

Agenda Item 3

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HEALTH AND WELLBEING BOARD

28 NOVEMBER 2017

(3.00 pm - 4.40 pm)

- PRESENT Councillor Tobin Byers - Chair
Dr Andrew Murray Vice Chair and Chair of Merton CCG
Councillor Gilli Lewis-Lavender,
Councillor Katy Neep, Cabinet Member for Children's Services
Hannah Doody - Director of Community and Housing
Chris Lee - Director of Environment and Regeneration
Yvette Stanley - Director of Children, Schools and Families
Dr Dagmar Zeuner - Director of Public Health
Dr Karen Worthington - Merton CCG
James Blythe - Chief Executive of Merton and Wandsworth CCG
Khadiru Mahdi - Chief Executive Merton Voluntary Service
Lyla Adwan-Kamara -Community Engagement Network
and Dave Curtis - Merton Healthwatch
- ALSO PRESENT Keith Makin and Paul Bailey – For Item 4
Councillor Daniel Holden – For Item 5
Dr Vasa Gnanapragasam and Dr Joanna Thorne –For Item 8

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Dr Doug Hing – Merton CCG
And Brian Dillon – Chair of HealthWatch Merton

The Chair welcomed Lyla Adwan-Kamara to the meeting as the acting representative for the Community Engagement Network

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

No declarations of Pecuniary Interest were received

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: The Minutes of the meeting held on 19 September were agreed as an accurate record

4 MSCB ANNUAL REPORT (Agenda Item 4)

The Board began by congratulating Keith Makin, the independent Chair of the MSCB on the outstanding OFSTED rating it achieved. Keith then presented his report on the Annual Report of the MSCB 2016/17. In doing this he emphasised the factors he felt that contributed to the success of the Board:

- A realistic view of the limited resources available
- Real prioritisation
- A focus on Neglect

- Enabled by strong partnerships with all partners especially public health partners
- Strengths in QA process especially the audit process

The Director of CSF commented on the new Children and Social Work Act 2017, and expressed reservations regarding the opportunity it gave to work on different footprints, for children and families this work required a strong local focus.

Dr Andrew Murray welcomed the report and commented that the CCG was committed to integrating services for children and particularly in relation to reducing CYP mental health issues.

The Board also noted how the 'Think Family' approach can be integrated across Adults and Children's services and that a Think Family co-ordinator had been appointed.

RESOLVED

- A. To note the MSCB annual report 2016/17.
- B. For the Health and Wellbeing Board to continue to contribute to the MSCB priorities and to ensure that safeguarding children is a golden thread that is maintained through all the work of the Health and Wellbeing Board.

5 MOTOR NEURONE DISEASE (Agenda Item 5)

The Director of Public Health presented her report on Motor Neurone Disease. She asked Board members to note the actions and progress taken in Merton to address the issues raised by the Neurological Conditions Needs Assessment, and to note that MND was one of several neurological conditions covered by the needs assessment. The improvements to services included a new rapid access neurology clinic, and the introduction, by the CCG, of an Integrated Community Neurology Provision Area.

The Board received a presentation by Councillor Daniel Holden, highlighting the devastating nature and progress of MND. He asked the Board to adopt the MND Charter.

However the Board noted that the recommendation was to commend the Charter, but not adopt, as Public Health Officers felt that it would not be right for the HWBB to single out one neurological condition and that .The spirit of the MND Charter was encompassed by the current work being undertaken on the Neurological Needs Assessment that covered all neurological conditions including MND.

The Board requested that an additional recommendation was added to request a progress report from the CCG on the work they are undertaking.

RESOLVED

- A. The Health and Wellbeing Board are asked to commend the MND Charter for its work and the goals of the Charter.
- B. To welcome progress on the actions of the Neurological Conditions Needs Assessment and agree the proposed actions/recommendations to support people with neurological conditions in Merton.
- C. For the CCG to bring a progress report on their work on neurological conditions to the March 2018 meeting.

6 LOCAL PLAN (Agenda Item 6)

The Director of Environment and Regeneration presented his report on the new Local Plan and explained how this would link to the Mayor of London's London Plan which requires growth in housing quantity and density. The Local Plan will need to consider the infrastructure requirements to support this increased population and he hoped that HWB Board members will provide the information and evidence for the increased health infrastructure. He asked Board members to consider any policies that inhibited growth and also to think about current land use in the Borough, and if there could be better use of this land.

The Board noted that the Health in All Policies approach was part of the local Plan and will be particularly evident in policies on air quality and sustainable transport where car ownership will be discouraged, retail use policies that will consider the number of fast food outlets and Housing Policies that will encourage greater density close to transport hubs.

The Director of Environment and Regeneration said that he would like HWBB partners to provide information to inform the new Local Plan on subjects such as; future infrastructure requirements, capacity constraints, opportunities for partnership working, current NHS sites and primary health information. He said he would report back on whether such information was already reaching his officers.

Dagmar Zeuner made comments regarding the resolutions and will discuss taking these forward with Tara Butler

In response to Councillor Neep's question regarding the effect of increased housing density on residents health and mental health, the Director of Environment and Regeneration said that high density did not mean a loss of green space and that access to green spaces would be preserved. Councillor Neep asked about provisions of NHS Dentistry services and noted that this would be considered with NHS England.

RESOLVED

That the Health and Wellbeing Board

- A. responds collectively and as individual organisations to Local Plan consultations, including this first stage which will finish on 8th January 2018;
- B. leads on or engage in gathering evidence to support new planning policies, site allocations or other matters that the Health and Wellbeing Board want to see in Merton's new Local Plan;
- C. leads on co-ordinating input on future health and wellbeing capacity needs, particularly primary healthcare, in Merton over the next 5-10 years. This is crucial to support planning officers and the council to negotiate for new healthcare and wellbeing facilities or modernised facilities as part of new developments during the next 10-15 years.

7 CCG COMMISSIONING INTENTIONS (Agenda Item 7)

The Chief Officer of Merton CCG presented the report on the Commissioning Intentions of Merton CCG 2018/19. He explained that this was an annual process to assess service development and that this year there were four challenges in this process of producing the Commissioning Intentions:

- The need to consider at current services and their performance
- To incorporate National Initiatives-eg dementia
- To meet the local challenges of health inequalities across the borough
- To address the financial gap between demand and resource

The Health and Wellbeing Board is asked just to note at this stage but James Blythe said he will report back to the board as things advance.

The Chair asked about the relationship of the commissioning intentions to the STP and commented on the complexity of various boards.

The Managing Director of Merton CCG said that an STP discussion document will be issued later this week and will show alignment and that the the STP (Sustainability and Transformation Plan) was the aggregate of all local commissioning and transformation

The Chair said that it would be helpful to have something more specific on the MCP (Multispeciality Community Provider) and the role the HWBB will play in it to a future meeting.

RESOLVED

The Board noted the report

8 DIABETES STRATEGIC FRAMEWORK WORK PLAN (Agenda Item 8)

The Director of Public Health presented her report on the Diabetes Strategic Framework (Whole System Approach). The board noted that diabetes was a complex problem and that attempts to curb the rise in numbers of those affected had so far failed.

Dr Vasa Gnanapragasam and Dr Joanna Thorne attended the meeting to give the Board an insight into their experiences of working in the community with Diabetes patients. The Board welcomed this input and noted the GPs experiences of the 'epidemic' of diabetes cases and the terrible side effects it caused. The GPs stressed that as a society have to realise that type II Diabetes is preventable and that we have to support people better with their choices.

The Managing Director of the CCG said this work presents opportunities for co-production potentially across Wandsworth as well as Merton

The Director of Public Health described the whole system approach to diabetes. An important part of this approach will be the 'diabetes truth' programme which will involve HWBB members 'buddying up' with people living with, or at risk of, diabetes to get an insight into the challenges they faced.

The need to link this work to other strategies was raised as well as the opportunity to involve local councillors who know their populations well.

The Chair said that this work offers an opportunity to take forward the 'community conversations' that the HWBB had last year and suggested the discussion be taken forward to the HWBB seminar planned for January.

RESOLVED

1. Consider the initial outline of a proposed 'whole system' strategic framework for tackling diabetes.
2. Agree, in principle, to develop and participate in the 'diabetes truth' programme through 2018, noting the fit with other planned activities with clinicians and communities to inform the development of the strategic framework.
3. Agree to support the process and governance structure, and commit representatives from their organisations to participate.

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