HEALTH AND WELLBEING BOARD
28 NOVEMBER 2023

(6.15 pm - 8.40 pm)

PRESENT	Cllr Peter McCabe (Chair), Cllr Jenifer Goad, Cllr Brenda Fraser, Mark Creelman (Local Executive Director), Anna Huk (Young Inspector), Barry Causer (Public Health Lead for Adults, Health Improvement and Health Protection), Sarah Goad (Chief Executive Officer, Age UK Merton)
ALSO PRESENT	Sara Quinn (Commercial Services Manager Environment and Regeneration), Sam Perkins (Consultant in Health Protection, South London Health Protection Team), Anita Davies (Senior Public Health Principal), Amrinder Sehgal (Senior Programme Manager, Social Prescribing and Self-Management), Dr Sekeram (GP and Social Prescribing Lead), Vusi Edeki (Interim Health Partnerships Manager), Tony Molloy (Merton Connected), Megan Coe (Public Health Principle), Nick Atkins (Head of Health and Wellbeing for Enable), Rachel Tilford (Senior Public Health Principle), Jayde Watts (Democratic Services Officer)
PRESENT ONLINE	John Morgan (Executive Director, Adult Social Care, Integrated Care & Public Health), Gemma Dawson (Deputy Director – Merton Health and Care Together), Dr Sy Ganesaratnam (GP Principal), Mike McHugh (Interim Consultant in Public Health)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Dr Karen Worthington, Russel Styles, Jane McSherry and Dan Jones with Sara Quinn in attendance as substitute.

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 19 September 2023 were agreed as an accurate record.

4 NHS ESTATES UPDATE (Agenda Item 4)

Mark Creelman introduced the item.

Mark informed the board that due to inflation costs all estates projects had to go through a pre application reprioritisation process at the ICB (Integrated Care Board). The process was nearly complete and needed to be signed off by internal

governance. The Rowans project and the Wilsons project would both move to the next stage.

The Colliers Wood project had been more of a challenge due to the affordability score. They planned to meet with Merton Vision next week to explore alternative plans.

In relation to the Wilsons project, Mark requested to meet with the Chair of the Health and Wellbeing Board and Ward Councillors to discuss the portfolio of services. There were many ideas such as sexual health services, breast screening services and children services but wanted to map the services to meet the needs of the local community. Two pieces of work had been commissioned; one was to work with the mental health trust to help maximise the use of their space. This piece of work was now completed and highlighted that they did not need as much space as originally thought. An engineering survey was also commissioned to evaluate the refurbishment of the building as opposed to a rebuild. The survey concluded that they could get almost double the space with a refurbishment for the same cost.

The Rowans project needed to agree the lease terms with the lead GP practice. This would be followed by a portfolio of services conversation with local councillors, stakeholders and the patient group which was already established by the PCN (Primary Care Network) to ensure services were the right fit for residents. The team were also in conversation with the district valuer who looked at the costs and ongoing costs to rent the building.

Pharmacy space was also looked at and there were questions around whether a commercial pharmacy would find the space viable, and if not, what could the space be best used for.

In response to questions, the following was stated:

- Part of the prioritisation process was to look at where funds would come from. Funding for the primary and community estates were separate to that of hospitals. To compare, £2.5 million was made available to primary care last year as capital investment, which was not enough to fund the projects. To mitigate this, they worked with property services around the disposal of their estates to fund The Wilson. For the Rowans, the investment and capital would come from the developer which only left the rental charges for them to look into further. The Chancellors autumn statement would not necessarily affect the two projects but across Southwest London may affect others.
- The chair of the board noted that NHS property services agreed that refurbishment was less expensive and gave more space. Mark confirmed that the engineering survey completed for The Wilson was specific for The Wilson and would not necessarily apply to all projects.
- Additional resources had been allocated to both projects to help move them along as they accepted and acknowledged the frustration. At present they were working towards getting the necessary sign off so that the building work could start as soon as possible. Each team were asked to provide indicative

timelines and milestones which would be shared with all stakeholders in the next couple of weeks.

- The scout hall and community hall were part of the redevelopment and the developer was in contact with the estates team within the local authority. The space which was mentioned as being used for storage was something that would be picked up with councillors. Mark confirmed that he would be happy to attend councillor meetings with residents to support with queries as well as provide the plan, in writing, to councillors.
- The building was owned by a private organisation and not the NHS. They understood that the private organisation had now sold the property and the funds obtained from the sale would not go back into the redevelopment.
- Breast screening was a partnership of different NHS organisations. They have gone through a capital bid, which was still ongoing, to fund a Merton breast screening site but in the meantime agreed to explore the option of a mobile unit. Sexual health was commissioned by public health.
- Barry Causer informed the board that the initial capital bid for breast screening was approved. There were also positive discussions with NHS England for a revenue funding bid and they were meeting the NHS England Breast Screening lead tomorrow to discuss further. Additional sites for sexual health were also a consideration and on the list.
- The primary and community infrastructure across Southwest London and the ICB was being looked at to address concerns. This would form part of a longer term plan which would allow them to look at population growth, areas of deprivation and where the need was for breast screening, sexual health centres, local authority services and GP practices.
- The two schemes discussed were moving forward but the third required further conversations around the alternatives available for both Merton Vision and the GP practice to move in. No further information was available at this stage.
- The business case was dependant on the figures received from the refurbishment survey which would then be put together by the project team. The business case for The Wilson project would initially go to the Merton estates group, chaired by Mark Creelman, to endorse the right partnership approach. It would then go to the ICB but because of the value of the investment it would then need to go to the Capital Investment Group, followed by NHS England. The Rowans Project would follow the same process but would not need to go to NHS England. Most of the meetings took place monthly so once the business case was completed and agreed with partners, they would then attend the required meetings.
- Alternative options for Colliers Wood were essentially a blank piece of paper at present. They were aware that that the GP practice was not fit for purpose and was struggling with capacity and size. They would have to look at alternative premises or utilising the existing premises. This would be discussed further in the coming weeks.

RESOLVED: That the Board noted the update.

5 SOCIAL PRESCRIBING (ADULTS) CHALLENGES AND OPPORTUNITIES

(Agenda Item 5)

Mark Creelman introduced the item and highlighted that Merton's Social Prescribing was award winning. Mark introduced Amrinder Seghal and Dr Mohan Sekeram who presented the report.

Amrinder spoke through the presentation and explained that social prescribing was the vehicle that became popular within primary care for lifting and shifting patients who had a psychosocial need out of primary care and into the voluntary and community sector.

Social prescribing differed from GP and practice nurses as they had more time with patients to understand their issues, concerns and their journey which allowed them to understand the patients more. A social prescriber could see a patient between two to six times.

The six primary care networks within Merton were at East Merton PCN, North Merton PCN, West Merton PCN, Northwest Merton PCN, Southwest PCN and Morden PCN.

Social prescribing continued to look at proactive support through High Intensity User project, 7 Green Social Prescribing projects, Social Prescribing patients Support Group and a Pain Clinic Pilot with Epsom and St Heliers NHS Trust.

Over 50% of referrals were for mental health and diabetes. Hypertension also had high referrals.

The three long term conditions looked at was diabetes, mental health and respiratory. Diabetes looked at three treatment targets which were HbA1C, cholesterol and blood pressure. A similar approach was taken for Mental Health.

The figures showed a rapid improvement for patients within 12 months of using the service.

Going forward Social Prescribing in Adults Social Servies, developing a Community Chest initiative, Condition Specific Social Prescribing Programmes and Self-Referrals would be further explored.

In response to questions, the following was stated:

- Social prescribing data looked at all types of cancer. It was important to highlight that social prescribing applied regardless of what someone's conditions was. Part of social prescribing was about meeting the unmet need and the community. One way to address the gap between male and females who used the service was to widen the access and to change where social prescribing was delivered.
- When the programme was first established there was engagement with the voluntary sector via Merton Connected and they established the Capacity Support Grant. This was designed for voluntary sector organisations who received too many referrals and allowed them to apply for a bid from the grant

and gain financial support to help meet demand. There was not a significant uptake of the grant, so they were able to roll over the underspend and commission community chest intervention. There had not yet been a scenario where voluntary sector organisations had to turn people away.

- Tony Molloy confirmed that they had not been in a position where they were not able to meet demand. This was partly because they were treating people as people as opposed to a condition. Another reason was due to the brilliant partnership working, which allowed referrals to be spread across the organisation.
- A benefit of having a voluntary sector under CVS hosting the contract was them knowing the voluntary sector and local area very well. When a social prescriber was employed into the service, they had a 4-6 week induction period which helped them to better understand Merton. More work could be done with Merton Connected to ensure grassroot organisations were reached. Based on relationships established, they felt that an organisation would come forward if they were oversubscribed.
- The presentation highlighted the volume of referrals but not how many people attended the appointment which was an important factor. This would be investigated further as part of the next steps and would help to truly understand the impact on the voluntary sector.
- Tony Molloy informed the board that the recruitment process was in-depth and varied. Along with the recruitment process and induction process, staff met regularly to discuss cases and feedback. Merton Connected worked closely with volunteering and social prescribing groups and was comfortable that they were on top of any potential oversubscribing.
- Barry Causer expressed that the health gain data was significant and positive. This was because they had a fabulous asset base in the voluntary and community sector within the borough. Thinking outside of social prescribing, they needed to reflect this in the integrated community services approach to benefit from the working partnerships in the voluntary sector. There were two other opportunities which already began with the social prescribing team around the role of physical activity and utilising the Borough of Sport. The data presented within the report was significant and it was good to explore that further to look at how the data could be used to make a case for additional investment in preventative services.
- Mark Creelman expressed that the data showed tangible benefits of social prescribing and wondered if the board would agree to include the clinical lead for cancer in the work programme to address concerns raised, particularly around prostate cancer. Work on the website of practices was currently taking place and it would be beneficial to include more about access to the voluntary sector.
- Areas of deprivation were accessing the service; it was the other end that was not accessing the service as much.
- Priority for frailty could be identified and was demonstrated through diabetes, asthma and mental health.
- Men’s health was notoriously underrepresented which was a real issue. Social prescribing looked at social in terms of health and did not look at everything so

there was a danger of trying to make social prescribing achieve everything which it unfortunately could not do.

- Sarah Goad added that the social prescribers had the time to get to know the services available within the borough and build personal relationships. This led to a streamline referral process with a high proportion of referrals from social prescribing. Although it was agreed that a comprehensive up to date bank of the existing assets and services was needed, what they saw was that if someone was struggling with isolation or mental health, it was sometimes overwhelming for the individual to see the number of services available. When social prescribers were able to get to know the individual, they were able to make the available services more digestible for the individual.
- Thanks were given to the voluntary sector for all the help that they did and the huge contribution that they made was acknowledged.

RESOLVED: That the Board noted the report

6 SOCIAL PRESCRIBING (CHILDREN) CHALLENGES AND OPPORTUNITIES (Agenda Item 6)

Megan Coe, Mike McHugh and Nick Atkins introduced the report.

Adult social prescribing had been around for some time, but children social subscribing had started to gain momentum in London and nationally over the last few years.

The initial funding was in response to increasing rates of young people living with obesity as well as increased mental health issues as a result of the pandemic.

The pilot took referrals from the East Merton Primary Care Network area since October 2022 and received over 169 referrals. They received referrals from Morden Primary Care Network since September 2023 and so far, received 18 referrals.

Following the initial investment from Merton Council Public Health, the additional extension to the original 12 month pilot came from the Southwest London Health Inequalities Fund, following a successful bid in 2022. A further bid for the extension of the pilot until December 2024, which included an expansion to a third PCN area, was placed and they were awaiting the outcome of this.

In addition to the support provided for young people, the main purpose was to provide evidence on how CYP (Children and Young People) social prescribing worked, the impact it could have and how it differed from adult social prescribing. A key function of the pilot was to adapt the model in response to the learning.

An independent review of the pilot by an external organisation was being conducted, the final report would be ready in December.

Referrals into the pilot could be made through a variety of sources such as school nurses, additional staff members, early help teams and GP's. This differed to other social prescribing pilots which would use only one or two different referral pathways. Two adaptations to the model were considered which were self-referrals and to change the utilisation of the personalised care grant to allow link workers to take service users to activities. There was a small, personalised care budget to support activities from young people in voluntary sector organisations. They proposed that the criteria for CYP who lived with obesity was extended to those over 11 years old instead of 13 years old and over the 91st centile in weight.

The standard offer was six 14 minute appointments with a link worker either by phone, online or in person. After school appointment were also available. It was also possible, if needed, for a person to have more the six appointments.

The pilot was overseen by a multi-disciplinary steering group which included young inspectors and several other partners.

375 appointments had been conducted. Users tended to be females from the CR4 postcode area and predominantly referred for mental health reasons. The largest number of onward referrals were to Talk off the Record.

Service users were asked short questions when they first used the service and at follow up. The average monthly improvement was between 10-18% but they hoped that the independent evaluation would help them to delve deeper into the impact they had.

Two cases in the papers were referred to which highlighted positive impacts from the service.

A key principle in public health was to engage and support people as early as they could which was important for children and young people. The impact of adverse childhood experiences impacted life prospects and the evidence had shown that having a trusted adult in the young persons life could mitigate this.

In response to questions, the following was stated:

- They agreed that they should have included the leaflets and posters that were made in the report.
- As part of the self-referral proposal, there would be a separate task and finish group which included the communications department and a young inspector to ensure that they had a young person's perspective.
- They generally recruited youth workers.
- Going forward they wanted more self-referrals and referrals from other organisations.
- Throughout the inception of the project, they have ensured that children and young peoples voices were heard through communication and engagement.

RESOLVED: That the Board agreed the recommendations.

7 HWS PRIORITY REPORT / AIR QUALITY / RESPIRATORY HEALTH & SMOKING/VAPING (Agenda Item 7)

Barry Causer introduced the report and reminded the board of the conversation held in March where two options were posed for the boards rolling priority. The suggestion was either air quality, tobacco and respiratory health or workplace health and the board requested for both. In June, the framework was shared with the board and they now presented the draft plan which included 10 draft high value actions as detailed in the papers. The team planned to submit more internal and external bids to secure more resources.

Air quality, tobacco and respiratory health were three big themes but were not a totality of all the actions which took place within Merton. There were many synergies with practical action which took place in Merton currently.

Since March 2023, the government announced their plans to create a smoke free generation which was fully supported by the Chief Medical Officer. There were several interventions which included raising the age of sale of cigarettes, additional ringfenced funding for local authority public health teams and exploring the additional roles around trading standards.

In relation to the smoke free generation, there was a consultation from DHSC (Department of Health and Social Care). Merton planned to put together a response to the consultation and would encourage the Health and Wellbeing Board to also respond to the consultation.

Some of the actions from the plan was to systematically imbed air quality into respiratory pathways, a switch to greener inhalers, a focus on indoor air quality and active community sustainable travel.

The final action within the action plan was to set up a community of practice within Merton.

In response to questions, the following was stated:

- Barry Causer agreed to find out more about the closure of school streets and feedback to the board.
- Sara Quinn agreed to find out more about whether schools would be given air quality monitors now that there would no longer be school streets within the borough and feedback to the board.

RESOLVED: That the Board agreed the recommendations.

8 HEALTH PROTECTION UPDATE (Agenda Item 8)

Barry Causer introduced the report and explained that they intentionally focussed the report on three components which were screening, immunisations and communicable disease prevention and control.

Anita Davies confirmed that Merton established a health protection oversight group which met six times per year, with a focus to gain oversight, developing partnerships and hold providers and partners to account in their work to increase the uptake of screening, immunisation and communicable disease prevention and control.

There was a monthly health protection surveillance summary report which provided an overview of suspected or confirmed notifiable infectious diseases which gave a comparison on where Merton was in relation to Southwest London and London as a whole.

The oversight group was led by Merton's public health team and its members included all partners.

The UK Health Security Agency Health Protection Team were the forefront operation responders when there was a health related incident. The South London ICB was an important partner who worked closely with the public health team to ensure health protection services were provided and vaccination programs were commissioned, screening services and infection prevention and control measures.

There were 11 screening programs in England, all of which were offered to Merton residents. There were 5 screening programs for young people and adults and 6 screening programmes for antenatal and newborns. At present, there was no breast cancer screening site in Merton, but they were working with service providers to ensure that Merton residents received a site in Merton.

A partnership approach was the best way to increase the uptake of vaccines and they worked with Southwest London's ICB who led on vaccination programmes, further details of vaccination programmes were included in the report. Immunisation programmes were split into children and young people and adults. Data showed that childhood vaccine uptake had dropped, particularly for measles, mumps and rubella which dropped to its lowest uptake in a decade.

There was a push to ensure that vulnerable adults had access to vaccines and there were several locations within the borough. When the Merton programme ended on 15th December 2023, the Southwest London Immunisation Programme would continue. For 65yrs old and over, the pneumococcal and shingle vaccine was readily available for all Merton residents.

To improve vaccine uptake, a joint bid was placed to the Southwest London for an enhanced MMR immunisation programme to be placed in children's services. To improve uptake, the services were promoted.

Sam Perkins highlighted that 80-90% of their work was around communicable disease control as well as instances of chemical, biological, radiological and that of a nuclear nature.

A key activity was to receive notification of infectious diseases, some of which were required by law to be reported and would trigger activities such as contact tracing. This also enabled good surveillance data so they could identify trends, compare years and seasons and be able to predict, in some cases, when there might be an increase in activity.

The team worked closely with regulatory services who supported to administer specific enhanced surveillance questionnaires that were used to identify potential sources of infection and help mitigate risk.

They now attended the Health Protection Oversight Group which allowed for them to provide briefings when needed. The team also provided assurance to the Director of Public Health on a range of issues.

Sarah Quinn expressed that this was an example of partnership working at its best. The team carried out multiple proactive visits and dealt with reactive work such as outbreaks of E. coli and food poisoning. They also attended nurseries and primary schools to ensure that basic infection control was in place.

In response to questions, the following was stated:

- Full details of the immunisation's programs were detailed in the report. They were working on a programme to provide immunisation at children centres to bring the service to where the children already were.
- There was an increased focus on health inequality and health equity and they were aware that access was a key part. When notified of potential or suspected cases of measles, as part of the risk assessment, they would ask about vaccine history which helped to identify individuals who had not had the MMR vaccine.
- There were many national and local campaigns to address immunisations.
- Programme data was scrutinised and all programmes had detailed action plans across the partnerships. February's Scrutiny meeting was considering CYP immunisations.
- At present there was no circulation of measles within the borough.
- Family hubs were also used to provide information and were already a key partner.

RESOLVED: That the Board agreed the recommendations.

9 REPORT ON PROGRESS OF LOCAL HEALTH AND CARE PLAN (Agenda Item 9)

Gemma Dawson (Deputy Director of Merton Health and Care Together) introduced the report and provided an update on the progress made on the Merton Local Health and Care Plan and gave an indication of areas of focus as they approached the last six months of the two year plan.

The Local Health and Care Plan started in 2022 and would run until the summer of 2024.

The plan was informed by a predecessor plan which was formed in 2019 and ran for two years. The plan was also informed by the Merton Prevention Framework and principles laid out in the Health and Wellbeing Strategy.

The Merton Plan identified 9 priorities across three areas of Start Well, Live Well and Age Well.

For Start Well and Live Well, one of the priorities was to change how people accessed health and wellbeing services. For Start Well they wanted to improve integration of children services and to focus on mental health and wellbeing.

With Live Well, as well as changing how people accessed services, they wanted to improve and optimise information on Primary Care and to focus on prevention services.

For Age Well they wanted to support people to access resources within their communities, to improve the integration of services and to focus on frailty.

Sixteen projects were identified against the portfolio and for each project they created a results chain as detailed in the report. Key measures were also identified which they could collect to understand the impact made.

Many of the projects were still in the implantation phase but there was great progress made around changing the way that people accessed health and wellbeing services for Start Well through the expansion of children and young people social prescribing and improved integration services through the family hub work.

In Age Well there was strong progress made on the focus on Frailty. Through a series of workshops, they developed a new service model which brought together multidisciplinary teams to proactively identify people who were at risk of frailty. The project was still ongoing and already reached just under 300 people.

For Live Well, there was a great focus on prevention with many of the highlights detailed within the report.

The Health on the High Street project had moved forward and strengthened the community’s ability to impact health and wellbeing through multiple events in and around the high street.

A series of Dementia cafes, in partnership with the Alzheimer's Society and local cafes, took place and increased access to local dementia information support services.

There were a series of health and wellbeing days which showcased a range of local community support, with each one reaching over 100 people.

The final round of small grants was completed to help develop new projects that saw local organisation lead improvements in health delivery. Many projects were greatly improved by the investment fund from Southwest London.

On reflection, much of the delivery had been hyper focussed and worked out from a cluster of GPs or a singular GP. There were only a few successful projects which spanned the whole of Merton so there was a challenge of how they could scale up some of the existing and new innovations and models across the wider borough.

The final challenge was to ensure that all projects were robustly evaluated to understand the impact. There was additional support through the health inequality funds to help build tools and techniques to improve evaluation capabilities.

For the remaining 6 months of the plan, they wanted to strengthen and focus on robust evaluation as well as to pick up on some of the priorities that did not have the broadest portfolios, with a continued focus on mental health and wellbeing for children and young people.

In response to questions, the following was stated:

- The Family Hub project received some national funding which helped it to propel. It was imperative for all partners to make best use of the funds to implement the Family Hub model in a sustainable way.
- Something that was discussed at the Borough Committee was how they could take successful pilots into the mainstream funding.

RESOLVED: That the Board agreed the recommendations.