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HEALTH AND WELLBEING BOARD

28 MARCH 2023

(6.15 pm - 8.05 pm)

PRESENT Councillor Peter McCabe (Chair), Councillor Jenifer Gould, Dr Sy Ganesaratnam (Vice Chair), Mark Creelman, Dr Laura Jarvie, Jane McSherry, John Morgan, Anna Huk and Anthony Molloy

ALSO PRESENT: Dave Curtis, Manager Healthwatch Merton, Julia Groom (Consultant in Public Health), Barry Causer (Public Health Lead for Adults, Health Improvement and Health Protection), Calvin McLean (Interim Assistant Director of Public Protection) Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Jayde Watts (Democratic Services Officer)

IN ATTENDANCE REMOTELY: Dr Karen Worthington, Sarah Goad (Chief Executive Officer, Age UK Merton), James Armitage (Head of Regulatory Services)

1 WELCOME AND APOLOGIES FOR ABSENCE (Agenda Item 1)

The Chair welcomed the new Chief Executive of Merton Connect, Anthony Molloy.

Thanks were passed on to Brian Dillon, Chair of Healthwatch, for his many years of participation to the HWBB, who has stood down from the Board.

Apologies were given by Cllr Brenda Fraser, Beau Fadahunsi, Adrian Ash who was substituted by Calvin McClean (Interim Assistant Director of Public Protection) and Dr Dagmar Zeuner who was substituted by Julia Groom (Consultant in Public Health) and Barry Causer (Public Health Lead for Adults, Health Improvement and Health Protection).

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 24 January 2023 were agreed as an accurate record with amendments to include Anna Huk and Beau Fadahunsi full name in the list of attendees.

4 TOBACCO CONTROL AND STOPPING SMOKING AND VAPING (Agenda Item 4)

Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection introduced the paper which had been circulated to members.

Barry took this opportunity to provide an update on Beat the Street which was a game designed to encourage people to walk, cycle and travel more actively. Barry highlighted that in week 2 of the game just over 19,000 Merton residents had taken part; nearly 10% of all residents in Merton. Over 77% of those who took part had registered their contact details to allow for follow up and 38% of those registered had self-reported to be physically inactive and used Beat the Street as an opportunity to get more active. In total, 130,000 miles had been travelled by those that took part.

Barry then outlined the report which showed that smoking was the lead cause of preventable disease and illness across the UK, was strongly linked with health inequalities and required a strong multi-agency response. The Government had commissioned the independent Khan Review to assess the ambition to be smoke free by 2030, which showed it was likely to miss the target by approximately 7 years. A Government response was due shortly.

The number of people that smoked, both nationally and in Merton, had declined with 12.8% of Merton residents continuing to smoke. The report highlighted that a smoker who smoked 20 cigarettes per day would spend around £4,000 per year on tobacco.

Smoking remained one of the lead causes of death in England, causing lung cancer, respiratory illnesses and cardiovascular disease. It had a significant impact on communities and the NHS.

Smoking rates were higher in more deprived areas, among manual workers and for those that live in social housing. Smoking in pregnancy was also five times more common in the most deprived groups, so there was an opportunity for the HWBB to come together to tackle this inequality across the borough.

There were a number of local, regional and national stop smoking support groups for those that lived and worked in Merton and evidence clearly showed that a person was more likely to quit smoking with specialised support and advice.

In response to questions, the following was stated:

- Work was underway with housing associations which included Clarion who were funding a stop smoking pilot.

- The roll out of the Ottawa Model for smoking cessation, presented opportunities for people who leave hospital and to work jointly with the voluntary sector.
- There was no additional investment for stop smoking services during the pandemic. There was however more coverage of the risk of smoking and Covid, which was thought to have had an impact on the increased number of people that stopped smoking.
- Prehabilitation work through Better Health Merton took place and was a good example of seeking out opportunities to promote stop smoking and to embed stop smoking conversations and support via pathways including social workers, primary care, the voluntary sector or schools and colleges across the borough.
- In addition to the range of services on offer, GP's could be a powerful tool to support people stop smoking. Health and Wellbeing coaches have also been of great support and offered more personalised support over the course of six weeks.
- Midwives within the borough were working to support stop smoking.
- Vaping itself was not a licensable activity under The Licensing Act 2003 but if there were premises which sold alcohol and tobacco then the licensing objective of protecting children from harm and crime and disorder could be explored.
- Advertising was a huge factor in young people purchasing products and more collaborative work here could help, including the Under-18s Health and wellbeing Champions.
- Data showed that smoking rates were higher in the east of the borough. Statistics for quit rates by smaller geographical areas e.g. wards were requested to be shared with Board members. This was being investigated and would be reported to the next Health and Wellbeing Board.

RESOLVED: That the Board agreed the recommendations

5 HEALTH AND WELLBEING STRATEGY REPORT AND ROLLING PRIORITY OPTIONS (Agenda Item 5)

Julia Groom, Consultant in Public Health introduced the paper which had been circulated to members.

Julia brought attention to the 2019-2024 Health Place for Healthy Lives strategy which focused on the wider determinants of health, built on evidence produced by Michael Marmot in his review of Health Equity 10 Years On. This included a number of principles on tackling health inequalities, prevention, early intervention, health in all policies, community engagement and empowerment, experimenting and learning and think family. Prior to the pandemic, the Board had agreed to focus on its statutory responsibilities and duties alongside a chosen rolling annual priority.

The report proposed members select one of two rolling annual priority options for 2023/34:

Option A was to tackle air pollution, tobacco smoking and respiratory disease; Option B was addressing healthy workforce and workplace health linking to Covid recovery work.

Following agreement of an option, an outline partnership work programme for implementation would be produced and reported to the next Board meeting.

In evaluation of the options, the following was stated:

- Considering 'starting at home' working with the large number of health and Council staff in the workforce.
- Children and young people experiencing several issues relating to smoking, vaping and air pollution including asthma.
- South West London ICS providing some capacity to deliver health workplace.
- The crucial importance of climate and air pollution as a contributory issue.
- The opportunity to include part of Priority B in the chosen Priority A.

It was agreed that Priority A would be taken forward including elements of Priority B, for example, active travel and physical activity. An outline work plan would be presented to the next meeting of the HWBB.

RESOLVED: That the Board agreed the recommendations with an update provided to the board.

6 PRIMARY CARE STRATEGY AND INTEGRATED COMMUNITY SERVICES (Agenda Item 6)

Mark Creelman, Locality Executive Director introduced the paper which had been shared with members.

Mark explained that the Primary Care Strategy was created due to a change in people's needs and demands and presented opportunities around prevention and access across south west London. A Merton Plan to implement the strategy was also being developed. The aim was to have the best possible outcomes for people across south west London and for Merton residents so that they stay well, wrapping care around individuals who need it and streamlining access so that people get the right care from the right people.

A workshop took place in November which highlighted three main themes of prevention, proactive care and access. It was key to ensure the right

workforce was in place and well supported to deliver outcomes. There would also be work to do on resident expectations, so that they were aware of services available outside of seeing a GP. Good digital access was important for residents, although it was recognised that not everyone had digital access, so a multi-channel approach was needed. IT was also an area of focus to ensure primary care had the right IT support to do the job. The other key area was estates, to help ensure the right buildings in the right state to provide good care.

South west London had strong primary care and scored well in the GP Survey, being top four in the country, with the only outstanding practice across south west London. There was already a multi-disciplined team in Merton, so it was important to ensure that they had the right people for the right cohorts of patients, which would be enhanced over the next few months. A record number of appointments had been delivered in primary care, which continued to grow on a monthly basis. It remained important to check that there was the right balance of face-to-face appointments and digital consultations.

In response to questions, the following was stated:

- As part of the strategy, IT infrastructure had been identified as a priority for people to have the right tools to do the right job, and experts would be involved in improving this.
- Interest in the development of neighbourhood teams and how these integrated with other teams e.g. Family Hubs, health visitors.
- An aim to move away from multiple organisations around the person to better sharing of information, with potential for shared teams and models.
- Merton had a good foundation of multidisciplinary working through integrated locality teams with a particular focus on frailty.
- Dentistry and Opticians would be part of the Strategy, but it was important to understand what the challenges were in each of those areas. This will be addressed further once there was a better understanding of what those challenges were.
- Closer working with schools and children's centres would be beneficial going forward, alongside multi-professional training at PCN level.
- When working with young people, inclusivity remained vitally important to secure engagement.
- An aim to streamline and simplify data as much as possible whilst protecting patient confidentiality.

RESOLVED: That the Board agreed the recommendations

7 ICB DRAFT JOINT FORWARD PLAN (JFP) (Agenda Item 7)

Mark Creelman, Locality Executive Director introduced the paper which had been shared with members.

The Joint Forward Plan was a statutory requirement and had been shared with partners for comments to ensure that it reflected priorities and local Health and Wellbeing Strategies. The Plan was running concurrently with the ICP (Integrated Care Partnership) strategy that was brought to the last Board. The document will be finalised and published by the end of June. The HWBB consulted on the statutory requirement and that JFP pays regard to the Health and Wellbeing Strategy. Mark will take back the comments of the HWBB to feed into the final JFP which will be reported to the June HWBB for agreement.

In response to questions, the following was stated:

- Inclusion of green and environmental issues was welcomed as was wider support to carers and links to communities.
- The Council priority of Borough of Sport together with Actively Merton including Beat the Street were contributing to prevention.
- It was important to be inclusive on the individual needs of children and young people and this could be made more explicit.
- In relation to mental health services, self-referral and early help services could be better emphasised reflecting the work of CAMHS.

RESOLVED: That the Board agreed the recommendations

8 PLACE-BASED PARTNERSHIP PROGRESS AND VISION (Agenda Item 8)

Mark Creelman, Locality Executive provided a verbal update which included the following points:

- There were a number of strategic partnerships – the Health and Wellbeing Board, Integrated Care Board and Merton Health and Care Together – and dialogue on integration and day-to-day cooperation are underway to make partnership a reality.
- This would be a focus over the next year with an emphasis on making better outcomes for local people.
- This will be a key issue for the borough committee and an update on progress would be provided to the Health and Wellbeing Board.