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Merton Council

Health and Wellbeing Board

Date: 21 June 2022

Time: 6.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden
SM4 5DX

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

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|----|------------------------------------|---------|
| 1 | Apologies for absence | |
| 2 | Declarations of pecuniary interest | |
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| 6 | Health in All Policies | 25 - 34 |
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| 8 | Pharmaceutical Needs Assessment | 35 - 42 |
| 9 | The Biggest Issue | |
| 10 | Close | |
- Acknowledgement for Vice Chair leaving

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

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Health and Wellbeing Board Membership

Merton Councillors

- Brenda Fraser
- Jenifer Gould
- Peter McCabe (Chair)

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

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 22 MARCH 2022

(18:15 –19:44pm)

PRESENT Councillors Councillor Rebecca Lanning (in the Chair), Mark Creelman (Locality Director Merton and Wandsworth), Brian Dillon (Chair Healthwatch Merton), Dr Vasa Gnanapragam, Chris Lee Director of Environment and Regeneration , Jane McSherry (Director Children Schools and Families) and Dr Dagmar Zeuner (Director of Public Health)

ALSO PRESENT Gemma Dawson (Consultant NHS), Phil Howell, Clarissa Larsen (Health and Wellbeing Board Partnership), Bola Roberts (Democratic Services Officer)

ATTENDING REMOTELY Amy Dumitrescu (Democracy Services Manager)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for Absence were received from Dr Andrew Otley and Dr Mohan Sekeram.

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 25 January 2022 were agreed as a correct record.

4 LIVING WITH COVID (Agenda Item 4)

Living with COVID

The Director of Public Health gave an overview of living with COVID. She outlined the current transition phase in which there is a gradual winding down of support, particularly for care homes and vulnerable people, rather than any abrupt withdrawal. The remaining vaccinations programme continued to be important to living safely with COVID, as is the continued focus on equity.

She reported that population immunity is currently high, but it could not predict the position in the autumn and winter and there remains a possibility of new COVID variants. The Board should therefore be ready to respond quickly as needed in future, and work with the community, including that of Community and Vaccination Champions continues to be important. She also emphasised the legacy of the collaborative response to COVID that can be built upon.

The Director of Public Health explained that, given current testing, local data was no longer reliable and the regular Situation Assessment Report had consequently ended. However, national data will continue to monitor infections. She advised that the Infection and Prevention Control (IPC) team have conducted training in care homes and educational settings and have provided IPC toolkits to support future procedures, while local contact tracing officers are currently supporting Ukrainian refugees.

The Director of Public Health referred members to the report which had been circulated recommending that, in light of the new stage of living with COVID that the Community Subgroup be stood down, and that the core HWBB take oversight of vaccination, Long COVID and therapeutics with a particular focus on equity.

The Chair and Vice Chair extended thanks to the Director of Public Health and all partners for their work on the HWBB Community Subgroup.

RESOLVED:

A That the Board noted the agreed recommendation of the Health and Wellbeing Board Community Subgroup that the subgroup be stood down.

B. That the Health and Wellbeing Board agreed to retain oversight of vaccination equity, Long COVID and support for fair access to COVID-19 therapeutics.

C. That members of the Subgroup remain ready to be reinstated as a task and finish group, when it is considered necessary and requested by the Health and Wellbeing Board.

5 MERTON 2030 PRIORITIES - FOCUS ON HEALTH AND WELLBEING (Agenda Item 5)

The Director for Environment and Regeneration presented the Board with a summary of Merton 2030 as agreed by the Council's Cabinet in February; with a particular focus on health and wellbeing.

The slides from his presentation are attached to the minutes.

He emphasised that Merton as a healthy place is a cornerstone of Merton 2030, with high streets seen as community hubs and use of green spaces a priority for connectivity that can benefit both physical and mental health. He referenced a Merton 2030 summit in June as an opportunity for partners to get involved in delivery of the vision and would confirm that HWBB members will be invited to this.

He outlined ongoing joint work between his team and Public Health including work on air quality. Collaborative work with the voluntary sector was also taking place including Green Social Prescribing. A concern was raised about the current cost of living crisis, particularly food and fuel poverty, and the need to respond to this in order to achieve the vision of Merton 2030.

The Director of Public Health stressed the importance of creating the conditions for people to thrive at the same time as delivering integrated health services. She linked this to the work underway on Health in All Policies which is due to be reported to the next HWBB.

6 ACCESS TO PRIMARY CARE (Agenda Item 6)

The Locality Director Merton and Wandsworth referred members to the circulated report and gave a presentation outlining access to primary health care.

The slides from his presentation are attached to the minutes.

The Director of Public Health commented that anecdotal feedback was that access to GPs is not always straightforward, and it is important to understand what is already out there in terms of support. She stressed the need to consider what combination of services are most useful to residents, and saw a link to Merton 2030 in terms of development of estate as something that the HWBB could help take forward.

Dr Vasa Gnanapragam raised the importance of partners working together to ensure that preventive offers are fully accessible and focused on equity. The Locality Director Merton and Wandsworth agreed that wherever possible services should be developed and delivered together with our communities.

RESOLVED:

- A. That the HWBB noted the contents of this report

7 DATES OF FUTURE MEETINGS (Agenda Item)

The Chair asked the Committee clerk to read out the dates of future meetings:

21 June 2022
20 September 2022
29 November 2022
24 January 2023
28 March 2023

RESOLVED: the Board agreed to adopt the dates for future meetings

The Chair thanked Chris Lee, Director for Environment and Regeneration, who is retiring from the Council later this year, for his work both as part of the HWBB, and in leading his department, which has had real impact that will continue in years to come.

The Chair announced she was stepping down at the May local elections and that this would be her last Board meeting. She reflected on the strong partnership of the HWBB which had been highlighted in the collaborative response to the COVID-19 pandemic. The Vice Chair paid tribute to the Chair as a great advocator who always understood the issues presented, showed reason and humanity and had been a true friend through difficult times. Councillor Stringer endorsed his words and proposed a vote of thanks to the Chair for her hard work as did Councillor Moulton.

8 MERTON HEALTH AND CARE PLAN (Agenda Item 7)

Gemma Dawson, Merton and Wandsworth CCG referred members to the circulated report and made a presentation on the full, final Merton Health and Care Plan (MHCP).

Slides from her presentation are attached to the minutes.

She set out the MHCP as a dynamic plan which will continue to evolve and iterate in response to developments, including, for example, Merton 2030. This full MHCP built on the draft previously agreed by the Board in November 2021. The purpose of bringing the full MHCP to members was to present some of the details of key priorities and encourage collaboration to build on them. She gave a commitment to carry on the dialogue, including with the community, to help shape implementation and ensure alignment with wider strategic plans.

The Director of Public Health highlighted the inclusion of children and young people in the MHCP, referencing intergenerational opportunities, and suggested that young people may be well placed to take an effective lead in promoting healthy place and engaging with the HWBB on this. The Director of Environment and Regeneration welcomed the inclusion of healthy place in the MHCP and stressed its link to prevention and need for action planning on this area. The importance of workplace and wider mental health was raised, along with a need for ongoing evaluation of new work, in order to effectively assess how well initiatives are working and respond in an agile way.

The Chair thanked Gemma Dawson and looks forward to future reports to the HWBB on the progress of the MHCP.

RESOLVED:

That The Health and Wellbeing Board endorsed and provided comment on the refreshed Merton Local Health and Care Plan 2022-24.

Committee: Health and Wellbeing Board

Date: 21 June 2022

Wards: All

Subject: Merton Carers Strategy 2021-2026 Progress Report

Lead officer: Phil Howell, Interim Assistant Director, Adult Social Care, Community & Housing

Lead member: Councillor Peter McCabe, Cabinet Member for Adult Social Care and Public Health

Contact officer: Heather Begg, Commissioning Officer, Adult Social Care

Recommendations:

Members of the Health and Wellbeing Board are asked:

- A. To acknowledge the progress of Merton's Carers Strategy 2021-2026.
 - B. To review the priority outcomes and determine whether there are other priorities to be included for year 2.
 - C. To commit the necessary resources to supporting the work to deliver the priority outcomes for carers.
 - D. To seek the views of more carers including young carers and parent carers to help shape the changes.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to provide a summary for the HWBB of the progress made in year one of the [Merton Carers Strategy 2021-2026](#), which was approved by the Health and Wellbeing Board in November 2020.
- 1.2. The Strategy was officially launched at a virtual event on the 9 June 2021, as part of National Carers Week. This year, a range of face to face and online activities were organised as part of Carers Week 6-12 June 2022 to 'Make caring visible, valued and supported' and celebrate the first year of the Carers Strategy in Merton.
- 1.3. The vision for the Merton Carers Strategy 2021-2026 is for carers in Merton to feel recognised, listened to and supported (socially, medically, emotionally and financially) in this vital role so they can live their life to the full alongside caring.

- 1.4. The agreed aims of this strategy are to improve the services and support on offer to carers and raise the profile of carers across the borough. Within this, there are four priority areas. These priorities are aligned with those of the National Carers Strategy 2008-2018:
- Identification, Recognition, and Contribution;
 - Health and Wellbeing of Carers;
 - Realise and Release Potential; and
 - A Life alongside Caring
- 1.5. The Merton Safeguarding Children Partnership (MSCP) published a 'Merton Young Carers Multi-Agency Strategy' in February 2019. The joint CSF and C&H DMT confirmed in January 2022 that the Young Carers strategic actions are incorporated into the Merton Carers Strategy Implementation Plan. CSF have since commissioned Carers Support Merton (CSM) to progress some of the priority outcomes that relate to young carers and parent carers. This includes:
- a) Mapping activity of the current support/services available to Young Carers under 18 and to identify unmet need/unidentified need,
 - b) Mapping activity of the current support/services available to Parent/Carers of children under 18 and to identify unmet need/unidentified need
 - c) Review and develop the content on CSM website and this will be aligned to the Family Services Directory and Merton Local Offer.
- 1.6. The four subgroups (linking to the four key themes in the Strategy) are well attended by a range of organisations and continue to engage with carers and supporting organisations to deliver the priority outcomes and progress updates are provided to the Implementation Board every 2 months.
- 1.7. The implementation of the strategy has considered a number of other local strategies and plans, including the Health and Wellbeing Strategy (2019 - 2024), the SEND Strategy (2019 -2023), Southwest London and St George's Mental Health Trust Strategy (2018-2023), Merton Autism Strategy (2018-2023) and the Covid-19 Outbreak Management Plan for the London Borough of Merton.
- 1.8. The Implementation Plan included the 11 key priority outcomes identified and agreed for the first year of the Strategy. Over the past year there has been significant progress in some of the priority outcome areas, which are highlighted below:
- (i) Identify Carers**
- Working with GP practices to amend carers information and advice once carer identified, registered and flagged on system.
 - Revising Premium Specification with GP practices in Merton and establishing quarterly monitoring for carers information to be sent to CCG and Carers Strategy subgroup 1. This approach will incentivise identification and support given to carers.

- Developing a short video to present on screens at GP practices to encourage people to self-identify as a carer.
- Revising content of awareness training (facilitated by Carers Support Merton) and expanding a tiered level offer across health and social care services and other partners. To be incorporated into staff induction programmes.
- Working with schools and trailblazer programmes to identify young carers and develop support available.

(ii) Carers Assessment

- Workshops held to map current statutory duties and carer pathways.
- Drafting best practice guidelines for staff who support carers of adults. This includes Adult Social Care, MH Health Trust and the Carers Hub (Carers Support Merton and Merton Mencap).

(iii) Information and advice

- Revising carers information across all key local Websites (including GP practices, Council, Health services, MH Trust and other partner websites).

(iv) Carers Emergency Plans

- Completed comprehensive benchmarking report and developing project plan for Carers Cards and working to implement in partnership with Carers Support Merton. Carers Cards will include three key elements, and will be implemented in a phased approach:

Phase 1: Recognition: confirming status as a carer who is providing support

Phase 2: Discounts: for the carer from local businesses and services

Phase 3: Contingency: who to contact for support in the event of an emergency, which will include where to access a plan to support the cared for.

- CSM and Merton Mencap continuing to promote Carers emergency/contingency plans and providing a workshop in Carers Week.
- Merton received funding from NHS England and are one of six pilots to improve the integration of carers contingency plans, how they are recorded (which will include using the new SNOMED code for Carers Contingencies) and how they are shared with health, care and voluntary sector partners. This short term piece of work was completed in March 2022 and recommendations will feed into the NHS Long Term Plan and links to this priority outcome in the Carers Strategy.

(v) Council processes and carers

- Confirmed new arrangements for carers parking permits as parking processes were identified as having an impact on carers wellbeing.
- Working to improve Direct Payment processes in partnership with carers as carers identified as having an impact on their wellbeing.

(vi) Health and wellbeing activities for carers

- Piloting a specifically designed health questionnaire for carers at Wideway Medical Practice. Will present the learning and outcomes to the GP practice carers leads.
- Exploring new 1-1 wellbeing short term support service for carers with Wimbledon Guild and Carers Support Merton.
- General Health and Wellbeing services now including specific information on carers (e.g. [One You Merton-self care for carers](#)).
- Working to ensure that wellbeing services for children and young people identify and support young carers (such as trailblazer programme).
- As part of the new Health on the High Street Programme, mapping the current health and wellbeing activities for carers in Merton and inputting into the Health and Wellbeing section of the [Adult Support Services Directory](#).

(vii) Digital skills for carers

- Carers are now well supported in Merton to develop their digital skills.
- Good understanding between partners of the current offer and pathways, which includes connectivity, motivations, skills and equipment.
- Linking carers digital skills projects with the wider digital strategy in Merton.
- Merton Mencap have created a video for carers that explains how technology supports day-to-day life: [Promoting Digital Confidence - YouTube](#).

(viii) Learning and development for carers

- Mapping all local offer for carers to support with their caring role and to access work and learning opportunities, including adult education, recovery college and other partners with a view to updating information into local websites.

(ix) Carer Friendly Work Environment

- Forum held in CCG with Carers who are employees and developed action plan.
- Two carers forums were held in December 2021 with LBM staff; most said their managers and teams were very supportive, however Merton itself was not yet a carer friendly workplace. A number of actions have been identified to be taken forward in partnership with HR including a dedicated Carers page on the Merton Hub, developing an ongoing forum and reviewing recruitment processes to foster a more carer friendly environment. This will link to Healthy Workplaces initiative. 2 further forums are planned for Carers Week.

(x) A quality service for both cared for and carer

- Using Ladder of Co-Production¹, ASC are involving carers with three significant upcoming commissioning projects; Supported Living Framework, LD Community Opportunities Framework and Domiciliary Care Framework.

¹ https://www.thinklocalactpersonal.org.uk/_assets/COPRODUCTION/Ladder-of-coproduction.pdf

- The Big Conversation work² has been shaped by the valued input of many carers in both answering the engagement but also as key stakeholders in the ongoing reference group.
- Developed and circulated a key messages poster wider to all providers who support vulnerable people in Merton to encourage people to gain trust in using services again.

(xi) A break from caring

- Mapping short breaks offer in Merton to give carers respite across the service, and ensuring all new information is added onto the website.
- Reviewing how volunteers can support carers through volunteering schemes such as befriending and side by side project
- Reviewing and promoting the use of Carers Discretionary Grants for carers of adults (£200pa, or more in cases of financial hardship) linked as an outcome of a carers assessment.

2 CHALLENGES/RESOURCES

- 2.1. The Carers Strategy implementation has started really well in the first year and has progressed despite a challenging environment. There is a real positive energy within the co-production subgroups, which have been meeting throughout the year. However, there have been some challenges and resource issues, which are detailed in this section.
- 2.2. In 2021, we saw a significant rise in referrals (approx. 35% increase) to Carers Support Merton for assessments and support which led to a 12-week waiting list (for all carers including young carers). This has been attributed to:
- (i) Carers being included in priority group 6 for the vaccine rollout,
 - (ii) Raising the profile of carers through the Merton Carers Strategy
 - (iii) The doubling of the value of the Carers Discretionary Grants from £100pa to £200pa as announced during Carers Week 2021, and
 - (iv) The significant impact of the Covid-19 pandemic on informal carers.
- 2.3. In response to this, C&H DMT agreed in February and July 2021 and Jan 2022 additional funding to provide additional support to carers. In addition, funding of £30,000 was agreed via the CEV grant to cover the doubling of the value of the Carers Discretionary Grants from £100pa to £200pa. It must be noted this this funding will come to an end March 2023 and a transitional plan will need to be developed.
- 2.4. Throughout the previous year there have been a number of staffing changes within CSF, which has led to a lack of attendance at subgroup meetings and lack of progress on the specific priority outcomes relating to young carers and parent carers of people under the age of 18. However, there is now commitment across all the subgroups from CSF reps, combined with the

² <https://www.merton.gov.uk/social-care/adult-social-care/disabled-adults/learning-disabilities/have-your-say>

mapping work being completed by CSM which will help start to deliver better outcomes for parent carers and young carers.

- 2.5. Due to the pandemic, it has been difficult for Health staff (including CCG, CLCH and Primary Care) to fully engage with actioning the priority outcomes. However, more recently, there has been a renewed commitment to developing services to better support carers with their health and wellbeing. Going forward this report recommends that key partners commit more resources to help deliver the outcomes relevant to their service area.
- 2.6. Each subgroup has carer representatives to help co-produce the priority outcomes. However, it must be noted that carers can live very busy lives, which means that sometimes they are not able to commit to attending lots of meetings. Therefore, representatives are taking key issues or development areas to local carers groups and feeding in issues or queries to the subgroups, so we ensure that all plans and developments linked to the Strategy are truly co-produced.

3 NEXT STEPS

- 3.1. Progress has been made towards delivering some of the priority outcomes for the first year of the Strategy, however there is still much work to do and additional resources are being sourced to further progress the year one outcomes.
- 3.2. Once key actions have been completed, work will be carried out to assess the impact of the Strategy work.

4 ALTERNATIVE OPTIONS

N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. The Council undertook extensive engagement in the development of the Merton Carers Strategy and the Carers Strategy Implementation Board and the four subgroups are all Multiagency groups, with carer representatives taking a key role in co-producing the priority outcomes. The priority outcomes are also regularly discussed at carer peer support groups throughout the Borough.
- 5.2. As a result of the Covid-19 pandemic, a number of impact reports have been produced following engagement with local residents. In particular, the Young People Report, people with Dementia and their carers, people with a learning disability and their carers and people from Black and Minority Ethnic Communities. These reports will further inform the direction going forward.
- 5.3. The outcomes of the Big Conversation, an engagement programme with people who have learning disabilities, their families, carers and the professionals who support them was published in September 2021 and along with the Big Explore is helping to define the LD offer going forward, which will include carers support.
- 5.4. For year two, it is the ambition of the Board to include young carers and parent carers of children under the age of 19 to be part of the implementation.

6 TIMETABLE

- 6.1. The Carers Strategy Implementation Board meets once every 2 months, and each subgroup meets every 6-8 weeks.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. To achieve the vision of the Carers Strategy, in the context of sustained financial challenges, our collective aim is to reengineer the investment and resources in services that support carers. We aim to put carers at the centre of this work and to place greater emphasis on working with all our partners to maximise resources as well as seek additional funding opportunities that widen the local offer to carers.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. The Care Act 2014, the Children and Families Act 2014, the National Carers Strategy 2008-2018, the Carers Action Plan 2018-2020 and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are supported, acknowledging the important contribution they make and placing them on the same footing as the person they care for when it comes to accessing services they may need.
- 8.2. This strategy is being implemented in response to the needs of carers in Merton and the statutory requirements.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. As part of the Carers Strategy work, the Equalities Analysis will be reviewed to determine the potential positive and negative impact of the Merton's Carers Strategy on the protected characteristics.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. N/A

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

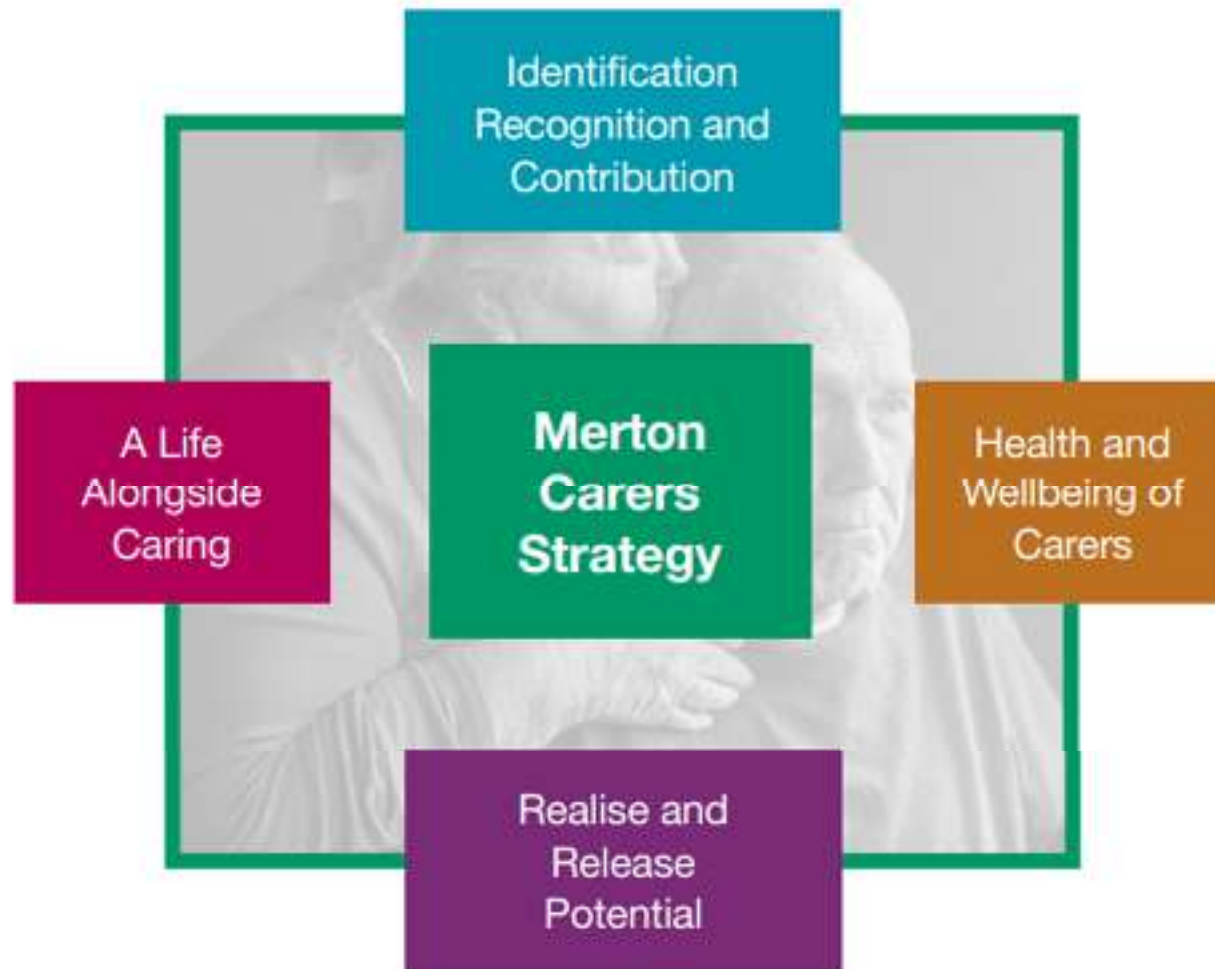
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Merton Carers Strategy 2021-2026

Making life better for Carers in Merton



Key themes of the Carers Strategy 2021-2026



The Journey so far.....

- ▶ We engaged with over 200 carers and approximately 50 professionals from a range of organisations to write the Strategy which was refreshed after talking with carers as a result of COVID-19.
- ▶ The Health and Wellbeing Board approved the Strategy in November 2020.
- ▶ We had 11 priorities for the first year of the Strategy's implementation.
- ▶ We have joined together the Merton's Carers Strategy 2021-2026 and the Young Carers Strategy 2019-2021 into one implementation plan.
- ▶ We have 4 multi-agency subgroups (linked to the 4 key themes of the Strategy) which include carers, the Council, Health and other partners including local voluntary organisations to work together and make lives better for carers in Merton.
- ▶ Each subgroup is working through the priorities together.



Subgroup 1: Identification, Recognition, and Contribution

Identify Carers:

- ▶ Working with GP practices to identify and support carers
- ▶ Revising Premium Specification with GP practices in Merton and establishing quarterly monitoring for carers information
- ▶ Developing a short video to present on screens at GP practices to encourage people to self-identify as a carer.
- ▶ Revising content of awareness training (facilitated by Carers Support Merton) and expanding a tiered level offer across health and social care services
- ▶ Working with schools and trailblazer programmes to identify young carers and develop support available.



Subgroup 1: Identification, Recognition, and Contribution

Carers Assessments:

- ▶ Workshops held to map current statutory duties and carer pathways.
- ▶ Drafting best practice guidelines for staff who support carers of adults. This includes Adult Social Care, MH Health Trust and the Carers Hub (Carers Support Merton and Merton Mencap).

Information and Advice for Carers:

- ▶ Revising carers information across all key local Websites (including GP practices, Council, Health services, MH Trust and other partner websites).



Subgroup 2: Health and Wellbeing of Carers

Carers Emergency Plans:

- ▶ Plan to implement Carers Cards in partnership with Carers Support Merton and MH Trust.
Phase 1: Recognition: confirming status as a carer who is providing support
Phase 2: Discounts: for the carer from local businesses and services
Phase 3: Contingency: who to contact for support in the event of an emergency, which will include where to access a plan to support the cared for.
- ▶ CSM and Merton Mencap continuing to promote Carers emergency/contingency plans and providing a workshop in Carers Week.
- ▶ Merton were one of six pilots Nationally to improve the integration of carers contingency plans, how they are recorded (which will include using a new SNOMED code for Carers Contingencies with GP practices) and how they are shared with health, care and voluntary sector partners. Findings will inform ICS approach going forward.



Subgroup 2: Health and Wellbeing of Carers

Council Processes and Carers:

- ▶ Confirmed new arrangements for carers parking permits as parking processes were identified as having an impact on carers wellbeing.
- ▶ Working to improve Direct Payment processes in partnership with carers as carers identified as having an impact on their wellbeing.

Health and Wellbeing Activities for Carers:

- ▶ Worked together to produce a health questionnaire specifically designed for carers as we know carers don't prioritise their own health needs. Trialing the questionnaire initially at Wideway Medical Practice. Will present the learning and outcomes to the GP practice carers leads.
- ▶ General Health and Wellbeing services now including specific information on carers (e.g. One You Merton-self care for carers).
- ▶ Working to ensure that wellbeing services for children and young people identify and support young carers (such as trailblazer programme).
- ▶ As part of the new Health on the High Street Programme, mapping the current health and wellbeing activities for carers in Merton and inputting into the Health and Wellbeing section of the Adult Support Services Directory.



Subgroup 3: Realise and Release Potential

Digital Skills for Carers:

- ▶ Local work with partners has ensured carers are now well supported in Merton to develop their digital skills and there is a good understanding between partners of the current offer and pathways
- ▶ Merton Mencap have created a video for carers that explains how technology supports day-to-day life: [Promoting Digital Confidence - YouTube](#).

Learning and Development for Carers:

- ▶ Mapping all local offer for carers to support with their caring role and to access work and learning opportunities

Carer Friendly Work Environment:

- ▶ Forum held in CCG with Carers who are employees and developed action plan.
- ▶ LBM employee carers forums held in December and two scheduled for Carers Week in June
- ▶ Dedicated Carers page on the LBM Merton Hub.
- ▶ Reviewing recruitment processes to foster a more carer friendly environment.



Subgroup 4: A Life alongside Caring

A quality service for both cared for and carer

- Using Ladder of Co-Production, ASC are involving carers with three significant upcoming commissioning projects; Supported Living Framework, LD Community Opportunities Framework and Domiciliary Care Framework. This group aim to involve carers in the design and monitoring of services that have an impact on them. Developed and circulated a key messages poster wider to all providers

A break from caring

- Mapping short breaks offer in Merton to give carers respite across the service, and ensuring all new information is accessible
- Reviewing how volunteers can support carers through volunteering schemes such as befriending and side by side project
- Reviewing and promoting the use of Carers Discretionary Grants for carers of adults (£200pa, or more in cases of financial hardship) linked as an outcome of a carers assessment.



Challenges

- ▶ Significant increase in referrals for assessments has meant some delays to support-additional funding has been allocated to help with this.
- ▶ Resource issues have led to a delay in some services being implemented, such as carers cards and the websites review and refresh.
- ▶ Difficult to get all partners to engage with the ambition of the Strategy with other priorities due to the pandemic, but now seeing more progress, especially with SWL CCG.
- ▶ Staffing changes within Children, Schools and Families has led to a lack of progress on the specific priority outcomes relating to young carers and parents carers of people under the age of 18. However, there is now commitment across all the subgroups from CSF reps, combined with the mapping work being completed by CSM which will help start to deliver better outcomes for parent carers and young carers.
- ▶ Each subgroup has one or two carer representatives to help co-produce the priority outcomes. However, carers cannot commit to attending lots of meetings. Therefore, representatives from organisations that support carers groups are taking key issues or development areas to local carers groups and feeding in issues or queries to the subgroups, so we ensure that all plans and developments linked to the Strategy are truly co-produced.



Sally Burns
Parent/Carer and
Representative of Adults First
Steering Group
Co-Chair of subgroup 2



Tracy Weight
CEO Carers Support Merton
Co-Chair of Subgroup 3

Lets hear from our partners

Recommendations:

- ▶ For the Health and Wellbeing Board to review the priority outcomes and determine whether there are other priorities to be included for year 2.
- ▶ For the Health and Wellbeing Board to assess the impact of the Strategy
- ▶ For members of the Health and Wellbeing Board to commit necessary resources to support the deliver priority outcomes for carers
- ▶ To seek the views of more carers including young carers and parent carers to help shape the changes

For more information, please email
Carers.Strategy@merton.gov.uk



Committee: Health and Wellbeing Board

Date: 21st June 2022

Wards:

Subject: Health in All Policies action plan

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Forward Plan reference number:

Contact officer: Yannish Naik, Consultant in Public Health

Recommendations:

- A. Health and Wellbeing Board are asked for comments on the revised Health in All Policies Action Plan
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to seek Health and Wellbeing Board's strategic input into the refresh of the Health in All Policies Action Plan.
- 1.2 The report outlines the Health in All Policies Approach as putting health, equity and sustainability at the heart of all council decisions. The report outlines the history of Health in All Policies in Merton including some example successes and the reasons why the post-COVID context is the perfect time to revise the action plan.
- 1.3 The report summarises some of the learning from elsewhere including through an LGA associate, before describing an action plan in two parts: firstly in having the right ways of working across the council and with partners to enable health, equity and sustainability to be taken into account in all decisions, secondly a rolling programme of trailblazers which will need to be agreed and through which the Health in All Policies approach can be embedded.
- 1.4 The report outlines the role of the public health team in delivering the HiAP action plan and invites partners to consider their contribution to Health in All Policies.

2 BACKGROUND

2.1 What is Health in All Policies?

2.1.1 Health in All Policies (HiAP) is a collaborative approach focusing on health, equity and sustainability. By putting health, equity and environmental sustainability at the centre of all policy decisions, HiAP can deliver benefits for a wide range of stakeholders – and most importantly can reduce inequalities while improving residents' lives. This can include action on the full range of determinants of health, including

transport, housing, education and employment. HiAP thus offers a way to address the inequalities including in life expectancy occurring across Merton, given that these are caused in large part by these determinants of health and that solutions exist to many of these challenges.

2.2 Health in All Policies in Merton

2.2.1 Merton has a longstanding commitment to Health in All Policies (HiAP) and to experimenting and learning. This was reaffirmed in the recent Health and Wellbeing Strategy and is therefore owned by the Health and Wellbeing Board. The Health in All Policies action plan was last reviewed in 2018.

2.2.2 COVID has led to a worsening of inequalities, alongside emerging challenges and opportunities. In addition, Merton has committed to a Climate strategy to tackle climate change. Given the complexity, interdependence and urgency of these challenges, it is vital that we find solutions that explicitly address health, equity and sustainability, simultaneously. This means that every action undertaken under the banner of the Health in All Policies should address each of these dimensions, reinforcing the impact and alignment across a wide range of council departments. Additionally, this means that each of these dimensions should be addressed by every aspect of policy making. It is for this reason the Council's Health in All Policies is being refreshed.

2.2.3 This sits clearly within the context of the Merton 2030 ambition, which states that by 2030 Merton will "be embedding prevention of ill health and promotion of wellbeing into everything we do as a council through a 'Health in all Policies' approach, which will be informed by a robust evidence base."

3 DETAILS

3.1 Refreshing the HiAP action plan

3.1.1 First published in 2016, the most recent *Health in All Policies* action plan was last reviewed in 2018. A recent stock take was completed to assess progress. This is summarised below. Broadly speaking, Merton has made substantial progress in embedding a Health in All Policies approach. This has included the establishment of a Dementia Action Alliance, work to embed HiAP at a leadership level, work to establish key partnerships between public health and Environment and Regeneration as well as a focus on healthy workplaces. It is clear that a wide range of work that places resident's health at the centre of policy making has taken place across the council. Examples of key achievements to date include:

- A draft Local Plan that includes a strong focus on Health and Wellbeing including a requirement for health impact assessments of developments that can impact on health and a plan to limit future development of unhealthy catering around schools.
- A wide range of projects to improve air quality including the Regulatory Services Partnership delivering the first Low Emission Zone for Construction on behalf of London Boroughs, the installation of over 200 anti-idling signs across the borough, and the installation of 68 air quality sensors to monitor air pollution.
- The implementation of a social value toolkit in Council procurement processes, that take into account the additional benefits in terms of wider value for residents and reduced environmental impacts as part of goods and services procured by the Council.

3.1.2 The obvious ramifications of COVID-19 and the urgent threat of climate change and our ageing population are influencing the accessibility of supplies of healthy foods, housing quality and costs and the sustainability of local services, assets and employment. This perfect storm of complexity and its effect on present and future residents of Merton makes this the ideal moment to enlist an action plan – focusing on added value that can only be delivered using a HiAP approach.

3.2 LGA support and learning from elsewhere

3.2.1 The Local Government Association has committed to supporting us in future including through inviting us to join their network focusing on Health in All Policies as well as providing us with some limited expert resource to develop our work further. The LGA associate is helping us to learn from elsewhere and developing a short introductory briefing on HiAP for stakeholders.

3.2.2 The LGA associate has identified some learning from the international experience. Success factors include shared values and priorities, solid relationships, visible leadership, joint analysis and design of interventions, engagement across a range of partners and agreement on resources. The public health team continue to explore with key HiAP practitioners and specialists to continue to refine our approach.

3.2.3 Additionally, there are a number of challenges that should be taken into account. It is important to remember that HiAP is not “health” trying to take over, rather is a process of jointly addressing the most pressing problems for local residents. Some stakeholders may feel they are already doing what is necessary and that HiAP does not add much to their approach.

3.3 The revised HiAP action plan

3.3.1 Given that HiAP is an approach, we propose that the first part of the action plan be focused on developing the right ways of working to deliver HiAP. This includes developing culture and relationships, a data led approach, external partnerships, and our cross-sector approach to return on investment. Example actions to achieve each of these are outlined in appendix 1, below.

3.3.2 It is also important to identify priorities for action. There are a wide range of potential priorities, many of which cut across diverse stakeholder priorities. For example, HiAP could focus on a good start in life, education, the economy, travel, housing, community cohesion and many other topics. We suggest that the best approach for Merton is to identify a small number of trail-blazers on a rolling basis. This approach means that a cross-council effort can be applied to a small number of priorities with new priorities being chosen at a later date with the benefit of shared learning and strengthened relationships.

3.3.3 A decision will need to be made by senior leadership regarding which council wide priorities should be selected for the first round of trail-blazers. These could be priorities that respond to local needs, align with other initiatives, or simply that resonate with Merton’s residents. It is proposed that the first trail-blazer be around a borough of sport; this would involve promoting active lifestyles e.g. sport, active travel and physical activity for all ages, preventing frailty, supporting healthy weight initiatives and social aspect of bringing people together.

3.3.4 Additional trail-blazers could include a focus on council levers (social value, employment or investment), air quality, housing, food, green jobs or social environments (including revitalising high streets). Further examples of potential priority

trail-blazers are also included in appendix 1, below. The final list of trail-blazers should be developed based on Merton's existing assets and challenges.

3.3.5 It is proposed that the trailblazers should include a mixture of types of initiatives, including some which will result in short term wins and others which will manifest in longer term returns. Given the long timescales for delivery on major regeneration and investment projects, for example, these may need to be considered earlier on in the 8 year window.

1.6 Delivering HiAP – the public health team role

1.6.1 The public health team has limited resource to work specifically on Health in All Policies. These include a Healthy Places Officer (currently an interim appointment), a Consultant in Public Health (approx 1.5 days a week) with support from a Health and Wellbeing Board Partnership Manager and some limited Health Intelligence capability. As such, it is vital to focus the ways of working of the "core" HiAP team in a way that maximises on impact across a wide range of stakeholders and partnerships and leverages wider assets council wide. This means that the public health team role in delivering HiAP is specifically:

- (i) Holding the HiAP action plan, facilitating action, tracking progress and delivering on specific projects
- (ii) Building relationships and networks through which we generative collaborative projects, draw out cross-departmental priorities and utilise place-based information on assets and investments to inform action within a complex policy and funding environment
- (iii) Support cross-council and external partners in embedding HiAP across their work and enhance the delivery of the council's wider mission, including through support to embed a preventative approach, through use of evidence and data

1.6 Delivering HiAP – the role of other partners

1.6.1 Existing thematic partnership boards have a significant and continuing role to play in implementing a HiAP approach, and teams across the council are already involved in championing the HiAP agenda. HiAP is everybody's business. The core of the HiAP action plan is thus about brokering, navigating and connecting – as opposed to centralising delivery. Partners are invited to consider how they could further embed HiAP in their work.

4 ALTERNATIVE OPTIONS

4.1 Do nothing:

4.1.1 Merton would not be able to achieve the Merton 2030 ambition that health be embedded in everything the council does.

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1 The original Health in All Policies action plan was developed following engagement by the Health and Wellbeing Board with residents and involved key partnership boards across Merton. It is proposed that these partnership boards be consulted on the redevelopment of the action plan.

5.2 The Health in All Policies action plan refresh will involve engagement with key stakeholders including senior officers in the council - a provisional timetable is included below.

6 TIMETABLE

6.1 The proposed timetable for the refresh of the Health in All Policies action plan is:

- (i) DMT – May 2022
- (ii) Meeting with CMT/ADs or leadership network – mid 2022
- (iii) CMT – June 2022
- (iv) Health and Wellbeing Board – June 2022 – subject to CMT advice and agenda setting meeting
- (v) Other boards – Autumn 2022

6.2 The HiAP action plan is proposed to run in 3 phases

- Phase 1: 2022-2025 – early trailblazers, capture and embed learning
- Phase 2: 2025-2027 – embed learning from first round of trailblazers to develop second round of trailblazers and scale processes for decision making developed in phase 1
- Phase 3: 2027-2030 – systematise the learning, ensuring every single decision made in this phase begins to deliver on HiAP

6.3 The development of the HiAP action plan is aligning with the development of other strategic initiatives through the attendance of public health team members at relevant workshops; further engagement with external partners will occur once the above engagement has taken place.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The main resources required for the Health in All Policies action plan refresh are current staff time and engagement with key partners. It is possible that further discussions around resourcing key strategic projects may follow from this discussion.

7.2 It seems likely that some significant investment will be required from partners around specific enablers or trailblazers. For example, investment may be required to improve the data enabling functions. Developing a “borough of sport” approach may require significant investment – the Sport England Local Delivery Pilots invested millions in local places over several years. For example Calderdale with a population of 211k received £2.65m from Sport England for their Active Calderdale Programme to be spent in around 2 years. A full workup of the local investment need would need to be undertaken for any trailblazer projects.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. Health in all policies is a key vehicle to implement the council’s duties around wellbeing, equality and environmental sustainability.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 Health in All Policies work is a key response to address the inequalities impact of COVID-19.

9.2 No specific equality assessment is planned.

10 CRIME AND DISORDER IMPLICATIONS

10.1. N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. Health in All Policies work is a key approach to reducing the risk of increased pressure on our services.

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

Appendix 1 – Draft Action plan 2022-2025

A draft action plan is outlined, though priority actions specially under Part 2 will need to be refined following decision making by senior leaders.

Theme	Example actions	Delivery timelines	Project sponsor and key partners (examples to illustrate)
Part 1: Embedding HiAP in our ways of working			
Culture and Relationships (Council wide)	Regular opportunities for Councillors and colleagues at head of service or above to engage in discussions around HiAP Create an Induction package of training all new staff and current to be thinking about how to integrate Health in All Policies Structures for shared decision making and action eg joint DMTs	2022-2023	DPH/chair of HWBB Health and
A data and evidence led approach	Creating a GIS map of place based investments, initiatives and assets Mainstreaming best practice in data integration and use	2022-2023	Consultant in Public Health Intelligence team Corporate performance team

	<p>across directorates, integrating data on social determinants and health outcomes</p> <p>Incorporate relevant HiAP factors in performance and outcomes framework for Merton 2030</p> <p>An annual public health report that addresses the health benefits of climate action in 2022</p>		GIS team
External partnerships	Integrating resident voice and joint working with partners	2023-2025	NHS Citizens VCS
Return on investment	<p>Identifying opportunities to generate cross department returns from joint projects</p> <p>Seek out opportunities for additional investment in key HiAP interventions eg public realm investment</p> <p>Business cases and methods that create sustainable health, equity and climate change benefits</p>	2023-2025	Commercial services E&R
Part 2: A rolling programme of cross-council trail-blazers as part of Merton 2030			
Council levers	<p>Social value including in partnership with the NHS</p> <p>Employment – diversity & health and wellbeing</p> <p>Investment strategy</p>	2023-2025	Commercial services HR & OD

Physical activity, mobility and air quality	Borough of sport Air quality management plan Cycling and walking Green social prescribing	2022-2025	E&R Social prescribing services
Housing	Housing standards and retrofit Housing supply Occupant health	2022-2025	E&R Housing needs team
Food	Promoting access to affordable healthy food Reducing food waste Creating local supply	2022-2025	E&R
Good jobs for all	Green jobs Anchor institutions approaches Training and employment support	2022-2025	E&R Commercial services Adult learning, E&R
Social environments	School “superzones” Green infrastructure network Revitalising high streets	2022-2025	E&R / CSF / Schools E&R

Some potential areas to develop

Theme	Area to explore
Food	Addressing ultra-processed foods Sustainable and healthy diets
Community safety	Pathways to support people who are vulnerable
Economy	Community wealth building Inclusive economic development
Regeneration	Town centre and estate regeneration
Housing	Data around homeless services, working with housing associations & housing delivery plan

13 BACKGROUND PAPERS

LGA paper: [Social determinants of health and the role of local government](#)

[£2.65m boost to get Active | News Centre - Official news site of Calderdale Council](#)

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Committee: Health and Wellbeing Board

Date: 21st June 2022

Wards: All

Subject: 2022 Pharmaceutical Needs Assessment (PNA)

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Peter McCabe, Cabinet Member for Health and Social Care.

Contact officer: Barry Causer, Public Health Lead for COVID Resilience.

Recommendations:

That the Health and Wellbeing Board (HWB) members:

- A. note the process to produce a revised Pharmaceutical Needs Assessment by 1st October 2022 has commenced and is being managed by the Merton PNA Steering Group.
 - B. agree to share the draft Pharmaceutical Needs Assessment with their networks and to respond formally to the consultation, which will inform the final Pharmaceutical Needs Assessment in Merton.
 - C. delegate the sign-off of the final Pharmaceutical Needs Assessment to the Director of Public Health in order to meet the statutory deadline of 1st October 2022.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an update on the progress made on the development of the Merton Pharmaceutical Needs Assessment (PNA), asks that the Health and Wellbeing Board (HWB) shares the draft PNA with their networks and that members respond formally to the consultation which will start on the 13th July 2022. This report also asks that the HWB delegates the sign-off of the final PNA to the Director of Public Health.

The Terms of Reference for the PNA steering group and a project plan are attached as an appendix to this report.

2 BACKGROUND

The role of community pharmacy

Community pharmacy plays an important role in the sustainability of healthcare and in supporting the public's health with quality and accessible care from trained healthcare professionals. Pharmacies are often situated in convenient high street locations or next for GP practices, and furthermore generally open longer than GP practices, with many open into the evening and on public holidays.

Community pharmacies offer the supply of medicines as well as a wide range of commissioned services including some vaccinations, substance misuse services and sexual health services.

The value of community pharmacy has been recognised as being one of the frontline healthcare providers in the UK's COVID-19 response and were able to provide face to face advice on health needs and supply of medication during the pandemic.

The Pharmaceutical Needs Assessment

From 1 April 2015 it became a statutory requirement that HWBs publish a PNA and publish a revised assessment every 3 years. The most recent PNA in Merton was published on 1st April 2018 and a revised PNA is required to be published by 1 October 2022, in-line with amendments to the statutory requirements which granted an extension due to the impact of the COVID-19 pandemic.

The PNAs primary purpose is for market entry purposes; and it is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

A PNA is a tool for identifying current and future pharmaceutical need and to improve quality and effectiveness of pharmaceutical services. It uses robust, up to date evidence to ensure that pharmacy services are provided in the right place and that services commissioned from pharmacies by local authorities and Clinical Commissioning Groups meet the needs of the community that they serve.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013 set out that the following should be included in the PNA: current provision, gaps in provision, other relevant NHS services, recommendations for improvements and better access, methodology as to how the assessment was carried out and maps of provision. The regulations also name particular organisations and other interested parties that should be consulted for a minimum of 60 days.

3 PROGRESS TO DATE

Following a competitive procurement exercise undertaken in February 2022, Soar Beyond Ltd has been commissioned by Public Health to support the preparation and delivery of the 2022 PNA. Soar Beyond have extensive expertise in producing PNAs, having produced eight in 2015 and 12 in 2018.

The Merton PNA initiation meeting was held on 13th March 2022 between Soar Beyond and Officers from the Public Health team and a PNA Steering group has been established with representatives as follows:

- Merton Public Health
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- SWLCCG representative

- Health Watch representative (lay member)

The PNA Steering Group has met twice to date (28th March 2022 and 17th May 2022), agreeing the PNA project plan (Appendix B), the Terms of Reference (Appendix A), consultation plan with residents and contractors and the data collection requirements from key stakeholders.

The outcomes of survey questionnaires with the public and pharmacy contractors was taken to the Steering Group meeting on 17 May 2022, for the Steering Group to verify and approve the findings and service data. This enabled Soar Beyond to commence the analysis and writing of the draft PNA 2022.

Initial findings from the pharmacy contractor questionnaire

37 out of 41 pharmacy contractors responded to the pharmacy contractor questionnaire.

Of the responses:

- 76% dispense all types of appliances
- 71% deliver dispensed medication free of charge on request
- 93% are willing to provide new services if commissioned
- 59% believe there is a need for specific locally commissioned services in Merton, e.g. health checks, minor ailment service and childhood vaccination

Initial findings from the public questionnaire

43 responses were received from the public questionnaire.

Of the responses:

- 91% have a regular or preferred pharmacy (7% use a combination of traditional or internet pharmacy)
- 67% have visited/contacted a pharmacy once a month or more frequently for themselves in the past six months
- 79% found it very easy/fairly easy to speak to their pharmacy team during the 18 months of the pandemic
- The main way patients access a pharmacy is by walking (74%), with 78% reporting it takes less than 15 mins to travel to a pharmacy
- There was generally good awareness of Essential Services provided from community pharmacies (over 80%)

As there were only 43 responses from a population of over 212,000, the findings will be interpreted with some care regarding the representation of the community as a whole. Findings from the questionnaire will be triangulated with access data, services provision information and health needs to form the conclusions of the PNA.

4 UPCOMING MILESTONES AND CONSULTATION MILESTONES

The draft PNA will be considered by the Steering Group at a meeting week commencing 27 June 2022 and upon approval by the Steering Group, the draft PNA will be made available for a 60-day consultation between 13th July 2022 and 12th September 2022.

The consultation plan, the format and survey questions in relation to the draft PNA will be confirmed at the next steering group meeting. This plan will be developed to raise awareness of the PNA consultation widely and will include presentations to key groups e.g. the Community Champions, initially set up to support the COVID-19 response.

Members of the HWB will be sent details of the draft PNA and details of the consultation and are asked to promote them to their networks and also to respond formally to the consultation.

The results of consultation will be considered by the Steering Group at its meeting on 19th September 2022, and a final PNA produced for publication.

As the final PNA must be published no later than 1st October 2022, it is recommended that the approval of the final PNA be delegated to the Director of Public Health and the final assessment provided for information to the HWB after publication.

5 TIMETABLE

The deadline for the HWB to publish a revised assessment is 1 October 2022.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The production of the Pharmaceutical Needs Assessment for 2022 has been funded by Merton Council Public Health team.

7 LEGAL AND STATUTORY IMPLICATIONS

From 1 April 2015 it became a statutory requirement that HWBs publish a PNA and publish a revised assessment every 3 years. HWBs were recently given an extension to the most recent deadline due to the impact of the COVID-19 pandemic.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The PNA and the process being taken will provide an opportunity to identify needs and to secure improvements in provision.

9 CRIME AND DISORDER IMPLICATIONS

None

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

The approach taken to develop the PNA in partnership with an experienced external provider, means that the PNA will meet the statutory requirements and is seen as a low-risk approach.

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

A – TERMS OF REFERENCE

B – PROJECT TIMELINES

Appendix A Terms of Reference

Merton Pharmaceutical Needs Assessment Terms of Reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment on behalf of the Merton Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated Responsibility

Delegation TBC

Accountability

The Steering Group is to report to the Public Health lead- Head of Strategic Commissioning.

Membership

Core members:

- Head of Strategic Commissioning / Interim Head of Strategic Commissioning.
- NHS England representative.
- Local Medical Committee representative.
- Local Pharmaceutical Committee representative.
- CCG representative.
- Health Watch representative (lay member).

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health Lead (Head of Strategic Commissioning or Interim Head of Strategic Commissioning) will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG Commissioning Managers
- NHS Trust Chief Pharmacists
- Dispensing Doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by Merton Council to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in autumn 2022 to sign off the PNA for submission to the Health and Wellbeing Board.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area.
 - Any Local Medical Committee for its area.
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area.
 - Any LPS Chemist in its area.
 - Any local Healthwatch organisation for its area.
 - Any NHS Trust or NHS Foundation Trust in its area.
 - NHS England.
 - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to Health & Wellbeing Board on both the draft and final PNA.
- Publish the final PNA by 1st October 2022.

