

Merton Council

Health and Wellbeing Board

Date: 24 March 2015

Time: 1.00 pm

Venue: Committee rooms C, D & E - Merton Civic Centre, London Road,
Morden SM4 5DX

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

1	Declarations of pecuniary interest	
2	Apologies for absence	
3	Minutes of the meeting	1 - 4
4	Better Care Fund	To follow
5	MCCG Draft Operating Plan Refresh	Presentation
6	Health and Wellbeing Board Terms of Reference	5 - 14
7	Health and Wellbeing Strategy Refresh 2015-2018	15 - 18
8	Pharmaceutical Needs Assessment	19 - 22
9	Charter for Homeless Health	23 - 26

Future meeting dates

23 June, 29 September, & 24 November 2015.

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

Requests to speak will be considered by the Chair. If you would like to speak, please contact democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093.

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

Health and Wellbeing Board Membership

Merton Councillors

- Caroline Cooper-Marbiah (Chair)
- Gilli Lewis-Lavender
- Maxi Martin

Council Officers (non-voting)

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

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Barbara Price, Chair of Healthwatch

Non statutory representatives

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

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTH AND WELLBEING BOARD

27 JANUARY 2015

(13.00 - 14.10)

PRESENT: Councillors Councillor Caroline Cooper-Marbiah (in the Chair), Councillor Gilli Lewis-Lavender, Councillor Maxi Martin, Kay Eilbert, Simon Williams, Eleanor Brown, Howard Freeman, Melanie Monaghan and Khadiru Mahdi.

ALSO PRESENT: Ian Beever (MVSC);
Cynthia Cardozo (substitute for Adam Doyle), MCCG (Merton Clinical Commissioning Group);
Dave Curtis (Healthwatch);
Taisu Dromeh (NHS England);
Jemma Gilbert (Head of Primary Care Transformation, NHS England) (London Region);
Sue Goss, OPM (Office of Public Management); and
Donna Johnson (Services Manager, Merton Dementia Hub)

Paul Ballatt (Head of Commissioning, Strategy and Performance, CSF), Clarissa Larsen, and M.J.Udall

1 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies for absence were received from: Yvette Stanley (Director of Children, Schools and Families); and Adam Doyle and Geoffrey Hollier, MCCG (Merton Clinical Commissioning Group).

2 MERTON DEMENTIA HUB (Agenda Item)

Prior to discussion of items on the agenda, at the invitation of the Chair, Donna Johnson, Services Manager, Merton Dementia Hub (where the meeting was being held), outlined the services provided by the Hub including -

- (a) that the Hub had been opened by the Council with the Alzheimer's Society as service provider for people with dementia and their carers;
- (b) that services were provided both at the Hub and across the Borough;
- (c) the help and access to services given to those just diagnosed with dementia;
- (d) information and support for carers, including separate support groups for those with dementia and carers;
- (e) access to various therapies and facilities such as "singing for the brain" sessions, dementia cafés, falls prevention and chair zumba; and
- (g) new project to work with young people diagnosed with dementia.

Donna Johnson then briefly responded to questions, including the provision of services to ethnic minorities. The Chair then thanked her for addressing the Board.

3 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

None

4 TRANSFORMING PRIMARY CARE (Agenda Item 4)

Consideration of this item was brought forward. Eleanor Brown, MCCG (Merton Clinical Commissioning Group) introduced the report including outlining the presentation included within the agenda.

There was discussion of ways to ensure that doctors, especially young doctors, were attracted to general practice in the future, and in South West London the problem of property prices for doctors wishing to live in the area.

Paul Ballatt (Children, Schools and Families Dept.) referred to the need to give young people a voice in any consultation and in the provision of services.

Eleanor Brown confirmed that the timetable for the proposed transformation was 5 years but that some aspects, such as extended opening hours for practices, would need to be implemented earlier. She confirmed that an action plan/schedule for the transformation would be produced.

RESOLVED: The Board notes the Transforming Primary Care update.

5 MINUTES OF THE MEETING HELD ON 25 NOVEMBER 2014 (Agenda Item 3)

Kay Eilbert (Director of Public Health Merton) suggested that an action sheet be issued in addition to the Minutes. *(NB. Democratic Services will highlight resolutions for each item in future.)*

RESOLVED: That the Minutes of the meeting held on 25 November 2014 be agreed as a correct record.

6 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION (Agenda Item 5)

Kay Eilbert introduced this report.

RESOLVED: (A) To note that the statutory 60 day consultation of the draft PNA has been completed and responses are being collated.

(B) That the final draft PNA will be sent to HWB members in mid February for comment, in advance of its finalisation.

(C) That the HWB agrees to receive the completed PNA at its March 2015 meeting for adoption; in advance of the statutory deadline of 1st April 2015.

7 HEALTH AND WELLBEING STRATEGY: REPORT ON PRIORITY 2 (Agenda Item 6)

Kay Eilbert introduced this report, and highlighted progress as outlined in the table included in the report.

In response to queries from Councillor Gilli Lewis-Lavender about specific services for people with learning disabilities, Kay Eilbert advised that Public Health looked at universal needs across Merton for all residents, including those residents with disabilities; and that where specific needs are identified, this would be considered as a priority, but wider work would continue to be delivered outside of the Health and Wellbeing Strategy priorities. **Kay Eilbert undertook to contact Councillor Gilli Lewis-Lavender further on the issue.**

There was then discussion of the contribution which the voluntary sector could make to assist people with disabilities, and the level of support needed from local and central government.

RESOLVED: That the progress on the delivery of the Health and Wellbeing Strategy Priority 2: (Supporting People to Improve their Wellbeing) be noted.

8 HEALTH AND WELLBEING STRATEGY: REPORT ON PRIORITY 4 (Agenda Item 7)

Chris Lee (Director of Environment & Regeneration) introduced the report. Khadiru Mahdi, MVSC (Merton Voluntary Services Council) advised that further data on volunteers was available and circulated some copies with the relevant data (*which was subsequently published on Merton's web-site – with the other agenda papers for the meeting*).

Reference was made to the lack of a target for the number of betting shops/related businesses in the Borough (in para. 4.5.5 on agenda page 57).

RESOLVED: That the Health and Wellbeing Board review and agree responses, from the Sustainable Communities and Transport Partnership, to the actions set out in the attached draft Health and Well Being Delivery Plan 2013/14 for Priority Theme 4: Improving wellbeing, resilience and connectedness.

9 HEALTH AND WELLBEING STRATEGY REFRESH 2015 (Agenda Item 8)

Reason for Urgency: The Chair had approved the submission of this report as a matter of urgency for the following reason:

“This report provides draft outcomes from all partners for the Health and Wellbeing Strategy which are required for discussion and agreement by the HWB to allow progress to the schedule of the strategy.”

Kay Eilbert introduced this report, including highlighting -

- (i) the five themes that the Board agreed make up a good life in Merton;
- (ii) the Board's decision to refresh the HWB Strategy for 2015-18 around these 5

themes.

(iii) the need to possibly focus on fewer outcomes so as to get the “biggest bang for the buck” so that limited funds were focused on areas where most could be achieved to reduce inequalities in Merton for the amount expended.

There was discussion of how the provisions in the Strategy would relate to people with disabilities, older people, and to certain health issues being more prevalent in certain ethnic minorities. Reference was also made to the inequalities in the eastern part of Merton compared to the western part.

Consideration was given to possibly reducing the number of outcomes proposed, and whether priority should be focussed on certain specific areas. The Board didn't agree the report's recommendations as drafted, but instead -

RESOLVED: To agree and support the broad outlines of the draft outcomes for the Health and Wellbeing Strategy, including the five proposed themes, subject to there being a focus within these themes on what will make the biggest impact and specifically on health inequalities.

Committee: Health and Wellbeing Board

Date: 24th March 2015

Agenda item:

Wards: All

Subject: Health and Wellbeing Board Governance

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A To agree the proposed new governance arrangements and Terms of Reference for the Health and Wellbeing Board
 - C To agree to seek approval from Cabinet for the new governance arrangements and Terms of Reference for the Health and Wellbeing Board.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Following the Health and Wellbeing Board development session on 27 January 2015 this report sets out proposed new governance arrangements and terms of reference.

2 BACKGROUND

In 2014 Merton secured funding from London Councils to commission a facilitator to hold interviews and a development session with the Health and Wellbeing Board. The session took place following our formal meeting on 27 January. Sue Goss, the facilitator gave feedback from interviews and then focussed discussion on headings of governance, leadership and strategy and outcomes.

Members were split into groups to discuss ways forward and feedback to the Board as a whole. The development session raised several issues relating to governance including:

- Meetings should be a mix of formal and informal meetings / workshops
- Papers to the HWB for noting should be limited – agenda items should be mainly those that require discussion, leading to recommendations or decisions.
- Providers should not be made full members of the HWB but involved in relevant discussion and informal meetings.
- Members should make a commitment to increase their understanding of the issues, read papers and share information.

- Chair of informal meetings should rotate with a further option to explore having a vice chair for formal meetings.
- Agreement to invite the Director of Environment and Regeneration to become a member of the HWB.

3. DETAILS

3.1 HWB Meetings

- 3.1.1 The development session agreed, in future, the HWB will hold regular informal meetings – meetings not held in public and not facilitated by the Council’s Democratic Services, with the option of inviting providers and others as relevant.
- 3.1.2 Informal meetings will have a rotating Chair and topics will be agreed by partners and set out in the HWB forward plan. This approach is intended to encourage a more open discussion and development of strategic leadership. Future topics are still being agreed and may include, for example, transformation of primary care, configuration of providers, South West London Collaborative Commissioning Strategy and East Merton Model of Care.
- 3.1.3 It is proposed that all formal meeting dates be retained in the Council diary. Three meetings each year will be entirely formal, the others will be informal meetings but will retain the option to include a short formal meeting to deal with any urgent business that arises. If there is nothing urgent, then just the informal meeting will take place.
- 3.1.4 Informal meetings will take place in March 2015 with the next on 29 September 2015 followed by January 2016. Details of the proposed schedule are included in Appendix 1 the draft Forward Plan This is an iterative document and will change as it responds to local and national policy and legislative developments.

3.2 Membership

Following discussion and agreement at the session it is proposed that the membership of the HWB be extended to include the Director of Environment and Regeneration as a non voting member. This will allow for greater focus on prevention and the influence of environment, economic development and safer communities as determinants of health.

3.3 Terms of Reference

The terms of reference of the Health and Wellbeing Board have been revised to reflect the proposed changes to meeting arrangements and the additional member. They have also been updated to reflect the HWB responsibility for the Better Care Fund and the statutory requirement to publish and maintain a Pharmaceutical Needs Assessment. Draft terms of reference are included in Appendix 2

4. ALTERNATIVE OPTIONS

It is a statutory requirement for all local authorities to have a Health and Wellbeing Board as a committee of the Council. .

5. CONSULTATION UNDERTAKEN OR PROPOSED

The proposals in this report follow interviews with members of the Health and Wellbeing Board and the development session for the Board on 27 January 2015

6. TIMETABLE

The arrangements for Health and Wellbeing Board meetings and Terms of Reference will be piloted for a year and reviewed in March 2016

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

9. LEGAL AND STATUTORY IMPLICATIONS

It is statutory for all local authorities to have a Health and Wellbeing Board as a committee of the Council.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Addressing health inequalities is the core vision of the Health and Wellbeing Board.

11. CRIME AND DISORDER IMPLICATIONS

Addressing health inequalities has potential to make a positive impact on crime and disorder.

12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

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

Appendix 1 – Draft Health and Wellbeing Board Forward Plan March 2015

Appendix 2 – Draft Health and Wellbeing Board Terms of Reference March 2015

BACKGROUND PAPERS

Appendix 1 - Health and Wellbeing Board Forward Plan 2015 (draft at 10 February)

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MONTH	24 March 2015	23 June 2015	29 September 2015	26 November 2015	January 2016	March 2016
	Short formal and INFORMAL MEETING		INFORMAL MEETING		INFORMAL MEETING	
INFORMAL SEMINAR DISCUSSION TOPIC / LEAD	Merton Health and Wellbeing Strategy (led by KE LBM)		TBC – Transforming Primary Care / SWL Collaborative Commissioning Strategy? MCCG to lead ?		TBC – East Merton / Integrated Care? voluntary sector to lead MVSC/ HeathWatch/CEN?	
STANDING OPENING ITEMS	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes	Welcome and apologies Declarations of interest Minutes
STRATEGY	HWB Strategy – agree Chairs Action Better Care Fund Charter for Homeless Health	Transforming Primary Care Integrated Care Health Visitor Transition Community Services BHCH Proactive GP Practice Immunisation Partnership	JSNA Better Care Fund Licensing and Planning	MCCG Commissioning Plan HWB Strategy – monitoring theme 1-2 Annual Public Health Report Community Services BHCH Nelson and Mitcham Healthy Workplace	Better Care Fund	Health and Wellbeing Strategy – monitoring theme 3-5

		Agreement Better Care Fund				
ADULTS		Autism self assessment exercise Social Care Redesign		Target Operating Model ASC Local Account VAST annual report		
CHILDREN		Healthy Child Programme Commissioning arrangements for Children's services Commitment to share information for the protection of Children		TBC MSCB annual report		
HEALTHWATCH		Health and Wellbeing Fund final update. (TBC) HealthWatch Update/ annual report		HealthWatch Update		HealtWatch Update
OTHER ITEMS INCLUDING GOVERNANCE	HWB Terms of Reference PNA final sign off					Review HWB TOR
Additional HWB Items TBC						
Improve Transitions re CQC: Proposal for a joint Merton Adult Health and Social Care Quality Board; Autism Strategy; Healthy Living Pharmacy Scheme; Dementia Implementation Plan; Merton Mental Health Review; June 2016 – revised 2016/17 HWB strategy action plan with review of first year						

Appendix 2

Merton Health and Wellbeing Board

Terms of reference (Draft March 2015)

1. Purpose

Merton Health and Wellbeing Board works in partnership to provide strategic leadership to improve health and wellbeing and reduce health inequalities. It promotes an integrated approach to delivery of priorities and engages on strategy development and service delivery. It focuses on prevention and the achievement of positive outcomes across the determinants of health.

The vision of Merton Health and Wellbeing Board is:

By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities

The Health and Wellbeing Board will work to ensure that people in Merton have good quality services and will focus on outcomes across the wide range of areas that impact on health and wellbeing.

2. Context

The Health and Social Care Act required each local authority to establish a Health and Wellbeing Boards from 1 April 2013. It gave Boards statutory duties to encourage integrated working and to develop Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies. The Act also permits the local authority to arrange for Health and Wellbeing Boards to exercise any functions that are exercisable by the authority. Additionally, Health and Wellbeing Boards are now required to produce and maintain a Pharmaceutical Needs Assessments and to agree the Better Care Fund Plan

3, Core Principles

Merton Health and Wellbeing Board agreed a set of core principles that underpin the work of the Board:

- Supporting everyone to take greater responsibility for their health and wellbeing
- Encouraging everyone to make a personal contribution
- Raising aspirations
- Recognising mental health as a cross cutting issue
- Focus on tackling the worst inequalities in health and wellbeing
- Promoting equalities and diversity.
- Working in partnership to achieve more

4. Responsibilities

The responsibilities of the Health and Wellbeing Board are to:

- 4.1 Improve health and wellbeing and narrow the gaps in health inequalities.
- 4.2 Encourage health, social care and health related services to work in an integrated way working with partners to identify opportunities for future joint commissioning.
- 4.3 Lead on signing off the Better Care Fund Plan.
- 4.4 Assess the needs of Merton's population through the Joint Strategic Needs Assessment (JSNA)
- 4.5 Agree the Merton Health and Wellbeing Strategy (that reflects the priorities identified in the JSNA) and undertake strategic monitoring, evaluation and refresh
- 4.6 Provide strategic priorities through the Health and Wellbeing Strategy to help align commissioning intentions. Specifically that Merton Council plans for commissioning and Merton Clinical Commissioning Group's Commissioning Plan are informed by the Health and Wellbeing Strategy and JSNA.
- 4.7 Ensure that strategic issues arising from the Safeguarding Adults Board inform the work of the Health and Wellbeing Board
- 4.8 Request information from any individual member of the Health and Wellbeing Board that is needed to deliver on the Health and Wellbeing Board responsibilities.
- 4.9 Publish and maintain a Pharmaceutical Needs Assessment for Merton.
- 4.10 Comply with further statutory and other agreed responsibilities as required.

5. Membership

Cabinet Member for Adult Social Care and Health (Chair)
Cabinet Member for Children Schools and Families
Member of the Opposition

Merton Clinical Commissioning Group Chair
Merton Clinical Commissioning Group Chief Officer
Merton Clinical Commissioning Group Director of Commissioning
Merton Clinical Commissioning Group GP

Director of Housing and Communities (non voting)
Director of Children Schools and Families (non voting)
Director of Environment and Regeneration (non voting)
Director of Public Health (non voting)

Chief Executive of Merton Voluntary Service Council
Chair of HealthWatch
Community Engagement Network representative

A local representative of NHS England is also invited attend the Health and Wellbeing Board including, as required, to participate in the JSNA and Health and Wellbeing Strategy. A broader cohort of supporting officers and co-opted officers will attend meetings as required.

The Health and Social Care Act 2012 allows for membership of the Health and Wellbeing Board to be changed at any time after it is established, in consultation with the Health and Wellbeing Board.

6. Voting

It is proposed that the Health and Wellbeing Board will operate in an inclusive and consensual way reflecting the successful partnership ethos which is so important in Merton. It is envisaged that issues will, in nearly all circumstances, be forwarded through this consensual approach.

A vote by HWB members would only be taken in the instance that the HWB could not reach a consensual view. The view of the HWB would then essentially be a recommendation to Cabinet and to the other constituent member organisations including the CCG Board and Healthwatch.

Where Cabinet is involved this in turn would mean that for the Council any decisions taken by Cabinet are subject to usual scrutiny.

7. One Merton Group

There is a key relationship with the One Merton Group which will provide support to the Health and Wellbeing Board through its strategic oversight on issues, including the Better Care Fund and broader integration, the Health and Wellbeing Strategy and review of the Health and Wellbeing Board's forward plan.

Other working groups and task and finish groups will report into the Health and Wellbeing Board.

8. Operational Arrangements

8.1 Frequency of meetings

Meetings will generally be held bi-monthly. Formal meetings will be held at least three times a year. Meetings will be arranged annually when the calendar of Council meetings is booked.

8.2 Duration of meetings

Meetings will generally commence at 1.00 pm and will generally last for two hours

8.3 Agenda and papers

Minutes will be taken of meetings. The agenda and papers for meetings will be prepared senior officers from partner organisations in consultation with the Chair and circulated electronically no later than five clear days in advance of the meeting on the Merton Council Democracy Services website. A standard template for reports will be provided.

8.4 Transparency

Meetings (other than any informal workshops / seminars) will take place in public and minutes will be posted on the Council's Democracy Services web site.

8.5 Quorum

At least four members must be in attendance which must include at least one member from each of the following constituent groups, before decisions can be taken:

- Council Members

- Council Officers
- Clinical Commissioning Group
- Voluntary Sector

8.6 Forward plan

The Health and Wellbeing Board will agree a forward plan incorporating its statutory responsibilities under the Health and Social Care Act and other agreed priorities. The forward plan will be an iterative document responding to any legislative, infrastructural and other policy developments.

8.7 Code of conduct and conflict of interests

The obligation to register disclosable pecuniary interests applies to all Members who will be asked to declare any interests in matters under consideration and on a general basis declare any interests in the Register of Interests.

All members of the Board will be subject to the standards and behaviours set out in the Council's Code of Conduct

8.8 Review

Health and Wellbeing Board terms of reference will be reviewed at least annually and will next be reviewed in March 2016.

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Committee: Health and Wellbeing Board

Date: 24th March 2015

Agenda item:

Wards: All

Subject: Merton Health and Wellbeing Strategy 2015-18

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A To note the report and subject to circulation of a final draft strategy to Members of the Health and Wellbeing Board to agree to Chairs action to sign off the Health and Wellbeing Strategy 2015-18
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To note the report and subject to a final draft Health and Wellbeing Strategy being circulated to all members of the Health and Wellbeing Board for comment, to agree to Chair's action to sign off the final Strategy.

2. DETAILS

- 2.1 At its meeting on 27 March the Health and Wellbeing Board resolved to *agree and support the broad outlines of the draft outcomes for the Health and Wellbeing Strategy, including the five proposed themes, subject to there being a focus within these themes on what will make the biggest impact and specifically on health inequalities.*
- The HWB Strategy task and finish group met on 4 February and considered the draft outcomes.
- 2.2 On 5 February HealthWatch hosted a consultation event on the HWB Strategy with discussion groups on each of the five themes that provided an opportunity for further insight to the outcomes. Following the event on HealthWatch ran an on-line consultation and the outcomes of this will also be considered in finalising the Strategy.
- Proposed outcomes have now been refined to reflect this feedback by lead officers and discussed by relevant partners.
- 2.3 Outcomes and where available trajectories / ambitions have been considered by One Merton Group and following discussion by the Health and Wellbeing Board a full draft will be circulated to members and stakeholders for comment.
- 2.4 Subject to comments and agreement by members of the Health and Wellbeing Board and, as the next Health and Wellbeing Board is at the end of June, it is requested that Chair's action be agreed to sign off the Health and

Wellbeing Strategy. The Strategy will then go on to be agreed by Cabinet and as necessary the CCG and other partnership Boards.

- 2.5 The final Strategy will include a delivery plan for 2015-16 in line with the table attached in appendix 1.

3. ALTERNATIVE OPTIONS

It is a statutory requirement for all Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy.

4. CONSULTATION UNDERTAKEN OR PROPOSED

As set out in the report joint consultation has taken place with HealthWatch as well as with key stakeholders.

5. TIMETABLE

Subject to agreement it is proposed to launch the refreshed Health and Wellbeing Strategy following the election in May.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

7. LEGAL AND STATUTORY IMPLICATIONS

It is statutory for Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Addressing health inequalities is the core vision of the Health and Wellbeing Strategy.

9. CRIME AND DISORDER IMPLICATIONS

Tackling crime, anti social behaviour and the perception of crime are included within actions of the Health and Wellbeing Strategy.

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

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

Appendix 1 – Health and Wellbeing Strategy template for outcomes and delivery plan.

BACKGROUND PAPERS

Health and Wellbeing Strategy 2014-15

http://www.mertonpartnership.org.uk/hwb_strategy_final_web_ready.pdf

Appendix 1 – Delivery Plan Template, Health and Wellbeing Strategy 2015-18

EXAMPLE Priority Theme 1: Best start in life

Why is this important?

Short explanation of why the theme is a key determinant of health.

Outcomes

(a small number of outcomes that can be delivered through actions that can be evaluated by indicators of success)

- 1.1 All babies have the best start in life.
- 1.2 Promoting the emotional wellbeing and resilience of our children and young people.
- 1.3 Promoting healthy lifestyles and choices.
- 1.4 Helping children and young people fulfil their educational potential.

Delivery Plan Priority 1

Outcome 1.1 – All babies have the best start in life						
Action	Indicator	Baseline	Trajectory	Reporting cycle	Lead Officer	Governance Lead
List of actions that will deliver outcome 1.1						

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Committee: Health and Wellbeing Board

Date: 24th March 2015.

Agenda item: Pharmaceutical Needs Assessment

Wards: All.

Subject:

Lead officer: Dr Kay Eilbert, Director of Public Health.

Lead member: Councillor Caroline Cooper-Marbiah. Cabinet Member for Adult Social Care and Health.

Forward Plan reference number: xx.

Contact officer: Barry Causer, Public Health Commissioning Manager.

Recommendations:

- A. That the Health and Wellbeing Board agree that the completed Pharmaceutical Needs Assessment can be adopted and published in line with the statutory deadline of 1st April 2015.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to seek approval from the HWB to adopt and publish the Pharmaceutical Needs Assessment (PNA) in advance of the statutory deadline.

2 DETAILS

- 2.1. Merton Public Health has been working in partnership with Merton Clinical Commissioning Group and other partners to develop a PNA to meet the responsibilities in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. These regulations include a requirement that the Health and Wellbeing Board publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015.
- 2.2. The PNA has not identified any gaps in essential and advanced services (so there is not a need for additional pharmacies). However it has identified a gap in the provision of the minor ailments service (an enhanced service) on Sundays in the East Merton and West Merton localities.
- 2.3. The PNA has a lifetime of three years, however there is a requirement to publish a subsequent PNA if the HWB identifies a significant change or changes to the need for pharmaceutical services. If the HWB believes that publishing a new PNA would be a disproportionate response to that change or those changes, then it may publish a supplementary statement which explains changes to the availability of pharmaceutical services.
- 2.4. The PNA has now been completed and is ready to publish on the Merton Council website and we are seeking approval to adopt and publish this document.

3 NEXT STEPS

- 3.1. Once approved, the final PNA will be published on the Merton Council website in advance of the statutory deadline of 1st April 2015.

4 ALTERNATIVE OPTIONS

- 4.1. Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. When producing the PNA, the regulations require the HWB to undertake a consultation lasting of at least 60 days and to consult with the Local Pharmaceutical Committee, the Local Medical Committee, persons on the pharmaceutical lists and any dispensing doctors in the area, any LPS chemist in its area, the Local Healthwatch, any NHS Trust or NHS Foundation Trust, NHS England, neighbouring HWBs and any other patient, consumer or community group in its area who has an interest in the provision of pharmaceutical services in the area.

6 TIMETABLE

- 6.1. The deadline for the HWB to publish a revised assessment is 1st April 2015.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. Commissioning PCC to produce the PNA has costed £32,500 from the Public Health budget.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. The PNA is concerned with delivering a balanced and equitable provision of service throughout the borough. In order to address health inequalities it is important that there is access to accurate data which reflects real needs.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. None.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

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

- None.

13 BACKGROUND PAPERS

13.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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Committee: Health and Wellbeing Board

Date: 24th March 2015

Agenda item:

Wards: All

Subject: Charter for Homeless Health

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A To agree that the Health and Wellbeing Board signs the Charter for Homeless Health.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To set out the Charter for Homeless Health and seek agreement that the Health and Wellbeing Board sign the Charter.

2. DETAILS

People who are homeless have some of the worst health in society, yet they often struggle to access the health care and support they need.

Merton Health and Wellbeing Board has been approached to sign the charter for Homeless Health to demonstrate its commitment to measuring, understanding and meeting the health needs of homeless people in Merton.

The Charter (attached as appendix 1) includes a commitment to:

- Identify need – including the needs of people who are homeless in the JSNA
- Provide leadership – through the DPH tackling health inequalities and promoting an integrated response.
- Commission for inclusion – to ensure that local health services meet the needs of homeless people.

The Charter was discussed at One Merton Group and it was agreed that this should be put forward to the Health and Wellbeing Board.

3. ALTERNATIVE OPTIONS

None for the purpose of this report.

5. CONSULTATION UNDERTAKEN OR PROPOSED

None for the purpose of this report.

6. TIMETABLE

None for the purpose of this report.

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

9. LEGAL AND STATUTORY IMPLICATIONS

None for the purpose of this report.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Charter for Homeless Health is aimed at targeting health inequalities.

11. CRIME AND DISORDER IMPLICATIONS

The Charter for Homeless Health has potential for a positive impact on crime and disorder.

12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

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

Appendix 1 – Charter for Homeless Health

BACKGROUND PAPERS

None



St Mungo's
Broadway
Rebuilding lives, day by day

Charter for homeless health

People who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare they need.

The **Health and Wellbeing Board** is committed to changing this. We therefore commit to:

Identify need: We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.

Provide leadership: We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.

Commission for inclusion: We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

Signed:

Chair:

Health and Wellbeing Board

Date:

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