

8 PRESENTATION PROVIDED AT THE MEETING

Slides shared at the meeting on 22<sup>nd</sup> June 2021.

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# Merton Health and Wellbeing Board – 22nd June 2021

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## Dr Dagmar Zeuner, Director of Public Health

Merton Public Health Intelligence

22nd June 2021

Produced by Gary Forbes (gary.forbes@merton.gov.uk)



Minute Item 8

# Summary of COVID cases, testing, contact tracing, deaths, vaccinations and NHS figures

Domain	Indicator	Merton (previous value)	Merton change	London (previous value)	London Change
<b>Regional marker</b>	R value (11 <sup>th</sup> June)	-	-	1.1 – 1.4 (1.0 – 1.2)	↑
<b>Cases over last week</b> (10 <sup>th</sup> – 16 <sup>th</sup> June)	New cases*	176 (130)	↑	6,807 (5,390)	↑
	7 day rate (per 100,000)	82.0 (60.6)	↑	76.0 (60.1)	↑
	Official 7-day rate (per 100,000)**	65.8 (46.0)	↑	66.3 (43.3 )	↑
	7 day rate aged 60+ (per 100,000)	5.5 (13.9)	↓	-	-
	Cases identified as Kent variant	N/A (N/A)	-	3% (8%)	↓
	Cases suggestive of Delta variant (S-gene deletion) ***	100% (98.1%)	↑	N/A (N/A)	-
<b>Pillar 2 PCR tests over 7 days</b> (8 <sup>th</sup> – 14 <sup>th</sup> June)	Daily rate (per 100,000)	327.0 (198.9)	↑	234.7 (205.4)	↑
	Test positivity %****	3.9% (3.5%)	↑	3.8% (3.4%)	↑
<b>Contact Tracing by NHS T&amp;T – cumulative</b> (2 <sup>nd</sup> Jun 2020 – 15 <sup>th</sup> June 2021)	% Cases completed	88% (88%)	→	86% (86%)	→
	% Contacts completed	87% (87%)	→	86% (86%)	→
<b>Deaths</b> (29 <sup>th</sup> May – 4 <sup>th</sup> June)	Number COVID-19 registered deaths	0 (1)	↓	13 (22)	↓
<b>Vaccinations</b> (as of 6 <sup>th</sup> June)	% Over 50s received 1 <sup>st</sup> dose of COVID-19 vaccine	80.3% (80.0)	↑	79.8% (79.5)	↑
Domain	Indicator	SWL (previous value)	SWL change	London (previous value)	London change
<b>Current inpatients</b> (as of 14 <sup>th</sup> June)	COVID inpatients	54 (63)	↓	285 (252)	↑
	COVID ITU/HDU inpatients	11 (11)	→	62 (52)	↑

\*As of 14<sup>th</sup> June data source for new cases has changed to PHE Power BI

\*\* The official PHE rate for Merton and London are for the week **ending** the 10<sup>th</sup> June.

\*\*\*Date for cases identified as Delta Variant are weekly to the 12<sup>th</sup> June for Merton and 8<sup>th</sup> June for London. S gene positive result is suggestive of the Delta Variant.

\*\*\*\*Test positivity refers to the percent of total tests that were positive, even if individuals had multiple tests.

# Positive cases per 100,000 and test positivity across London boroughs

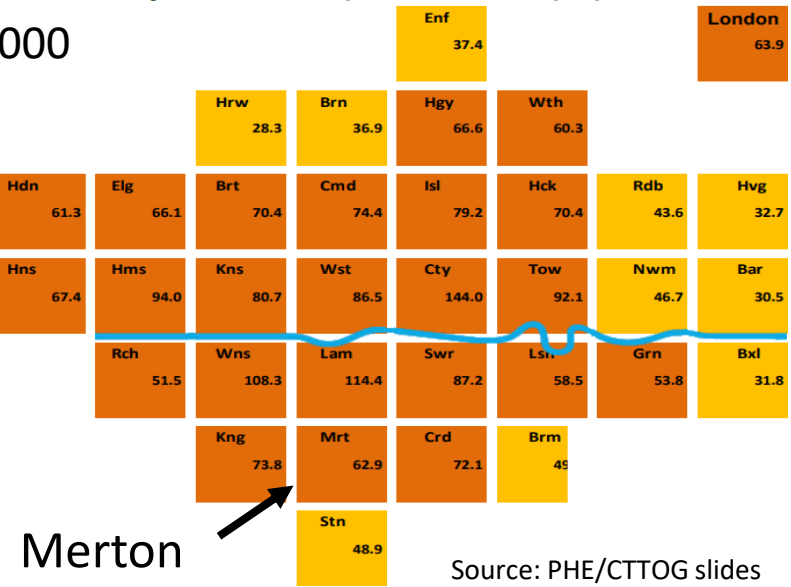
For reporting period 3.06.2021 – 9.06.2021

Colour of box illustrates weekly cases per 100,000 for that week

Enquiries: [gary.forbes@merton.gov.uk](mailto:gary.forbes@merton.gov.uk)

Positive tests per 100,000 population – all ages (Pillar 1 + 2, PCR only)

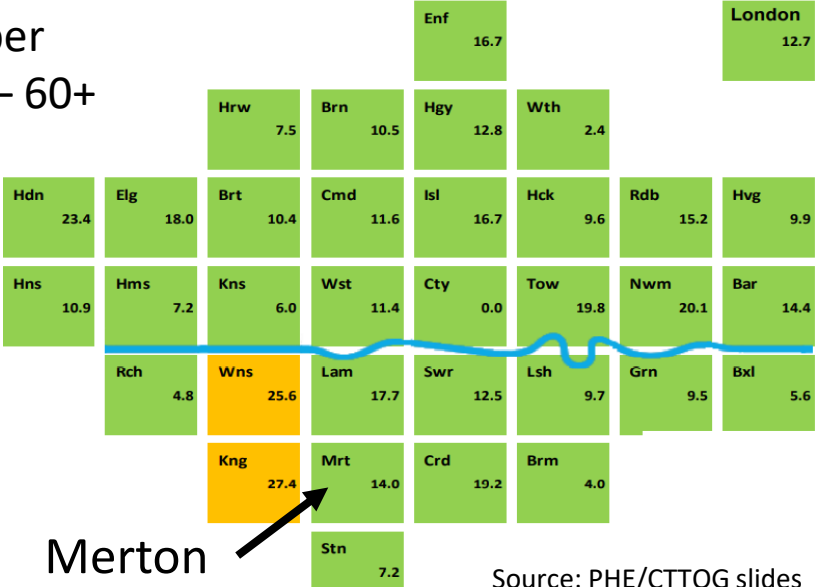
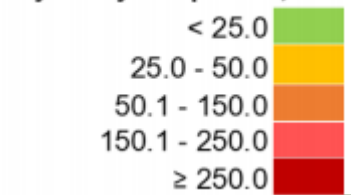
Key: 7-day rate per 100,000



Source: PHE/CTTOG slides

Percentage of tests per 100,000 population – 60+ (pillar 1+2, PCR only)

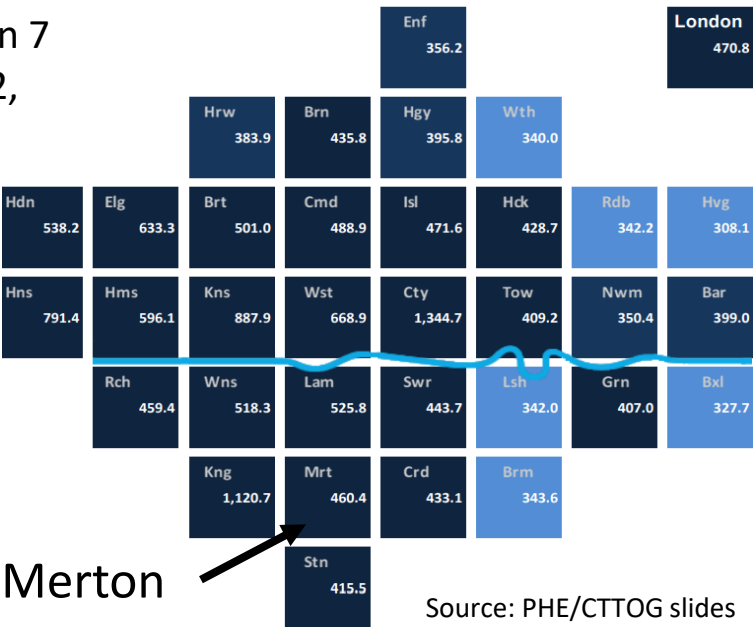
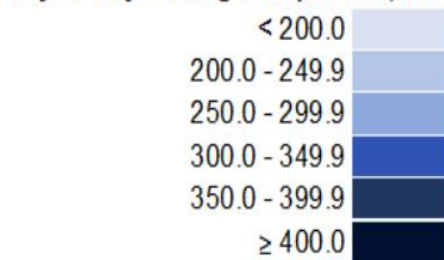
Key: 7-day rate per 100,000



Source: PHE/CTTOG slides

Tests per 100,000 population 7 day rate – all ages (pillar 1+2, PCR only)

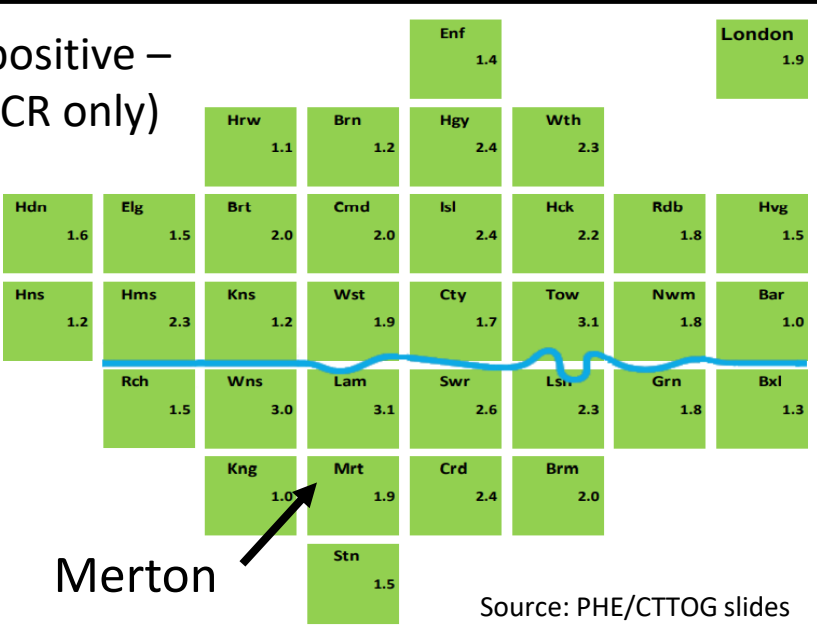
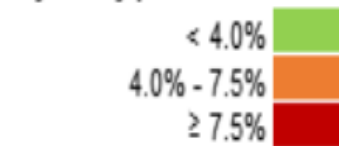
Key: 7-day testing rate per 100,000



Source: PHE/CTTOG slides

Percentage of tests positive – all ages (pillar 1+2, PCR only)

Key: 7-day positive test rate



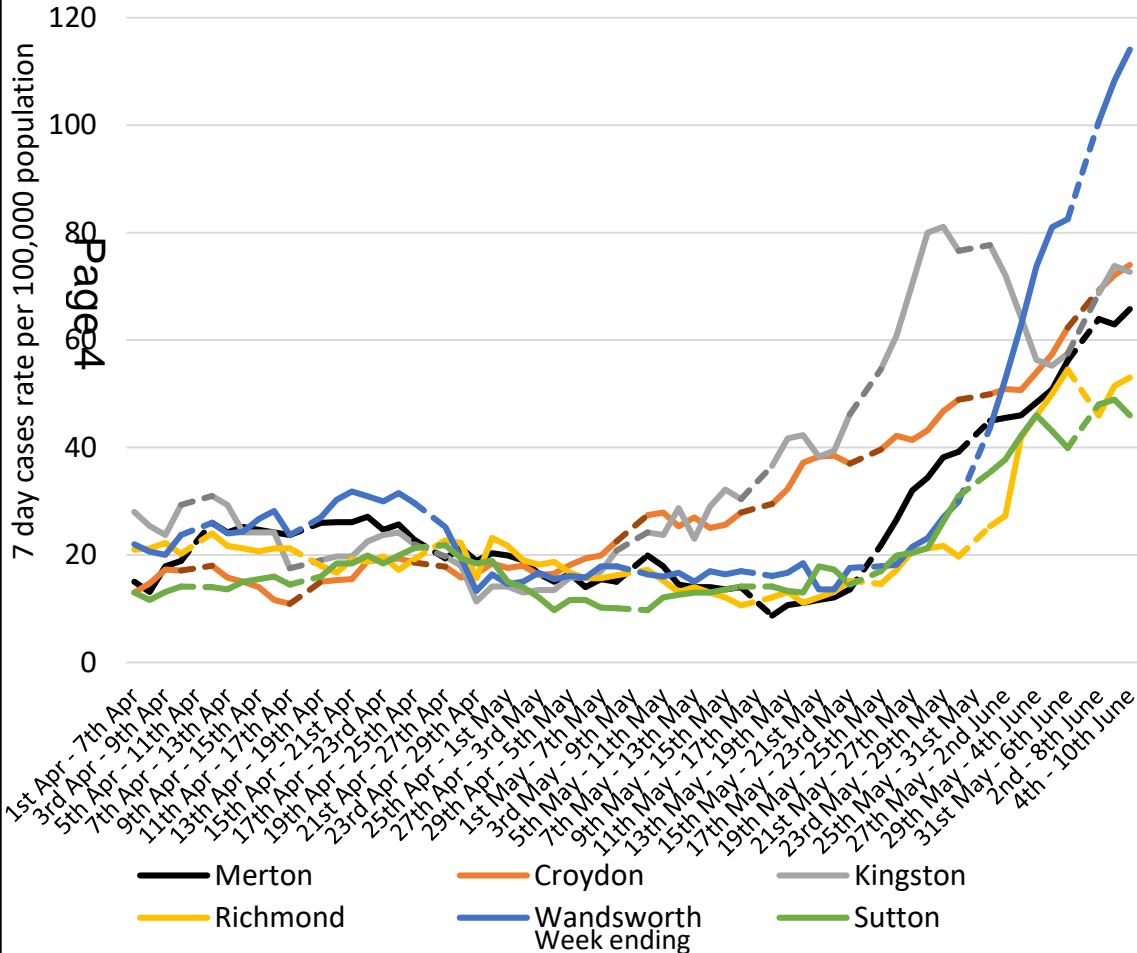
Source: PHE/CTTOG slides

# COVID-19 case rates among SWL boroughs and NHS-related indicators for London.

## Rolling 7-day rate of confirmed positive cases per 100,000 population in Merton residents compared to other South West London boroughs (Pillar 1 & 2)

Source: PHE/PHEC Daily Report  
Reporting frequency: Daily

**Key message:** Merton has the 3rd lowest rate of cases among SWL boroughs



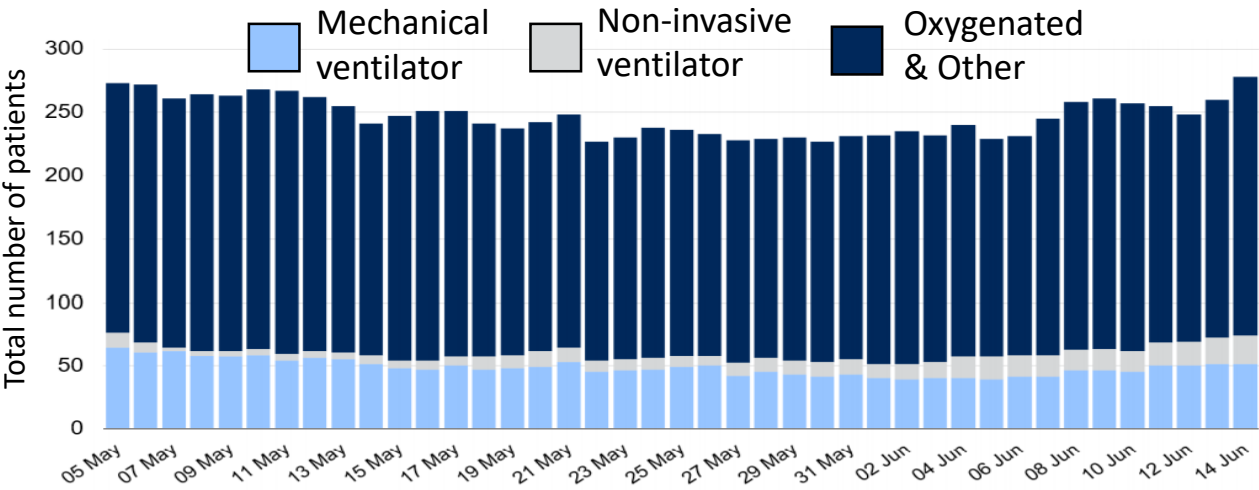
Note there were reporting gaps – the dotted lines refers to periods when data was not available.

## Confirmed COVID-19 ITU/HDU inpatients across London

Weekly Figures		Total number of ITU/HDU patients week ending					
Date		NCL	NEL	NWL	SEL	SWL	Total
14 June 2021		10	9	17	15	11	62
07 June 2021		10	2	19	10	11	52
31 May 2021		9	6	16	8	8	47
24 May 2021		9	6	15	16	6	52
17 May 2021		8	7	18	17	7	57
10 May 2021		7	9	22	20	7	65
03 May 2021		13	13	19	22	8	75

Source: SWL CCG COVID-19 daily dashboard

## COVID-19 patients in hospital across London

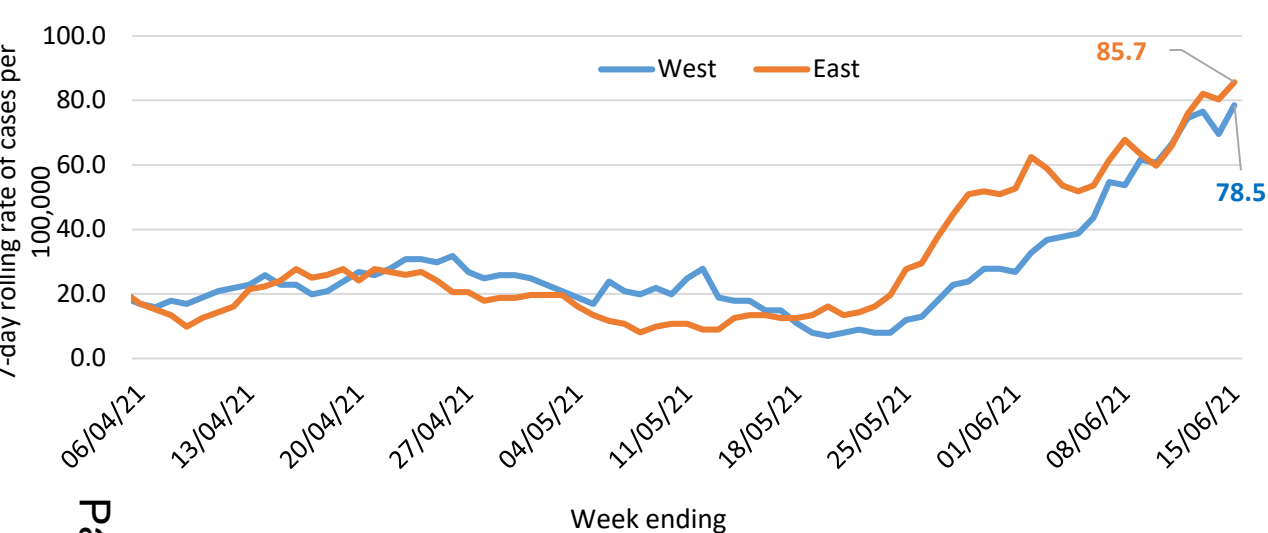


Source: PHE/CTTOG slides

# PCR confirmed COVID-19 cases in Merton residents by age, ethnicity, and geography

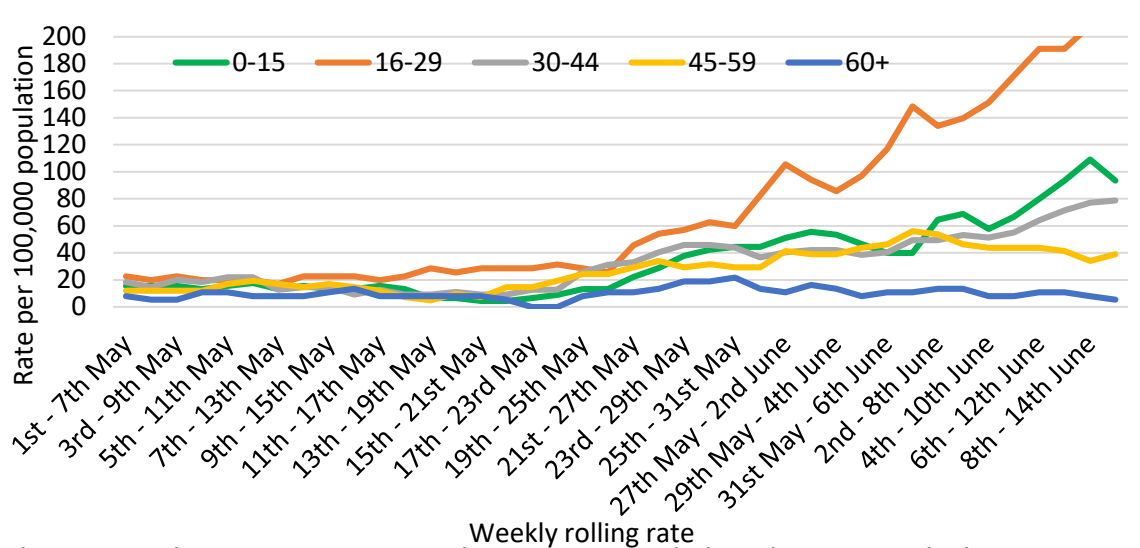
22nd June 2021

7-day rolling Pillar 1 and 2 COVID-19 case rates per 100,000 residents in East and West Merton



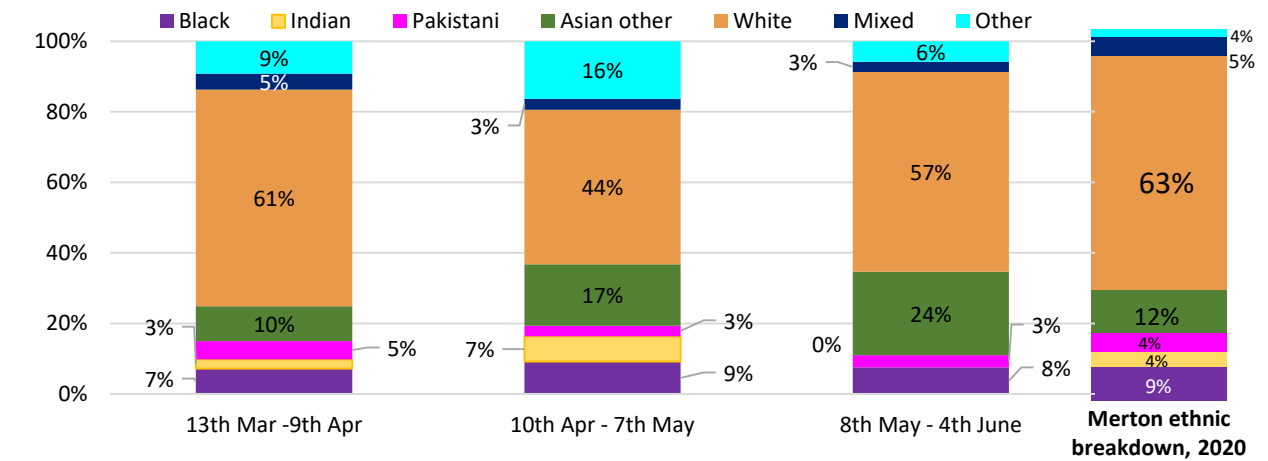
Source: PHE LSAT line list\*As of 14<sup>th</sup> June data source for new cases has changed to PHE Power BI

7 day rolling rate Pillar 2 case rates in Merton residents by age groups



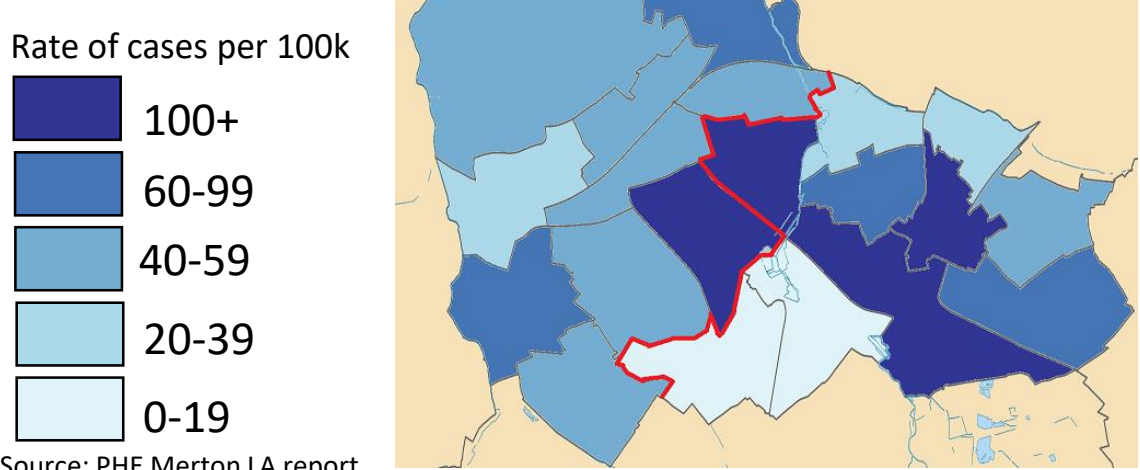
Please note there was an error on the previous week data due to miscalculation  
Source: PHE LSAT line list \*As of 14<sup>th</sup> June data source for new cases has changed to PHE Power BI

Pillar 2 COVID-19 cases in Merton residents - by ethnicity compared to Merton ethnic profile over 4 week periods\* (13<sup>th</sup> Mar – 4<sup>th</sup> June)



Source: PHE Power BI and GLA populations

Pillar 1 and 2 COVID-19 cases in Merton residents by ward over one week (4<sup>th</sup> – 10<sup>th</sup> June)



Source: PHE Merton LA report

# Overview of LFD Testing in Merton residents

## Merton residents overview (7<sup>th</sup> – 13<sup>th</sup> June)

- Merton completed **14,838** Pillar 2 LFDs for the week ending 13<sup>th</sup> June, across all settings.
- Merton completed **7,183.8** Pillar 2 LFD tests per 100,000 population for the week ending 13<sup>th</sup> June. This is 4th highest among SWL boroughs.
- Of LFDs completed in Merton, **0.4%** (64 tests) were positive. During the same period, **3.5%** (170 tests) of Merton PCR tests were positive.
- Among all 234 positive tests , **170 (72.6%)** were captured by PCR testing, and **64 (27.3%)** were captured by LFD testing.
- Merton ordered 932 home testing kits (week ending 13<sup>th</sup> June).

## London overview (7<sup>th</sup> – 13<sup>th</sup> June)

- London completed **500,192** LFDs for the week ending 13<sup>th</sup> June (across all settings). 2,085 of these were positive (**0.4%**).

## Merton resident LFDs by setting (7<sup>th</sup> – 13<sup>th</sup> June)

- LFDs in this report captures those performed in four settings: Local community pharmacies, Morden Assembly Hall, Merton Civic Centre, and Merton schools and colleges.
- There are currently two sources of data. We use local data collected directly from the sites, and school home kits reported via PHE

PowerBI

Setting	Reported weekly tests (7 <sup>th</sup> – 13 <sup>th</sup> June)
Centre Court*	213
New Horizons*	50
Merton Civic Centre**	100
Community pharmacies**	144
Schools and colleges home kits***	2,904

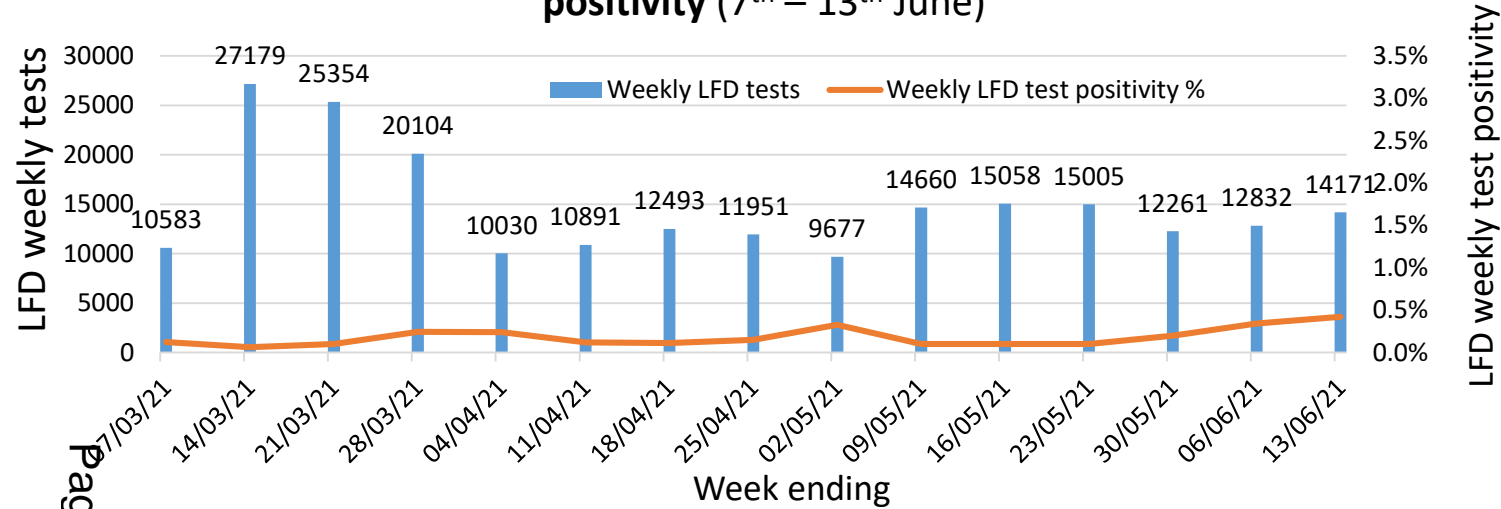
\*As reported by LBM  
\*\* As reported via PHE PowerBI (weekly tests 7<sup>th</sup> - 13<sup>th</sup> June)  
\*\*\* As reported via PHE regional dashboard (not currently being shared by PHE)

# Pillar 2 PCR and LFD usage across Merton

22nd June 2021

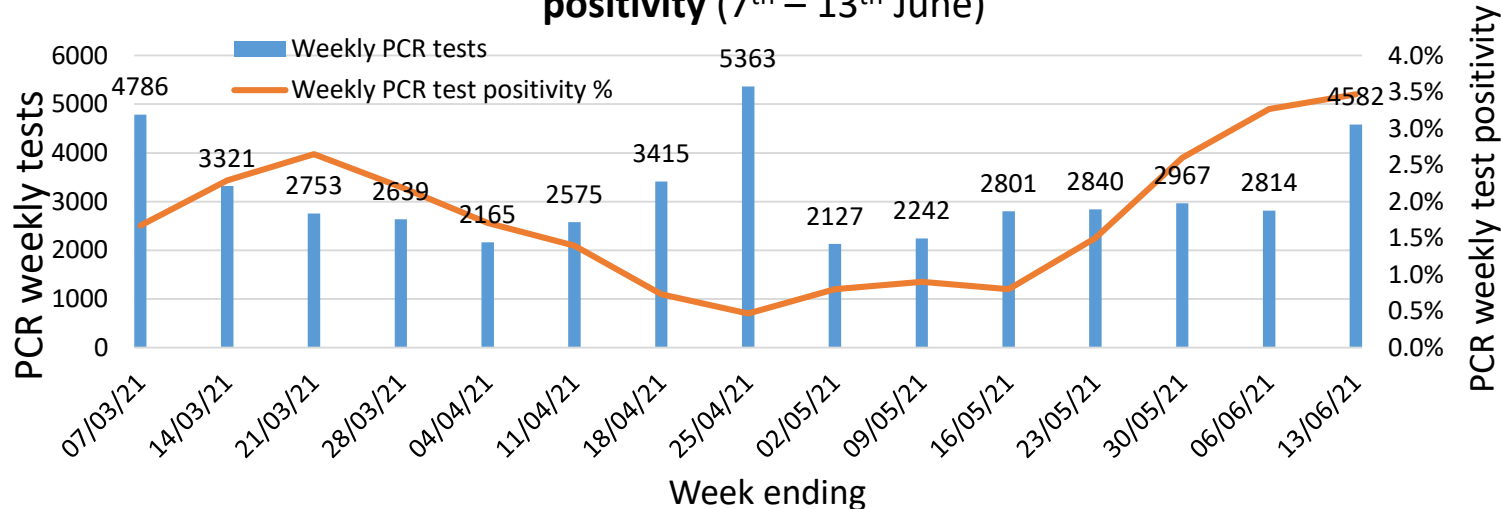
\*Please note data may be incomplete in recent days

**Pillar 2 weekly number of LFD tests among Merton residents and 7-day rolling test positivity (7<sup>th</sup> – 13<sup>th</sup> June)**



Please note school home LFD kits incorrectly listed as Pillar 1 have been corrected to Pillar 2.

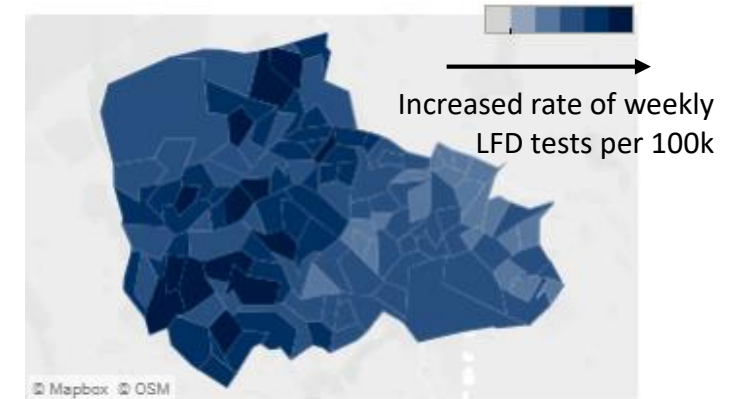
**Pillar 2 weekly number of PCR tests among Merton residents and 7-day rolling test positivity (7<sup>th</sup> – 13<sup>th</sup> June)**



Source: NHS digital containment dashboard and PHE power BI tool

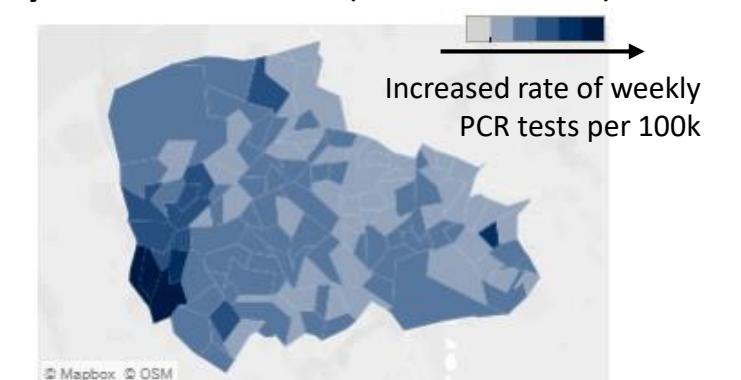
LFD Test positivity (7<sup>th</sup> – 13<sup>th</sup> June): **0.4%**  
(64 positive / 14,838 total)

**7-day rate of Pillar 2 LFD tests per 100,000 by LSOA in Merton (7<sup>th</sup> – 13<sup>th</sup> June)**



PCR Test positivity (7<sup>th</sup> – 13<sup>th</sup> June): **3.5%**  
(170 positive / 4,840 total)

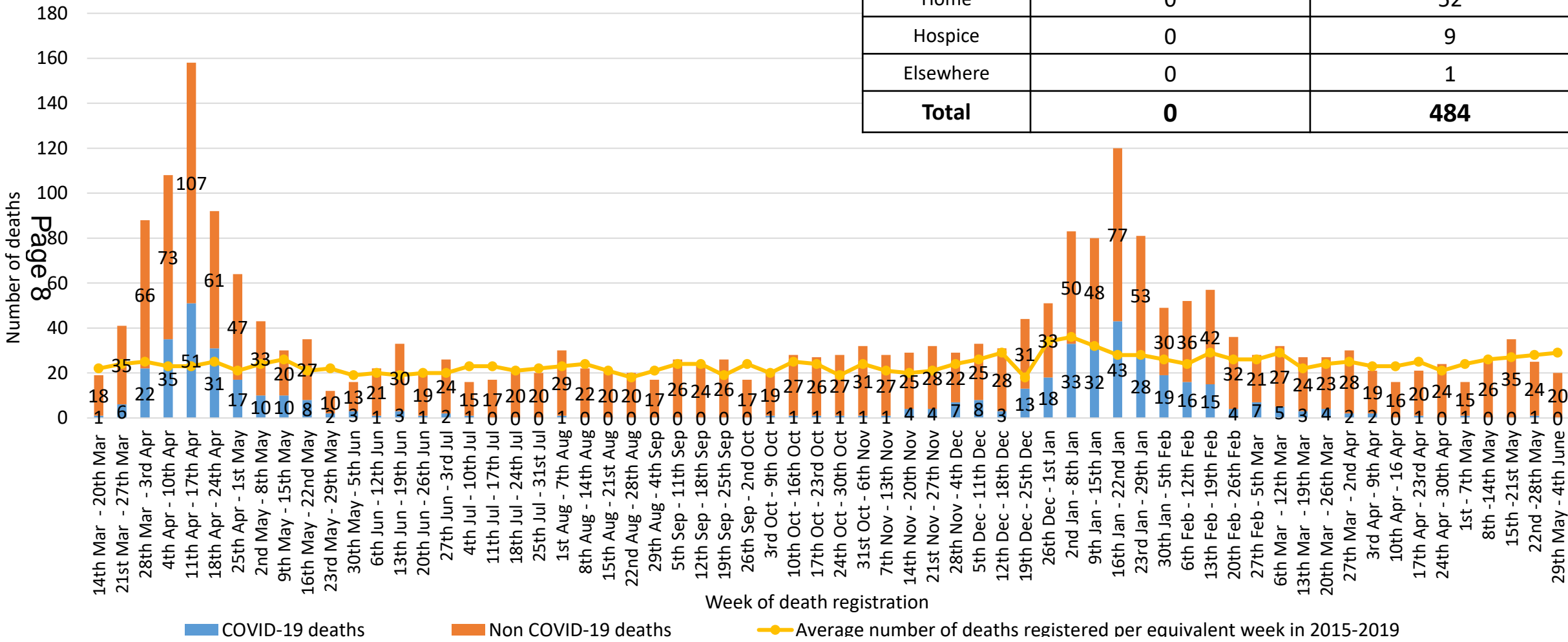
**7-day rate of Pillar 2 PCR tests per 100,000 by LSOA in Merton (7<sup>th</sup> – 13<sup>th</sup> June)**



Enquiries: [gary.forbes@merton.gov.uk](mailto:gary.forbes@merton.gov.uk)

# Number of deaths of Merton Residents by week of registration

Source: ONS  
Reporting frequency: Weekly



Place of death	COVID deaths over last week (29.05.21 - 4.06.21)	Cumulative COVID deaths (04.01.20 – 4.06.21)
Hospital	0	374
Care home	0	48
Home	0	52
Hospice	0	9
Elsewhere	0	1
Total	0	484

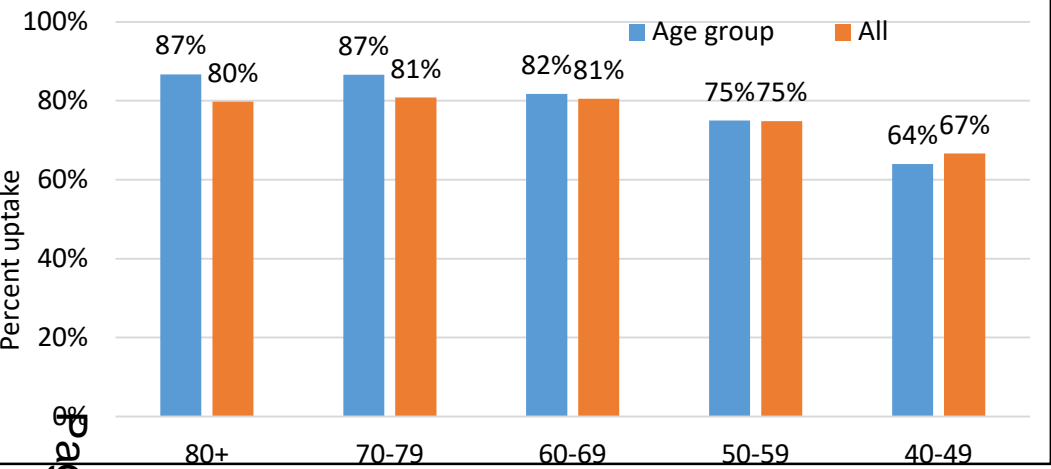
# Vaccine uptake by ethnic group among Merton residents and SWL boroughs

22nd June 2021

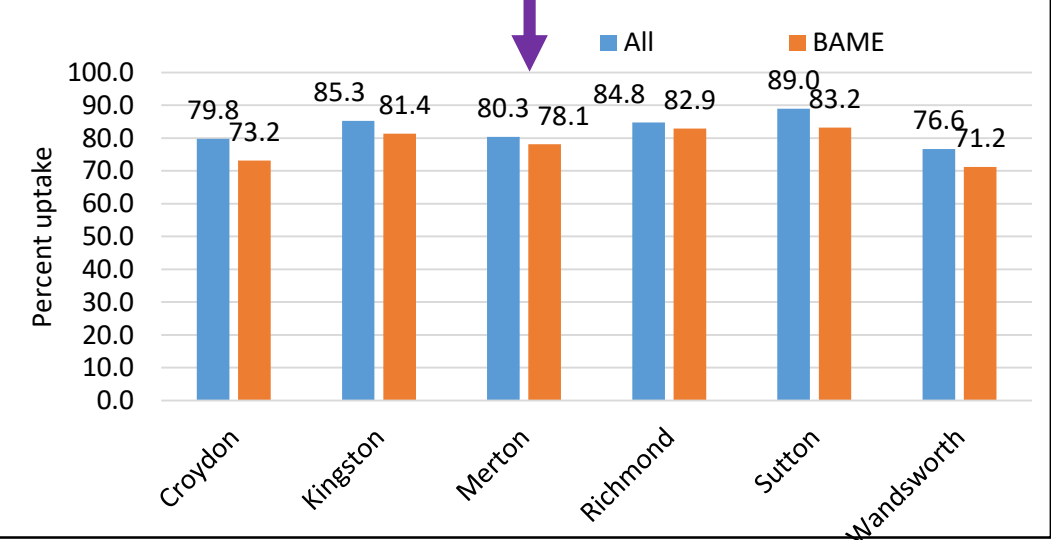
Data as of 11<sup>th</sup> June 2021

Enquiries: [gary.forbes@merton.gov.uk](mailto:gary.forbes@merton.gov.uk)

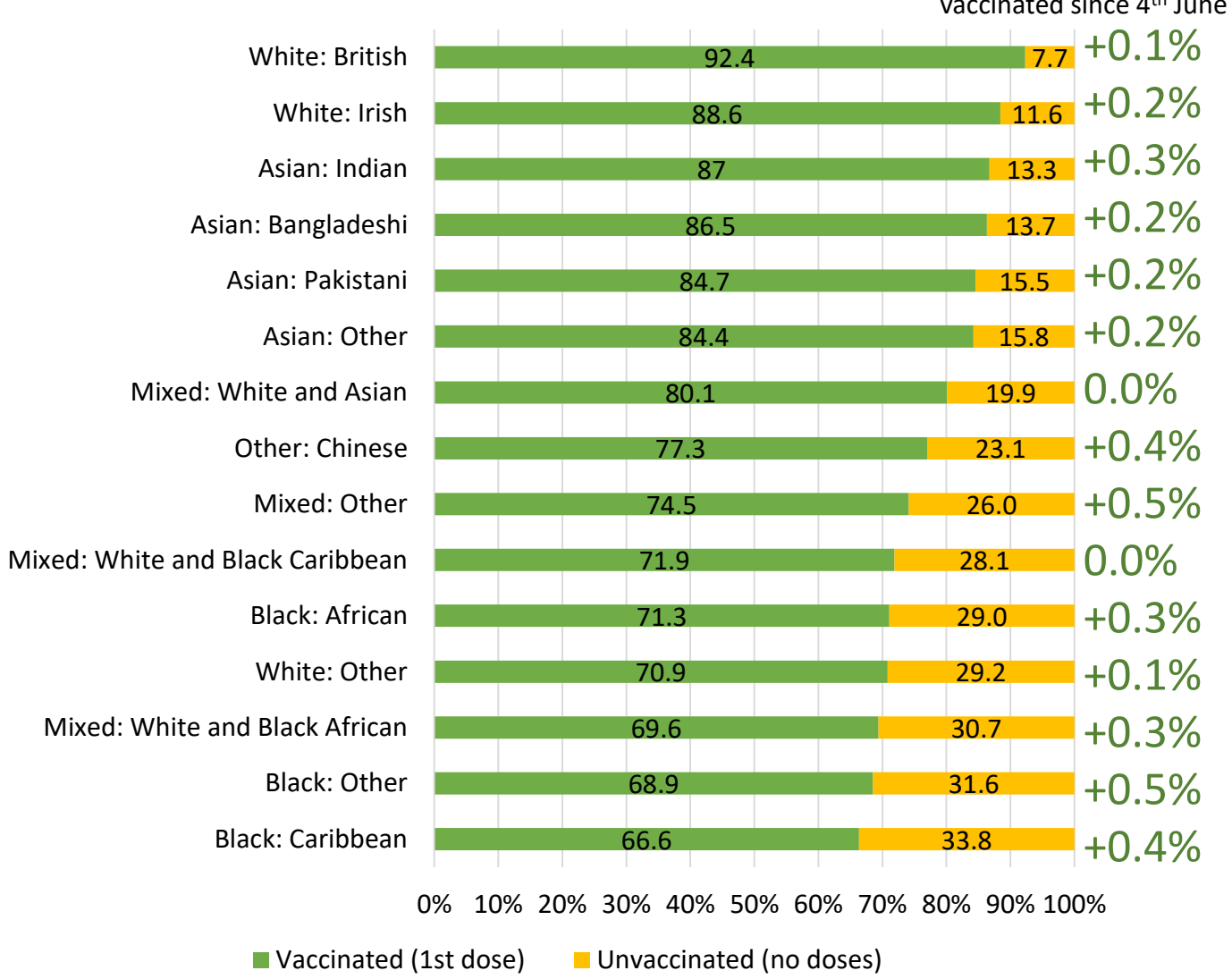
1<sup>st</sup> dose uptake among Merton residents - among all and BAME, by age group, as of 11<sup>th</sup> June 2021



1<sup>st</sup> dose uptake among all and BAME aged 50+, by SWL borough residents, 11<sup>th</sup> June 2021

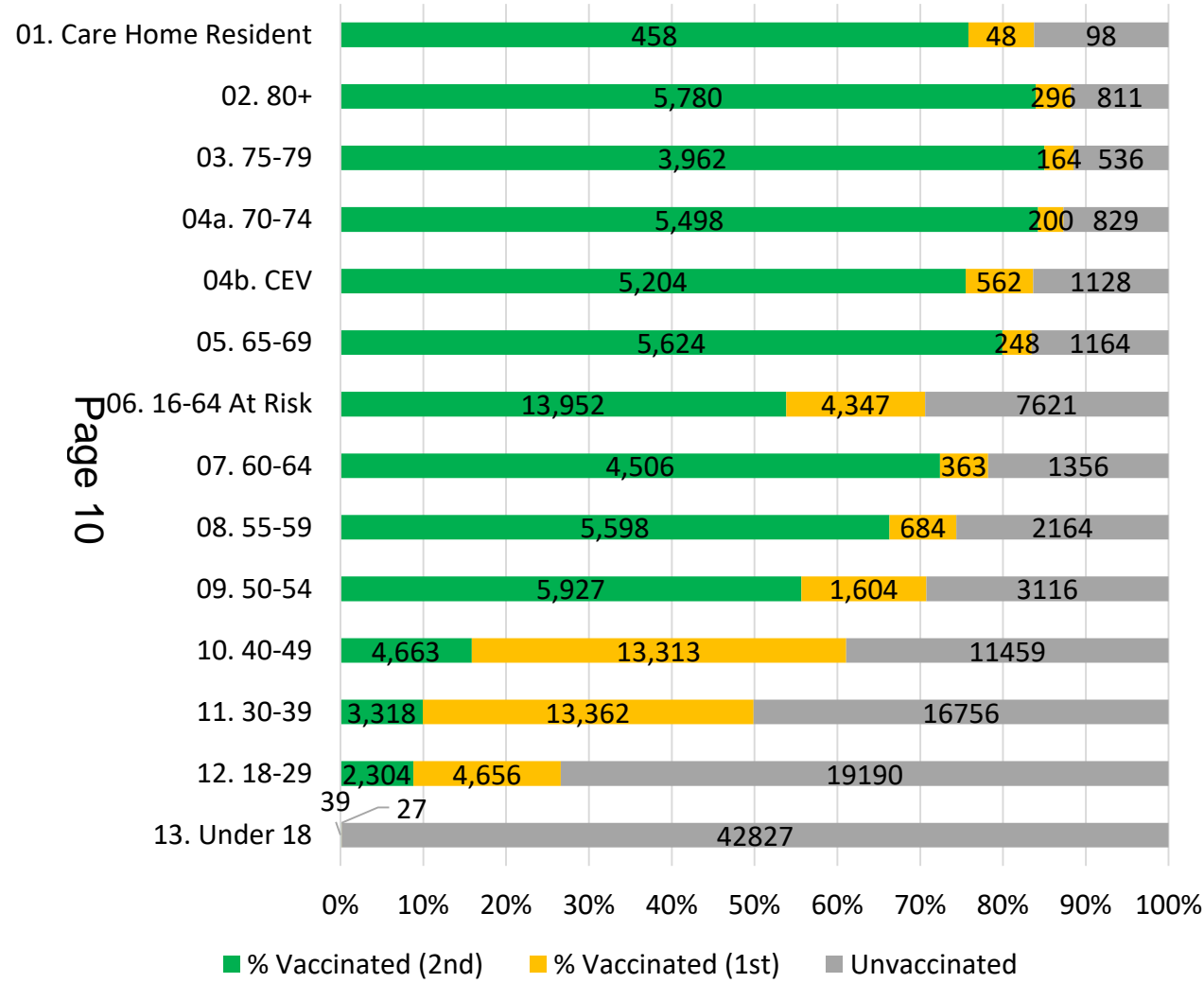


1<sup>st</sup> dose vaccine uptake (%) among those aged 50+ by ethnic group among Merton residents (as of 11<sup>th</sup> June 2021)



JCVI priority groups vaccine uptake in Merton residents

Using NIMS as population denominator (data as of 14<sup>th</sup> June)

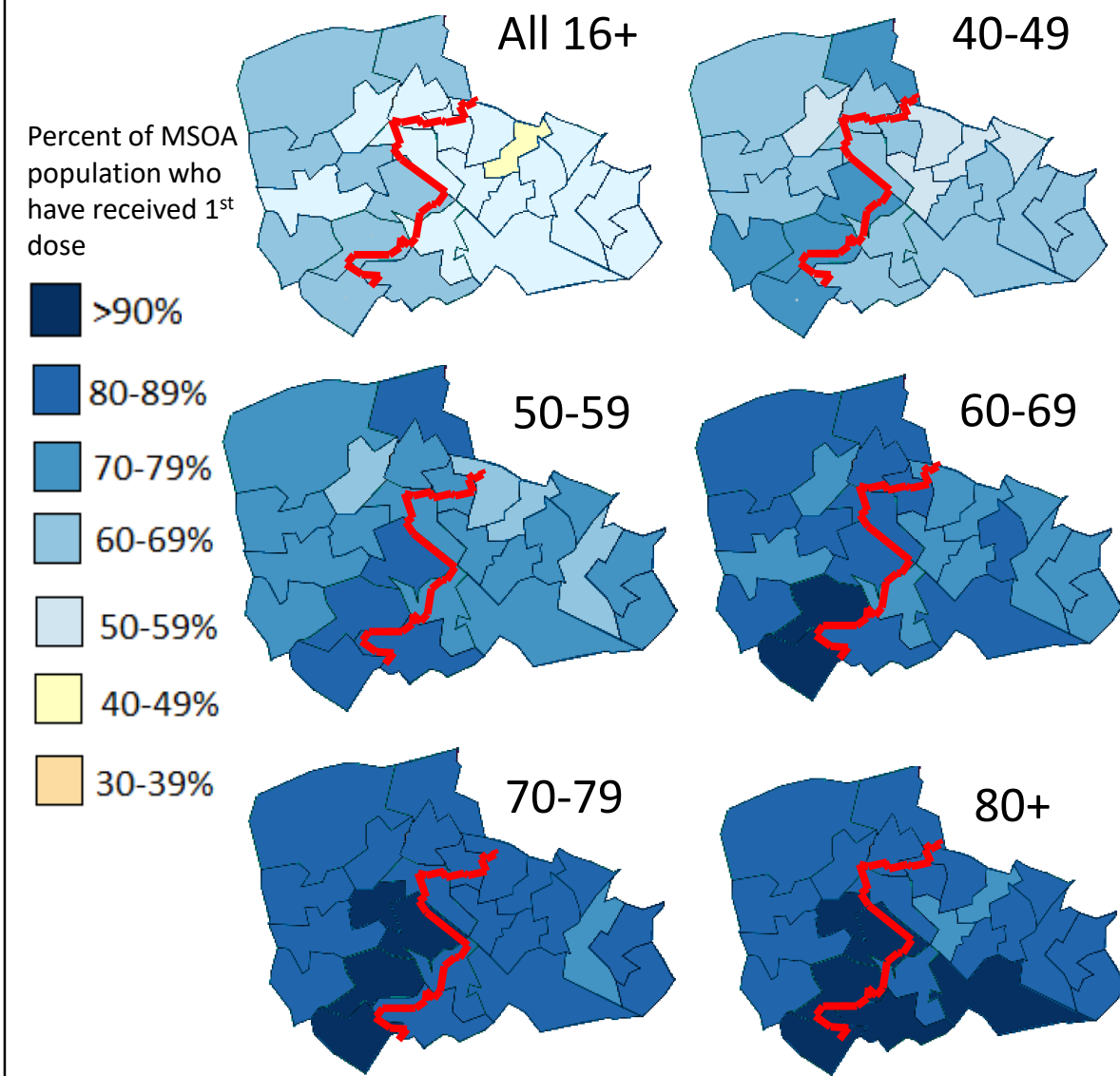


• CH res + staff = care home residents and staff  
• CEV = Clinically extremely vulnerable

Source: NELCSU vaccinations

Data has been extracted from NELCSU based on Merton residents not registered population

Percentage of Merton residents by age group and MSOA that have received 1<sup>st</sup> dose of COVID-19 vaccination (as of 6<sup>th</sup> June)



# HWBB Community Subgroup Report

## Purpose:

- HWBB sighted of Community Subgroup work, over which it has oversight.
- Insight from community engagement to feed into next steps and future plans for recovery.
- Local Outbreak Management Plan to be agreed by HWBB as recommended by Subgroup.

# HWBB Community Subgroup

Set up by the HWBB in August 2020 to focus on tackling inequalities highlighted through COVID:

- Disproportionate impact of COVID – targeted communications and engagement, jointly with community organisations, to give insight into lived experience.
- Vaccine Equity Plan (VEP)
- Local Outbreak Management Plan (LOMP)

# Merton COVID-19 Vaccination Equity Framework

**Aim: To achieve equitable COVID-19 vaccine uptake for Merton residents**

**Approach: Promote equitable vaccination in Merton via four enablers:**

## 1. Reducing barriers to access

*Make access to vaccines as easy and convenient as possible. E.g.*

- Temporary roving/mobile provision and transport support, for those who may not be able to travel and under-served communities.
- Data sharing to enable effective follow up, including GPs as most trusted for vaccination.
- Build vaccination into the local system in a sustainable, equitable and joined up way.

## 2. Communication and engagement

*Working with communities, including the underserved; strength-based approach; co-production. E.g*

- Partnership of 'No one left behind' as a core value in approach to engagement, with particular focus on under-served communities.
- Longer term engagement focus on prevention, including local skills development and integrated wellbeing service.
- Grow our active network of Merton Covid-19 Community Champions.

## 3. Partnerships and governance

*Commitment to whole systems working – recognising no one partner can achieve effective vaccine equity alone. E.g.*

- Work with NHS and Government to incorporate vaccination as a core part of screening and immunisation.
- Develop local governance with HWBB, Community Subgroup and Merton Vaccine Planning Group / Steering Group

## 4. Make best use of data, information and insight

*Evidence-based interventions; learning from data (qualitative and quantitative); transparency - sharing with the public. E.g.*

- Utilise emerging data on uptake to refine and target communication and engagement with highest risk and under-served groups.
- Work towards granular information on those who decline vaccine offer to help understand how best to reach those communities.

### Vaccination Timeline:

Phase 1: JCVI 1-9  
by 15 April 2021

Phase 2: All over 18s  
by 31 July 2021

Mop up: ongoing

Potential annual  
autumn booster:  
Nov

Longer term:  
ongoing vaccination  
as part of local  
infrastructure /  
outbreak control

# Engagement and communication with communities

- Programme developed jointly – LBM, NHS, Healthwatch and voluntary and community sector partners, **aiming to gain insight**, build confidence, manage expectations and increase uptake.
- **On-going commissioned** work with voluntary and community providers, to understand impact and build resilience as an intervention in itself e.g. BAME Voice and Merton Mencap (reports circulated) also Age UK, carers and young people.
- Covid-19 **Community Champions**, growing network of nearly 160 volunteers sharing information and engaging with their family, friends and local contacts.
- Merton **Community Hub** as a source of helpful information and approved resources including videos, Q&As etc.

- **Engagement with faith groups**, especially those serving black, eastern European and Tamil communities as well as local leaders e.g. head teachers as a source of trusted messages to families
- Work with the **wider health workforce**, including pharmacists, health visitors, practice administrative staff who know and have regular contact with communities.

## **Further examples of work underway:**

Merton Giving; On-street engagement; Funds and support for LBM Race Equality Network; Extended Carers Befriending Service; Cultural and heritage programmes / activities e.g. Windrush Day; 'Bundling' testing and vaccinations.

## Community insight – next steps

- Important that insight through community engagement helps **shape Council and partner** strategic short, medium and longer-term **priorities**.
- Maintain **ongoing funded co-production** with community and voluntary sector groups – rather than one-off commissioned work. Confirmed funding for Phase 2 of the BAME Voice led resilience programme - £165k funding for expanded programme of strategic support and co-delivery of immediate actions.
- LOMP approach to **actively work with communities**, to prevent new infections and contain outbreaks.
- Work with our communities to **build on local assets** and networks to promote resilience as part of both COVID response and recovery.

## Medium and Longer-term

- **HWBB Strategy** focus on tackling structural inequality, **promoting a fair and green recovery** – through a place-based approach and inclusive provision of holistic health and care services.
- **Your Merton** – engagement informing prioritisation, with emerging focus on inequalities /neighbourhood approach, shaping Council recovery programme.
- **Equality, Diversity and Inclusion Strategy** - community insight part of the evidence base.
- Focusing on prevention, early help, including local skills development; as part of **transforming how we work with communities**.

# LOMP (Local Outbreak Management Plan)

## Summary context, priorities and next steps

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- Requirement of DHSC, built on original Merton Outbreak Control Plan, incorporating learning from Wave 2.
- Providing a strategic guide for joined up local outbreak management.
- Objective of to keep COVID-19 infections as low as possible while coming out of lockdown and restarting economic activity and recovery.
- Action planning for implementation of LOMP priorities, alongside Contain Outbreak Management Fund (COMF) allocation 2021/22.
- Recruitment of additional resource to relieve staff for business as usual and recovery work.
- Ongoing alignment of LOMP implementation and Council recovery and transformation programme.
- Ongoing collaboration at sub-regional and London level across the new UK health Security Agency (UK HSA) and Office for Health Promotion are established.

### **LOMP outbreak management priorities:**

1. Reducing inequalities/embedding equity
2. Infection, prevention and control (IPC)
3. Community testing
4. Local contact tracing partnership and self-isolation
5. Variants of concern (VOC)
6. Vaccination
7. Communication and engagement
8. Data and insights
9. Compliance and enforcement
10. Events

# **NHS update**

**Mark Creelman – Locality Executive Director, Merton and Wandsworth  
NHS South West London CCG**

**Health and Wellbeing Board, 22 June 2021**

# **Partnership vaccination success**

# Vaccination success and walk-ins

- Over 876,000 people in south west London have now received their first vaccination
- In Merton 203,632 first and second dose vaccines have been administered
- 130,158 people have received their first dose and 80,757 people are protected by two doses.

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A significant programme of community outreach and pop up events in Merton has been targeting those areas with lower uptake rates, and those areas identified where additional local events will support the local communities to access the vaccination.



# Community outreach approach

In the last few weeks alone East Merton PCN has carried out the following walk-in clinics / pop-ups:

- Colliers Wood mosque – 274 vaccinated
- YMCA – 190 vaccinated
- St Mark's – 96
- Wilson – lots of walk-in sessions – thousands vaccinated
- New Horizon Centre – 532 vaccinated
- Wimbledon mosque – 759 vaccinated
- Salvation army – 12 vaccine
- East Merton bus garage – 48 vaccinated

Other locations have included:

- Morden Mosque
- The Baitul Futuh mosque
- Darul Amaan Mosque
- Hail Place
- Wimbledon Temple

Outreach events have taken place to target the following populations:

- Homeless Patients
- Sex workers
- Asylum Seekers
- Women currently residing in refuges
- Travelling communities



# Building confidence: community engagement approach

- We continue to engage with our local communities to give people the chance to ask local experts about the vaccine so that they can make informed decisions and we can understand any concerns they may have.
  - Since starting to engage, we have delivered 55 community conversations reaching approximately 1156 Merton residents. We have worked with community and voluntary groups, partners, and healthcare professionals to deliver these sessions and reach our local and diverse communities.
  - In the past couple of weeks, we have attended community conversations with the Polish community, the Morden Rotary Club and Young people.
- Page 21
- The Young Adult Covid-19 community champions hosted a webinar for Young Adults aged 18-30 who live, work or study in Merton. As the COVID vaccinations begin to be rolled out to younger age cohorts, the webinar provided young adults with the opportunity to ask local healthcare professionals any questions.
- Upcoming engagement sessions will be held with young people and ethnic minority communities. We are planning a zoom engagement session for our local Polish Community, which will include information about the COVID-19 vaccination, local testing and local NHS services including NHS 111. The session is being co-planned with Public Health.



# **East Merton Model of Health and Wellbeing**

# East Merton Model of Health and Wellbeing

## Merton Borough Estates Strategy Objectives - The East Merton Model

Merton's Local Health & Care Plan talks about using space differently, using different space and supporting independence, good health and wellbeing. Merton Borough Estates Strategy is a key enabler to help deliver the plan.

Our key strategic objectives are:

- Accessible buildings that are clean, 'fit-for-purpose' and safe, as committed to in the NHS Constitution.
- Buildings that are connected to the delivery of the Health and Care Plan in Merton, designed to support independence, good health and wellbeing, patient-centred care and a positive patient and staff experience.
- Contemporary facilities that are efficient, fully optimised and high quality, benefitting from the latest technology and contributing to environmental sustainability and local borough climate action plans.
- Facilities that are flexible, future-proofed, and sustainable, able to cope with the demands and flow of healthcare in the modern world and maintain resilient services.
- Facilities that improve health and wellbeing and reduce health inequalities, especially in the most deprived areas.

# The East Merton Model

East Merton has significant health and wellbeing issues which result in lower life expectancy and poor health for longer compared to West Merton\*.

The Merton Health and Care Together Plan “Start well, Live Well, Age Well” has identified a set of determinants of health and wellbeing in East Merton which demonstrate that access to healthcare interventions is only a part of a whole landscape of measures to support improving the health and wellbeing of the population in that locality.

South West London CCG and the East Merton Model of Health and Wellbeing programme recognises the opportunity to support families and people with long term conditions to stay healthier by delivering a Health & Wellbeing Community Hub with a focus on prevention. This is supported by Public Health and from the output of the Community Conversations held in 2016/17 - “not just another Health Centre”.

\* <https://www.merton.gov.uk/Documents/east-merton.pdf>

\* Barton & Grant <https://www.healthyrbandevelopment.nhs.uk/promoting-healthy-communities/wider-determinates-of-health/#:~:text=The%20ecosystem%20model%20of%20health,of%20society%20and%20the%20environment.>

# A new health and wellbeing hub

A new Health & Wellbeing Hub for the population of Mitcham & the local community will:

- Support those with long term conditions to live longer, healthier lives;
- Provide Adult, Children's and Young people's Mental Health services and other Children's services to support families to grow up healthy;
- Promote green & healthy spaces through outdoor activities linked to Social Prescribing (such as growing and gardening) and through landscaping at the site;
- Address variants in health outcomes through the provision of wrap-around community-based wellbeing activities;
- Present an opportunity to prioritise how we address the social determinants of health that particularly impact the local population;
- Combine services in one place and provide new, fit for purpose, modern facilities with the least disruption for patients and staff;
- Be designed for flexible use around 'smart working' tools to ensure office space is kept to a minimum and reduce the need for counters, desks and physical barriers between health professionals and people wherever possible to improve people's experience.
- Release NHS owned sites which could be developed for housing in support of the NHS policy and Merton's Local Plan.

# Progress and next steps

- As part of our due diligence we revisited the 2015/16 site. The Wilson site remains the NHS preferred option based on future proofing the service capability and deliverability;
- During 2020/21 the NHS took significant steps towards digitalisation and reducing space requirements due to the Covid-19 pandemic which also promoted virtual Multi-disciplinary Team (MDT) meetings where appropriate. We have built on this to ensure we provide flexible, bookable areas and reduce the need for costly office space.
- We have been working with NHS Property Services to develop the project and identify the capital required for the new facility since the ending of the national LIFT programme in 2019 and to identify the funding gap that could be met by SWL Integrated Care System capital over the proceeding years, or be included in our pipeline of schemes for central funding if and when available;
- We look forward to updating the HWBB on a regular basis and to building on all the brilliant community and stakeholder engagement that was done a few years ago. We welcome ideas as to how the local community can be involved in the design process at the appropriate point in the programme.



South West London  
Clinical Commissioning Group

# Better Care Fund

A stylized leaf logo, light green in color, with a black outline and several black lines radiating from the base to the tip, creating a segmented appearance.

Merton

# What is the Better Care Fund?

- National policy framework
- Local single pooled budget to incentivise the NHS and local government to work more closely
- Placing well-being as the focus of health and care services
- A mechanism for joint health, housing and social care planning and commissioning
- Brings together ring-fenced budgets from Clinical Commissioning Group (CCG) and local government including some specific funding

# Better Care Fund in Merton

- The total joint pooled contribution for Merton Local Authority and South West London Clinical Commissioning Group (SWLCCG) is £20m

Pooled Contributions		2020-2021
Minimum CCG Contribution		£13,547,883
iBCF		£4,862,396
Disabled Facilities Grant (DFG)		£1,452,224
Total		£19,862,503

# Services commissioned or funded by CCG and Local Authority

- The BCF Plan and Health and Care Plan need to be set in the context of the wider strategic landscape for health and care integration for adults in the borough. This is supported by other joint plans, including:
  - Merton Joint Health and Wellbeing Strategy 2019-2024
  - SWL Primary Care Strategy for 2019 and beyond
  - St George's Hospital Strategy 2019-2024
  - Carers Strategy 2020-2025.
- Services identified for funding by the Better Care Fund were priorities that supported the system priorities as defined by:
  - Merton Health and Care Plan 2019-21
  - NHS Long Term Plan
  - And supported system priorities in line with improving out of hospital services as defined within the five year plan including 2 hr rapid response, enhanced support to care homes, prevention of admissions and improving access to digital technology

# Allocation of the Better Care Fund in Merton

- Jointly agreed plan – must be agreed between the LA and CCG and other partners
- Merton Health and Wellbeing Board provides the forum to agree the plan and allocation of funding
- Funding allocation to support:-
  - Social care maintenance – must support social care provision
  - NHS commissioned out of hospital services – must deliver community based health care
  - Managing transfers of care – must support actions/services that promote timely patient flow through hospital and back into community settings

# Section 75. Agreement

- Agreement between local authorities and NHS bodies and can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner/s.
- Pooled budgets combine funds from Local Authority and Clinical Commissioning Groups (CCGs) to enable them to fund integrated services.
- Since the introduction of the Better Care Fund in 2015, CCGs and local authorities have been required to operate a pooled budget via a section 75 agreement
- Agreements will cover the following areas:-
  - Duration
  - Risk Share
  - Dispute Resolution
  - Governance

# Key Services supported through the Better Care Fund

- The key priorities for integration in 2020/21 BCF Plan mirror the Merton Health and Care Together Programme and these joint initiatives were built upon during the pandemic to enable:
  - Proactive care to support the vulnerable in their own homes – Integrated Locality Teams
  - Improved flow from hospital to the community and integrated intermediate care
  - Rapid Response Services
  - Enhanced Support to Care Homes
  - Work to Reduce Inequalities
  - Disabled Facilities Grant to support these initiatives

# Integrated Locality Teams

- Multi-disciplinary working across health and social care across Merton responsible providing integrated, person-centred, proactive care for complex patients at high risk of admission, those with severe frailty and those who are in the last year of life.
- The BCF contributes to:
  - The locality based community teams, made up of nurses (including case managers, care navigators, dementia specialist nurses, end of life care nursing)
  - 4 health liaison social workers
  - Voluntary sector services, including Dementia Hub, Carers Support, falls and other prevention initiatives
  - Telecare through MASCOT
  - Living Well Service run by Age UK to improve physical and mental wellbeing
  - Community Response Hub which initially started in response to the COVID 19 pandemic, but identified an ongoing need for independent advice and support.

# Improving Flow from Hospital to Community & Integrated Intermediate Care & Rapid Response

- Single Point of Access (SPA) in place for Discharge to Assess and for Intermediate Care to support people home from hospital sooner.
- The BCF contributes to:
  - Reablement services (with increases in provision in 2020/21 to support evenings, weekends and admission avoidance)
  - Home and bed based rehabilitation
  - Integrated domiciliary packages of care, including temporary funding for 12/24 hr care if needed
  - Rapid Response offering rapid two hour response to prevent admission to hospital and work to provide a single seamless service if social care required
  - In reach nurses at St George's to help with admission avoidance and complex discharges
  - Community Equipment (ICES)
  - 7 day working

# Enhanced Support to Care Homes

- A range of initiatives and services providing enhanced support within care homes in order to improve quality, help people access the right care and where possible out of hospital.
- Initiatives include a successful weekly Information Sharing session, the multi-agency Joint Intelligence Group and a proactive and multi-agency care homes steering group.
- More tailored training and support during COVID, including Infection control training and support, tracking of COVID outbreak and PPE requirement (COVID investment)
- The Red Bag has been implemented and embedded which has supported getting residents back to their care home sooner following admission to hospital.
- Commissioned additional care home beds TADD and COVID contact including rehab wave 1 and 2 (COVID investment )
- Interim care home support which will be recruited to on a permanent basis in 21/22.

The BCF contributes to:

- Support given by Rapid Response, End of Life Care Nurses and other specialists to care homes
- Equipment to pick up fallers in care homes

# Work to Reduce Inequalities

- Community Response Hub which initially started in response to the COVID 19 pandemic, but identified an ongoing need for independent advice and support.
- Living Well Service run by Age UK to improve physical and mental wellbeing
- Funding the voluntary sector to reduce factors that increase the likelihood of presentation to health or social care, including an enhanced lunch club offer, improving heating and insulation, supporting access to benefits and helping with small grants for energy, food and clothing.
- Reducing isolation especially amongst older men through our music workshops- Tuned In (A single has just been produced called Uptown Lockdown)
- Contribution to Social Prescribing, which has a particular focus on those areas and individuals where there is social complexity
- Falls and other prevention initiatives including 'Merton Moves' and 'Happy and Active in Merton' linking with libraries around digital inclusion which has been key during the pandemic.

## Work to Reduce Inequalities through the Disabled Facilities Grant (DFG) includes:

- Hospital to home assistance and assistance with preventing admission or re-admission to hospital, e.g. blitz cleans, moving furniture and basic equipment e.g. bed/bedding.
- Relocation Assistance and Emergency Adaptations
- Dementia Friendly Aids and Adaptations Grant
- Helping Hand Service for Low Level Hazards
- Help with Energy Efficiency

# Other Key COVID Services - 2020/21

- 3 COVID Virtual Wards (Enhanced Discharge to Assess)
  - The ED2A team rapidly established to provide an enhanced degree of monitoring to the Discharge to Assess team, offering screening/triage and care intervention for people identified as able to return home (i.e. medically stable) but requiring some additional medical monitoring in addition to support from health and/or social care.
  - Working in an integrated manner with acute consultants, coordinated the delivery of the specific professional interventions that support quicker discharges as described in the integrated care plans through a care coordination approach
  - Avoided unnecessary readmissions, meeting a patient's needs in the home environment where possible after discharge, through early
  - identification of patients moving towards crisis

# BCF 2021/22 Onwards

## BCF confirmed for 2021-22

Planning Requirements expected to be published imminently

Local Government Finance Settlement confirmed some Local Government aspects of the pooled funds – Improved BCF and Winter Pressures Grant will continue in 21/22.

CCG minimums to be confirmed – LTP growth of 5.3%

Disabled Facilities Grant not yet announced.

**Consensus on the importance of joint working between health and care sectors**

**Review of the BCF 2015-2020 has built on the vision of the NHS LTP**

**Beyond 2021-22**

**Focussing on personalisation and better outcomes for people**

**Greater focus on aligning health and social care systems priorities - Integrated Care Systems**

# **Moving towards becoming a SW London Integrated Care System**

# An overview: moving to a SW London ICS

On 26 November 2020, NHSE/I published a discussion document '[\*Integrating care: Next steps to building strong and effective integrated care systems across England\*](#)' to open up conversations with the NHS and its partners about how ICSs could be embedded in legislation or guidance.

Feedback from the NHS and its partners (including our SW London feedback) on the discussion document was used to write a White Paper which was published on 11 February 2021.

# Under the new White Paper

## ICSs will:

- Become statutory NHS organisations
- Incorporate the functions of current CCGs
- Have two boards – an NHS ICS Board; and a Health and Care Partnership Board
- Take effect from 1 April 2022 (subject to legislation being passed)

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## The latest on the legislation timetable is:

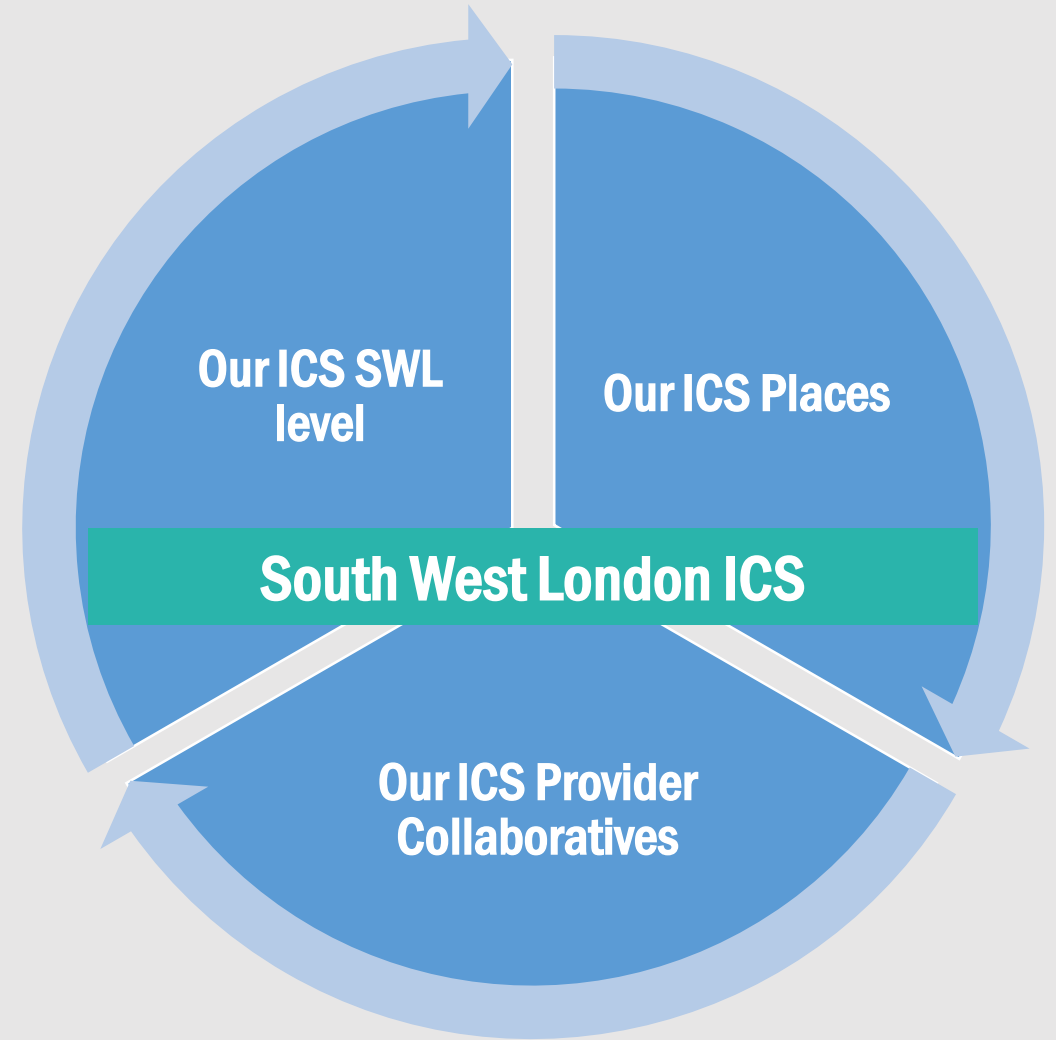
- Parliamentary debate May 2021
- Royal Assent January 2022
- New ICS structures take effect April 2022

# Core purpose of an Integrated Care System

ICSs are being proposed to serve four fundamental purposes:

1. improving population health and healthcare;
2. tackling unequal outcomes and access;
3. enhancing productivity and value for money; and
4. helping the NHS to support broader social and economic development

**Our ICS is made  
up of a three  
parts; together  
we are the  
ICS....**



# What does it mean for us in Merton?

- Borough (place) based partnerships are an important part of the SWL Integrated Care System.
- In SW London we already have a strong health and care partnership, which is rooted in a borough-based local approach.
- This pandemic and now the proposed ICS legal framework will help our Sutton partnership to develop and evolve, building upon our local health and care plan to ensure that local people are able to:
  - access clear advice on **staying well**;
  - access a range of **preventative services**;
  - access **simple, joined-up care and treatment** when they need it;
  - access **digital services** (with non-digital alternatives) that put the citizen at the heart of their own care;
  - access proactive support to keep as well as possible, where they are **vulnerable or at high risk**; and to
  - expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in **social and economic development and environmental sustainability**.

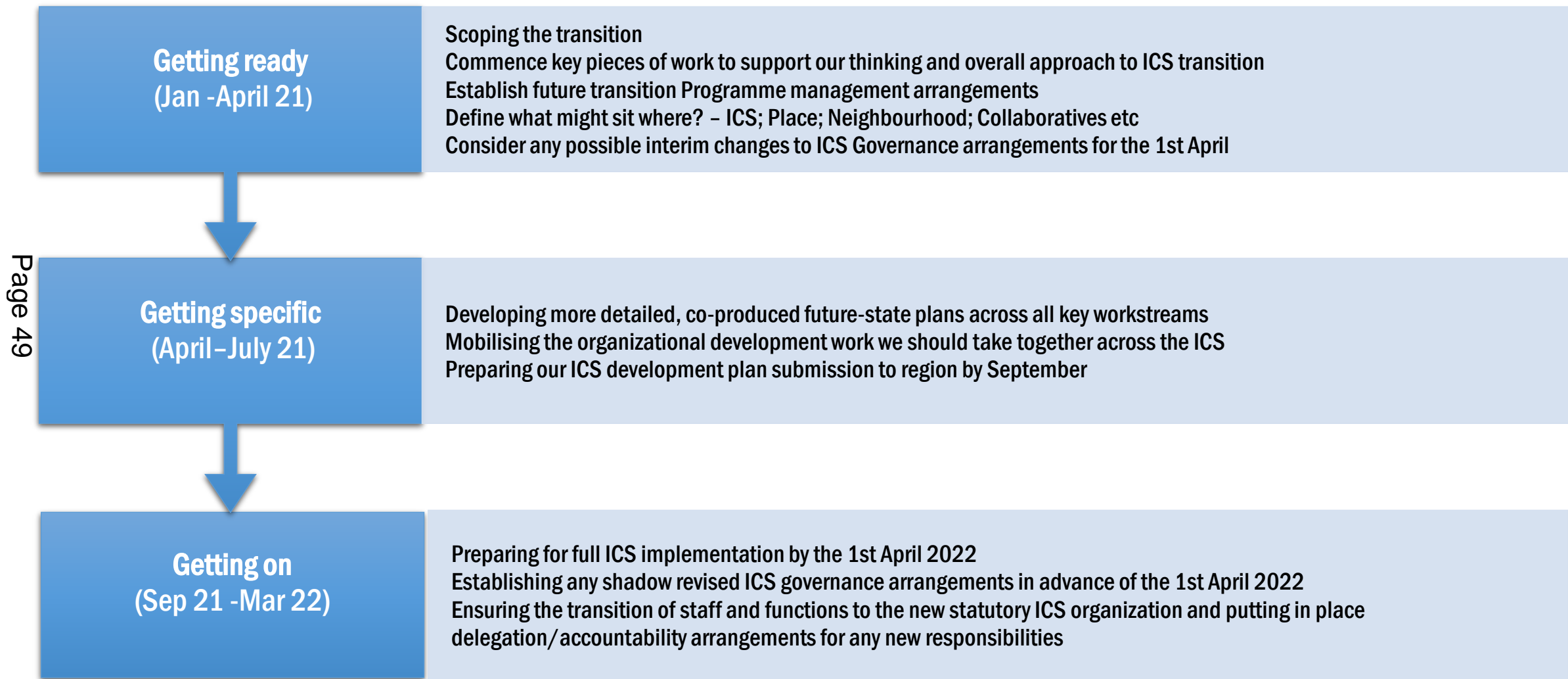
Delivery will be through NHS providers, local government, primary care and the voluntary sector working together in each place in ICSs, built around primary care networks (PCNs) in neighbourhoods; working together with meaningful delegated budgets to join up services.

# What does it mean for us in Merton?

- In place-based partnership a **place leader on behalf of the NHS** will work with partners such as the local authority and voluntary sector in an inclusive, transparent and collaborative way. They will have four main roles:
  - 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.
- Systems should ensure that each place has **appropriate resources, autonomy and decision-making capabilities** to discharge these roles effectively, **within a clear but flexible accountability framework, this could include places taking on delegated budgets.**
- The **exact division of responsibilities between system and place** should be based on the principle of subsidiarity – with the system taking responsibility only for things where there is a clear need to work on a larger footprint, as agreed with local places.



# The Transition Plan is likely to have a number of key phases over the next 15 months



# Merton Place transition team – who are we?



**Vanessa Ford**  
**NHS Transition Place Based Lead**  
Chief Executive of South West London &  
St George's NHS Mental Health Trust



**John Morgan**  
Assistant Director  
Adult Social Care  
Merton Council



**Simon Shimmens**  
CEO  
Merton Voluntary Service  
Council



**Alison Edgington**  
Director of Operations Central London  
Community Healthcare NHS Trust



**Dr Dagmar Zeuner**  
Director of Public Health  
Merton Council



**Dr Sayanthan Ganesaratnam**  
Merton GP and Lead Medical  
Director  
South West London Primary Care  
Provider Alliance



**Jen Goddard**  
Associate Director of Strategy  
and Partnerships  
South West London & St  
George's Mental Health NHS  
Trust



**Suzanne Marcello**  
Director of Strategy  
St George's University Hospitals  
NHS Foundation Trust

# Each local Transition team have been asked to begin to meet and focus on a number of key development areas.....

1. Begin work across each local placed based partnership to **identify and develop a 6,12- and 18-month programme** to deliver place requirements outlined in the White paper.
2. Reviewing and developing **revised Local Health and Care Plans** built on locally identified priorities and linked to expected national planning guidance.
3. Set **clear expected outcomes** for place priorities and actions so that their impact may be tracked.
4. Engaging in the **Strengthening Communities Programme Group** to think through in more detail the approach to place-based development, share learning and support the system wide development of place-based arrangements

In addition we will be working with each transition team to support them to consider how they embed the **patient and community voice** going forward

# Partnerships and Engagement

We want to build common purpose among all ICS partners in our six boroughs in SW London, so we can accelerate integrated care for patients and communities and involve our citizens in our work.

We will do this through:

- A range of direct engagement activity; approaches with all stakeholder groups and citizen forums
- Engaging system partners in ongoing testing and refining our locally developed approaches to change
- Building on examples and models already developed by ICS's around the country, to maximise and share the benefits of their learning and insight from application and implementation
- Working to build broad strategic support among local stakeholders and citizens
- Highlighting success stories that inspire, and providing clear narratives for key staff groups and organisations across SW London
- Continuing to develop our partnerships with local government, providers and the voluntary sector
- Developing strong approaches to public and community engagement

# Three workstreams for our SWL communications and engagement

**1. Communicate transparently**, build understanding and broad support for our SWLondon health and care system as it develops

**2. Create common purpose** and shared ambition by co-designing wherever we can, our future SW London system and way of working with our ICS partners. We need this to accelerate integrated and improved care for patients and communities.

**3. Design the future for patient and community voice** by developing a clear approach and a framework for public and community engagement for SW London

# Next steps

- Building upon a legacy of collaboration and trust in our SW London partnership to co-design and deliver what is required by NHS England and the subsequent legislation.
- Place is an important building block of our ICS and we are working with local transition teams to design what this looks like for each borough.
- Developing a clear approach and a framework for public and community engagement for the new ICS organisation.
- Continuing to gather intelligence from NHS England and will consider any further guidance and learning as it emerges.



Health and Wellbeing Board  
22 June

Planning recovery:  
Your Merton

*Engaging our community in post-  
pandemic priorities*

# Outline

- Your Merton
- How we are engaging people
  - Next steps
  - Working with partners
- Questions and discussion



# What is Your Merton?



- Our biggest-ever engagement with residents, with more opportunities to give us their views than ever before
- Aimed at everyone who lives, works, travels to or studies in the borough
- Delivered through multiple channels to ensure we can get views from as many people as possible
- Findings will inform post-pandemic priorities for recovery and future of Merton as a place

# How we are engaging people

- ✓ **Telephone-based residents' survey** - representative survey of 1000 adults and 110 young people, representative sample.
- ✓ **Dedicated website through Commonplace** - open and interactive web-based platform for mass online engagement <http://merton.gov.uk/YourMerton>
- ✓ **Direct engagement through local groups** working through Merton Connected to commission local groups to carry out engagement with key groups and those less likely to engage through our website.
- ✓ **Online 'sense-checking' focus groups with residents** - follow up focus groups which allow us to 'play back' emerging findings and test priorities with residents

# Your Merton website

**Your places in Merton**



Share the places that are important to you in Merton using our Interactive Map.

**Life in your local area**



173 comments

Share your thoughts and feelings about where you live, work and study.

**Your experiences during the pandemic**



41 comments

Tell us how the pandemic has impacted your daily life and your local area.

**Your ambitions for the future**



68 comments

Create the future you want to see for your local area.

Understanding what matters most to people who live, work and study in the borough

How the pandemic has affected them and life in their local area

What they want to see for the future – hopes, aspirations and ideas



# Developing an ambition for Merton

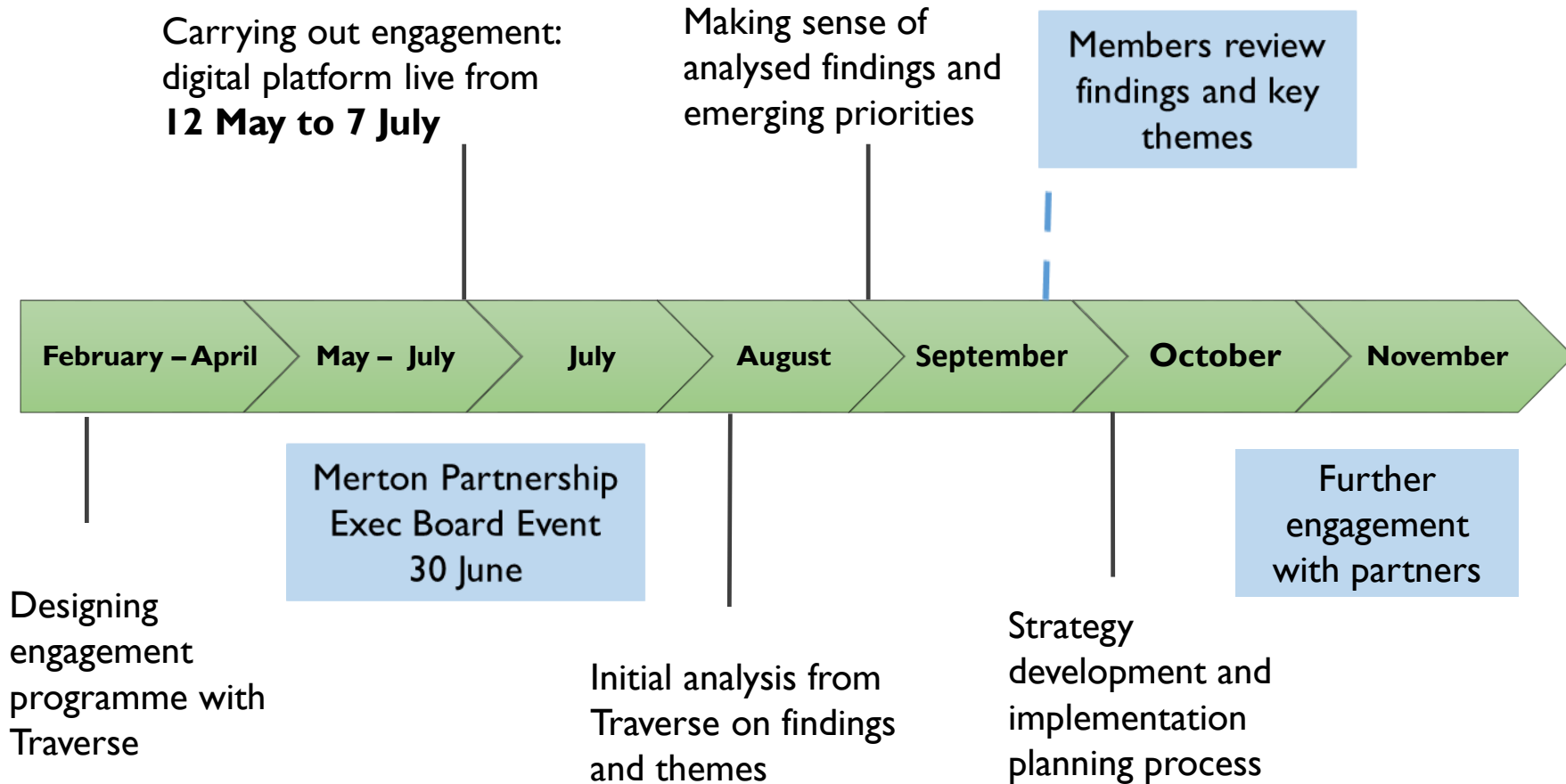
- Findings and analysis will inform a draft ambition for Merton with high-level priorities, looking ahead to the long term.
- Building on what is already underway across our strategic partnerships and Covid-19 response – *such as the Health and Wellbeing Strategy, Community Plan, Climate Change Action Plan...*
  - Identifying the priorities and key ideas for recovery planning.
- Implementation and delivery planning stage from Oct/November - including further engagement and collaboration with partners.

# Recovery and Modernisation: Cross cutting projects

- Transforming how we work with communities
  - Black Lives Matter
  - Digital by Design
  - Local Transport review
- Smart working
- ICT Transformation
- HR Operating model
- Mobile Working

*Further transformation work underway within departments*

# Timeline and next steps



# Working with our partners

- Share the link with your networks, patient groups and staff - and complete yourself! <https://engagingmerton.commonplace.is/>
- Materials available for partners to promote on social media
- Tell us about what you're doing on future planning and recovery – including any insight and engagement.
- Think about how your organisation could work with us to develop and deliver future priorities in the ambition.

# Questions and discussion

1. What do you think are the longer term health and wellbeing impacts for our communities in Merton?
2. What priorities are likely to emerge from Your Merton or should be considered for the ambition?
3. How might the Health and Wellbeing Board shape and contribute to the ambition?

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