	↓	240.2 (281.7)	↓
	7 day rate aged 60+ (per 100,000)	103.1 (151.9)	↓	N/A	-
	Cases identified as Alpha / Kent variant**	0.0% (0.0%)	→	N/A	-
	Cases identified as Delta variant (including "Delta plus") **	99.7% (100%)	↓	N/A	-
PCR tests over 7 days (1st – 7th Nov)	Weekly rate (per 100,000)^	1,898.7 (N/A)	-	1,577.1 (N/A)	-
	Test positivity (Pillar 2 only) %	12.2% (13.9%)	↓	13.4% (14.3%)	↓
	Test positivity (Pillar 1+2) %***	6.7% (7.3%)	↓	6.6% (6.7%)	↓
Contact Tracing by NHS T&T – cumulative (2nd Jun 2020 – 9th November 2021)	% Cases completed	86% (87%)	↓	86% (86%)	→
	% Contacts completed	94% (94%)	→	93% (92%)	↑
Outbreaks (3rd – 9th November)	Total number of outbreaks	2 (1)	↑	N/A	-
Deaths (23th Oct – 29th Oct)	Number COVID-19 registered deaths	4 (2)	↑	80 (86)	↓
Vaccinations (as of 31st Oct)****	% 1st COVID-19 vaccine dose (>50s)	82.0% (81.4%)	↑	81.8% (81.4%)	↑

Domain	Indicator	SWL (previous value)	SWL change	London (previous value)	London Change
Current inpatients (as of 2nd November)	COVID inpatients	191 (183)	↑	1,020 (1,051)	↓
	COVID patients in mechanical ventilator beds	20 (18)	↑	187 (168)	↑

* The official PHE rate for Merton and London are for the week **ending** the 9TH November.

**Date of specimen: 15th October – 3rd Nov; calculated using both confirmed and provisional cases extracted on 11th November for Merton. Percentages of Kent and Delta variant will not sum to 100% as other variants are included in the denominator.

***Test positivity refers to the percent of total tests that were positive, even if individuals had multiple tests.

****Denominator based on NIMS population.

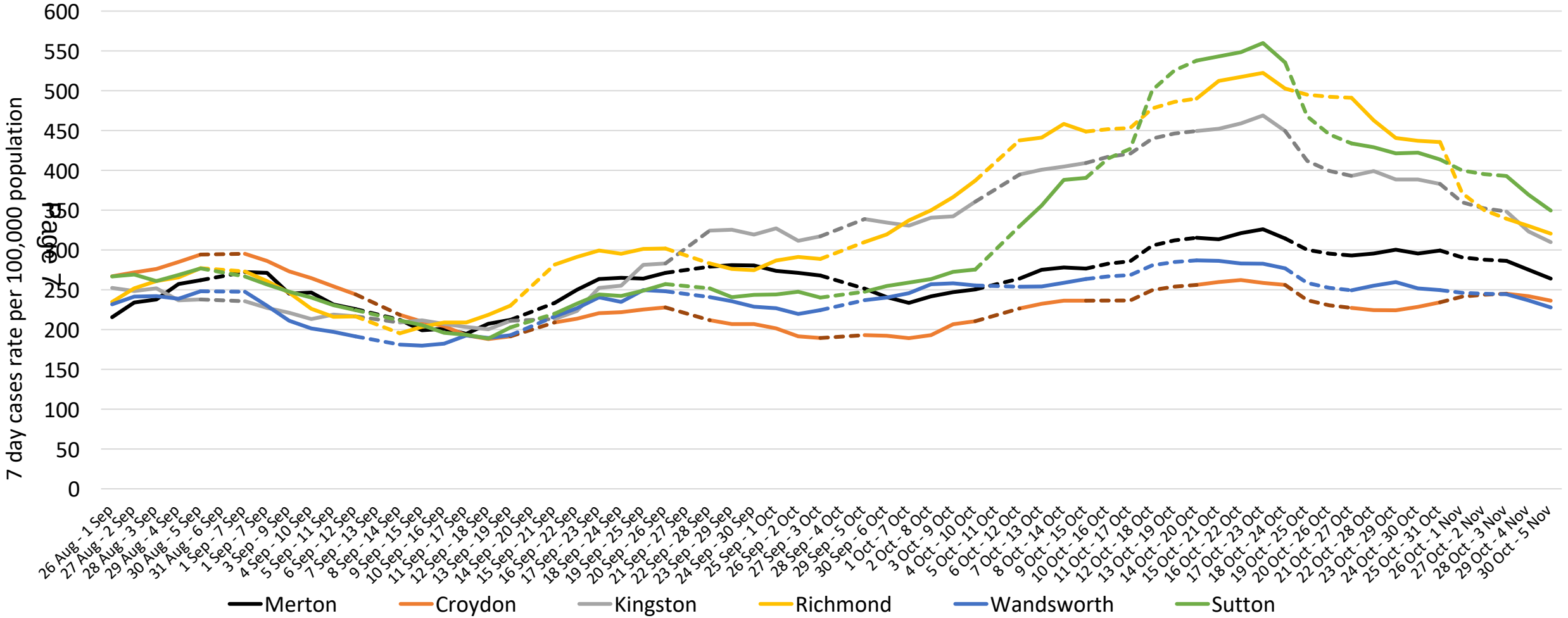
^Indicator has changed from daily rate to weekly rate on 11/11/2021

Rolling total rate of confirmed positive cases per 100,000 population in Merton per week compared to South West London boroughs (Pillar 1 & 2)

Source: London Covid 19 daily surveillance report

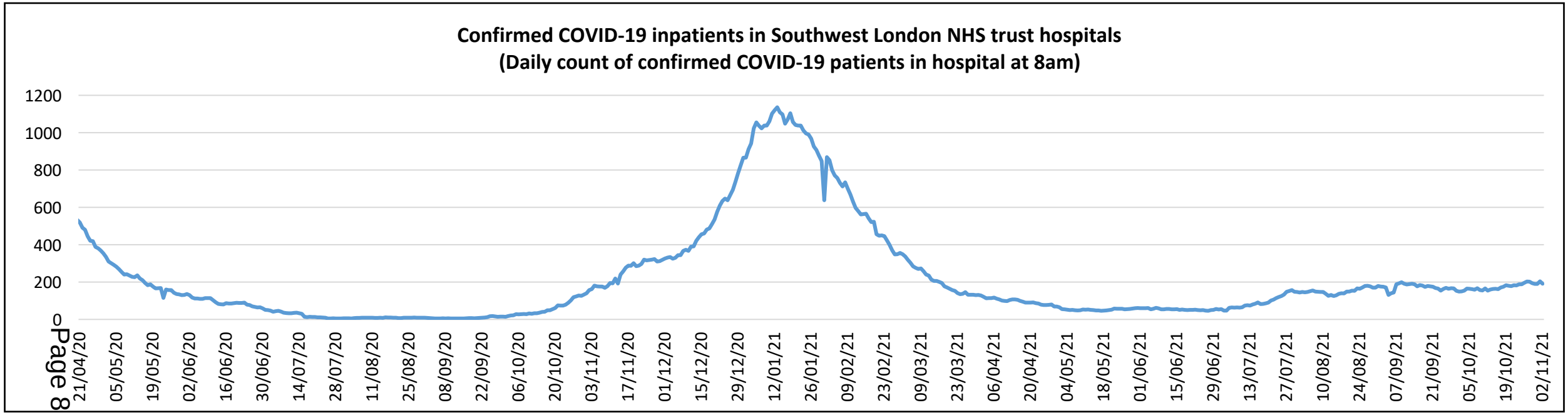
Reporting frequency: Daily

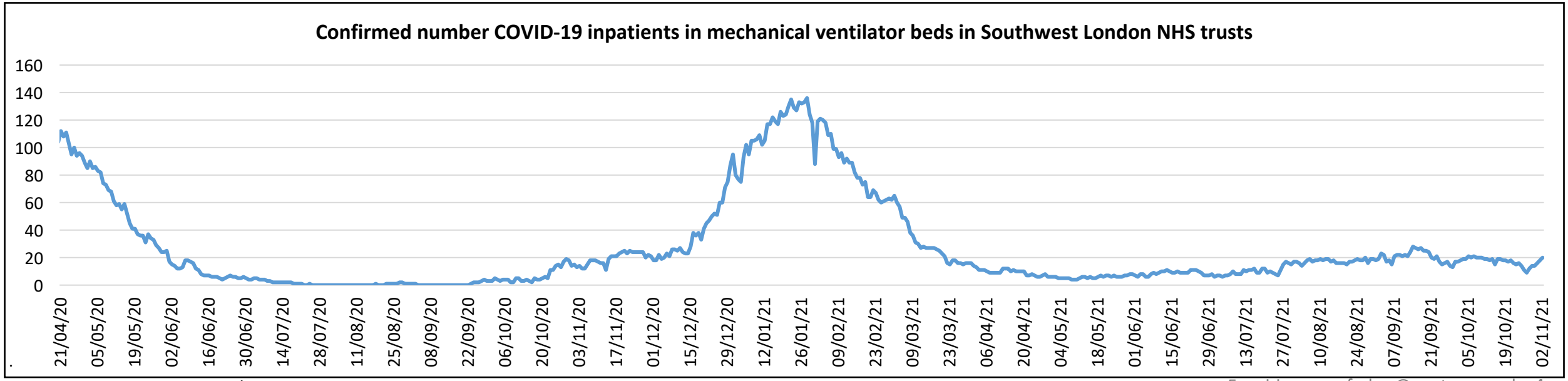
Key message: Merton has the 3rd lowest rate in SWL boroughs



Please note there are reporting gaps; the dotted lines refers to periods when data was not available.

COVID-19 NHS-related indicators for Southwest London



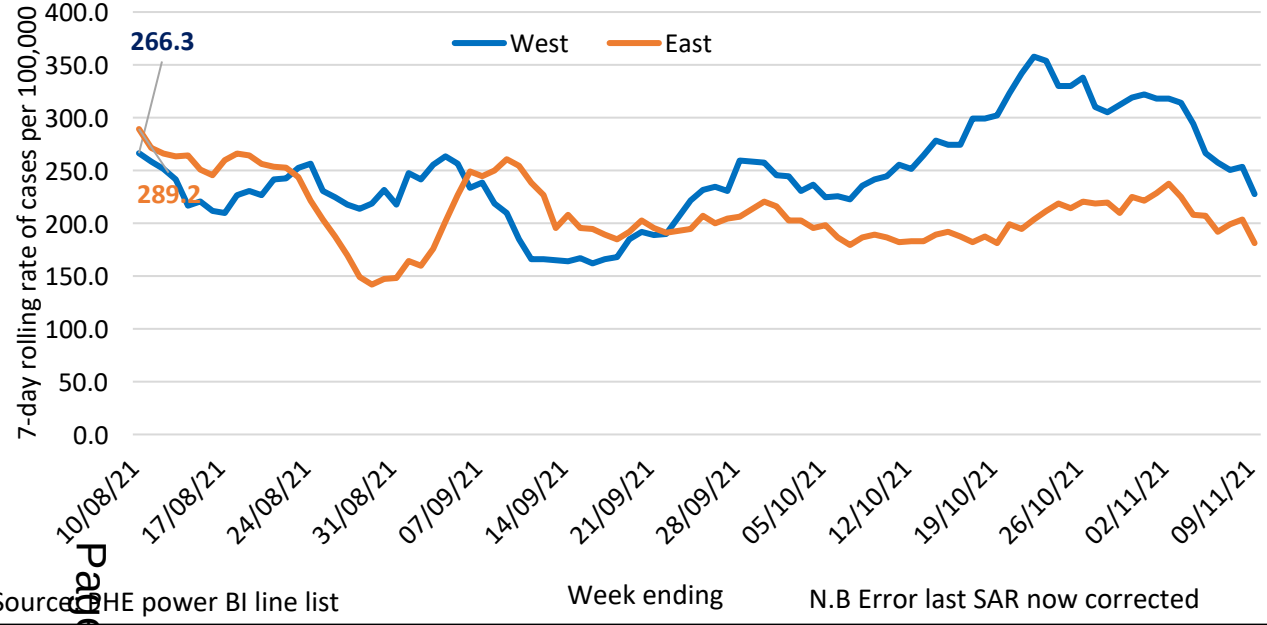


Source: coronavirus.gov.uk / healthcare

PCR confirmed COVID-19 cases in Merton residents by age, ethnicity, and geography

23rd November 2021

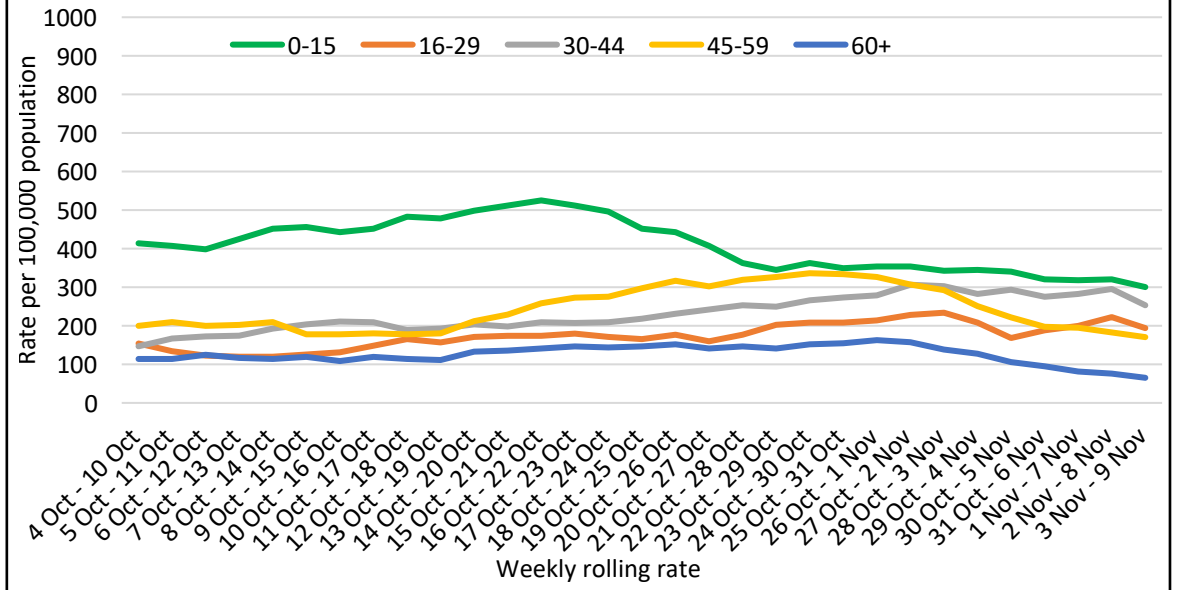
7-day rolling COVID-19 case rates per 100,000 by East and West Merton



Source: PHE power BI line list

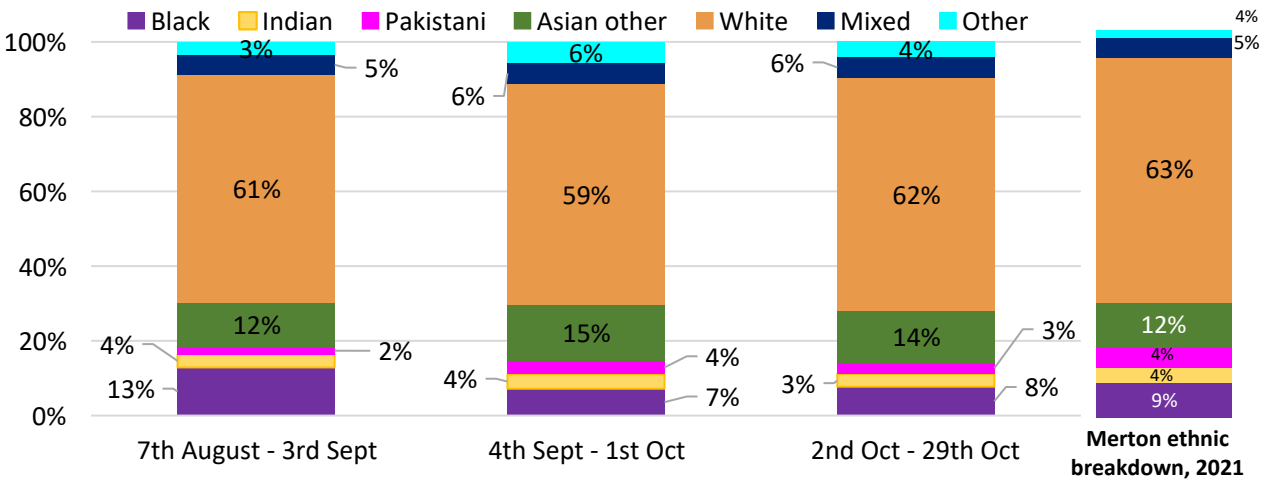
N.B Error last SAR now corrected

7-day rolling COVID-19 case rates per 100,000 in Merton by age group



Source: PHE Power BI line list

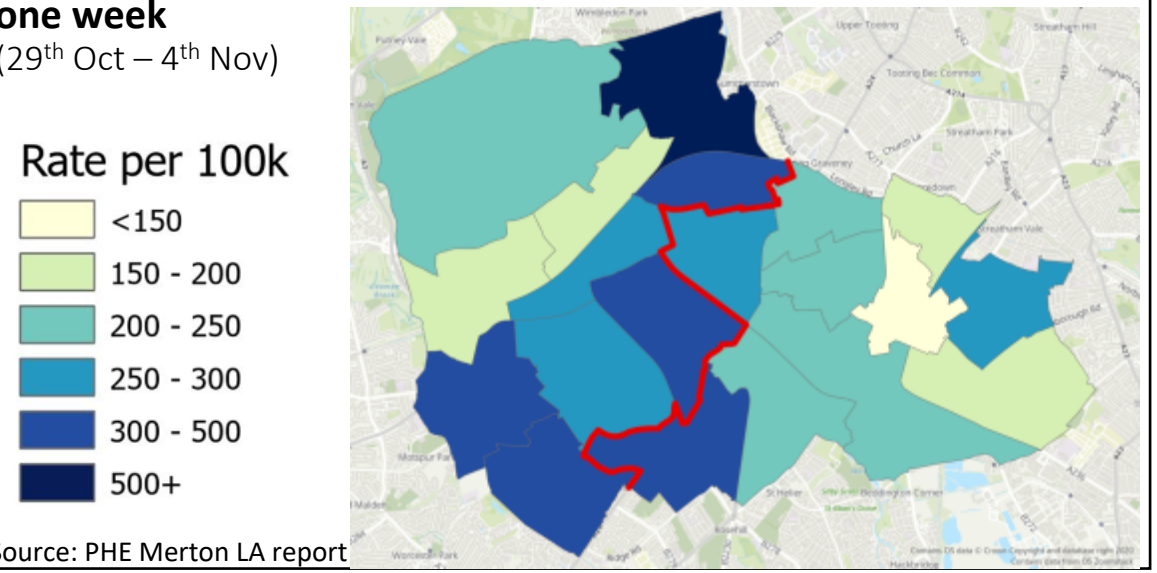
Pillar 2 COVID-19 cases in Merton residents - by ethnicity compared to Merton ethnic profile over 4 week periods* (7th August – 29th October)



Source: PHE Power BI and GLA populations

Pillar 1 and 2 COVID-19 cases in Merton residents by ward over one week

(29th Oct – 4th Nov)



Source: PHE Merton LA report

Enquiries: gary.forbes@merton.gov.uk

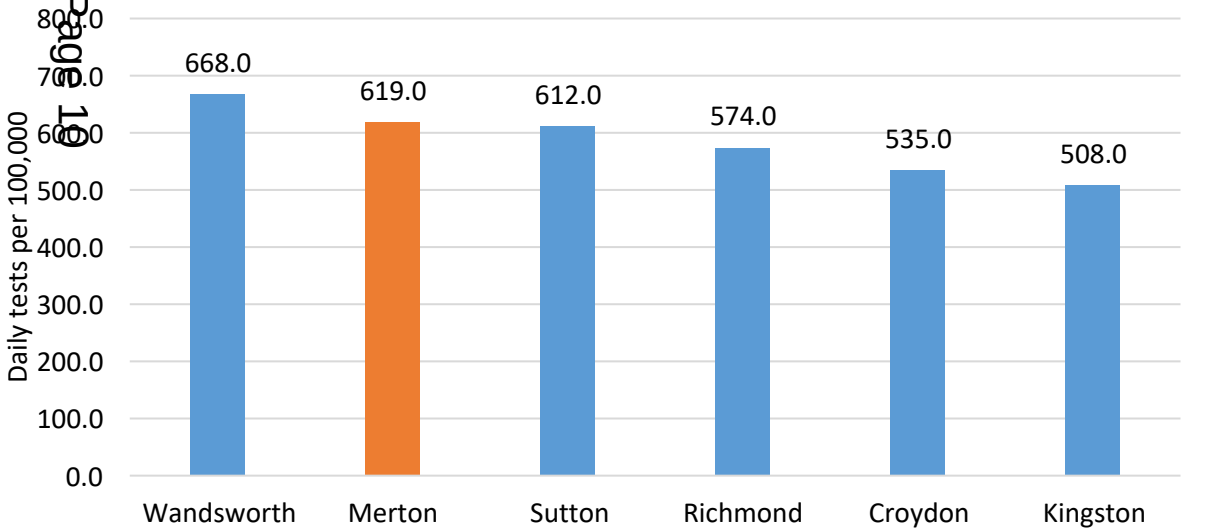
COVID-19 testing in Merton

Source: UKHSA Regional SAR

Key messages (1st Nov – 8th Nov)

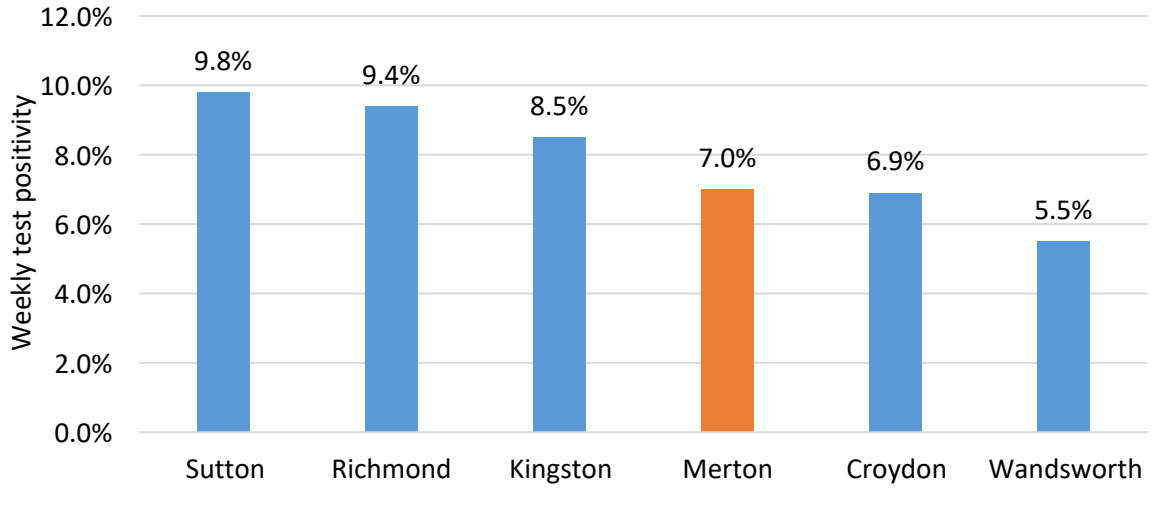
- Merton completed **619** Pillar 1 & 2 LFD daily tests per 100,000 population which is second highest among SWL boroughs
- Of the Pillar 1 & 2 PCR tests carried out by Merton residents, 7.0 % were positive which is third lowest among SWL boroughs.

Daily tests per 100,000 population 7-day moving average all ages - (Pillar 1 +2, PCR only) – 8th Nov



Source: UKHSA Regional SAR

Weekly percentage of individuals tested positive – all ages (Pillar 1 + 2, PCR only) – 8th Nov



Source: UKHSA Regional SAR

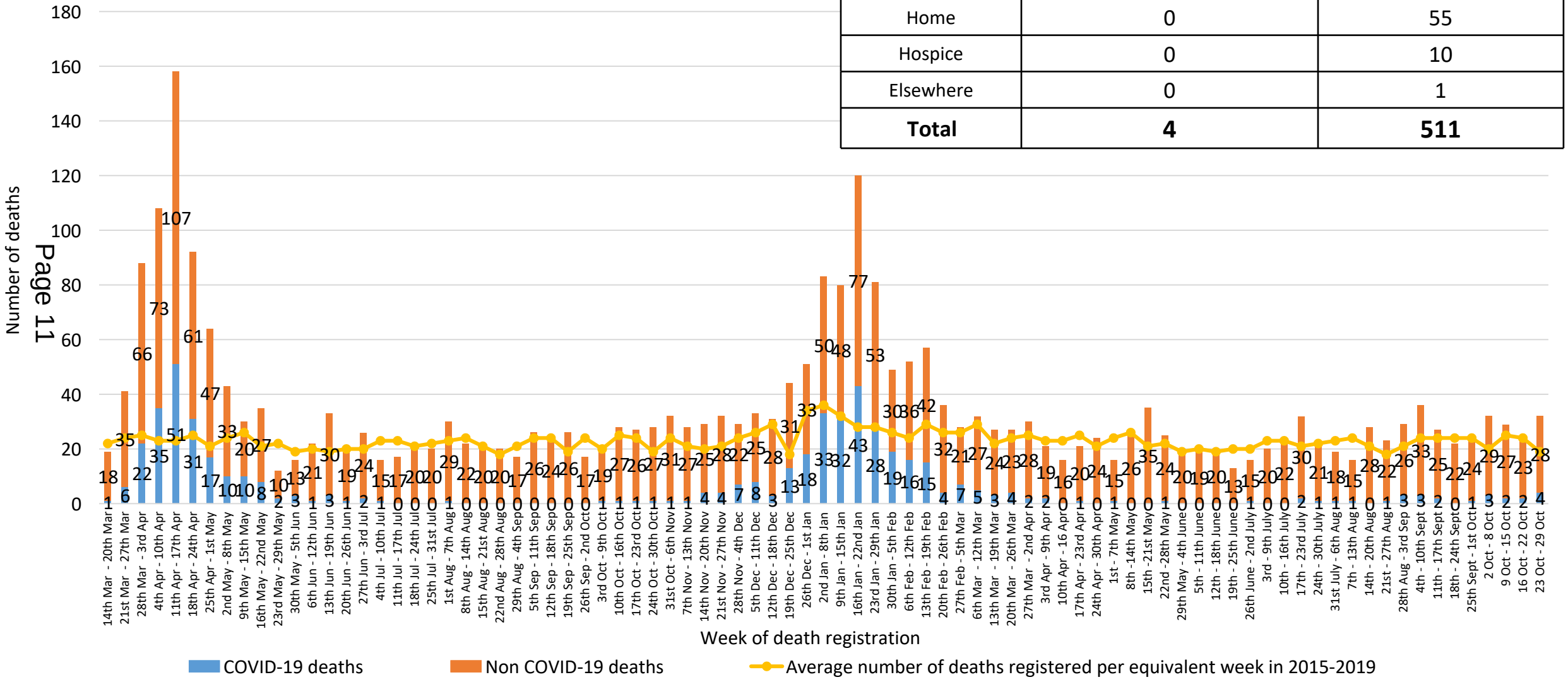
23rd November 2021

Number of deaths of Merton Residents by week of registration

Source: ONS

Reporting frequency: Weekly

Place of death	COVID deaths in latest available week (23.10.21 – 29.10.21)	Cumulative COVID deaths (04.01.20 – 29.10.21)
Hospital	4	393
Care home	0	52
Home	0	55
Hospice	0	10
Elsewhere	0	1
Total	**4**	**511**

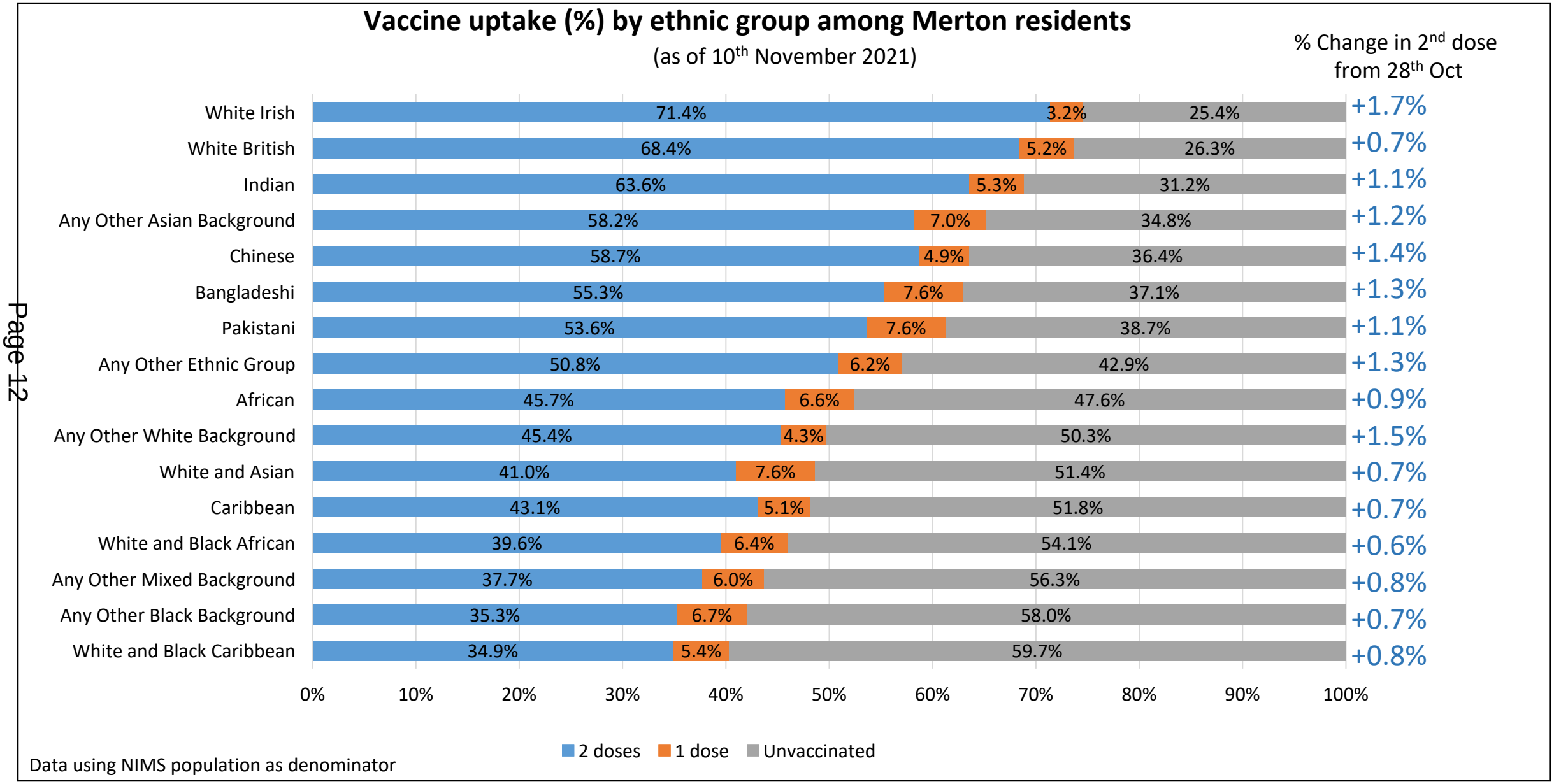


Enquiries: gary.forbes@merton.gov.uk

Vaccine uptake by ethnic group among Merton residents

23rd November 2021

Data as of 10th November 2021



Source: PHE power BI

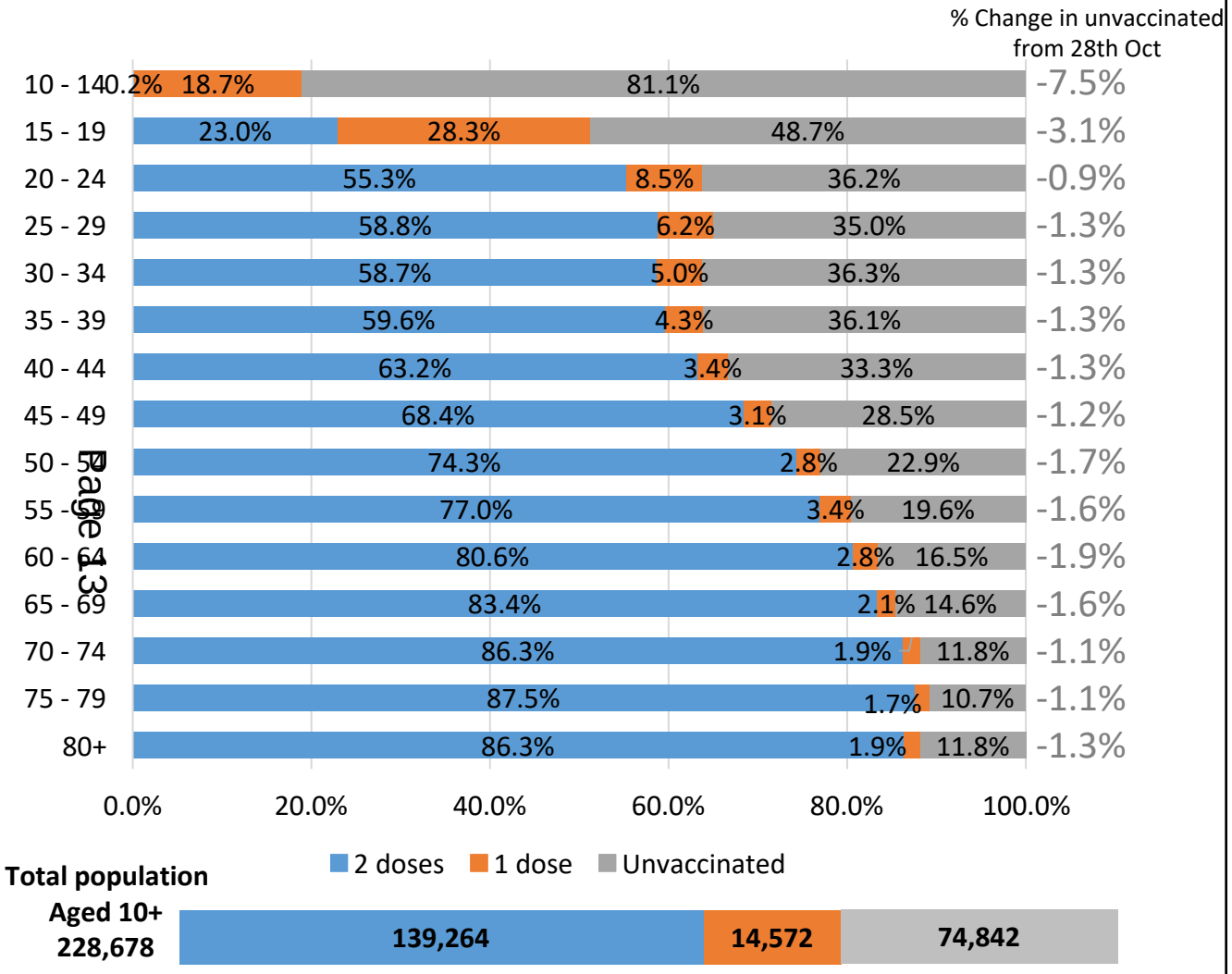
Enquiries: gary.forbes@merton.gov.uk

COVID-19 vaccination uptake by age group and geography

23rd November 2021

Vaccine uptake by age band among Merton residents

(as of 10th November 2021)

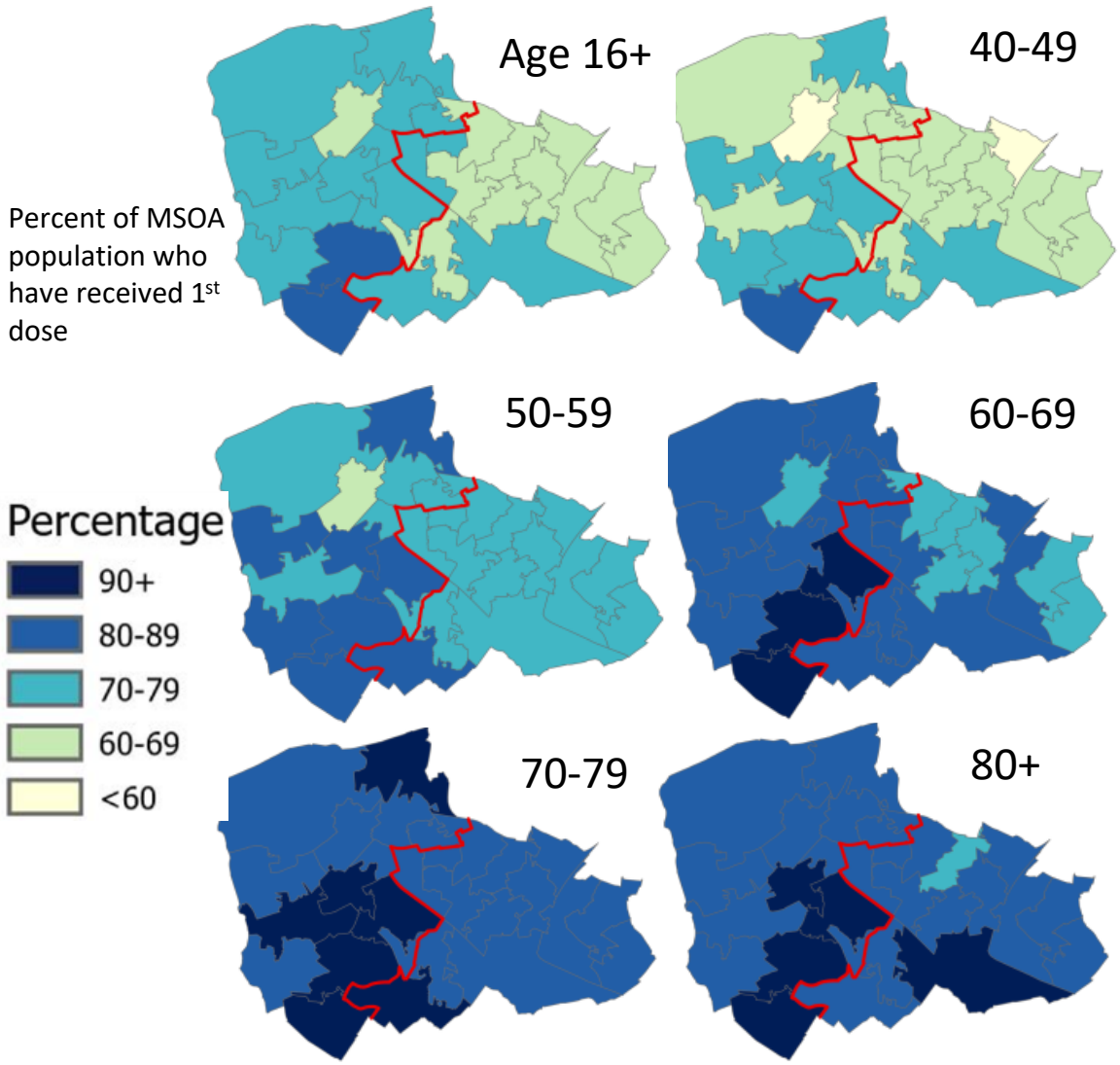


Total population Aged 10+ 228,678

Data using NIMS population as denominator.

Source: PHE power BI

Percentage of Merton residents by age group and MSOA that have received 1st dose of Covid-19 vaccination (as of 31st October)



Source: NHS COVID-19 vaccinations weekly report 4th November

Enquiries: gary.forbes@merton.gov.uk

COVID-19 Vaccination Programmes

***Clinically Vulnerable**:*

- **12-16 year olds at high risk**: Eligible for first, second and third dose, can book on national NHS booking system.
- **People 16+ at high risk**: Eligible for first, second and third dose of the covid-19 vaccine and booster vaccination. Booster vaccination will be delivered 8 weeks after your third dose.
- **People aged over 16 living with someone clinically vulnerable**: Eligible for first dose, second dose and booster vaccination.

***Children and young people**:*

- **12-15 year olds**: Eligible for a first dose. Offer via School Immunisation service; additionally can be vaccinated at centres walking in or booking. New requirement that vaccination is 12 weeks after positive COVID test.
- **16-17 year olds**: Eligible for a first and second dose. Second dose is being offered 12 weeks after the first dose (from 22nd November 2021 onwards).

Adults:

- **18-40 year olds**: Eligible for first and second dose. Do not need to wait to be called and can book an appointment via the national booking system or walk in.
- **40 and above**: Eligible for first and second dose and booster vaccinations. Booster vaccines offered about 6 months after 2nd dose. Priority for care home residents and housebound. Booster vaccinations for those aged 40-49 only available from 22 November 2021 onwards.

***Workforce**:*

- **Care home staff and front line workers**: Eligible for first and second dose and booster vaccinations. From 11th November 2021, anyone working or volunteering in a care home has to be fully vaccinated, unless they are exempt.
- **Healthcare workers**: Eligible for first and second dose and booster vaccinations. By 1st April 2022 Health and social care workers, including volunteers who have face-to-face contact with service users, will need to be fully vaccinated in order to be deployed, unless they are exempt.

Evergreen offer: continuing to promote vaccination to all eligible cohorts who have not taken up offer – open access.
Focus on targeted communications and community engagement to support health & wellbeing and build trust.

Health on the Highstreet

Purpose of this session:

*raise awareness and understanding of Health on the Highstreet pilot

*set-out next steps for delivery in Merton

*discuss opportunities and links to existing work

Health on the Highstreet

- Local Health and Care Plan – “Change how people can access health and wellbeing services e.g. piloting health and wellbeing hubs on high streets and in community/faith venues”
- Two pilots in (early stage of) development in SWL; Kingston and Merton. Linked to SWL Strengthening Communities workstream and potential interest from Mayor of London
- Pilot to scope feasibility (finance and outcomes) of 'pop-up' community health venue on the high street
- Purpose is to demonstrate effectiveness of
  - bringing services (COVID-19, holistic health and care, prevention and welfare) to where people live their lives e.g. the high street
  - provide them in an integrated way rather than expecting people to attend numerous different services
  - reviving High Streets
- Good learning for wider work e.g. Wilson, libraries as ‘front-door’ to prevention, build on VCS partnership response to COVID-19 and to develop an ‘integration culture’ as opposed to simply services under one roof

Next steps and discussion

Next steps

- Confirm Project Management support
- Work with Kingston on approach to evaluation
- Seek to launch themed pop-ups e.g. CYP Emotional Health and Wellbeing, Post COVID Syndrome, SMI/LD Health Checks in New Year

Discussion

- Initial reflections?
- What are the opportunities and concerns?
- What is happening already we need to link/add value to?

Post COVID Syndrome

Purpose of this item:

*raise awareness and understanding of terminology, symptoms and estimated prevalence

*explain what is the service on offer - who is using used the service so far

*set out next steps and areas for discussion at HWB Community sub-group (14/12)

Clinical definitions

There is no standardised definition of long COVID

Long COVID

Acute COVID-19	Ongoing symptomatic COVID-19	Post COVID-19 syndrome
Signs and symptoms of COVID-19 up to four weeks	Signs and symptoms of COVID-19 up to four to 12 weeks	Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis

Long COVID can affect anyone infected with the COVID-19 virus

Risk factors

The main factors that make it more likely that patients will suffer long term from COVID-19 include

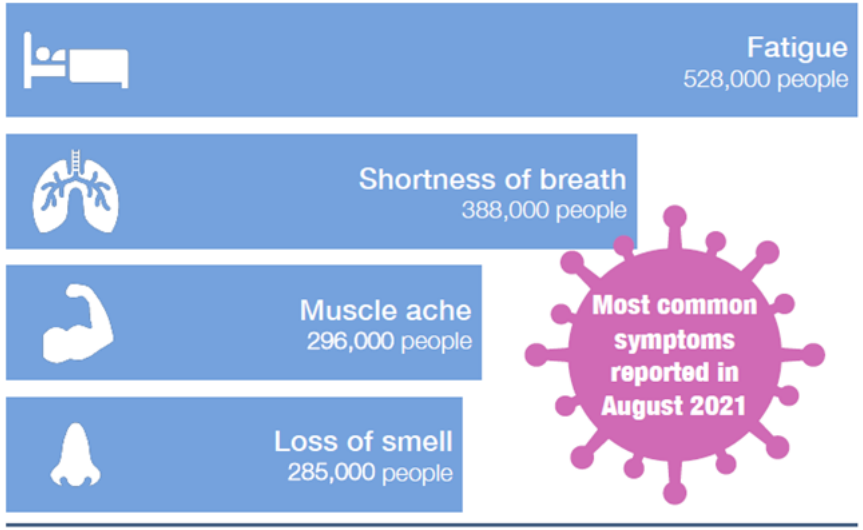
Behavioural	Biological	Demographics	Health
Smoking	Age (increasing)	Deprivation	Asthma
	White ethnic group	Care home workers	Disability
	Women	Healthcare workers	Hospitalisation for COVID-19
			Overweight or obesity
			Mental health illness

Picture credits: Dr Marilena Korkodilos

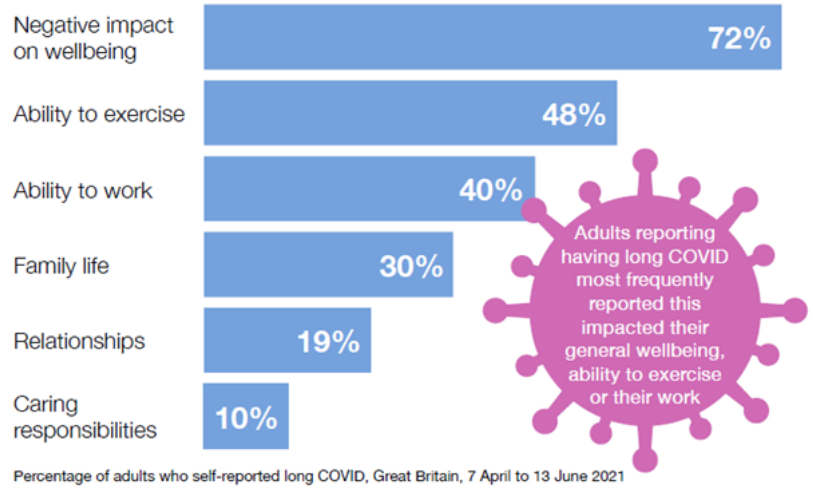
8

ONS (August 2021) Prevalence of ongoing symptoms following COVID-19 infection in the UK

Most common symptoms



Impact on life



Percentage of adults who self-reported long COVID, Great Britain, 7 April to 13 June 2021

12

ONS (2021) Coronavirus and the social impacts of long COVID on people's lives in Great Britain, 7 April to 13 June 2021

Latest estimates

(ONS estimates)

Estimated number of people living in private households with self-reported long COVID who first had (or suspected they had) COVID-19 at least 12 weeks previously, in Merton based on UK estimates: four week period ending 5th August 2021

Group	UK Estimate	Number in Merton	CI LL	CI UL
All people	1.29	2,740	2,634	2,846
2 to 11	0.11	31	14	51
12 to 16	0.53	68	50	86
17 to 24	1.13	187	154	220
25 to 34	1.34	455	397	512
35 to 49	1.83	939	873	1,006
50 to 69	1.88	828	789	872
70+	0.86	165	150	181
Men	1.07	1,123	1,060	1,197
Women	1.49	1,601	1,526	1,676

Notes

UK total numbers with Covid not available in data set so different method used as previous method used the numbers with Covid as denominator

UK estimates use total population as denominator and not those testing positive for Covid so low percentage applied to total Merton population by named groups

Source: ONS

Merton Post COVID Assessment Service

- Patients with long term symptoms >4 weeks following a confirmed or suspected COVID-19 infection
- Pre-referral investigations have been completed to rule out an alternate cause for symptoms
- Predominantly virtual, therapy-led rehabilitation service with medical oversight
- Promote self-management of patients symptoms through education/ rehabilitation

- Active ongoing referrals: 74 (Oct21)
- Discharged due to resolution of symptoms: 10
- Referrals that required further investigations: 61 (Some may have now been re-referred after completion of these tests)
- Total: 145

- Females: 77%
- Average age: 48 yrs.
- *Deprivation (Level 1&2): 0.01%
- Ethnicity
  - White: 40%
  - Mixed Ethnic groups: 27%
  - Asian or Asian British: 16%
  - Black, Black British, Caribbean, African: 11%
  - Other/ Not recorded: 6%

* - Greater level of deprivation is a risk factor for development of post covid symptoms, so it is concerning that our referral rate for the most deprived individuals in the community is so low.

Next steps and discussion

Next steps

- Refine prevalence estimates and equity analysis to inform comms and engagement plan and approach to case finding across primary care, secondary care and in community
- Maintain on-going dialogue with community e.g. VCS groups and COVID Champions and feed-back about what matters to Steering Group
- Explore impact of PCS, including social impact e.g. on employment and caring responsibility
- Explore opportunities to deliver a wider holistic response by linking to other community services
- Participate in NHS Peer Review, to share and learn with others

Discussion

- How can HWB member organisations increase the understanding and reach of PCS services in Merton, focussing on those most in need?

Health & Wellbeing Board

- **Your Merton** – Findings , emerging response and opportunities for HWBB

- **Climate Change** – Update

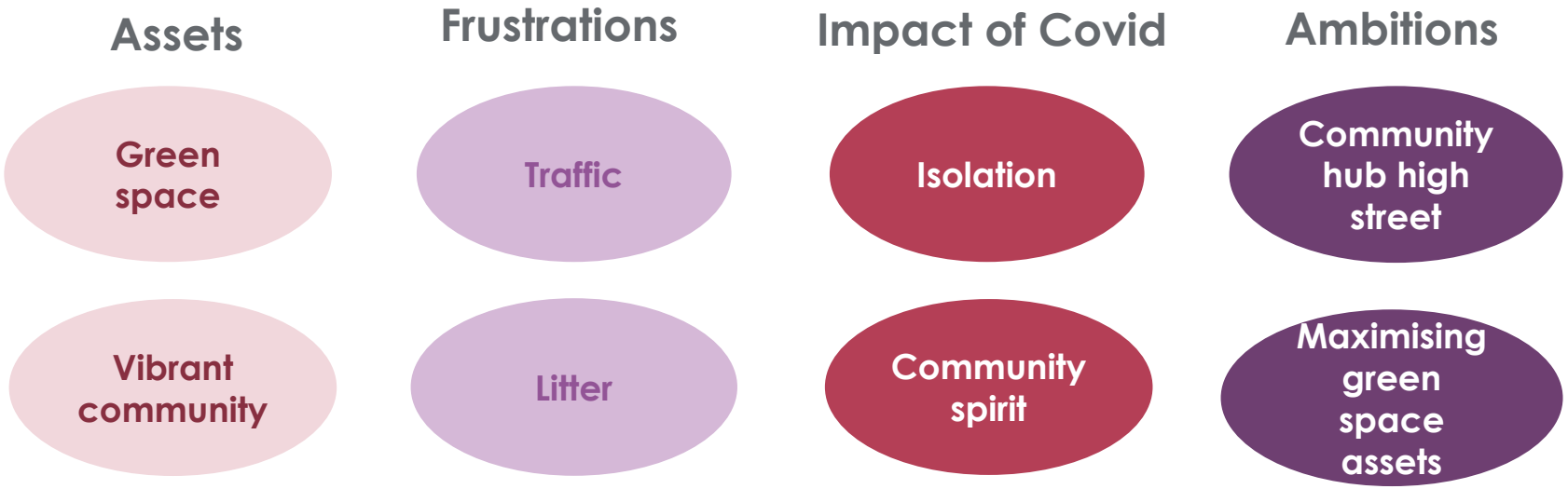
Recovery & Modernisation Programme includes:

- Transforming how we work with communities
- Digital Transformation
- SMART working
- Procurement
- Passenger Transport
- **Your Merton**

Your Merton:

Key findings and next steps

Common themes around assets, frustrations, experiences and ambitions



Emerging themes from Your Merton engagement

Health and Wellbeing Opportunities

- Green spaces
- Community / social capital
- Transport
- High Streets

Health and Wellbeing Opportunities

- **Green spaces** – recognised as vitally important spaces for physical and mental well being as well as contributing to Climate emergency response / biodiversity

Green spaces are the most valued aspect of life in Merton

In response to the question what did respondents liked most about their area, green spaces were mentioned most frequently. Green space emerged as a key part of Merton's identity as a borough – distinguishing it from neighbouring Boroughs that people said felt more crowded.

This trend was consistent with the residents survey where parks and open spaces were the most valued aspect of Merton for two thirds of residents.

Most common words associated with green space on Commonplace

> *"The amount of green space; parks, nature reserves, Wandle Trail. It feels very different to Balham, Tooting, Colliers Wood; you reach Morden and the air feels better and it's less crowded." (Morden, no details)*

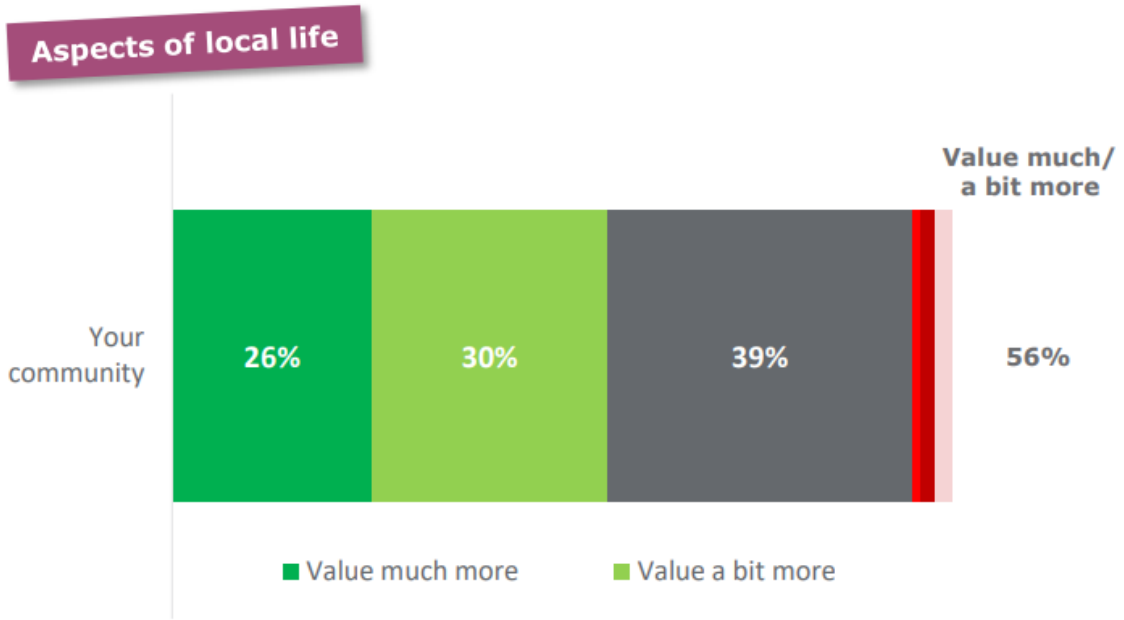
Q017. Please tell us up to three things that you value the most in the London borough of Merton. **Base:** all respondents (1,005). * Caution: low base size.

Health and Wellbeing Opportunities

- **Community** – Strengthening sense of community / social capital and reducing social isolation

Residents want to maintain 'community spirit' that felt strengthened by the pandemic

Participants spoke positively about how the pandemic had engendered a new type of 'community spirit'. People spoke of getting to know neighbours, as well as seeing those they already knew more through spending more time in the borough. People came to rely on each other more – highlighting the support offered by mutual aid groups and community groups. This sense of community was something that people wanted to maintain in the pandemic recovery. The survey supported this trend with most respondents valuing their community more over the last twelve months.



"People have been nicer and the feeling of community would be good to keep hold of." (no details)

"Walks, nature, a simpler life, no or little commuting." (female, 45-54)

"Not having to commute into London each day for work." (no details)

Health and Wellbeing Opportunities

- **Transport** – Experience of pandemic showed benefits of less traffic
  - Air Quality
  - Better connected communities
  - Active travel

Experiences of the pandemic show the benefits of less traffic

Reduction in traffic was a prominent theme in comments regarding experiences of the pandemic. 'Getting cars off the road', and 'less through-traffic' was seen as a benefit of life in the pandemic.

This was combined with the experience of a different lifestyle that offered more opportunity for walking and enjoying their local neighbourhood. Those working at home talked of a 'simpler life' and a 'slower pace'. Many commented on a stronger focus on health more generally too.

"This place was hugely improved during the pandemic because there was a big reduction in road traffic with an improvement to the air quality and road safety. And one realised how much an increase in traffic and noise had adversely affected one's quality of life in the past 10 years" (Female 65-74, Wimbledon)

"The neighbourhood became more connected, and it was lovely to have people out walking, and of course the through traffic disappeared for a few months" (No details)

"I have enjoyed the emphasis on getting cars off the road , the quieter less polluted roads at the start of lockdown were a joy." (no details)

Health and Wellbeing Opportunities

- **High Streets** – A shared desire for a revitalised High street. Socialising , community hub , better services and goods , recognising the changing nature of the High Street and valuing these assets

Negativity focused on lack of provision for shopping and socialising

For Mitcham respondents the offer of shops and services tended to be seen as poor while Colliers Wood residents didn't comment much on the topic at all. For Morden, perceptions also tended to be more negative. For these areas, the offer being very limited and too many betting shops, charity shops, hairdressers and barbers was a key criticism. Markets tended to be seen as a positive, but described as lacking in quality and variety with a lack of fresh produce particularly highlighted.

Some respondents identified retaining or attracting good businesses as a key challenge in the local area. Achieving a better mix, and an offer that would make residents spend more time, were seen as part of the solution. Several responses called for Council investment to support local businesses and improve the offer.

"I live and work here. However there is not a single place I would go to for a coffee, lunch or evening meal or drink. Nor, would I shop there for any of my groceries or general shopping. It is so run down, shabby, and ugly. It attracts a number of reprobates making it an uncomfortable place for to visit." (no details)

"Mitcham is like a ghost town despite the revamp. We were hoping for more entertainment and leisure options. Instead, we keep seeing more 'greasy spoons', more betting shops. " (Mitcham, no details)

"Demolish those awful rows of shops and build new modern ones that might attract some decent brands, and put some flats above them." (Morden, no details)


PEDESTRIAN and CYCLE
ZONE
Mon - Fri
8.15 - 9.15 am
3 - 4 pm
20


PRAVHA


LIMPOPO
BILTONG
THE PARSONS NOSE

Draft priorities

1. Maintaining excellent education and skills for all ages andneeds
2. Promote a dynamic, connected and inclusive communityand economy with safe, vibrant high streets and jobs for ourresidents
3. Supportand care forresidents in need and promotethesafety and wellbeing of all ourcommunities
4. Ensure a clean and environmentally sustainable borough,with inclusive outdoor spaces, that is home to a variety ofnatural life
5. Work to make Merton a fairer, more equal borough andsupport those on lower income by tackling poverty andfighting foraffordable quality housing

Timetable

November 2021

- Your Merton engagement findings published
- Findings discussed with key partners at the Merton Partnership
- Overview and Scrutiny Commission
- Start planning for delivery – short, medium and long term actions

January 2022

- Ambition and early view of delivery objectives to Cabinet

July 2022

- Your Merton ambition and delivery plans for each priority to Full Council

Merton's Climate Strategy and Action Plan - Update

November 2021

Climate Actions with Health Benefits

Health and Wellbeing Strategy	Health/ Climate common aims	Action Areas in Climate Strategy	Council Climate Actions with health benefits
Protecting from harm and providing safety	• Tackle fuel poverty • Reduce overheating / flooding • Reduce air pollution	Buildings and Energy	• Set ambitious draft new Local Plan policies. • Applying for national retrofit funding for fuel-poor homes in Merton. • Installed sustainable infrastructure to promote sustainable behaviours and climate resilience.
Making the healthy life style choice easy	• More active Travel • Lower-meat diets	Transport Green Economy	• Running an anti-idling campaign, air quality monitoring, and Low Emission Zone for Construction. • Updated our Strategic Flood Risk Assessment. • Implemented three new permanent Low-Traffic Neighbourhoods, and 30 School Streets. • Trialling a cargo bike service through the Clean Air Villages project. • Reviewed Merton's School Meals Catering Contract to promote more plant-based meals.
Promoting good mental health and emotional wellbeing	• Greener borough • Social inclusion • Greater empowerment	Greening Merton	• Helping several local GP Practices improve their sustainability (Green and Healthy Practices project). • Supporting Merton's Climate Action Group in delivering community-led carbon reduction projects.

merton

Merton Climate Action Group Update

Theme	Projects	Health Co-benefits
Buildings & Energy	• School Energy Advice Cafés (£) • Merton Green Building Awards	• Helps tackle fuel poverty • Improves air quality • Builds climate resilience
Transport	• The Big Pedal • Neighbourhood Car Free Day • Cycle Buddies	• Promotes active travel and physical wellbeing • Improves air quality
Green Economy	• The Wheel Circular Economy Hub (£) • Packshare • Schools Climate Action Conference	• Promotes a sense of community and well-being • Reduces waste • Numerous co-benefits from engagement with schools
Greening Merton	• Urban Re-Leaf • Merton Garden Streets (£)	• Promotes a sense of community and well-being • Improves air quality • Builds climate resilience

Climate Funding Priorities

Additional climate budget has been allocated to:

- Decarbonise the Council's buildings and fleet
- Drive domestic and non-domestic retrofit across the borough
- Enforce minimum energy efficiency standards
- Develop a long-term plan for walking, cycling and EV charging infrastructure
- Drive the behaviour changes required through climate outreach and engagement (incl. the Climate Action Group)

External Funding – the Council will continue to leverage external funding

Council CO2 emissions

How the HWBB can help

- Supporting the delivery of Merton's Climate Strategy & Action Plan
- Supporting NHS net-zero targets
- NHS Green Plan in development
- Supporting Merton's Climate Action Group
- Supporting the delivery of deep retrofit for fuel poor
- Developing shared comms and behaviour change projects – e.g. sharing this comms piece on climate change and people's health
- Considering longer term forecasting of extreme weather & resulting changes to preparedness to limit health impacts
- Linking green spaces and social prescribing

Thanks

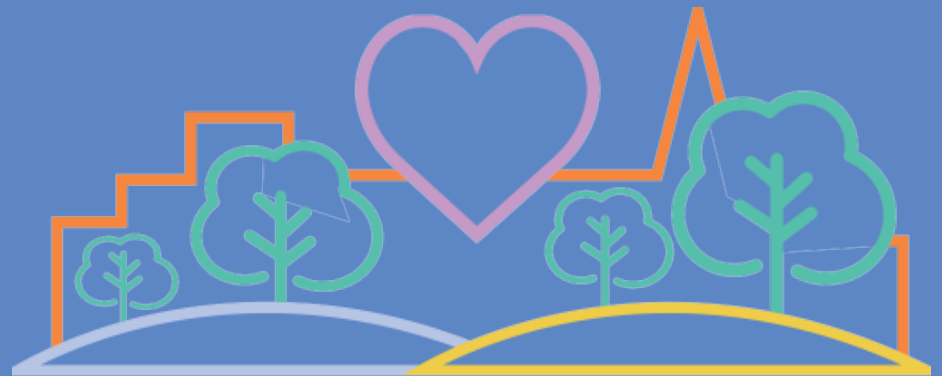
Health and Social Care Recovery Priorities

Merton Health and Care Together

Merton Health and Care Plan DRAFT 2022–2024

Refreshed following the pandemic

Start well | Live well | Age well



Merton

Health, care and community organisations in Merton have worked closely for many years and, since the pandemic, remain committed to reduce inequalities, join up services and make real differences to people's lives. Our refreshed health and care plan for 2022-2024 is just one element of work in Merton to continue to improve health and wellbeing post Covid. It highlights projects where we can have the greatest impact by working together.

Start Well

Increase in vulnerabilities for children and young people and worse mental health due to COVID-19

Staying safe, enjoying & achieving

↑ Child Poverty
Worsening parental mental health and substance misuse
↑ Domestic violence
↑ Child protection plan
Educational attainment gap

Being healthy

Poorer mental health
↑ Self-harm
Healthy weight challenges:
↑ Obesity gap ↑ Food poverty ↑ Eating disorders
Immunisations interrupted

Live Well

Many residents have unhealthy lifestyles and poor mental wellbeing, exacerbated by COVID-19

Obesity

Half residents overweight
↑ Food parcel use ↓ Physical activity

Alcohol/Drugs

↑ Alcohol-specific deaths
↑ Nationally in drug-related deaths

Smoking

1 in 7 residents smoke
↑ Smoking cessation during COVID

Sexual Health

↓ Service use during COVID
↑ Shypilis and Gonorrhoea pre-COVID

Mental Health

1 in 5 report anxiety
↑ Loneliness
Poorer mental health for those shielding

Age Well

Many residents with multi-morbidity and complex needs; prevention and management of Long Term Conditions impacted by COVID-19

Frailty & Dementia

Deconditioning
↓ Dementia diagnosis ↑ Falls

Disability

↑ Loneliness ↑ Burden on carers
Digital exclusion

Cancer

Delays in:
Diagnosis
Treatment
Screening

Merton as a Healthy Place

Boroughs with many assets, challenges include housing shortage and employment gap, increased by COVID-19

Assets

Diverse green spaces
Good transport links
Low crime
Good schools
Resourceful libraries
Active voluntary and community sector

Challenges

Affordable housing
Insecure employment (↑in East)
Air pollution
Climate change
Cycling infrastructure behind neighbouring boroughs
Street drinking

What people have told us

We need to listen to communities and people in Merton in their own spaces and environments to understand their health and wellbeing needs and invest in and empower them.

Cultural sensitivity needs to be considered in all work we plan and deliver, and communities need to be part of this.

Mental health and emotional wellbeing are vitally important across Start Well, Live Well and Age Well, and we must also consider the impact of Covid-19 on mental health.

Prevention and early intervention are key, together with the social determinants of good health and wellbeing, eg employment, housing, finance and social networks.

Improved information and communication about local services available is needed across the whole health, care and voluntary sector and efforts to raise awareness about how to access support.

We must consider living and working environments, and how developing Merton as a healthy place can improve health and wellbeing. Regenerating high streets and making best use of green space is key.

Our vision

After talking to our community, we have collectively refreshed our vision to:

"Working together to reduce inequalities and provide truly joined up health and care services with and for all people in Merton, so they start, live and age well in a healthy place"

Start well

We want all children in Merton, regardless of their background or circumstances, to have the support and care they need to grow and thrive.

We will work to change the way young people access health and wellbeing services, continuing to develop support in the places they already go, such as schools and community-based locations.

Live well

We want to better support working-age adults in Merton to improve their health and wellbeing.

We want to make sure services are delivered in, and with, our diverse communities. We will pilot health and wellbeing offers on high streets and in community and faith venues. We will develop more options for people to personalise their care, based on needs, and focus on physical, mental health, and social issues, such as employment.

Age well

We want to connect older people with community networks in new and different ways post Covid.

We will work with the voluntary and community sector to support older people to re-engage with and access community resources for their health and wellbeing post Covid. We want to ensure people's needs are matched with the services available.

What we've achieved so far

Health and care partners already collaborate closely in Merton. Integrated working between the NHS, adult social care and the voluntary sector, led by the Community Response Hub, ensured rapid discharge from hospital, and easily accessible support for vulnerable people during the pandemic.

Mental health support teams are now in place in schools, building emotional resilience in young people from an early age. Merton Uplift continues to develop its counselling services for those with common adult mental health problems, and a wellbeing service, linking people into community activities.

There are six established primary care networks of GP practices covering Merton, with significant progress in rolling out social prescribing, especially in East Merton, where need is greater.

Across Merton we now have a network of diabetes champions, who work with us and the council, helping local people understand more about the condition. Our champions share their experience to help others with diabetes live longer and more confident lives. Our integrated locality teams, based around primary care networks, support older people with complex needs to receive more joined-up care.

Our plans

Across all our plans we aim to:

- Reduce health inequalities and embed equity.
- Use a population health management approach to drive change.
- Focus on sustainability and making Merton a healthy place.
- Engage with service users, patients and communities so all work is developed with and by people in Merton.

What will we do?

Thinking about how we keep people well in their neighbourhoods

Change how people can access health and wellbeing services

- Pilot a Health on the High Street hub approach.
- Pilot an Ethnicity and Mental Health Improvement Project (EMHIP) hub in Merton.
- Empower the voluntary and community sector to re-engage older people with services as the community hub develops.
- Develop more options for people to personalise their care.

Thinking about how people get better joined up care when they do access services

Improve access to and information on services

- Build on learning from the vaccination programme to reach all communities and promote all primary care services eg pharmacy, optometry.
- Develop new roles and approaches eg have mental health workers in each primary care network, working alongside health and wellbeing coaches.
- Better connect professionals across community multi-disciplinary teams.

Thinking about how we provide comprehensive support for people with more complex needs

Focus on specific issues

- Focus on mental health and emotional wellbeing for Start Well – piloting a children and young people's emotional wellbeing hub.
- Focus on prevention for Live Well – continuing established work on diabetes and obesity, and also now long Covid, cancer and tackling increased alcohol consumption.
- Focus on frailty for Age Well – scoping a new frailty service model based in the community.

We will ensure the right enablers are put in place for our plans such as digital provision where appropriate, and the right estates for example, supporting the development of the Mitcham Wellbeing Hub.

We are also committed to continuing to protect people in Merton against Covid both by providing care, and through ongoing development of our vaccination offer.

A new approach to engagement and delivery of our plan

We want to ensure we engage and co-produce our delivery plans with local communities – so we can develop the best approaches possible which meet people's needs.

The feedback we've received so far has underlined the need to do this through ongoing discussion with the people we serve.

Our approach to engagement will:

- Be led by the community and their needs – ask and respond to how they would like to be engaged or involved.
- Develop ongoing conversations and sustainable relationships – listen and understand - build on those established relationships.
- Use creative methods to reach more people, particularly communities experiencing health inequalities and poorer health outcomes, being mindful of the digitally excluded.
- Be proactive and connect with people outside of planned or routine engagement processes.
- Work with trusted leaders to speak with local people and communities.
- Use population health data and insight to inform, adapt and shape our approach.

How will we know if we've made a difference?

We will work with our communities and stakeholders to define key outcomes, and measure in detail if we have made a difference. We want to see:

Improved health and wellbeing of children and young people

Improved access to mental health services for young people

Increased numbers of people accessing services through the voluntary sector

Increased recovery rates for adults experiencing mental health problems

Improved access, experience and outcomes for those from Black, Asian and other. minority ethnic groups in the borough

A reduction in loneliness and isolation reported in older people

Merton Better Care Fund

Merton HWBB
Tuesday 23 November 2021

What is the Better Care Fund?

- National policy framework
- Local single pooled budget to incentivise the NHS and local government to work more closely
- Placing well-being as the focus of health and care services
- A mechanism for joint health, housing and social care planning and commissioning
- Brings together ring-fenced budgets from Clinical Commissioning Group (CCG) and local government including some specific funding

Better Care Fund in Merton

- The total joint pooled contribution for Merton Local Authority and South West London Clinical Commissioning Group (SWLCCG) is @£20m

Pooled Contributions	2021-2022
Minimum CCG Contribution	£14,250,968
iBCF	£4,862,396
Disabled Facilities Grant (DFG)	£1,452,224
Total	£20,565,588

Services commissioned or funded by CCG and Local Authority

- The BCF Plan and Health and Care Plan need to be set in the context of the wider strategic landscape for health and care integration for adults in the borough. This is supported by other joint plans, including:
- Merton Joint Health and Wellbeing Strategy 2019-2024
- SWL Primary Care Strategy for 2019 and beyond
- St George's Hospital Strategy 2019-2024
- Carers Strategy 2020-2025.

Services commissioned or funded by CCG and Local Authority

- Services identified for funding by the Better Care Fund were priorities that supported the system priorities as defined by:
- Merton Health and Care Plan 2019-21
- NHS Long Term Plan

- And supported system priorities in line with improving out of hospital services as defined within the five year plan including 2 hr rapid response, enhanced support to care homes, prevention of admissions and improving access to digital technology

Allocation of the Better Care Fund in Merton

- Jointly agreed plan – must be agreed between the LA and CCG and other partners
- Merton Health and Wellbeing Board provides the forum to agree the plan and allocation of funding
- Funding allocation to support:-
  - Social care maintenance – must support social care provision
  - NHS commissioned out of hospital services – must deliver community based health care
  - Managing transfers of care – must support actions/services that promote timely patient flow through hospital and back into community settings

Metrics for 21/22

8.1 Avoidable admissions	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions	938.0

8.2 Length of Stay		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more	Proportion of inpatients resident for 14 days or more	11.2%	12.9%
ii) 21 days or more	Proportion of inpatients resident for 21 days or more	6.5%	8.1%

8.3 Discharge to normal place of residence	21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	94.9%

8.4 Residential Admissions		19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	380	393	218	369
	Numerator	100	104	58	100
	Denominator	26,294	26,467	26,634	27,112

8.5 Reablement		19-20 Plan	19-20 Actual	21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation	Annual (%)	76.3%	85.7%	78.8%
	Numerator	122	114	126
	Denominator	160	133	160

Section 75 Agreement

- Agreement between local authorities and NHS bodies and can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner/s.
- Pooled budgets combine funds from Local Authority and Clinical Commissioning Groups (CCGs) to enable them to fund integrated services.
- Since the introduction of the Better Care Fund in 2015, CCGs and local authorities have been required to operate a pooled budget via a section 75 agreement
- Agreements will cover the following areas:-
    - Duration
    - Risk Share
    - Dispute Resolution
    - Governance

Key services supported through the Better Care Fund

The key priorities for integration in 2021/22 BCF Plan mirror the Merton Health and Care Together Programme, building on previous BCF Plans.

These joint initiatives have been developed and built upon during the pandemic to enable:

- Proactive care to support the vulnerable in their own homes – Integrated Locality Teams
- Improved flow from hospital to the community and integrated intermediate care
- Rapid Response Services
- Enhanced Support to Care Homes
- Work to Reduce Inequalities
- Disabled Facilities Grant to support these initiatives

Further details of how the BCF contributes to the above is included in Appendix 1.

South West London
Health & Care
Partnership

Merton Place based partnership
Merton Health and Wellbeing Board
23rd November 2021

The role of the ICS

Aims

1. **Improve outcomes** in population health and healthcare
2. **Tackle inequalities** in outcomes, experience and access
3. Enhance **productivity and value for money**
4. Help the NHS support broader **social and economic development**

ICS - two Boards

- Integrated care partnership **(ICP):** the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.
- Integrated care board **(ICB)** bringing the NHS together locally to improve population health and care. SWL plan to have all 6 borough place leads on the ICB

South West London
Health & Care
Partnership

Place based partnerships

Introduction to the ‘Thriving places’ guidance

- **Thriving Places** - ***Guidance on the development of place based partnerships as part of statutory integrated care systems*** published in September 2021 and co-produced by NHSE/I and the Local Government Association (LGA).
- Place-based partnerships will remain as the **foundations of integrated care systems** as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.

Guiding principles

- There is no single approach to defining how, and at what scale, partners should come together to work in an ICS. Place-based partnerships should start from understanding people and communities and **agreeing shared purpose before defining structures**
- Effective partnerships are often **built ‘by doing’** – acting together and building collaborative arrangements to support this action as it evolves.
- Governance arrangements must **develop over time**, with the potential to develop into more formal arrangements as working relationships and trust increase
- Partnerships should be built on an ethos of **equal partnership** across sectors, organisations, professionals and communities
- Partners should consider how they develop the **culture and behaviours** that reflect their shared values and sustain open, respectful and trusting working relationships supported by clearly defined mechanisms to support public accountability and transparency

Action

As part of the establishment of new ICS arrangements from April 2021 ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

The roles of each part of our integrated care system

Provider Collaboratives are partnership arrangements involving two or more trusts (foundation trusts or NHS trusts) working across multiple places to realise the benefits of mutual aid and working at scale.

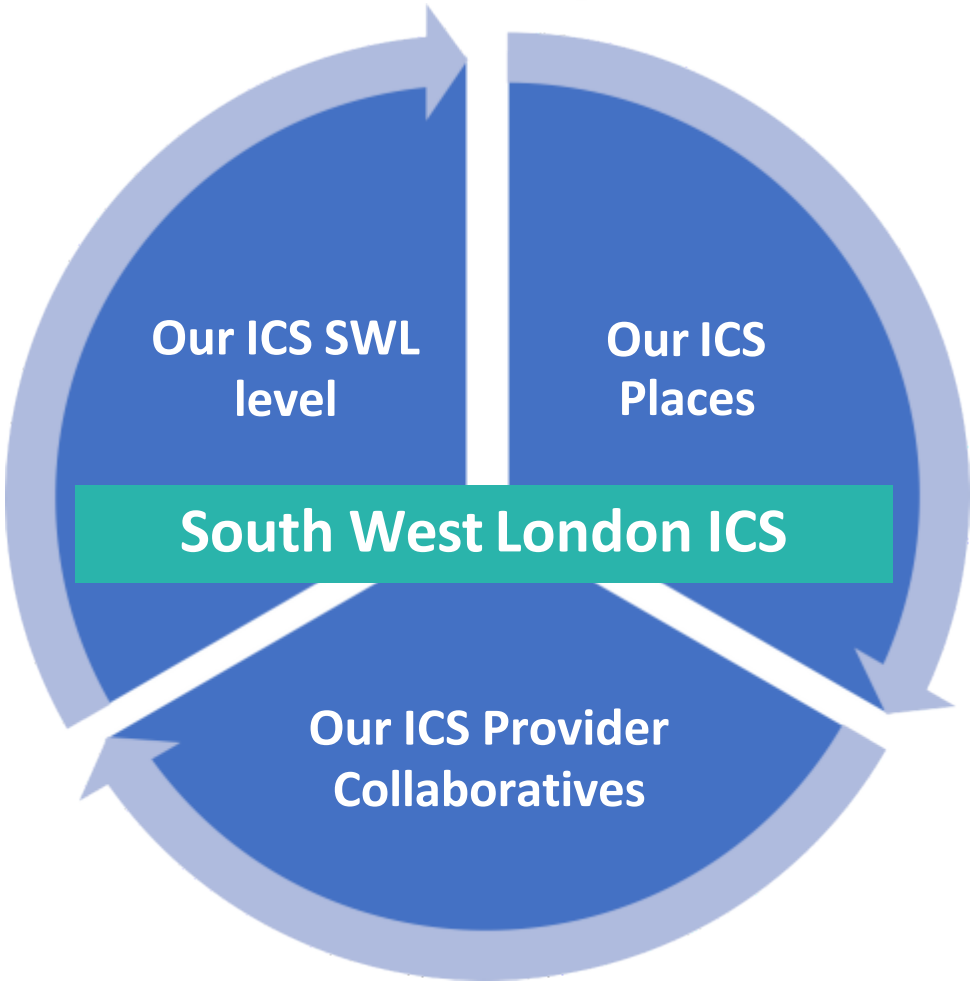
The purpose of provider collaboratives is to better enable their members **to work together to continuously improve quality, efficiency and outcomes**, including proactively **addressing unwarranted variation and inequalities in access and experience** across different providers. They are expected to be important vehicles for trusts to collaboratively **lead the transformation of services and the recovery from the pandemic**, ensuring shared ownership of objectives and plans across all parties.

SWL ICS Places have four main roles:

- **To support and develop primary care networks** (PCNs) which join up primary and community services across local neighbourhoods.
- **To simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
- **To understand and identify** – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- **To coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

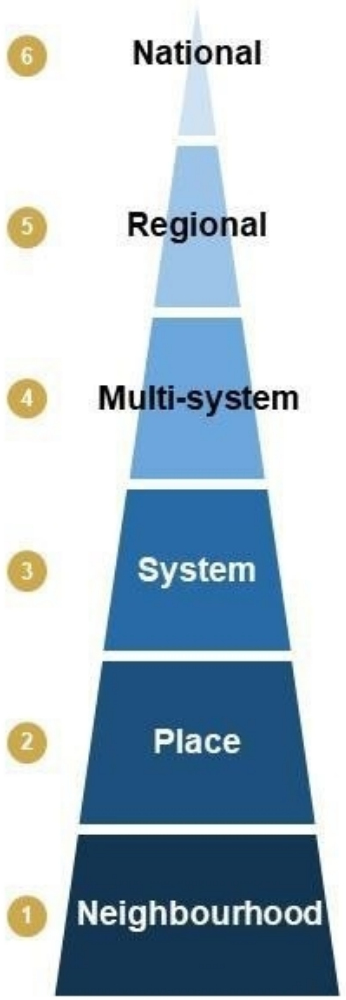
The role of SWL ICS is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.



We believe in an inclusive and innovative approach to care.

These are the areas or responsibility for place



Services	Predominant collaboration partners	Collaboration arrangements	Activities
• Life sciences • Highly specialist services	• Specialist providers • Research universities • Industry	• AHSCs, AHSNs • Public-private partnerships	• Services need to be planned and coordinated on a broader footprint than a single ICS, working with neighbouring ICSs, other providers and national commissioners. • Provider collaboratives might span levels 4 and 5 but even when they are not, they must be sighted on decisions relating to the delivery of services at levels four to six in order to understand and calibrate the use of its collective resources for the delivery of all provider collaborative priorities. • Linked to commissioning of 999, 111 and IUC over multi-ICS as a Lead Provider model
• Highly specialist services • Specialised services	• Specialist NHS providers across a large geographic footprint	• Specialist clinical networks • Provider collaboratives	
• Specialist and specialised services • Community and mental health • Access to UEC	• Providers working over multiple ICSs	• Specialist clinical networks • Provider collaboratives	
• Elective and non-elective secondary care • Inpatient, crisis and specialist mental health, learning disability and autism • Community	• Providers working across an ICS • Providers with patient flow into an ICS	• Provider collaboratives	• Services in Level 3 are primarily delivered on an ICS footprint. • These services therefore particularly lend themselves to planning, coordination and delivery through a provider collaborative.
• Community health • Community mental health • 'Front door' acute • Social care	• Providers • GPs • LAs • Voluntary sector	• Place-based partnerships • ICP contracts	• Services in levels 1 and 2 are likely to be planned and coordinated at borough (place) level and delivered at neighbourhood or borough level, depending on the service in question. The primary "vehicles" for collaboration in these layers are place-based partnerships (of which the members of provider collaboratives are key partners). • Provider collaboratives play a role in areas where they can add value for at scale collaboration, across multiple places. but they should not duplicate work within each place.
• Primary care • Public health and wellbeing • Prevention • Community health • Social care	• Providers • GPs • LAs • Voluntary sector	• Primary Care Networks (PCNs) • Integrated multi-disciplinary teams	

The scope of Place and Neighbourhood

- Planning of community and community mental health
- Front door acute services planning
- Social Care
- Primary Care
- Public Health and wellbeing
- Prevention
- Budgets for these areas will be circa £50m per borough

Initial Place governance options – SW London – for discussion

South West London Health & Care Partnership

Option 1 Consultative Forum

- **Not Recommended**
- Would be a backwards step to existing place based arrangements
- Would not give the autonomy required at place

Option 2 – Individual Executives or staff

- **Not recommended**

Would be an option but may not give autonomy to place require

Executive support would be needed regardless of delegation arrangements so executive support would need to be considered in the round

Option 3 – Committee of the ICB

- **Recommended Option**
- Would give local autonomy and delegation to agreed outcomes
- Would give local autonomy to decide on TOR and membership subject to agreement by ICB

Option 4 – Joint Committee of partners

- **Possible Option for the future**
- Currently not preferred option as there is not yet agreement at local level of budgets to be managed by partners and to a joint committee structure
- This could be an option for the future

Option 5 – Lead Provider

- **Possible Option for the future**
- Would need agreement across the system – including decision making

HWBB consideration

- Are there any questions about the recommended borough committee structure recommended for 1st April 2021 and is there feedback on the right governance structure for Wandsworth to consider beyond the 1st April 2021

Committee – known as Place Based Partnerships

- TOR and reporting to be agreed with ICB for delegated budget
- Chair - could be decided between members, could be the lead executive or independent (to be locally proposed and agreed by the ICB)
- Executive lead will be through shared arrangements either across Boroughs or with ICS and provider/s and will have an accountability line to the ICS CEO for delegated arrangements
- Membership from guidance, locally determined and proposed to the ICB:
  - People who use care and support services, and their representatives including Healthwatch
  - Local authorities
  - Social care providers
  - The voluntary, community and social enterprise sector (VCSE)
  - The ICB
  - Primary care provider leadership, represented by PCN clinical directors or other relevant primary care leaders
  - Providers of acute, community and mental health services, including representatives of provider collaboratives where appropriate

Place committee membership – draft

Thriving place representative roles	Discussion
People who use care and support services, and their representatives including Healthwatch	**Do we agree that Health watch are the representatives and is there any other groups/organisations we need to consider and consult with**
Local authorities	**Which officer roles should be core members and those that should be co-opted – DASS, DPH, Director of Children services?**
Social care providers	**Are there any social care providers in Wandsworth we think should be included? Care home providers/homecare providers etc**
The voluntary, community and social enterprise sector (VCSE)	**Is Wandsworth Care alliance representative of the voluntary sector and do we need this confirmed in any way?**
The ICB	**This will be in discussion with the ICB – not for discussion today**
Primary care provider leadership, represented by PCN clinical directors or other relevant primary care leaders	**What is the process we need to confirm primary care leadership – through the Primary Care Programme Board/Locality meetings?**
Providers of acute	**St Georges/EStH – rep to be confirmed**
Provider of community services	**CLCH – rep to be confirmed**
Provider of mental health services	**SWLStG – rep to be confirmed**
Chair and Executive	**These posts will nominated and agreed by the transition team and the ICS – do we have any thoughts on how we might nominate a Chair?**

HWBB consideration 2

- Have we missed any organisation, group, person or body from the membership of the borough committee that we should consider?

HWBB consideration 3

- How do we ensure Health and Wellbeing Board and local stakeholders are aligned, integrated, constructive and robust?

November ICS update headlines …

- **National Guidance -** Further national guidance received in August as planned with additional guidance expected (see next slide).
- **Future ICS Governance-** Further detailed conversations on the future ICS governance design have continued during August. The design of a listening exercise, led by Sarah Blow and Ian Thomas, is being finalised to take place from September for a 6-week period.
- **Place** – Local transition teams are progressing the refresh of local health and care plans. Initial conversations are taking place to develop thinking on governance, delegation and local development priorities.
- **Recruitment –** Millie Banerjee has been confirmed as the ICB Chair; recruitment to the ICS CEO has commenced. Key dates: advertisement placed on 1 September; closing date 27 September; stakeholder events on 25 October; interviews on 28 October.
- **Provider Collaboratives** –Acute and mental health collaboratives have met with ICS Chair and SRO to discuss their plans and emerging priorities for transition.
- **Financial delegation –** Conversation have been ongoing about the potential approach to financial delegation. A summary of thinking on financial delegation has been pulled together into a discussion document.
- **Functional review** – We are in the final stage of completing step two of the functional review to look at CCG Functions and how things might change in the future. In September, the findings will be shared with system leaders to get their views. *Interim guidance on the functions and governance of the ICB – Statutory CCG functions to be conferred on ICBs* has also been received and is being reviewed.
- **System Oversight arrangements-** The Memorandum of Understanding between ourselves and NHSE/I on how oversight and performance management arrangements will operate for the remainder of 21/22 has been updated to incorporate NHSE/I wording. CCG Governance will remain in place during this time. We are developing a summary of responsibilities of the ICS and CCG during transition, which will be agreed with both bodies to ensure clarity of responsibility. Quality oversight arrangements have been further discussed with NHS CEOs in September - design and discussions continue.
- **Organisation Development** – The final design of the Kings Fund OD events is taking place in September with the first event now likely to take place in November 2021.
- **Digital** – New Digital Strategy is drafted and engagement underway to finalise the strategy.
- **SWL ICS Transition Milestone Plan** – has been reviewed and amended to take into account new national guidance

Initial themes from the listening events

- **ICP membership needs to be small to be effective -** having wider groups to discuss and agree on priorities and then a smaller ICP board to take it forward and ensure delivery. To enable a small membership, the ICP Board could create wider involvement, by establishing specific task and finish groups or committees to ensure subject matter experts across the partnership could be involved in areas where they can make the biggest impact on outcomes. The ICP Board would then monitor progress against these priorities and demonstrate impact.

- The **ICP must have a tight focus and also work transparently**. There was agreement that the scope of the ICP should be limited to delivering a small number of priorities where partners can make a difference and not try and do everything.

- The **voice of people and communities** needs to be central to all levels of the ICP's work.

- **ICP priorities need to be built up from Place**, recognising the importance and role of Health and Wellbeing Boards. Using Health and Wellbeing Board strategies and JSNAs to help set Place strategy as well as influence the priorities and scope of ICP.

- The **primacy of Place and recognising that each is unique**. Partners expressed that the ICP should exist to add value to Place, and the focus should be on getting Place to work well to help with discussions about the ICP. Therefore, flexibility is needed so existing Place partnerships can design what works for them so they can continue and be strengthened. It was felt that the maximum financial delegation to Place was required to make a real impact with local communities.

- The ICP is an **opportunity to do something different**, focusing on innovation and transformation to manage demand for health and care services. The ICP should commit to improving population health and reducing health inequalities -recognising that most health determinants lie outside the NHS - poverty, housing, environment, community, and education. There was agreement that this may have implications for ICP membership.

Mitcham health and wellbeing hub

Where will the hub be?

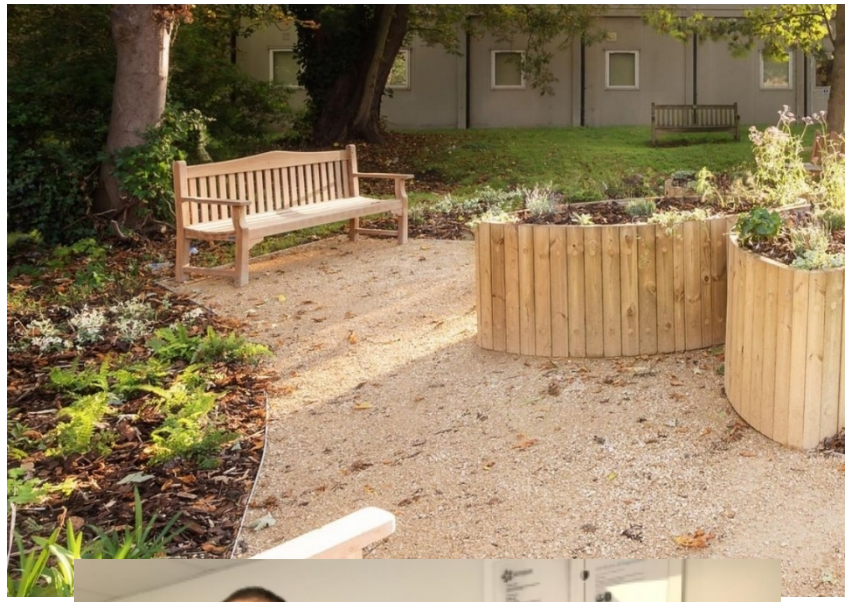
- We're currently evaluating the possible locations for the new health and wellbeing hub. The Wilson Hospital site is the NHS preferred option because it offers advantages.
- Looking at the three available sites, the Wilson makes most sense because we have an NHS source of funds and there is a clear path to delivering the hub there. This path is more uncertain for non-NHS owned sites.
- The size of the Wilson hospital site also means there is potential to expand services in the future if required.
- We'll be reviewing each site in detail as we revisit the Strategic Outline Case from 2015, as part of the development of the Outline Business Case, required by national Better Business Case processes. We will be involving stakeholders and local community representatives as part of this process.

What will be provided at the hub?

- Our current priorities for what will be available at the health and wellbeing hub are: wellbeing services, social prescribing, children's services, children and young people's mental health services and adult mental health services
- The hub will also have outside community space as part of its wellbeing offer and bookable rooms for community use and multi-disciplinary team working.
- Discussions are ongoing about what else might be possible. We'll be engaging with the local community as we design our delivery plans for the refreshed Merton Health and Care Plan.
- Our next step is to proceed to Outline Business Case, followed by Full Business Case within the next 18 - 24 months for approval by the Integrated Care Board. We will be working closely with the service design team and NHS Property Services on an estimated timeline for delivery which we will share when we have a clearer picture

Developments in other local services

- We've been clear all along we didn't have to wait for a new building to make new services available for local people. The NHS took extraordinary steps to create facilities on the Wilson site which could be used as a vaccination centre. This was an acceleration of work already in train to create space the community can use for wellbeing services and activities.
- There are exciting developments in local wellbeing services - a space at the Wilson has been created to host the delivery of wellbeing services and activities and social prescribing. Work is underway through the Wellbeing Steering Group with membership from the local community to get this up and running.
- The newly-developed community garden at the Wilson has now opened and plans underway to get the community involved and link to local social prescribing work. Creating the garden was part of NHS Property Services 'Healthy Places' programme, colleagues have worked with Groundwork UK to create a peaceful garden on the site using repurposed plants from the Wimbledon Championships.
- In addition a mobile MRI scanner opened on the site on 4 October – this is part of the Community Diagnostics Centre work at Queen Mary's hospital. We are developing services in areas which help us address health inequalities and meet the needs of local people.
- We want people to have faster access to tests and scans, so we can start treatment sooner for serious conditions like cancer and heart problems, and have better outcomes for patients.



South West London
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SWL Green Plan Delivery Group

10th November 2021

To be completed in H2 '21

Agree 2022 priorities for SWL ICS

South West London Health & Care Partnership

1. Go paperless by 2025
2. Stop buying new metered-dose inhalers, and recycle all inhalers, by 2025
3. Cut out all NO2 wastage/leakage by 2025
4. Keep desflurane usage to below 10%
5. Go electric for all staff, inter-site and courier transport by 2027?
6. Reduce buildings energy by 20% by 2025

Contents

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1. Go paperless

South West London Health & Care Partnership

- **Why?**
  - Can be led by leadership teams
  - Helps create behaviour change
  - Integrates with digital strategy
- **Next Steps**
  - Identify procurement resource to work with KB and Comms team
  - Assess as-is situation amount of paper currently used in SWL (including postage)
  - Coordinate needs assessment of where paper required, and what quality
  - Create plan over time of how to reduce paper usage

Metered-Dose Inhaler Usage

South West London Health & Care Partnership

- **Why?**
  - Propellant in MDIs accountable for 3-4% of NHS carbon footprint
  - Opportunity to work with multiple stakeholders to address long-term asthma issues and clean air requirements, as well as primary care and community pharmacies to create SWL change
- **Next Steps**
  - Continue to engage clinical groups to agree alternative prescriptions
  - Engage procurement to review inhaler recycling options
  - Engage communications team to support Jan-Mar focus across acute and primary care networks
  - Measure impact of programme

Equivalent tailpipe greenhouse gas emissions from a Ventolin Evohaler (containing 100 2-puff doses) and a Ventolin Accuhaler (60 1-puff doses). Assumes car achieves 100gCO2/km.

N2O Leakage/Wastage

South West London Health & Care Partnership

- **Why?**
  - N2O is potent is potent greenhouse gas and atmospheric pollutant
  - Duty of care to staff
  - Potential commercial benefit if excess leaks found
  - Multiple stakeholders make it difficult to coordinate at Trust level
  - Opportunity to lead on this innovation
- **Next Steps**
  - Conduct audits in all acutes by end Jan 2022
  - Establish plan for addressing leaks and considering case for installing equipment to collect and destroy nitrous oxide

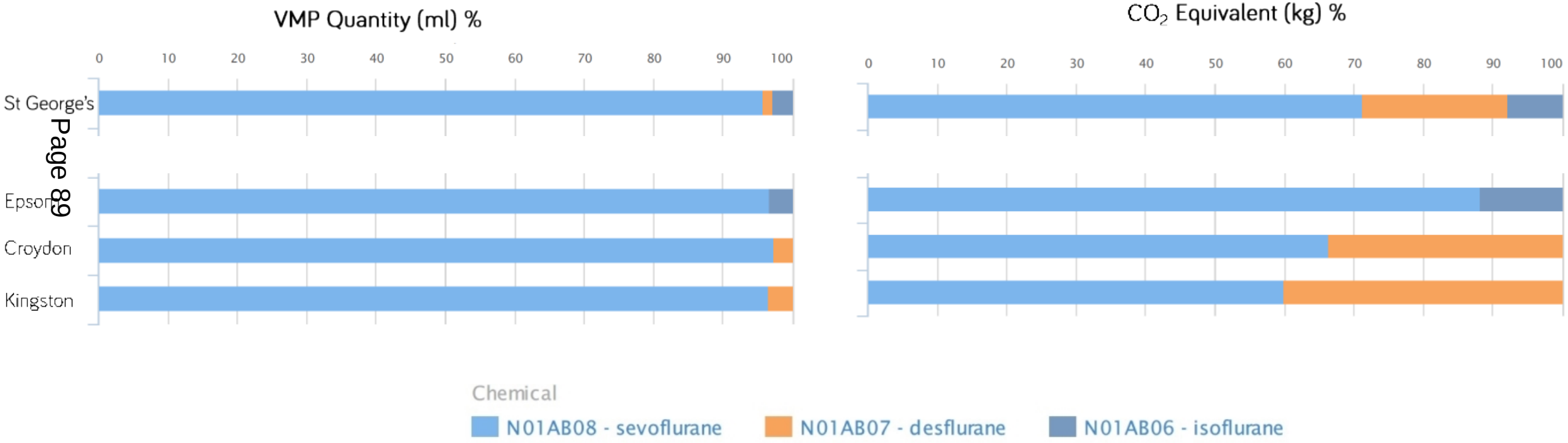
MDU
Mobile Destruction Unit

ED
Exhalation Device

Desflurane Usage – all below target of 10%

South West London Health & Care Partnership

July-September 2021 data



Transport – staff, patient transfer & courier

South West London Health & Care Partnership

- **Why?**
  - Build on work done to date eg by RMH
  - Easier to address at ICS level rather than Trust level

- **Next Steps**
  - Engage procurement to work out what work done to date
  - Understand with each provider what plans are in place for EVs
  - Determine plan to hit target by 2025

Building Energy

South West London Health & Care Partnership

- **Why?**
  - Integrate with Estates strategy
  - Requires provider and ICS level engagement
- **Next Steps**
  - Discussion

Communications Programme

South West London Health & Care Partnership

- Create quarterly programme of simple, singular messages across all sites
- First candidates around inhalers and paper usage
- London-sponsored initiative around helping to engage people to commit to the cause and to start a social movement through use of individual pledges