

# Agenda Item 3

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## HEALTH AND WELLBEING BOARD

28 SEPTEMBER 2021

(6.15 pm - 8.06 pm)

**PRESENT** (in the Chair), Dr Vasa Gnanapragam, Councillor Eleanor Stringer, Chris Lee (Director of Environment and Regeneration), John Morgan (Interim Director Community and Housing), Brian Dillon (Chair Healthwatch Merton Independent Board)

**ALSO PRESENT** Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Amy Dumitrescu (Democracy Services Manager) and Richard Seedhouse (Democratic Services Officer)

**ATTENDING REMOTELY** Councillor Oonagh Moulton, Dr Dagmar Zeuner (Director Public Health), Jane McSherry (Director, Children Schools and Families), Mark Creelam (Locality Executive Director Merton and Wandsworth CCG), Simon Shimmens (Chief Executive Merton Voluntary Service Council), Rob Clarke (Chief Executive, Age UK Merton)

Hetty Crist (Communications Manager), Dr Karen Worthington (Vice Chair, Merton CCG), Dave Curtis (Manager, Healthwatch Merton) and Dr John Clark (SWL Clinical Lead for Diagnostics)

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Councillor Rebecca Lanning, Dr Mohan Sekeram Dr Aditi Shah and Dr Andrew Otley.

### 2 DECLARATIONS OF 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 22 June 2021 were agreed as a correct record.

### 4 COVID-19 IN MERTON (Agenda Item 4)

The Director of Public Health presented the report and gave an overview of the most up to date Covid-19 statistics within Merton and London. It was noted that more recently there had been an increase in outbreaks including within Schools. Whilst the impact was being monitored this was currently flat however the lag between infection rates and the effect on hospitals had also been noted.

Whilst numbers of deaths continued to be low, there had been an increase in the number of infections among children and regular testing using LFTs (lateral flow tests) continued to be encouraged.

The pattern of lower uptake within some BAME groups still remained and the equity of vaccination was being monitored alongside continuing with communication and engagement to reach these groups.

The Director of Public Health reminded the Board of the evergreen offer for vaccinations to enable anyone who hadn't had a vaccination to receive one at any time.

Booster vaccinations for over 50s would begin shortly and vaccinations for 12 to 15 year olds would start imminently, administered within the school settings.

In response to questions, the Director of Public Health advised that the majority of cases within school settings are pupils and mainly those of secondary school age. The data appeared to show that vaccination was preventing serious disease more effectively than preventing transmission.

Public Health England had been undertaking surveys and studies looking at immunity levels in different age groups and had found that generally younger children had high levels of antibodies and therefore it was hoped that any outbreaks would be shortlived.

In response to further questions, the Director for Public Health responded that there were some concerns relating to non-covid excess death rates but this was not yet completely understood, although there were some known issues such as late presentation.

The Director of Public Health confirmed that, where possible logistically, flu and covid vaccinations could be taken together. Dr Worthington confirmed that this was logistically challenging as the booster had to be taken six months after the second dose and the Pfizer vaccine requires a 15 minute observation period which the flu vaccination does not, however it was the plan to administer these together to the most vulnerable where possible.

The Board then considered a short paper proposing an extension of the HWBB community subgroup until March 2022 (3 further meetings) with an ongoing focus in these meetings on vaccination equity and covering Long-Covid, particularly focusing on equitable access to support services.

**RESOLVED:** That the Board agreed to an extension of the Health and Wellbeing Board Community Subgroup to 1st March 2022.

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

The Director of Public Health presented the report noting that there was a statutory duty for the HWBB to produce a Joint Strategic Needs Assessment (JSNA). The JSNA was a high level strategic document and would be used to prepare specific in depth needs assessments when required. The Merton Story had been provided as an overall strategic document.

The Director of Public Health provided an overview of the statistics within the documents, noting that there had been an increase in some of the figures for

example the number of long covid infections had now increased to 2700 from the 1300 stated within the document.

Members thanked the Director of Public Health for the report and commented on the issues within the document, including noting that childhood immunisations remained an area of concern to be followed up, as well as the high level of hospital admissions for very young children and noted that work was underway to understand the reasons for this.

#### RESOLVED:

1. That the Board considered and, subject to final comment, agreed The Merton Story 2021
2. That the Board supported the dissemination of The Merton Story 2021 and associated JSNA products.
3. That the Board considered how the Merton Story can best inform partners' wider work going forward.

#### 6 HEALTH AND SOCIAL CARE UPDATE (Agenda Item 6)

The Locality Executive Director Merton and Wandsworth CCG presented four presentations.

On Presentation 1 ICS (Integrated Care Systems) Update, an overview of the key elements was given and noted this was to improve health and wellbeing for everyone and to improve health and social care services and to ensure the limited resources were sustainable and being used appropriately and providing value for money. It was noted that there was now national guidance relating to the development of the ICS particularly around how it should be designed and further amendments were expected as the process progressed. Pre-listening events had taken place with Local Authorities, Health and Wellbeing Boards, Councillors, Healthwatch and the voluntary sector to consider what the governance should look like going forward. An update of progress was provided noting that option 3 of the 5 considered options was the preferred option going forward, this being a committee of ICB (integrated care board). On Presentation 2 Local Health and Care Plan update - workshops had been setup taking learning from the JSNA (Joint Strategic Needs Assessment), Merton Story and population and health management work. Engagement would continue throughout October 2021, including a survey which had been designed to go out to individuals and membership organisations. Over 100 people had attended the workshops so far and the refresh plan would be made available on the website so comments could continue to be received over the next few months. An update would be provided to the Health and Wellbeing Board meeting in November.

Presentation 3 Merton Borough Estates Strategy & Mitcham Health & Wellbeing Hub Update noted that the estates strategy would be continuously reviewed and the programme board were due to meet during the week of this meeting. It was stated that the NHS preferred site was the Wilson, however, guidance means that all options had to be revisited as part of the process. The expected go-live date was 2025.

The Locality Executive Director Merton and Wandsworth CCG and the SWL Clinical Lead for Diagnostics presented the final presentation Community Diagnostic Hubs –

plans across South West London, noting that the NHS had provided national funding for diagnostic hubs to help manage the current backlogs and bidding for funding had been submitted for 3 sites within South West London, including St Helier Hospital, along with a number of proposed locations for satellite sites. Plans for local Community Diagnostic Hubs were broadly welcomed but the need emphasised to retain a whole person approach, in addition to carefully and realistically considering issues of access, including via public transport. The Board agreed an update would be brought to a future meeting of the Health and Wellbeing Board.