# Merton Council
# Health and Wellbeing Board

**Date:** **28 March 2023**

**Time:** **6.15 pm**

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

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

| | | |
|---|---|---|
| 1 | Welcome and apologies for absence | |
| 2 | Declarations of pecuniary interest | |
| 3 | Minutes of the previous meeting | 1 - 8 |
| 4 | Tobacco control and stopping smoking and vaping | 9 - 22 |
| 5 | Health and Wellbeing Strategy report and rolling priority options | 23 - 32 |
| 6 | Primary Care Strategy and integrated community services | 33 - 44 |
| 7 | ICB draft Joint Forward Plan (JFP) | 45 - 62 |
| 8 | Place-based Partnership progress and vision<br>*A verbal update to be provided at the meeting.* | |

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

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

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871.

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**Health and Wellbeing Board Membership**

**Merton Councillors**

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

**Council Officers (non-voting)**

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

**Statutory representatives**

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

**Non statutory representatives**

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

**Quorum**

Any 3 of the whole number.

**Voting**

3 (1 vote per councillor)
4 Merton Clinical Commissioning Group (1 vote per CCG member)
1 vote Chair of Healthwatch
1 vote Merton Voluntary Services Council
1 vote Community Engagement Network

# HEALTH AND WELLBEING BOARD

24 JANUARY 2023
(6.15pm – 8.13pm)

| | |
|---|---|
| PRESENT | Councillor Councillor Peter McCabe (Chair), Councillor Brenda Fraser, Councillor Jenifer Gould, Creelman, Brian Dillon, Fadahunsi, Ganesaratnam, Jarvie, Dr Karen Worthington, Dr Dagmar Zeuner, Jane McSherry, John Morgan and 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 colleague.

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 a 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.

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## Committee: Health and Wellbeing Board

## Date: 28th March 2023

Agenda item:

Wards: All.

## Subject: Stop Smoking and Tobacco Control

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection, Una O'Brien, Health Improvement Officer (Healthy Programmes) and Sara Quinn, Commercial Services Manager.

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**Recommendations:**

A. Health and Wellbeing Board member organisations agree to actively seek out opportunities to promote stop smoking services and embed stop smoking conversations and support into pathways and services that they commission and/or deliver.

B. Health and Wellbeing Board members agree to raise awareness of how residents and organisations can provide intelligence of underage sales, illicit tobacco and other concerns to Merton Trading Standards.

C. The Health and Wellbeing Board agrees to receive an update from the Smoking Cessation and Tobacco Control Steering Group on an annual basis.

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### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This paper sets out the multi-agency response to supporting Merton residents to stop smoking, one of the key drivers of inequality and a leading cause of preventable disease. It also sets out the benefits, if used as a stop smoking aid, of e-cigarettes (vaping) and the approach to tobacco control in Merton.

1.2. Finally, this paper will set out a number of activities taking place over the coming months on stop smoking and tobacco control, which have clear synergies with the discussion that the Health and Wellbeing Board will have to agree its rolling priorities for 2023/24.

### 2 BACKGROUND

2.1. Smoking is a leading cause of preventable illness and death across the UK. It is also strongly linked with inequality and disadvantage, with differences in smoking rates accounting for half the gap in life expectancy between the most and least disadvantaged in society. Improving social conditions is not, however, a sufficient strategy to reduce smoking prevalence in more disadvantaged groups. The specific drivers of smoking uptake and tobacco

addiction must also be addressed. [1] This can be done through joint work on both tobacco control and stop smoking services in Merton, to reach target groups identified with the highest smoking rates, break smoking patterns, and to offer good quality support to those who need it most.

2.2. Tobacco control refers to a range of comprehensive measures to protect people from the effects of tobacco consumption and second-hand tobacco smoke. The control of tobacco use can include measures such as:

- protecting people from exposure to tobacco smoke
- ban tobacco advertising, promotion and sponsorship
- ban tobacco sales to minors
- require health warnings on tobacco packaging
- promote tobacco cessation
- increase tobacco taxation
- create national coordinating mechanisms for tobacco control[2].

2.3. Stop smoking services refers to activities that aim to support people who smoke to stop smoking. Such activities include:

- behavioural interventions
- pharmacotherapy
- combination behavioural and pharmacotherapy
- electronic cigarettes (e-cigarettes) / vaping

2.4. In June 2022, Dr Javed Khan undertook an independent review into smokefree 2030 policies, as part of the UK government's ambition to be smoke free by 2030. The review (see background papers) found that without further action now, England will miss the smokefree 2030 target by at least 7 years, with the poorest areas not meeting it until 2044. The Kahn review: making smoking obsolete made 15 recommendations to national government, only six of which required further investment and four of which were identified as critical, these are;

- Increased investment
- Increase the age of sale
- Promote vaping
- Improve prevention in the NHS

2.5. A Government response to the Kahn review is reportedly expected in the coming weeks.

2.6. Alternative nicotine delivery devices such as e-cigarette (vaping) products can play a vital role in reducing the huge health burden caused by cigarette smoking. Evidence to date shows that e-cigarettes are substantially less harmful (at least 95%) than cigarettes and can be effective for helping people quit smoking[3]. However, this does not mean vaping is risk-free,

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[1] ASH-Briefing_Health-Inequalities_2022-03-24-183145_yuaf.pdf

[2] Tobacco: WHO Framework Convention on Tobacco Control

[3] Electronic Cigarettes - ASH

particularly for people who have never smoked. A recent review of evidence on vaping products found;

- in the short and medium term, vaping poses a small fraction of the risks of smoking
- vaping is not risk-free, particularly for people who have never smoked
- evidence is mostly limited to short- and medium-term effects and studies assessing longer term vaping (for more than 12 months) are necessary
- more standardised and consistent methodologies in future studies would improve interpretation of the evidence.

## 3 DETAILS

3.1. Smoking is estimated to kill 143 people in Merton every year and accounts for 765 years of life lost annually.[4]

3.2. Overall, the proportion of adults (aged 16 and over) smoking in Britain has been declining since 1974 when 45% of the population smoked compared to 14.1% in 2019. This is due to the combination of tobacco control measures outlined above (see 2.2) and public health interventions, including health promotion campaigns and stop smoking services. Smoking has continued to decline, albeit at a slower rate over the past decade.[5]

3.3. The prevalence of smoking in Merton is, similar to England has declined over the past decade. In 2010, 16.2% of 18+ Merton residents smoked[6], compared to 12.8% of Merton residents in 2021.[7]

3.4. The average 10-a-day smoker spends around £40 per week on tobacco, which is over £2,000 per year and a smoker who smokes 20-a-day will spend £80 per week, over £4,000 per year!

Impact of Smoking and relevance to the health and care system

3.5. Smoking is one of the leading preventable causes of death in England[8]. It causes lung cancer, respiratory and cardiovascular disease. It is the leading modifiable factor linked to poorer birth outcomes during maternity, is one of the main causes of chronic obstructive pulmonary disease (COPD) and increases the risk of a range of diseases including type 2 diabetes and dementia. Research from the United States found that for every smoking related death an estimated 30 other people are living with a serious smoking related illness[9].

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[4] Merton.pdf

[5] https://ash.org.uk/resources/view/smoking-statistics#:~:text=Overall%2C%20the%20proportion%20of%20adults,albeit%20at%20a%20slower%20rate.

[6] https://democracy.merton.gov.uk/documents/s10351/Item%2009%20-%20Appendix%20JSNA.pdf

[7] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000042/pat/6/par/E12000007/ati/402/are/E09000024/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[8] Adult Smoking Habits in the UK, (2019), ONS available at Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)

[9] Smoking and Tobacco, applying all our health, (2022), available at Smoking and tobacco: applying All Our Health - GOV.UK (www.gov.uk)

3.6. Data for 2019/20 shows that there were 506,100 admissions to hospital in the UK that were smoking related and that 1 in 4 people in hospital beds were smokers. Smokers also see their GP 35% more often than non-smokers[10].

3.7. Smokers undergoing surgery require longer hospital stays and are at greater risk of complications, post operative infections and impaired wound healing. Smokers are also more likely to be admitted to intensive care and require re-admission to hospital[11].

3.8. Smoking rates amongst mental health service users is higher than in the general population, with the highest rates found in service users of inpatient mental health services, with one NHS survey (2015) finding that 64% of in-patient service users were smokers[12].

Inequalities

3.9. Smoking is the single largest driver of health inequalities in England and smoking status is associated with almost every indicator of deprivation or marginalisation[13]. For example, those with mental illness, lower incomes, unemployed, homelessness, those in contact with the criminal justice system, living in social housing, those without qualifications, lone parents, and LGBTQ+ people.[14] The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Improving social conditions is not, however, a sufficient strategy to reduce smoking prevalence in more disadvantaged groups.

3.10. Smoking rates tend to be higher in areas of deprivation, routine and manual occupations and those living in social housing.

3.11. Recorded smoking prevalence among Merton residents (aged 15+) in areas of high deprivation (17.7%) is higher compared with areas of low deprivation (10.7%) and the gap between these areas in Merton is 7%, an increase of 0.6% since 2017/18[15].

3.12. Smoking in pregnancy is 5 times more common in the most deprived groups compared to the least. 2021/22 figures show that in Merton 115 women a year are smokers when they give birth, accounting for 5.5% of births in this time period[16]. Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold[17].

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[10] Smoking and Tobacco, applying all our health, (2022), available at Smoking and tobacco: applying All Our Health - GOV.UK (www.gov.uk)

[11] Impact of Smoking on Core20 plus 5, Ash available at ASH-inequalities-brief-for-NHSE-Core20Plus5.pdf

[12] Reducing high smoking rates amongst patients in mental health units (2015) available at Reducing high smoking rates among patients in mental health units - GOV.UK (www.gov.uk)

[13] https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf

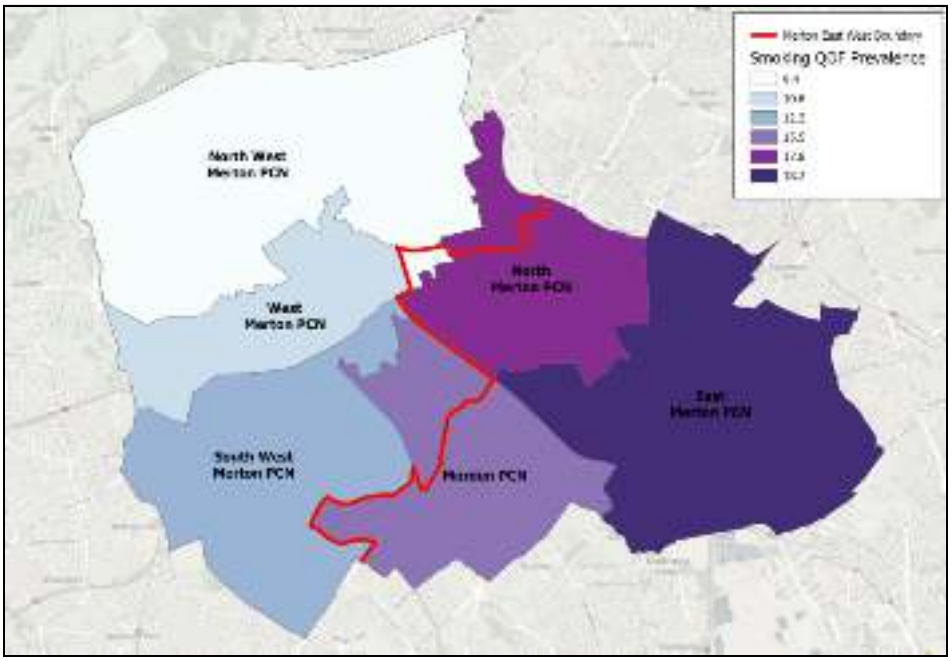
[14] https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf

[15] https://www.merton.gov.uk/system/files/The%20Merton%20Story%202021_final%20(1).pdf

[16] Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

[17] Merton.pdf

*Figure 1: Percentage (%) of patients (15+) who are recorded as current smokers in 2020/21 by Merton Primary Care Network (PCN). Source: OHID, National General Practice Profiles.*




3.13. National research on smoking and ethnicity highlights the position as diverse and mediated by intersectionality around gender and socio-economic position. Rates are highest amongst men with a mixed ethnic background and highest amongst women with a mixed or white ethnic background[18].

3.14. In 2020, 31% of Merton residents in routine or manual occupations smoke[19] compared to 12.8% of Merton residents age 18+ (2021)[20].

3.15. The smoking rate among social housing residents is one of the highest in England – around 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their home and 1 in 7 in the general adult population. Higher rates of smoking mean people living in social housing are disproportionately affected by the substantial health and economic inequalities caused by smoking. In 2021, 22% of Merton residents living in social housing smoke, compared to 7.9% of those who own their own home.[21]

3.16. Smoking rates are also much higher among people with a mental health condition. It's estimated that a quarter of people with long term mental health

[18] Impact of smoking on Core20 plus 5, (2022) Ash, available at ASH-inequalities-brief-for-NHSE-Core20Plus5.pdf

[19] https://fingertips.phe.org.uk/profile/health-profiles/data#page/4/gid/1938133217/pat/6/par/E12000007/ati/401/are/E09000024/iid/92445/age/183/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/tre-do-1

[20] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000042/ati/102/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[21] https://fingertips.phe.org.uk/profile/health-profiles/data#page/7/gid/1938132694/pat/6/par/E12000007/ati/401/are/E09000024/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/iid2/93736/age2/-1/sex2/-1/cat2/-1/ctp2/-1/yrr2/1/cid/4/tbm/1/page-options/tre-do-1_ine-yo-1:2021:-1:-1_ine-ct-137_ine-pt-0_ine-ao-0

conditions smoke. Among those with a diagnosed serious mental health problem rates are estimated to be around 40%.

3.17. Slightly more men smoke in Merton (13.3%) compared to women (12.3%).

## 4 STOP SMOKING SUPPORT IN MERTON

4.1. Providing support for smokers to quit is highly cost effective and the evidence is clear that smokers who receive a combination of pharmacotherapy and skilled behavioural support are up to four times as likely to quit successfully.[22] There are a number of programmes in place to support Merton residents to stop smoking which are commissioned and delivered by organisations at local, regional and national level.

Merton Public health

4.2. One You Merton, is the Public health commissioned, local stop smoking service, designed and delivered as a tiered stop smoking service; recognising that not all people who want support to stop smoking need a high intensity service to successfully stop smoking.

- Self-care. An approach that provides easily accessible advice on how to stop smoking and the promotion of websites, evidence-based tools and applications.
- Brief support. A universal stop smoking offer, based around the active promotion and signposting of residents not eligible for the targeted service, to the national NHS Smoke Free programme and works in partnership with providers who are able to deliver brief support and facilitate access to Nicotine Replacement Therapy e.g. community pharmacy.
- Specialist support. Delivery of a gold standard targeted and local stop smoking service for women who are smoking whilst pregnant, residents with poor mental health, those residents with respiratory disease and young people. The service is able to use discretion in the use of the criteria, where reasonable.

4.3. Table one shows the number of residents supported by the One You Merton service over the last four years.

| Year | Residents supported to stop smoking (specialist support) | Successful quits | Brief interventions delivered | Number of people accessing self-care stop smoking tools |
|---|---|---|---|---|
| 2019/2020 | 625 | 267 | 19 | 564 |
| 2020/2021 | 1107 | 631 | 178 | 404 |
| 2021/2022 | 518 | 210 | 216 | 468 |
| 2022/2023 (Q1 & Q2) | 240 | 119 | 270 | 288 |

[22] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf

Table 1: The number of residents supported to stop smoking

4.4. Merton's annual outcomes for the last four years for quitting range from 40% to 57%, which is similar to or better than the national figures; which are generally lower for specialist groups (e.g. general population success rates are 51%, compared to 45% for pregnant women). During 2020/21 the number of people supported and successfully quit smoking in Merton was higher as the service provided enhanced telephone support, due to the impacts of the COVID-19 pandemic. Service activity has now returned to pre-pandemic levels.

4.5. The contract with Hounslow and Richmond Community Healthcare NHS Trust, the provider of the One You Merton service is currently being extended to March 2025, aligning with joint work with NHS SWL ICB on the development of a community and primary care model.

Regional programmes

4.6. The Stop Smoking London programme is the public facing identity of the London Smoking Cessation Transformation Programme (LSCTP). Funded by Public Health Teams across London (including Merton) its vision is to change smoking behaviours and encourage more quit attempts among the general population to support London to become the first smoke free city in England by 2030.

4.7. Stop Smoking London, compliments the local offers and provides free digital and telephone stop smoking help 7 days per week and can put people in touch with free local stop smoking services in their borough, if required.

4.8. Merton is also a member of the London Tobacco Alliance, which was launched in October 2022, to enable partners to accelerate efforts to eliminate smoking in London. The London Tobacco Alliance is a regional voice to make London smokefree by 2030 and focuses on the inequalities around smoking.

NHS programmes

4.9. The NHS is contributing to making England a smoke-free society as part of the NHS Long Term Plan, by supporting people in contact with NHS services to stop smoking based on an evidence-based model known as the Ottowa model.

- Where all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
- The model is being adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments
- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services

4.10. As part of the Ottowa model, NHS trusts can undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

4.11. NHS SWL ICB are currently rolling out the Ottowa model across southwest London, with investment in services of £1.05m in 2021/22 and 2022/23.

South West London and St Georges Mental Health Trust (SWLSTG MHT) Case Study

4.12. South West London and St Georges Mental Health Trust have begun the implementation of their tobacco control plan and are currently in the process of recruiting smoking cessation advisors, finalising the data recording/reporting systems, and establishing referral pathways of patients discharged from the wards into community stop smoking services.

4.13. SWLSTG MH Trust have around 323 beds in the adult wards (including forensic and specialist wards), the plan is to offer support to every single identified smoker on those wards and the service will be fully operational during April 2023.

## 5 VAPING

5.1. Vapes are electronic devices that let you inhale nicotine in a vapour instead of smoke. This is done by heating a solution (e-liquid) that typically contains propylene glycol, vegetable glycerine, flavourings and nicotine. E-liquids come in different nicotine strengths, so users can control how much nicotine they need to help with cravings and other withdrawal symptoms. Nicotine itself is not very harmful and has been used safely for many years in medicines to help people stop smoking.

5.2. Evidence suggests vaping is 'at least 95% less harmful' than smoking over short term and medium-term periods. However, as the majority of people who vape are smokers, or ex-smokers there is a need for more research on the impact of vaping on health for those who have never smoked as well as over longer-term periods.[23]

5.3. While vaping can help smokers quit, it is not harmless and is not for young people under 18. It is especially important to protect young lungs and brains. It is illegal to sell nicotine vaping products to anyone under 18 or for adults to buy them on behalf of under 18s.

5.4. The latest data from several national studies of adults shows that

- The prevalence of vaping in England in 2021 was between 6.9% and 7.1%, which equates to between 3.1 and 3.2 million adults who vape. However, vaping prevalence among adults who have never smoked remained very low, at between 0.6% and 0.7% in 2021[24]
- In stop smoking services in 2020 to 2021, quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product)

[23] Nicotine vaping in England: 2022 evidence update summary - GOV.UK (www.gov.uk)

[24] https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings#:~:text=Smoking%20and%20vaping%20prevalence,-3.1%20Young%20people&text=current%20vaping%20prevalence%20(including%20occasional,not%20currently%20vaping%20(98.3%25)

- Although vaping among children remains largely experimental, there has been significant growth in 2022 compared to previous years. [25]
- The current smoking prevalence amongst 11-18-year-olds in England (including occasional and regular smoking) is 6% in 2022, compared with 4.1% in 2021 and 6.7% in 2020.
- The current vaping prevalence for 11-18 year olds in England (including occasional and regular vaping) is 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020.
- Most young people who have never smoked are also not currently vaping (98.3%)[26]

5.5. The popularity of disposable vaping products has increased among adults who vape, with 15.2% using them in 2022 compared with 2.2% in 2021. Single use vapes have an impact on the environment, as they contain a lithium battery in a plastic device, and they are being discarded in large numbers, with most ending up in landfill. It's estimated that over a million single use vapes are thrown away every week, amounting to 10 tonnes of lithium a year, equivalent to the lithium in batteries inside 1,200 electric vehicles[27]

## 6 TOBACCO CONTROL AND PUBLIC PROTECTION

Trading Standards

6.1. Tobacco and vape sales continue to be a priority both locally and nationally with data indicating that some retailers are illegally targeting under 18's and selling products that are illegal and/or do not meet national safety standards.

6.2. Merton's trading standards core functions include promoting safe practice to business and protecting consumers and it's key responsibilities include age restricted sales and products safety. The team carry out pro-active, intelligence led work which includes sampling and testing of goods and carrying out business inspections to identify problems before they cause harm. The team also respond to and investigate complaints from local consumers and businesses and investigate breaches of consumer protection legislation to help prevent harmful and hazardous business practices, prevent detriment to consumers and reputable business and to ensure public safety.

Vapes

6.3. In 2022/23, trading standards received 5 complaints relating to vapes within Merton and from these complaints 115 individual vapes were seized and disposed of and over 3,000 vapes were returned to the supplier for disposal, which was overseen by a trading standards officer. Advice was provided to the retailers and so far the follow up visits have revealed no further issues.

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[25] ASH-Policy-brief-on-vaping-February-2023-Final.pdf

[26] https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings#:~:text=Smoking%20and%20vaping%20prevalence,-3.1%20Young%20people&text=current%20vaping%20prevalence%20(including%20occasional,not%20currently%20vaping%20(98.3%25)

[27] https://ash.org.uk/uploads/ASH-Policy-brief-on-vaping-February-2023-Final.pdf?v=1676063818

6.4. In addition, trading standards have been involved in joint visits with HMRC, with the Council's licensing team and on targeted days of action with external safety partners including the Metropolitan Police Service (MPS). There visits have been carried out when underage test purchases were carried out which resulted in 1 (out of 7) premises offering to sell a vaping product to an underage purchaser. Further enforcement action is being considered.

6.5. For 2023/24 the team are intending to carry out an intelligence led initiative to target all retailers of nicotine inhaling devices in the borough with advice and reminders regarding the law relating to both underage sales and the safety aspect of these products e.g. tank size and labelling. Advice and guidance sheets will be provided to retailers, follow up visits will be conducted and enforcement action will be initiated as required.

6.6. Pathways for referrals will be reviewed for 2023/24 ensuring that all consumers, residents and partners understand their rights and the legal stance in relation to vapes and tobacco but also understand the process for escalating any concerns that they have.

Tobacco

6.7. The Children and Young Person's (Protection from Tobacco) Act 1991 requires Local Authorities to consider, at least once in every period of twelve months, the extent to which it is appropriate to carry out enforcement action to ensure that the provisions of the Children and Young Persons 1933 Act, are enforced.

6.8. Trading Standards undertakes work in this area supporting the delivery of the Public Health outcomes and responsibilities that relate to the use of tobacco in order to help people to live healthy lifestyles; make healthy choices and reduce health inequalities.

6.9. Trading Standards work in this area is not just restricted to the potential sale to children and young people but also with the supply of illicit, including counterfeit, tobacco.

6.10. Sales of illicit tobacco facilitate a cheap way to start or continue smoking and as such needs to be minimised to reduce its impact. Additionally, legitimate businesses are disadvantaged, thereby threatening small businesses in the local economy.

6.11. There is evidence that the supply of illicit tobacco can be linked to organised crime and Trading Standards work in partnership with the MPS and other bodies to ensure appropriate exchange of intelligence and the use of test purchasers to gather intelligence and information.

6.12. A rolling programme of underage product test purchasing involving regulated products for which the team has responsibility to enforce, including, but not restricted to tobacco products and vapes, is carried out across Merton (plus Richmond and Wandsworth, as part of the Regulatory Services Partnership). The figures for Merton for 2022/23 (until 10th March 2023) are 23 Tobacco test purchases with 1 sale, and 7 vape test purchases with 2 sales.

6.13. Illicit Tobacco: The team participates in Operation CeCe, which is a national project funded by HMRC via National Trading Standards, which aims to

disrupt illegal Tobacco and is targeted at Illicit Cigarettes, Hand Rolling Tobacco, Shisha and other non-duty paid or compliant tobacco products.

6.14. This work usually takes the form of a series of intelligence led inspections at business premises suspected of storing and retailing illicit tobacco. Tobacco sniffer dogs are used as illicit tobacco is often concealed and in one Merton seizure it was located in a wall cavity behind a wall mirror. For the previous year there were 8 seizures of illegal cigarettes and/or hand rolling tobacco and 9 seizures of illegal shisha.

6.15. The team also seek licence reviews through the relevant channels when appropriate and sought one licence review this year and continue to liaise with licensing colleagues to support a compliant marketplace.

6.16. Trading Standards provide a bespoke 'Do You Pass' training course for retailers of age restricted goods, including tobacco and vapes, with the team delivering a 3hr course suitable for managers and sales staff and provision of training materials, signage and refusals logs.

## 7 NEXT STEPS

7.1. A multi-agency Merton Smoking Cessation and Tobacco Control Steering Group has been set-up, continuing to develop local and regional partnerships and to develop an action plan which will increase awareness of stop smoking and tobacco control programmes and embed stop smoking conversations and support into pathways and services across Merton.

7.2. Pilot programmes, informed by an evidence review and return on investment activities, will take place over the coming months including.

- The development of a stop smoking pilot project for people living in social housing, with community engagement training and equipping front-line workers to deliver Making Every Contact Count brief interventions on smoking and how to refer into stop smoking services.
- The development of an awareness and educational programme for children and young people, their families and children's settings on the harmful health risks of vaping by those who do not smoke, utilising national resources from Action of Smoking and Health (ASH). This will include an opportunity to engage with and listen to the views of young people and an opportunity to work with Merton's Young inspectors.

7.3. For 2023-24 Trading Standards will:

- Carry out a specific Vapes project as vapes are an increasing area of concern in terms of both quantity, variety and safety of products.
- Continue to liaise with partner agencies, in particular about the use of CBD oil in vaping liquids and any regulatory issues.
- Promote best practice working with retail and wholesalers to be compliant, include Do You Pass training, resident awareness of law, proxy purchasing offences and how to report to Trading Standards.
- Continue Test Purchase operations and planned inspections, targeted at premises considered higher risk based on complaints, intelligence, history and proximity to schools.

- Seek licence reviews when appropriate and prosecutions for illicit tobacco, which can be used to add additional conditions onto the premises licenses.

7.4. If the HWB decide to focus on Tackling air pollution, tobacco, smoking and respiratory disease as their rolling priority for 2023/24; then action on stop smoking and tobacco control in Merton will be enhanced.

## 8 ALTERNATIVE OPTIONS

8.1. N/A

## 9 CONSULTATION UNDERTAKEN OR PROPOSED

9.1. As part of the development of an awareness and educational programme for children and young people around the harmful health risks of vaping by those who do not smoke, there will be an opportunity to listen to young people and an opportunity to work with Merton's Young inspectors.

## 10 TIMETABLE

10.1.

| DATE | ACTIVITY |
|---|---|
| April 2023 | Social Housing project starts |
| April 2023 | YP and vaping project |
| May 2023 | Evidence Review and ROI completed |
| June 2023 | Stop smoking and Tobacco Control Plan developed |

## 11 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

11.1. Public Health currently commission an integrated healthy lifestyle service which included a stop smoking service, which is valued at £199,410 per annum. Additional investment into the LSCTP and pilot programmes are in addition to this contract, and valued c£80k.

## 12 LEGAL AND STATUTORY IMPLICATIONS

12.1. There are a number of relevant legal requirements, including the Health and Social Care Act (2012) that requires local authorities to take appropriate steps to improve the health of the people who live in their areas and The Children and Young Person's (Protection from Tobacco) Act 1991 that requires Local Authorities to consider, at least once in every period of twelve months, the extent to which it is appropriate to carry out enforcement action to ensure that the provisions of the Children and Young Persons 1933 Act, are enforced.

## 13 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

13.1. Stop smoking services targeted at groups facing health inequalities around smoking has positive impacts in terms of age (young people), disability (mental health, people with respiratory illnesses), pregnancy and maternity. Wider stop smoking activity and interventions may have positive equalities

implications in groups where smoking is over-represented compared to the general population.

## 14 CRIME AND DISORDER IMPLICATIONS

14.1. There is evidence that the supply of illicit tobacco can be linked to organised crime and Trading Standards work in partnership with the MPS and other bodies to ensure appropriate exchange of intelligence and the use of test purchasers to gather intelligence and information.

## 15 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

15.1. Smoke free legislation was brought in 2007 to ensure work environments were smoke free.

15.2. Stop smoking awareness raising and signposting to support services can have positive benefits to employees who smoke.

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

16.1. None

## 17 BACKGROUND PAPERS

17.1. The Khan review https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081366/khan-review-making-smoking-obsolete.pdf

17.2. Nicotine vaping in England: 2022 evidence update main findings - GOV.UK (www.gov.uk)

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# Committee: Health and Wellbeing Board

# Date: 28th March 2023

Wards: All

# Subject: Merton Health and Wellbeing Strategy - options for rolling priorities 2023/34

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

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Contact officers: Julia Groom, Consultant in Public Health, Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection, Clarissa Larsen, Health and Wellbeing Board Partnership Manager

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**Recommendations:**

Health and Wellbeing Board Members are asked:

A. Note and consider the report on the Health and Wellbeing Strategy 2019-2024. Discuss, evaluate and agree the option for a rolling priority for 2023/24 for the Health and Wellbeing Board.

B. Agree to a further report to the next meeting of this Board setting out actions to implement the agreed rolling priority.

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## 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of this report is to note and consider the Health and Wellbeing Strategy and the work towards achieving the vision to make Merton a healthy place, creating the physical and social conditions for all people to thrive.

1.2 Also, to consider options for proposed rolling priorities for 2023/24 and to agree the priority, to be further developed to an outline work programme and actions for implementation. The report also sets out specific areas for ongoing engagement, promotion and oversight by the Health and Wellbeing Board for 2023/24.

## 2 BACKGROUND

2.1 It is a statutory duty for all Health and Wellbeing Boards (HWBBs) to produce a joint Health and Wellbeing Strategy based on the needs identified in the statutory Joint Strategic Needs Assessment or Merton Story. The most recent Merton Story 2022/23 was reported to the January meeting of this Board highlighting some key issues which can help inform priorities.

2.2 Whilst this HWBB continues to respond to the lasting impact of Covid-19 on Merton's communities (especially long COVID), together with the new structures proposed for health protection, it has renewed its focus on work that addresses the wider determinants of health. This complements access to, and provision, of high quality and integrated health and care services for all. To that end, in June this Board approved its refreshed Health in All Policy Framework and, in

September, had a dedicated session on tackling health inequalities and embedding equity in Merton.

2.3 As highlighted in the Merton Story 2022/23, the Slope Index of Inequality for the gap in life expectancy – between people living in the most and least deprived tenths of areas in Merton – is moving in the wrong direction, being 5 years for females and 7.7 years for males for the most recent time period available (2018-20).

2.4 This also links to the council and partners' responses to the current cost of living crisis, which itself has clear consequences for both physical health and mental health of residents, through the psychological pressures of poverty, debt and isolation; focusing action on health, equity and sustainability.

2.5 Finally, the Board endorsed the Annual Public Health report 2022/23 that makes the case for maximising the opportunities for health co-benefits arising from climate action,

## 3. DETAILS

### 3.1 Health and Wellbeing Strategy

Merton Health and Wellbeing Strategy 2019-2024 focuses on the influence that the wider determinants – the air we breathe, our schools, workplaces, homes, food, transport and relationships with friends and family – have on our health. This is in line with the report on Health Equity in England: Marmot Review 10 Years On published in 2020, and focuses on tackling health inequalities. The Health and Wellbeing Strategy also sets out the principles of the Health and Wellbeing Board and its ways of working.


**Merton Health and Wellbeing Board**

**Principles and ways of working**

Underpinning everything that we do:

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

**Fig 4 – Wider determinants of health Source: Dahlgren & Whitehead, 1991; HWBB Principles and Ways of Working Source: Merton Health and Wellbeing Strategy 2019-2024**

The current Health and Wellbeing Strategy was finalised and agreed shortly before the pandemic began but, rightly, the focus of the Health and Wellbeing Board was subsequently diverted into the emergency response to the immediate needs of local residents.

The Health and Wellbeing Strategy 2019-24 included a set of performance indicators that are reported annually and included in Appendix 3. Indicators have

been significantly impacted by the pandemic, both in terms of direct impact on residents and impact on capacity of local partners, as resources were redeployed to the pandemic response. As a result improvement and progress was significantly hindered in a number of areas. In addition the cost of living crisis has had a further negative impact, which will need careful monitoring.

However, significant activity is taking place across all partners that address each of the indicators, as part of a range of local strategies and action plans that are likely to have mitigated even worse negative outcomes. Examples of relevant local work that is being delivered include actions from the Diabetes Action Plan, Child Healthy Weight Action Plan, Mental Health and Child and Adolescent Mental Health Strategies, Climate Change Strategy.

Those indicators showing marginal deterioration include:

- Prevalence of depression (aged 18+): increased from 8.9% (2020/21) to 9% (2021/22) and is the same as London (9%) but lower than England (12.7%).
- Diabetes prevalence: increased from 6.3% (2020/21) to 6.5% (2021/22) and is lower than London (6.8%) and England (7.3%).
- Violence against the person: increased from 20.4% (2020/21) to 20.7% (2021/22) but lower than London (27%) and England (34.9%).

Further details of the full scope of activity to support resident's health and wellbeing was included in the Strategic Theme report on Health and Wellbeing - Council July 2022 (Appendix 4).

### 3.2 Determining HWBB priorities

Prior to 2020, annual rolling priorities of the HWBB were selected as a small number of priority areas for action. They had a clear rationale for concerted effort, an emphasis on learning about ways of working together effectively, and embedding the Board's principles, rather than trying to cover a wide range of issues. This was always in addition to the Board's statutory topics and work in response to emerging current issues.

Rolling annual priorities covered before the pandemic included: community engagement and co-production of a service model for the Wilson Health and Wellbeing campus; a Whole System Approach to Tackling Diabetes and Childhood Obesity; and, the development and roll out of Social Prescribing (at a time when it was nationally only emerging as an innovative way to promote preventative and holistic care).

The priorities were intended to make best use of the fact that the HWBB is more than the sum of its individual members' contributions; it is also part of a set of partnerships and other Boards whose potential impact as a system is significantly greater than the sum of its parts. Just prior to the pandemic in 2020 the HWBB was considering healthy workplace as its rolling annual priority but had to change its focus due to Covid.

This report proposes to return to identifying a small number of purposeful rolling priorities that respond to the needs of Merton residents, foster the Board's

principles (see Figure 4 above) and help to deliver the key outcomes of the Health and Wellbeing Strategy of:

- Promoting mental health and wellbeing
- Making healthy choices easy, and
- Protecting from harm (in particular violence and air pollution)

Priorities are delivered across the life course of Start Well, Live Well and Age Well, all with an emphasis of the importance of Healthy Place. Work takes place in a range of inter-generational healthy settings, including early years, schools and school neighbourhoods, through to workplaces and libraries, connected to health and care organisations and dementia friendly places. The timing is now right for a system approach with the opportunity for effective place-based collaboration.

### 3.3 Health in All Policies (HiAP)

Health in All Policies (HiAP) was agreed by this Board in June 2022 as an approach which places consideration of health, equity and environmental sustainability at the centre of policy decisions. A HiAP approach can deliver benefits for a wide range of stakeholders, reducing health inequalities and supporting residents' health and wellbeing.

The commitment to HiAP is reflected in the Health and Wellbeing Strategy and the stock-take reported in the June 2022 HiAP report to Health and Wellbeing Board showed progress.The refreshed HiAP Action Plan 2022 set out the need to develop culture and relationships, a data led approach with external partnerships and a cross-sector approach to return on investment. It also suggested priorities for action in a small number of 'trailblazer' priorities on a rolling basis, with the Health and Wellbeing Board agreeing to giving strategic leadership and reviewing progress around HiAP.

### 3.4 Options for Rolling Priority 2023/24

Priority options are set out, initially for consideration of the value that the HWBB partnership can add, and the deliverability of actions in a way that is both timely and effective. Both options would help to deliver the key outcomes of the Health and Wellbeing Strategy and also take account of the key messages from the JSNA/Merton Story and the call to action of the Annual Public Health Report on the health co-benefits of climate action.

It is recommended that Board members agree to work on one rolling priority at a time to have greatest impact. If there is a wish to choose two new priorities for the year ahead, it might be most effective to stage them over time to allow maximum focus. Particularly significant is the opportunity for the HWBB to work with a 'whole system approach' – providing system leadership to create the right conditions and holistic services hand-in-hand.

This approach will also involve a focus on innovative ways of working and learning, and using the rolling priority as an exemplar that other work can learn from and model. This approach helps HWBB partners to get on with doing and learning, making best use of all our assets. The options are set out below:

| *Options for new priority 2023/24* | | |
|---|---|---|
| **Option** | **Title** | **Description** |
| **a)** | **Tackling air pollution, tobacco, smoking and respiratory disease together** | This proposes a whole system approach to tackling air pollution, tobacco and respiratory disease. Work can be multi-faceted to include asthma and the air quality pilot with Super-zones around Merton schools, Low-traffic Neighbourhoods, the exciting Beat the Street programme, the local Primary Care Network, smoking cessation in social housing and vaping control among young people.<br>This would align closely to the recent Annual Public Health Report 2022/23, the Chief Medical Officer's 2022 report on Air Quality, Merton's Climate Strategy and South West London NHS Green Plan. |
| **b)** | **Healthy workforce and workplace** | A priority on recruitment and retention of health and care as one of the SWL ICP (Integrated Care Partnership) priorities - can be supported and amplified by a particular focus on the health and wellbeing of staff and a healthy work place.<br>The multiple benefits of active travel for health and wellbeing of staff, patients and residents as well as aligned work tackling the climate emergency could be strengthened through a whole system approach to healthy workplace. |

In addition to the proposed new priorities, there are two programmes of ongoing work where active engagement, promotion and oversight from the HWBB offers real opportunity to enhance benefits:

| *Ongoing enhanced engagement, promotion and oversight* | | |
|---|---|---|
| | **Title** | **Description** |
| **c)** | **Actively Merton and Borough of Sport** | Support for the ongoing established Actively Merton programme to turn into a long-term movement, to scale up physical and social activity as the expected norm. It is one of the joint partnership initiatives with MHCT in promoting both physical and social activity across Merton as major preventative intervention, aligning closely to the key council priority of the development of Merton as a borough of Sport. The HWBB to continue to strengthen links with active travel and civic pride as a whole systems approach. |
| **d)** | **Further development of** | Social prescribing is an effective way of providing non-clinical holistic support instead of clinical interventions |

| | | |
|---|---|---|
| | **social prescribing** | to the right patients in the local community. It is an important tool for tackling inequality and enhance patient experience. Merton has very well developed social prescribing, led by PCNs and link workers employed by Merton Connected. This includes green social prescribing. More recently we have received SWL inequality funding for a children and young people's social prescribing pilot, and at South West London level there is development of Integrated Care System (ICS) wide community pharmacy social prescribing pilot. With the Council having invested in the local voluntary sector through the new Civic Pride Fund, there is opportunity to further enhance our local programme. |

Alongside its chosen priority, the HWBB, in close collaboration with Merton Health and Care Together (MHCT) Partnership and Committee is expected to continue its support for improved community health and care services; the community service model for integrated health and care with better access, continuity of care and holistic care, including an embedded prevention offer. Taking a whole system approach to access will include looking at facilities and estate use, continuing the role out of Health on the High Street, development of the Wilson, Colliers Wood and Rowans surgery. This work will be linked to the planned South West London community and primary care model and the development of neighbourhood teams.

## 4. NEXT STEPS

Agreed priorities will be developed into an outline partnership work programme of actions for implementation to be reported to the June HWBB. Actions will be part of delivery of the Health and Wellbeing Strategy 2019-24 and effective trailblazers for the Health in All Policies Action plan.

## 5. ALTERNATIVE OPTIONS

The options for rolling priorities are set out in the report.

## 6. CONSULTATIONS UNDERTAKEN OR PROPOSED

As set out in the report.

## 7. TIMETABLE

The agreed priority will be developed into an outline work programme of action to be reported to the June meeting of the HWBB.

## 8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

## 9 LEGAL AND STATUTORY IMPLICATIONS

It is a statutory duty under the Health and Social Care Act 2012 for all Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy.

## 10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy focuses on action to help reduce health inequalities.

## 11 CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

## 12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

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

Appendix 1 – Health and Wellbeing Board membership, purpose and principles March 2023

Appendix 2 – Links to

Merton Health and Wellbeing Strategy 2019-24

Merton Health and Wellbeing Strategy Summary

Appendix 3 – Health and Wellbeing Strategy 2019-24 Baseline Indicators February 2023

Appendix 4 – Strategic Theme report on Health and Wellbeing to Council July 2022

**Appendix 1 – Merton Health and Wellbeing Board membership March 2023**


**Merton Health and Wellbeing Board purpose, principles and ways of working of Health and Wellbeing Strategy 2019 -24**

| Purpose | Principles and ways of working |
|---|---|
| A statutory board working in partnership - providing strategic leadership, to improve health and wellbeing and reduce health inequalities.<br>• Joint Strategic Needs Assessment summarised in the Merton Story annually informing priorities<br>• Health and Wellbeing Strategy 2019 - 2024: *A Healthy Place for Healthy Live* | Underpinning everything that we do:<br>• Tackling health inequalities<br>• Prevention and early intervention<br>• Health in All Policies approach<br>• Community engagement and empowerment<br>• Experimenting and learning<br>• Think Family |

## Appendix 3 – Health and Wellbeing Strategy baseline indicators (February 2023)

| Key Healthy Place attributes: | Key outcome of the Health and Wellbeing Strategy: | Indicator* | Timescale† for impact | Merton Previous | Merton Current | OHID Merton Trends (based on 5 most recent data points)* | London | England |
|---|---|---|---|---|---|---|---|---|
| Promoting mental health & wellbeing | Less self-harm<br>Better relationships | Hospital admissions for self-harm aged 15-19 yrs (per 100,000 population) | Medium | 415.9<br>*(2019/20)* | 360.5<br>*(2020/21)* | No significant change (2016/17 - 2020/21)<br>➡ | 330.9 | 652.6 |
| | Less depression, anxiety and stress | Prevalence of depression (aged 18+) | Medium | 8.9%<br>*(2020/21)* | 9.0%<br>*(2021/22)* | Increasing (2017/18 - 2021/22)<br>⬆ | **9.0% | 12.7% |
| | Less loneliness<br>Better social connectedness | % adult carers reporting as much social contact as they would like (aged 18+) | Short | 24.9%<br>*(2019/20)* | 21.7%<br>*(2021/22)* | Not enough data points to calculate trend<br>● | 27.5% | 28.0% |
| Making healthy choice easy | More breastfeeding | Breastfeeding prevalence at the 6-8 week review, partially or totally | Short | 81.6%<br>*(2021/22)* | 74.3%<br>*(2022)* | N/A | - | - |
| | Less childhood obesity | Overweight (including Obesity) in Year 6 | Medium | 35.1%<br>*(2019/20)* | 34.8%<br>*(2021/2022)* | No significant change (2017/18 - 2021/22)<br>➡ | 40.5% | 37.8% |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Page 32 | Less diabetes | Diabetes QOF prevalence (17+) | Long | 6.3% *(2020/21)* | 6.5% (2021/22) | Increasing (2017/18 - 2021/22) ⬆ | **6.8% | 7.3% |
| | More active travel | % adults cycling for travel at least three days per week | Short | 3.4% *(2019/20)* | 3.3% *(2020/2021)* | No trend available ● | 3.3% | 2.0% |
| | More people eating healthy food | ††Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) | Medium | 53.3% *(2019/20)* | 53.3% *(2019/20)* | Not enough data points with valid values to calculate recent trend ● | 55.8% | 55.4% |
| | More active older people | Percentage of adults aged 65-74 who are physically active for at least 150 minutes a week | Short | 64.4% *(May 2020/21)* | 55.7% *(Nov 2020/21)* | N/A | 60.1% | 60.1% |
| Protecting from harm | Less people breathing toxic air | ¶Deaths attributable to particulate matter (PM2.5) (aged 30+) | Short | 8.6% *(2019)* | 7.2% *(2020)* | Significance is not calculated for this indicator ● | 7.1% | 5.6% |
| | Less violence | Violence against the person (offences per 1,000 population) | Medium | 20.4 *(2020/21)* | 20.7 (2021/22) | Increasing (2017/18 - 2021/22) ⬆ | **27.0 | **34.9 |

*Dates vary based on most recent data points available.

**Aggregated from all known lower geographical values

## Committee: Health and Wellbeing Board

## Date: 28th March 2023

Agenda item:

Wards:

## Subject: Primary Care Strategy

Lead officer: Mark Creelman Place Executive for Merton, SWL ICB

Lead member:

Forward Plan reference number:

Contact officer:

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**Recommendations:**

A. **The Board is asked to note the development of the SWL Primary Care strategy and comment on areas of focus and improvement**

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### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of the paper is to engage with the Health and Wellbeing members on the development of the SWL primary care strategy and:

- Ask the Board to comment on whether the priority areas are the right ones
- Ask the board whether we are focussing on the right areas
- What does good access and keeping people healthy mean to the Board
- What does good continuity of care mean for patients?
- How should the strategy address inequalities?
- Note the link to the Joint Forward planning process, the ICP strategy and local work on integrating care

### 2 BACKGROUND

2.1 The purpose of our Integrated Care Board in Merton is to:

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

In developing our neighbourhood approach and as part of the NHS Long term plan and the recent Fuller stocktake, it is clear there is a need for primary care to work in different, more integrated ways to meet the needs of the population.

To identify the opportunities and improvements needed, SWL are developing a primary care strategy. The strategy covers areas will focus on areas such as access, continuity of care and prevention as well as the enablers which will enable us to deliver top quality primary care in the future with a focus on addressing inequalities. These enablers are:

- Digital
- Estates
- IT
- Workforce

The strategy development is in its early stages, and we are engaging on the direction of travel and areas of focus. We anticipate the strategy being completed late spring/early summer with a local Merton implementation plan.

## 3 DETAILS

3.1 Presenting the strategy early to the Health and Wellbeing board will help us ensure the strategy focuses on the areas important to the residents and members in Merton. Its focuses on:

- Access
- Proactive /continuity of care
- Prevention – keeping people healthy

The strategy will aim to have overarching aims and ambitions which will then be implemented locally in Merton and it is important to note that although it is a primary care strategy, it encompasses and recognises the need to work collaboratively with local authorities and community services as well as NHS acute and mental health Trusts.

The following slides set out the aims, areas of focus and a high level view on successes so far and areas/actions still to consider.

## 4 ALTERNATIVE OPTIONS

4.1 N/A

## 5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1 There is significant data already available to us on what residents and patients would like from primary care which we are reviewing and synthesising. In addition to the review of existing and previous feedback, we are engaging with Healthwatch colleagues, patient groups, local authorities, GPs and practice staff and partner organisations

## 6 TIMETABLE

6.1 It is anticipated that the strategy will be completed late spring/early summer

## 7 IT, FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The strategy will have sections on estate and IT as part of the enabling functions and it may identify areas for future investment and focus

## 8 LEGAL AND STATUTORY IMPLICATIONS

8.1 None

## 9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 The strategy will aim to address health inequalities at borough level and across Southwest London

## 10 CRIME AND DISORDER IMPLICATIONS

10.1 None

## 11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 None

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

Please see presentation slides on the Primary care strategy

## 13 BACKGROUND PAPERS

NHS Long term Plan
Fuller stocktake report



NHS
South West London

# Developing the South West London Primary Care Strategy

March 2023

# Introduction

## Our vision

**Make SWL primary care a great place to work and delivering better outcomes for our patients**

### 1 Helping people stay well
Part of a more ambitious and joined-up approach to prevention

### 2 Proactive, personalised care
Supported by integrated neighbourhood teams for people with more complex needs, including those with multiple long-term conditions

### 3 Streamlining access to care
Providing better access to care for people when they need it, including same-day and routine care. Access to care will also be better integrated between different providers eg between general practice and A&E departments



## Scale

Home

- **Individuals, families**
- Self-care and self management
- Access to digital and online services
- Remote monitoring for complex and at-risk patients

Neighbourhood

- **0 – 50,000 people**
- **Individual GP practices**, as well as groups of GP practices working with community services, mental health, acute, social care, voluntary sector and other providers to deliver more coordinated and proactive care, including through primary care networks (PCNs)

Place

- **250,000 – 500,000 people**
- Partnerships of health and care organisations – including local authorities, NHS providers, voluntary and community organisations and social care providers – come together to join up the planning and delivery of services, engage with local communities and work to address health inequalities

System

- **500,000 – 3 million people**
- Health and care partners come together at scale to set overall system strategy, manage resources and performance, plan specialist services, and drive strategic improvements in areas such as workforce, digital infrastructure and estates

All too often, most of our effort is focused on treating people who have already become sick. We need to create a sense of urgency around providing proactive care and improving outcomes for our population – not only will this help our citizens to lead more active and happier lives, it will help us to reduce the pressure on the NHS and social care...

**Dr Claire Fuller – Next steps for integrating Primary Care**

# Main themes

## Taken from the November workshop

### Prevention

The NHS Long Term Plan (2019) declared prevention as a key priority, specifically focusing on:

- Smoking reduction
- Obesity and weight management
- Alcohol and drug intake
- Cardiovascular disease
- Diabetes prevention

This strategy presents an opportunity for supporting GP practices and primary care networks (PCNs) to help people stay well for longer by enabling them to make healthier lifestyle choices and treating avoidable illnesses early on.

We will work with local partners to maximise opportunities for preventing ill health, while making best use of technology and community assets.

### Proactive care

A key component of the Fuller Stocktake is proactive care. This is where teams from across PCNs, wider primary care, community, mental health, secondary care, social care, and those in voluntary, community and social enterprises work together to share resources and information and form integrated neighbourhood teams.

Integrated neighbourhood teams are dedicated to improving population health and the wellbeing of a local community. **Teams focus on those with complex needs who would benefit from proactive care planning.**

South West London will develop and embed integrated neighbourhood teams in all localities in coming years.

### Improving access

Appointments need to be bookable and accessible either straightaway or in the future, depending on need.

We will support practices and PCNs to offer timely access to appointments, in line with patient need, for same day urgent care and routine care. This approach aligns with the principles in the Fuller Stocktake.

We will look to reduce variation, address access issues across South West London and optimise technology to support practices.

The primary care workforce is a key enabler. We will continue to support the development of the workforce so that access can be optimised.

**We have used patient insights to help inform our focus areas along with the 'must dos' from NHSE**

# Enablers – where we want to be

## Workforce

**The strength of our workforce underpins all aspects of this strategy. A well resourced and supported workforce will be essential to successfully delivering our objectives.**

We recognise a variety of general practice roles are important to support sustainability. We will increase the number of clinical and non-clinical roles (including those funded by the Additional Roles Reimbursement Scheme), while helping staff to continuously learn and develop.

We will work with the South West Training Hub to deliver recruitment and retention packages, supporting all our primary care staff with their development, wellbeing and morale.

We will consider how providers in the voluntary, community and social enterprise sector can become a meaningful part of the primary care team.

## Digital

**We will optimise the use of technology to help staff work as efficiently as they can to support patients.**

We will support practices to implement the tools they require to deliver online consultations, telephony systems, demand and capacity mapping and improve workflow.

Patients will understand their options for viewing their own records, and will be able to access services in a variety of ways, including online, video or phone. We aim to promote the use of the NHS mobile app as the single front door for people to digitally access primary care services.

## IT

**We will remove unnecessary manual intervention, variation and duplication and continue to level up where capabilities differ.**

We will provide the best care possible through data access and connecting records and information at the point of need.

We will enable care and service to be provided in the most appropriate setting by providing flexible access to technology.

We will reduce the time it takes for staff to benefit from the use of technology by removing unnecessary variation across boroughs so we can simplify training and support.

## Estates

A new integrated care board (ICB) estates strategy will present a clear direction and set of principles that will shape the future estate. It will respond to the anticipated future direction of the model of care, the primary care strategy and other emerging clinical models.

Principles will be developed collaboratively with partners, with a shared ambition, across the integrated care system (ICS). They will focus on six areas of opportunity that have been identified by the SWL Estates Group, including primary care and agile working.

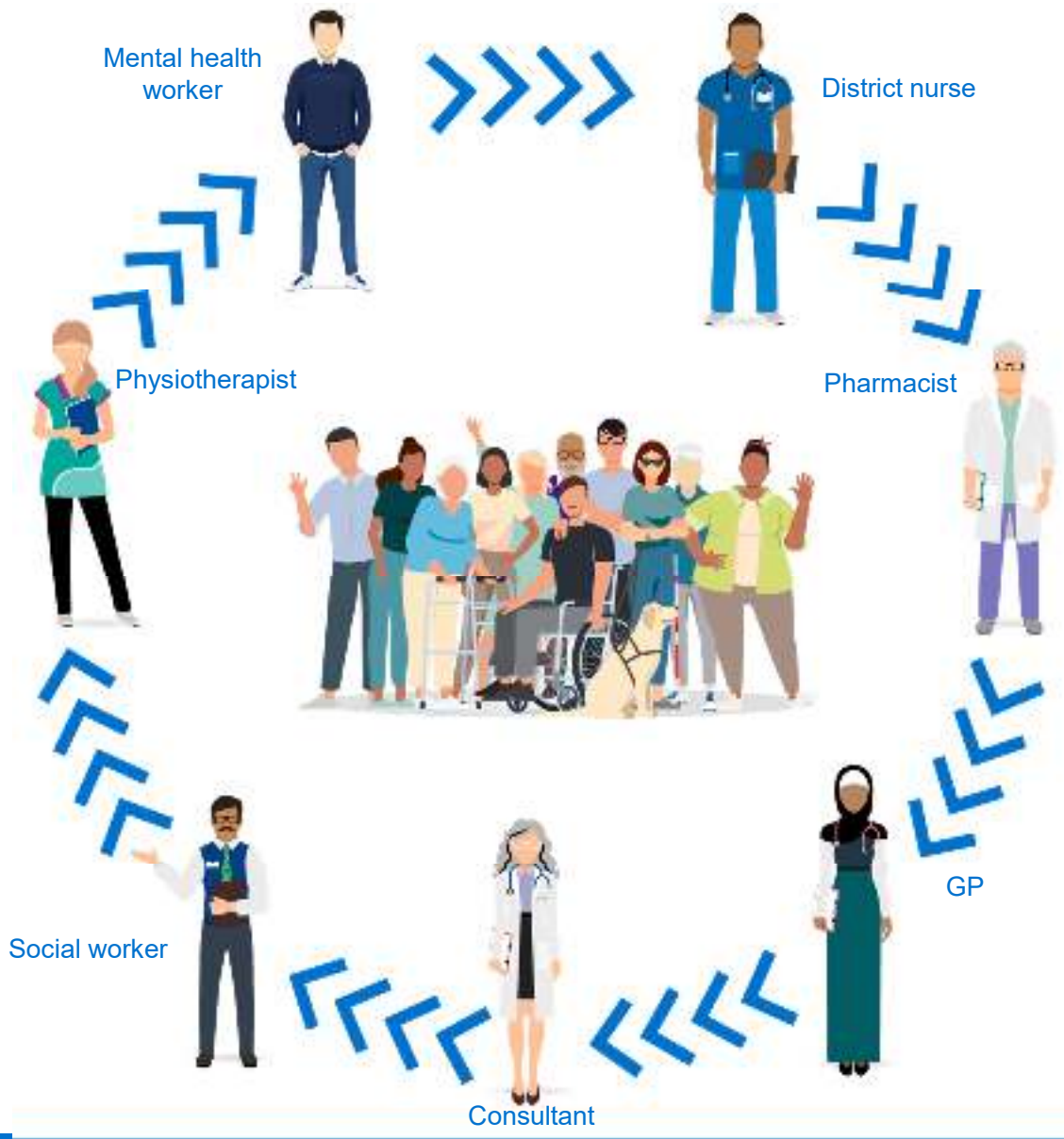
# What it means for patients

By 2025, we want primary care in South West London to have further developed into a sustainable model for practices and patients. Patients will have access to:

- **Coordinated and timely care from a range of skilled professionals** for those patients with complex needs, chronic conditions and frailty – integrated neighbourhood teams will form the basis of this way of working
- **Timely access to routine and urgent care** for patients who require episodic care, where continuity may be less important
- **Preventative advice and services** tailored to target the prevention of longer term ill health

This will be underpinned by:

- a multidisciplinary workforce
- IT digital technologies
- estate that is fit for purpose for the long term.



# Quality

## Care Quality Commission (CQC)

South West London practices have a history of providing high quality services for patients:

- 163 (93%) of 175 SWL GP practices have a CQC rating of ‘good’ or ‘outstanding’
- 12 practices are subject to ‘requires improvement’ or ‘inadequate’ ratings and are receiving support from local teams to help respond to their challenges
- Patient survey results are among the best in the UK.



## Quality surveillance

The SWL Primary Care Team also supports quality monitoring by reviewing national data reporting, such as the GP Patient Survey, complaints data, and practice e-declaration (eDec).

Results are fed back to local teams and the SWL Quality Team for assurance and to identify any areas of variation.

**93%**

**of South West London GP practices are rated**

**‘Good’ or ‘Outstanding’**

**by the Care Quality Commission**

# Self-assessment: Where are we now

## Proactive care

### Already in place

- **Multidisciplinary working has developed and care planning approaches and is now well established**
- Existing services provide many aspects of proactive care
- Risk stratification is a familiar approach
- Engagement is underway about evolving the model

### Still to do

- **Develop existing services to include all aspects of the proactive care operating model**
- Embed population health management approaches to support risk stratification in each locality
- Consider how existing services and workforce can evolve to deliver the new proactive care requirements
- Consider training and other ways to support staff with their new ways of working

## Improving acccess

### Already in place

- Patient survey results are the best in London and in many places are better than the national average
- Primary care networks Directed Enhanced Service (DES) Enhanced Access Service went live on 1 October 2022 delivering more appointments
- **Record number of appointments being delivered**
- Face-to-face appointments are increasing – in the first half of 2022 they rose from 52% of all appointments to 67% by the end of 2022.

### Still to do

- Support practices and PCNs to get feedback from local patients on access and develop models accordingly
- Make best use of digital technology as well as demand and capacity tools to streamline access models
- Reduce unwarranted variation in access across our practices eg same-day appointments

## Prevention

### Already in place

- National Diabetes Prevention, Diabetes Structured Education, Diabetes Remission, NHS Digital Weight Management and Diabetes Book & Learn Service are in place and available across SWL
- Digital self-management system now in place (MSK and pelvic health modules) with more than 90% of GP practices using it
- Strong progress made for patients needing physical health checks for patients with learning disability.

### Still to do

- Meet national targets:
  - Early detection
  - Annual checks and annual reviews
  - Increase optimisation of patients with long term conditions (LTCs)
- Agree and embed required enablers
  - Risk stratification, automation, automated referral, central prevention referral portal, digital self-management and care planning, incentivise outcomes, increase access, meds op support, etc

# Self-assessment: Where are we now

## Digital

### Already in place

- **Online consultation solution procured and live**
- Many proof-of-concept pilots underway including tools that help practices manage capacity better
- The NHS mobile app is promoted as the single front door for patient digital access – its essential functionalities support everyday practice activities

### Still to do

- Evaluation of pilot projects, with a view to having standard digital offers across our practices and PCNs
- **Development of PCN digital maturity so that all patients and staff across SWL have access to digital technologies**

## Estates

### Already in place

- Borough estates strategies are in place and identify areas of need and priority issues for premises
- A number of large-scale schemes are developing, including Sleaford Street (Nine Elms Vauxhall - Wandsworth) and Colliers Wood redevelopment (Merton), plus the Croydon out-of-hospital programme
- 54 improvement grant applications have been submitted by practices in 22/23 and are awaiting outcomes

### Still to do

- **Baseline data packs for each PCN**
- **Conduct space utilisation studies at 214 sites**
- **PCN estates strategies (by March 2023)**
- Strategic priority planning and decision making to improve the utilisation of primary care estate space
- Ongoing large scale developments, including Estates and Technology Transformation Fund (ETTF) schemes and modernising premises that are not fit for purpose

## IT

### Already in place

The recent focus has been on:

- stabilisation
- resilience
- reducing unnecessary variation and risk
- engaging across South West London to listen, increase and strengthen practice engagement

### Still to do

- Roll out prioritised workstreams, including application rationalisation
- Remove unnecessary manual intervention, variation and duplication which creates extra work for staff
- Continue investing in equipment (within financial limits)

## Workforce

### Already in place

- **561 ARRS roles now in place**
- Successful retention schemes are underway: 74 fellows supported; 29 mentors to give them a better breadth of primary care experience
- SWL Training Hub has been procured by Health Education England (HEE) and is in place to support the roll out of education initiatives

### Still to do

- Plan to increase and maintain nursing workforce – looking ahead 10 years at potential retirement
- Plan for recruitment and retention of GPs to supplement the GP workforce
- **Ensure all staff – including ARRS – are working in supportive cultures that motivate them to stay**
- Develop skill sets to bring together diverse primary care teams

# Next steps

## Engagement

We want to engage as many people as we can throughout March and ask their views on;

**Are these the rights areas to focus on?**

**What do we mean by prevention?**

**What does good access look like?**

**What does good continuity of care mean for patients?**

**How should the strategy address inequalities?**

## Borough plans

Boroughs are working on delivery plans in collaboration with clinical leaders;

- Proactive care
- Prevention
- Access
- Workforce (SWL wide)
- Digital (SWL wide)
- IT (SWL wide)
- Estates (SWL wide)

## Governance

Aim to take to the ICB Board in May 2023 to get their support and to recognise the achievements of primary care along with the support needed to deliver on our aims.

Each borough, via local governance will be responsible for implementing their own agreed actions.

## Committee: Health and Wellbeing Board

## Date: 28th March 2023

Agenda item:

Wards:

## Subject: Joint Forward Plan (JFP)

Lead officer: Mark Creelman Place Executive for Merton, SWL ICB

Lead member:

Forward Plan reference number:

Contact officer:

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**Recommendations:**

A. **The Board is asked to note the development of an NHS Joint Forward plan and specifically comment on what local priorities it would like included in the plan**

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### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To liaise with the Health and Wellbeing Board Committees and Chair to:

- Support the ICB to meet its general legal duty to involve each HWB.
- ***Ask HWBB what they would like the Joint Forward Plan to take into account from the Local Health and Wellbeing Strategy and local needs***
- Establish a regular agenda item regarding the JFP on the Health and Wellbeing Board agenda between March and June.
- Provide a statement of the final opinion of your HWB that the JFP draft takes proper account of Merton's local strategy and plans

### 2 BACKGROUND

2.1 The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare their 5-year Joint Forward Plan before the start of each financial year.

2.2 ICBs have a duty to prepare a first JFP before the start of the financial year 2023/23 – i.e., by 1 April. However, for this first year NHS England has specified the 30 June 2023 for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs).

2.3 It is therefore expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing an initial version by 31 March, but recognise that consultation on further iterations after that date, prior to the plan being finalised in time for publication and sharing by 30 June.

2.4 The guidance sets out a flexible framework for JFPs to build on existing system and local strategies and plans and
also states specific statutory requirements that plans must meet.

2.5 ICBs and their partner trusts must consult with those for whom the ICB has core responsibility and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been and will be delegated to ICBs) and HWBBs.

## 3 DETAILS

3.1 The following presentation sets out the process and indicative content for delivery of a JFP, in draft for April, and final in June

3.2 ICBs and their partner trusts must involve Merton HWBBs in preparing or revising the JFP. This includes sharing a draft with the Health and Wellbeing Board and consulting on whether the JFP takes proper account of Merton's local health and wellbeing strategy.

3.3 The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.

3.4 ICBs and their partner trusts must review JFPs annually - by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.

## 4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1 This is the start of a consultation process which specifically asks the Health and Wellbeing Board what it would like to see included in the JFP from its own local plans and strategies

## 5 TIMETABLE

5.1 A final draft JFP needs to be published and submitted to NHSE by 30th June 2023

## 6 IT, FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The JFP will have sections on finances, resources estates and IT and digital

## 7 LEGAL AND STATUTORY IMPLICATIONS

7.1 It is a statutory requirement for the ICB to publish its five-year Joint Forward Plan

## 8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 The JFP has chapters on addressing inequalities and ill health, building on the JSNA, core 20+5 and other needs analysis

## 9 CRIME AND DISORDER IMPLICATIONS

9.1 None

## 10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 Risk to the delivery of the plan will be detailed in system and organisational risk registers

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

Please see presentation slides on the content and process of developing a Joint Forward plan

## 12 BACKGROUND PAPERS

ICP strategy discussion document

NHS
South West London

# Developing the ICB Joint Forward Plan



Merton Health and Wellbeing Board
Mark Creelman
28th March 2023

# We have sought the views and concerns of local people and our communities in developing our priorities

South West London Integrated Care System

## COST OF LIVING CRISIS

- Affecting people's mental health and ability to live a healthy lifestyle – from early years to older age
- Accessibility of services – transport and affordability
- Financial support through the crisis – help to know about and access the funds that are available to support them – lack of trust contributes to this, not just about signposting
- Concerns about feeding families and heating homes
- Concerns about housing – lack of availability and affordability
- Homelessness on the increase
- Higher risk of certain health conditions – putting extra pressure on NHS services – particularly mental health services and increasing health inequalities

NEW!

## DIVERSITY AND INCLUSIVITY

- Unconscious bias training
- Encourage conversation about transparency on cultural differences
- Be prepared to make changes
- Ensure systemic issues are investigated and tackled

## COMMUNICATION, NAVIGATION AND SIGNPOSTING

- Signposting, navigation and a single point of access where possible
- Sufficient information to know where to get help, all in one place
- People's ability to look after their own health and wellbeing (self-care), with ability to ask professionals questions or and contact to help navigate where necessary
- Lack of materials in accessible formats, including for people with a learning disability, translations, sight impaired
- Transition between services - need for joined up approach across health and care – 'tell us once' approach
- Missing letters and not keeping patients informed about delays and changes to appointments

NEW!

## EMPLOYMENT

- Pathways to employment after covid, for carers, people with learning disabilities
- Support for local economies, including local businesses and job growth


## TRUST IN PUBLIC SERVICES

- In public sector organisations and professionals amongst some communities
- Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- Need to build trust in services, based on experiences people have had before

NEW!

## DIGITAL EXCLUSION

- Shift to digital services has left some population groups facing digital exclusion
- Need multiple points of access and to retain options for face to face contact

NEW!

## GREEN AND ENVIRONMENTAL CONCERNS

- Access to clean, green spaces
- Traffic and poor air quality barriers to healthy living
- Active travel

NEW!

## DEMENTIA

- Variability of support services across SWL
- Information needs to be in one place, support from one point of contact

## VOLUNTARY AND COMMUNITY SECTOR CAPACITY

- Capacity and resource across the sector
- Important to hear from small & large organisations
- Broader representation is needed

## SUPPORT FOR CARERS

- Carers' voices need to be elevated and need for carers to be considered as essential part of support and decision making



NEW!

## SOCIAL ISOLATION

- Social isolation for older people and adults with learning disabilities
- Also for carers and younger adults and children

## MENTAL HEALTH SERVICES

- Long service waiting times, need interim support
- Access, hard to navigate, more support needed in some communities and services need to be culturally competent
- Children and young people's mental health - access, waiting times, substance misuse

## REFERRALS AND WAITING TIMES

- Challenges getting timely referrals and long waiting times for mental health, children and young people's mental health and outpatient services
- Patients left chasing updates and not being clear who to contact about their referral. How can we support and provide more information and updates for patients about status of their referral

## GPs AND DENTISTRY

- Availability of appointments, waiting times including face-to-face
- Variation in access across and within boroughs

## SERVICE AVAILABILITY AND DEMAND

- Perceptions that additional services are wanted and are not always delivered
- Concern around service availability of services/sites in some areas
- Multiple engagement requests with tight timescales and low resources affect communities ability to be involved
- Priority for local people that we feedback how their feedback has influenced the provision of services

NEW! New topic  ! Added view

NHS
South West London



# Developing our NHS Joint Forward Plan

# Joint Forward Plan guidance: headline summary

NHS South West London

- The National Health Service Act 2006 (as amended by the Health and Care Act 2022) **requires ICBs and their partner trusts to prepare their 5-year Joint Forward Plan** before the start of each financial year.
- ICBs have a duty to prepare a first **JFP before the start of the financial year 2023/23** – i.e. by 1 April. However, f**or this first year, however, NHS England has specified the 30 June 2023**. **as the date for publishing and sharing the final plan** with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs).
  - It is therefore expected that the **process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by 31 March**, but recognise that consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June.
- The JFP guidance:
  - **sets out a flexible framework** for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity.
  - also **states specific statutory requirements** that plans must meet.
- ICBs and their partner trusts **must consult with those for whom the ICB has core responsibility** and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been and will be delegated to ICBs).

# Joint Forward Plan guidance: headline summary

NHS South West London

- ICBs and their partner trusts **must involve relevant HWBs in preparing or revising the JFP**. This includes **sharing a draft with each relevant HWB, and consulting relevant HWB's on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy** (JLHWS).
- ICBs and their partner trusts **should agree processes for finalising and signing off the JFP. The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery** – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.
- ICBs and their partner trusts **must reviewed JFPs and, where appropriate, updated before the start of each financial year** - by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.
- A draft JFP should be **shared with the relevant ICP and NHS England**.

# Purpose of the JFP

NHS
South West London

**As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements.**



Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we **encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy** (developed by the ICP) **and the JLHWS** (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

# The Joint Forward Plan will be developed as a shared delivery plan for the integrated care strategy and JLHWSs

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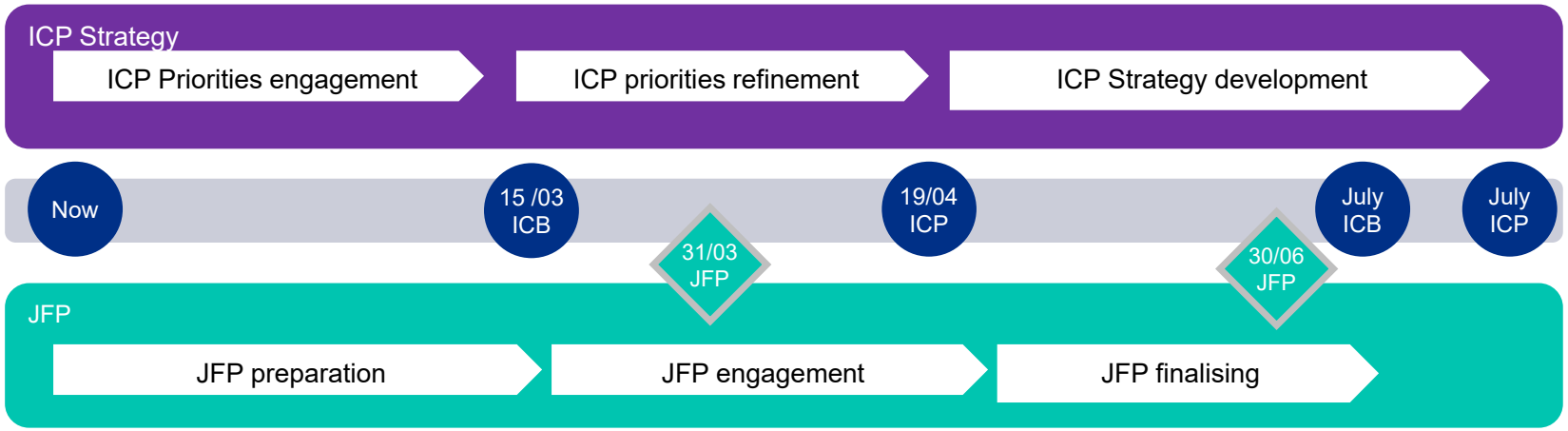
- SWL has to produce two plans, a system-wide plan '**the Integrated Care Partnership Strategy'** and an NHS plan **'the Joint Forward Plan (JFP)'**
- SWL ICP will publish in June the **integrated care partnership (ICP) strategy** that will detail shared outcomes and key strategic priorities for system-level action.
- JFP will be a **five year delivery plan and** will describe how ICBs and their partner NHS trusts intend to meet the health needs of their population through arranging or providing NHS services. It will include delivery plans for the integrated care strategy and will align with joint local health and wellbeing strategies (JLHWSs)
- As the ICP strategy influences the JFP considerably we intend to collaborate and develop both elements together. We intend to use information currently available to build the draft JFP, which we will adapt with key stakeholders, and the views of our population in order to meet the legislative requirements and build a plan that makes sense for SWL
- We have created a simple approach to development the document; we will articulate our direction of travel, our ambitions for health and care and describe how we meet the core national requirements clearly and concisely. To ensure the JFP is owned across the system, we will co-design it with our stakeholders.





# Role of health and wellbeing boards

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- In preparing or revising their JFPs, **ICBs and their partner trusts are subject to a general legal duty to involve each HWB** whose area coincides with that of the ICB, wholly or in part. The plan itself must describe how the ICB proposes to implement relevant JLHWSs (a joint local health and wellbeing strategy (JLHWS) is defined as a strategy under section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022).
- ICBs and their partner trusts **must send a draft of the JFP to each relevant HWB** when initially developing it or undertaking significant revisions or updates. **They must consult those HWBs on whether the draft takes proper account of each JLHWS published by the HWB** that relates to any part of the period to which the JFP relates**. A HWB must respond with its opinion and may also send that opinion to NHSE**, telling the ICB and its partner trusts it has done so (unless it informed them in advance that it was planning to do so) - NHSE may discuss this opinion with the ICB and its partner NHS trusts and foundation trusts.
- If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated.
- **The JFP must include a statement of the final opinion of each HWB consulted.**

# We have developed a draft outline of contents for the JFP…

We have identified executive and director-level leads for the core content;

NHS South West London
Senior leaders group

| Part | Section | | Exec Lead | Content Lead |
|---|---|---|---|---|
| | Foreword | | Charlotte Gawne | n/a |
| 1 | Needs assessment<br>NHS Context<br>ICP strategy headlines | | Karen Broughton | Andrew Demetriades |
| 2 | Addressing health Inequalities<br>Preventing ill health<br>Supporting self-care and supporting people to manage their LTCs | | John Byrne<br>Gloria Rowland | Catherine Heffernan<br>June Okochi & Vhenekayi Nyambayo |
| | Settings of Care, Collaboratives and spotlights | Primary Care | Mark Creelman | Andy McMylor |
| | | Community care | Tonia Michaelides | Busayo Akinyemi |
| | | Mental health and our mental health provider collaborative | Tonia Michaelides | John Atherton |
| | | Acute care and our acute provider collaboratives | Jonathan Bates<br>David Williams | Caroline Morris<br>tbc |
| | | Spotlight on Cancer - Royal Marsden Partners cancer collaborative | Jonathan Bates | Caroline Morris |
| | | Spotlight on Diagnostics | Jonathan Bates | tbc |
| | | Spotlight on UEC | Jonathan Bates | Caroline Morris |
| | | Spotlight on Maternity | Gloria Rowland | tcb |
| 4 | Working together at Place *including HWBB Strategy requirements* | | Place Execs | Place leads |
| 5 | Workforce plan – ICP and JFP content | | Karen Broughton | Lorissa Paige |
| 6 | Estates and green agenda | | Helen Jameson | Piya Patel |
| 7 | Data, digital and PHM | | John Byrne | Martin Ellis and Andrew Murray |
| 8 | Supporting wider social and economic development | | Place Execs | Place leads |
| 9 | System development | | Karen Broughton | Angela Flaherty |
| 10 | Finance, Investment, Securing VFM, Procurement and Supply Chain | | Helen Jameson | Joanna Watson |
| 11 | Quality | | Gloria Rowland | June Okochi |
| 12 | Performance and outcomes | | Jonathan Bates | Suzanne Bates |
| 13 | Engaging our population | | Charlotte Gawne | Lizzie Whetnall<br>Kate Wignall |

# Part Three in detail: settings of care, collaboratives chapters and spotlight chapters

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# We have devised a phased approach to delivering the Joint Forward Plan

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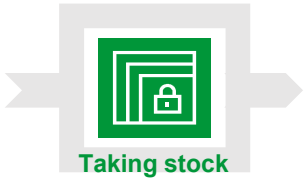
**January**


**Phase 1**

- Planning implementation
- Identifying ‘must dos’
- Planning engagement

**February**




**Phase 2**

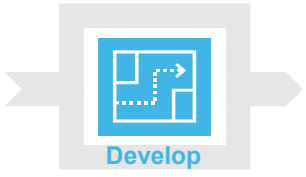
- ICP needs assessment reviewed and SWL NHS context written (including for all settings of care)
- Identification of "mission-critical" challenges (i.e. those that, unless addressed in a timely way, are likely to prevent the ICB achieving its key priorities)
- Engagement with HWWBs about their needs and priorities for the JFP.
- Prevention priorities drafted
- Outline financial challenges/context
- Initial setting of care chapters drafted to show level of ambition, what patients say/need, and context
- Engagement with those leading programmes to identify requirements for the JFP
- Engaged Clinical Leadership Forum at an early stage of JFP development..
- Initiate place chapter development

**March - April**


**Phase 3**

- Discussion document developed for system partners on emerging JFP, including system development chapter
- Place chapters developed with Place partnerships including how place will support wider social and economic development
- Workforce priorities developed in partnership with the ICP

**May**




**Phase 4**

- Feedback and create strategic priorities and delivery focus
- Settings of care chapters completed
- Finance, Investment and securing VFM (including procurement and supply chain) chapter written
- Performance and outcomes chapter written
- Estates implications of the JFP identified and estates priorities articulated
- Data and digital implications of the JFP identified and estates priorities articulated

**June onwards**


**Phase 5**

- JFP Signed off and published

# By March 2023, we expect to discuss the following with system partners …

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## The discussion document would outline:

- SWL Needs assessment and context – including quality and performance
- Initial draft of priorities Preventing ill health, supporting self care and supporting people to manage their LTC –but finalised by June
- Identify our critical challenges - from needs assessment and context
- Part one of setting of care chapters drafted to show  level of ambition, what patients say/need, and setting context
- HWWB needs and priorities for the JFP outlined
- Our priorities for improved performance against national targets
- Outline high level financial challenges/context.
- Engagement plan to June 2023

# One small action …




1. **The Health and Wellbeing Board Committee and Chair are asked to:**
   - Support the ICB to meet its general legal duty to involve each HWB.
   - Discuss what you would like the ICB JFP to take into account from the Merton Local Health and Wellbeing Strategy or other plans and produce a summary of that for the discussion document in March 2022
   - Have a regular agenda item on HWBB from now – June on the JFP.
   - **Provide a statement of the final opinion of your HWBB** that the JFP draft takes proper account of each JLHWS published by the HWB.


# ..... or feedback?

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