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HEALTH AND WELLBEING BOARD

24 JANUARY 2023
(6.15pm – 8.13pm)

PRESENT Councillor Councillor Peter McCabe (Chair),
Councillor Brenda Fraser, Councillor Jenifer Gould, Mark
Creelman, Brian Dillon, Dr Sy Ganesaratnam,
Dr Dagmar Zeuner, Jane McSherry, John Morgan and Anna Huk

ALSO PRESENT Graham Terry (Assistant Director Adult Social Care, Community
and Housing), Keith Burns (Head of Commissioning and
Marketing Development, Community and Housing), Sukpal
Uppal (Participation and Engagement Manager, Children,
Schools and Families), Clarissa Larsen (Health and Wellbeing
Board Partnership manager, Community and Housing), Jayde
Watts (Democratic Services Officer)

**ATTENDING
REMOTELY** Beau Fadahunsi, Dave Curtis, Dr Karen Worthington, Dr Laura
Jarvie, Janet Miller, Maisie Davies, Sarah Slater, Gemma
Dawson.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

The Chair welcomed Anna Huk, Young Inspector, who will be attending the Board for its next three meetings.

Apologies were given by Adrian Ash and Sarah Goad

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 29 November 2022 were agreed as an accurate record.

4 MERTON SAFEGUARDING ADULTS BOARD (MSAB) AND MERTON SAFEGUARDING CHILDREN PARTNERSHIP (MSCP) ANNUAL REPORTS (Agenda Item 4)

John Morgan, Executive Director of Adult Social Care, Integrated Health and Public Health introduced the paper which had been circulated to members. John highlighted that due to long term illness of Aileen Buckton, Independent Chair, it had been a priority to regain stability and Nicola Brownjohn has now been appointed as Interim Chair of both Boards.

John confirmed that the adults and children's reports would be presented together which was important and demonstrated the collaborative work as across the two directorates.

Jane McSherry, Director for Children Lifelong Learning and Families in Merton informed the Board of the children's safeguarding partnership arrangements including the Local Authority, Police and Health and wider safeguarding partners and subgroups as detailed in the report.

The Inspection of Local Authority Children's Services (ILACS) Ofsted inspection from 2021 to March 2022 acknowledged the strength and robustness of the Partnership working in Merton to safeguard children. The delivery of the local child safeguarding practice reviews, multi-agency audits and delivery of a comprehensive training program were examples which demonstrated how the Partnership embedded learning throughout.

To further strengthen joint working between adults and children, a joint conference was delivered last year with another to be delivered on 15th March 2023. The focus of the upcoming conference will be on domestic abuse and the lived experience of trauma from a child to an adult.

Graham Terry, Assistant Director Adult Social Care confirmed that it was required as stated in section 43 of the 2014 Care Act that an annual report be submitted to the Health and Wellbeing Board. Graham reiterated that a more joined up approach has been imbedded that has encouraged and promoted better working relationships.

In response to questions, the following was stated:

- For Adult Safeguarding, there was a subgroup which looks at early intervention and has helped to launch an early help strategy and effective support for families. The main focus was to reach children before there was a need for statutory services.
- There was a focus on engagement with those with lived experience, particularly from those with experience in alcohol and substance misuse.
- Assessment of outcomes on whether the risk had been reduced is in conjunction with other health colleagues.
- One area which needed to be implemented was a more senior strategic group to ensure that those at the highest level were aware of what was happening with safeguarding across children and adults.
- Safeguarding Adult Reviews (SARs) has provided ongoing and continued learning.

RESOLVED: That the Board agreed the recommendations.

5 JOINT STRATEGIC NEEDS ASSESSMENT / MERTON STORY 2022/23
(Agenda Item 5)

Dr Dagmar Zeuner (Director of Public Health) introduced the paper which had been circulated to members. Dagmar gave an update on the Merton population outlining that the population is aging with birth rates falling. This was important to understand for planned services going forward.

Differences between some wards in the East and West Merton highlighted health inequalities and comparing the most and least deprived areas of the borough show a difference in life expectancy of 7.7 years for men and 5 years for women. This reflected no improvement and should therefore be a continued focus.

COVID infections have improved due to vaccinations and natural immunity but there was still fallout due to the pandemic which has been further impacted by the existing cost of living crisis. There has been a long-term impact on children and young people as a direct result of the pandemic that requires further attention and the Public Health team is keeping a continued focus on living safely and fairly with COVID.

Going forward there would be continued work that focussed on joint strategies to support children, young people and their families and specifically those with special educational needs, mental health issues and disordered eating.

The Live Well message remained unchanged. Many people have been impacted by unhealthy diet, lack of physical activity, smoking and alcohol misuse that has been underpinned by mild to moderate mental and emotional distress as well as environmental factors. The focus on preventative action should continue on access to community and primary care.

There has been an increase in the complexity of many physical diseases, referred to as comorbidity, which was overlaid by mental health issues. The best way to develop support is by working alongside various partners.

Merton remained rich in assets but there were neighbourhood that were environmentally vulnerable which must continue to remain a priority.

In response to questions, the following was stated:

- One source of understanding COVID would be the ongoing ONS Study. This was a recognised Study which provided data that could be used and applied to the Merton population as it provided a rough estimate on the volume of people that may have Long COVID. Due to discrepancies in data, it remained possible that there were individuals who were dealing with Long COVID by themselves.
- Community champions have been equipped with services to further support those with Long COVID.
- Those from minority ethnic communities who struggled with Long COVID remained to be underrepresented in seeking clinical help.
- Central London Community Healthcare, who provide support for Long COVID across Merton and Wandsworth had finite resources. As such, it is important to raise awareness and reach out to such communities.

- It was estimated that 4,211 Merton residents were living with Long COVID. Mark Creelman agreed to act on sharing material which could be distributed to residents.
- Long COVID has remained a broad spectrum with some specialist studies on the impact to particular organs. Some people required broader support as opposed to a clinician, for example those suffering with fatigue may need support with childcare.
- The importance of vaccinations continues
- Enforcement remained important to stop the selling of vapes to under 18 year olds. To take a flexible approach and to listen to young people would help understand why this was important.
- The importance of carers should always be at the forefront of discussion. The Joint Carers Strategy continued to be a working process.

RESOLVED: That the Board agreed the recommendations.

6 ANNUAL PUBLIC HEALTH REPORT 2022/23 - HEALTH CO-BENEFITS OF CLIMATE ACTION. (Agenda Item 6)

Dr Dagmar Zeuner introduced the paper and explained that as part of her statutory duty she has to produce an independent Annual Public Health Report. Particular attention was brought to co-benefits for health that climate action could bring.

The council remained very strong on its sustainability credentials. As one of the priorities, a lot of work has continued in this area.

The six key themes of the report were: active travel, healthy and sustainability, accessible biodiverse green spaces, good green jobs, energy efficient healthy housing and green health and social care.

Climate change could mitigate risks and have several positive impacts on overall health. A lack of physical activity contributed to the burden of some diseases. Climate action should not be to just decarbonise our travel but to push for active travel. This would help with weight loss and improved health as well as bringing benefits for the climate.

A desired approach going forward would be for integrated planning between climate and health colleagues and their policy planning.

RESOLVED: That the Board agreed the recommendations.

7 ICP (INTEGRATED CARE PARTNERSHIP) STRATEGIC PRIORITIES (Agenda Item 7)

Mark Creelman (Place Executive - Merton and Wandsworth) introduced the paper which had been circulated to members.

The Integrated Care Partnership (ICP) which was established on 1st July, brings together Health, Social Care, Chairs from Health and Wellbeing Boards, the Voluntary Sector, Health Watch and numerous health colleagues.

An aim of the ICP was to develop a strategy of the integrated care priorities across South West London which has been informed by a comprehensive needs assessment across the area.

The ICP started with the collection of views from residents. This was followed by a review of the Start Well, Live Well and Age Well domains which highlighted issues of mental health, early years in children and young people's transition as well as prevention.

Through this the ICP now had four recommended priorities which were preventing ill health, promoting self-care and supporting people to manage long term conditions, supporting the health and care needs of children and young people as well as targeting mental health with community-based support for older and frail people. A fifth priority which had been highlighted as important was to tackle and reduce health inequalities.

Four workstreams had been identified including targeted action around difficult to recruit roles, to design a future workforce and to support local residents into employment.

In response to questions, the following was stated:

- Primary and secondary care should work together more. A lot of work in South West London and Merton had taken place to try and break down barriers between primary and secondary care. There was an opportunity to set out clearly which organisations and who was in the best position to do what, so that there was a clear plan for real action and progress.
- Alongside the four priorities, a 'fifth priority' of tackling health inequalities should be reflected in all work.
- The term integration means different things to different partners. Aligned to integration and breaking down barriers, there needs to be a focus on primary care - in its broadest sense, including general practice, extended NHS primary care (dentistry, pharmacy, optometry), community services and social care – working more closely with secondary care; building on existing strategic work focused on integration across SWL and Merton.
- Integration is key to help deliver access, continuity of care (relational, informational, care coordination), improved population health outcomes addressing health inequalities and improved efficiency and sustainability. This takes time and effort but there are already good relationships in Merton.
- A need to set out a delivery plan clearly describing which organisations, who, and how is going to contribute to the ICP priorities, to realise added value from

a system approach. There is already lots of work going on that we need to build on and connect.

- The Merton Partnership which includes other bodies such as the police and employment organisations could be a way to take this forward.
- Support for the first annual priority around workforce, as health and care partners across the whole system struggle with recruitment and retention of the right staff with the right skills.
- Discussion about the additional importance of healthy workplace, creating the conditions for staff to stay healthy themselves. This can help with recruitment, increase population health in SWL, as many health and care staff are local residents, and better enable staff to promote and support residents and patients to stay healthy.
- The importance of clear communication to partners and residents to help all to understand change and the developing workforce.

Every borough in South West London would be marked against the two-hour rapid response target. Merton have developed a 'hospital at home' service to help avoid people going into hospital in the first instance and then getting people out of hospital with a higher level of acuity.

Before Christmas the NHS issued guidance to ICB's on Joint Forward Plans. The plans focussed on how the NHS organisations would work together to deliver health care to the population. As the first draft would be required in March and the final version required by June, the draft report could hopefully come back to the Health and Wellbeing Board in March.

RESOLVED: That the Board agreed the recommendations.

8 ADULT SOCIAL CARE DISCHARGE FUND (Agenda Item 8)

Graham Terry (Interim Assistant Director Adult Social Care, Community and Housing) introduced the paper which had been circulated to members.

In September last year a £500 million Adult Social Care Discharge Grant was announced, but it wasn't until November that the Government issued guidance on how the grant could be used. This resulted in a short period of time to plan to invest the £1,474,038 allocated to Merton which had to be submitted by 16 December 2022.

Like other authorities, there wasn't sufficient time to bring this to the Health and Wellbeing Board beforehand, so approval was sought from the Health and Wellbeing Board Chair and Chief Executive of the local authority and ICB.

The funds allow for investment that would meet a broad range of needs. One of the investments was in the voluntary sector via Age UK and Merton Carers who provide in reach activity, particularly in St Georges, where they could use their expertise to reassure families and carers on what support was available to people who were discharged.

Funds have also been provided for rough sleepers with additional temporary accommodation capacity for discharges, twilight nursing and overnight care at home, as well as more neuro rehab beds.

At the end of March the schemes would be evaluated to see what has delivered good outcomes to help plan for future development and investment.

Cllr Fraser shared her appreciation for the work that has been done in allocating the funds which such little time.

Cllr McCabe echoed Cllr Frasers comments.

In response to questions, the following was stated:

- A lot of time has been spent on work to capture the outcomes of the schemes. There were daily reviews of those who were potentially ready or are ready for discharge which required many areas to ensure that those discharged were supported in the right way. The ideal was for people to be in the comfort of their homes as soon as possible.
- As there were many stages of someone's discharge it was difficult to know what stage of the process led to the discharge.
- It is important to also look at ways to measures the patients experience to ascertain if the discharge process was a good experience for them.

RESOLVED: That the Board agreed the recommendations.