

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 5 September 2024

Time: 7.15 pm

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

AGENDA

	Page Number
1 Apologies for absence	
2 Declarations of pecuniary interest	
3 Minutes of the previous meeting	1 - 6
4 Epsom & St Helier Planned Cuts + Update on Disrepair	7 - 10
5 Executive Director Introductions	
6 Report of the Health and Wellbeing Board	11 - 32
7 Work Programme	33 - 40

**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

For more information about the work of this and other overview and scrutiny panels, please telephone 020 8545 3390 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

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

Email alerts: Get notified when agendas are published
www.merton.gov.uk/council/committee.htm?view=emailer

Public Information

Attendance at meetings

The public are welcome to attend meetings of the Council. Seating in the public gallery is limited and offered on a first come first served basis.

Audio/Visual recording of meetings

The Council will film meetings held in the Council Chamber for publication on the website. If you would like to film or record any meeting of the Council held in public, please read the Council's policy [here](#) or contact democratic.services@merton.gov.uk for more information.

Mobile telephones

Please put your mobile telephone on silent whilst in the meeting.

Access information for the Civic Centre



- Nearest Tube: Morden (Northern Line)
- Nearest train: Morden South, South Merton (First Capital Connect)
- Tramlink: Morden Road or Phipps Bridge (via Morden Hall Park)
- Bus routes: 80, 93, 118, 154, 157, 163, 164, 201, 293, 413, 470, K5

Further information can be found [here](#)

Meeting access/special requirements

The Civic Centre is accessible to people with special access requirements. There are accessible toilets, lifts to meeting rooms, disabled parking bays and an induction loop system for people with hearing difficulties. For further information, please contact democratic.services@merton.gov.uk

Fire alarm

If the fire alarm sounds, either intermittently or continuously, please leave the building immediately by the nearest available fire exit without stopping to collect belongings. Staff will direct you to the exits and fire assembly point. If you are unable to use the stairs, a member of staff will assist you. The meeting will reconvene if it is safe to do so, otherwise it will stand adjourned.

Electronic agendas, reports and minutes

Copies of agendas, reports and minutes for council meetings can also be found on our website. To access this, click <https://www.merton.gov.uk/council-and-local-democracy> and search for the relevant committee and meeting date.

Agendas can also be viewed online in the Borough's libraries and on the Mod.gov paperless app for iPads, Android and Windows devices.

Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Agatha Mary Akyigyina OBE (Chair)
Jenifer Gould (Vice-Chair)
Laxmi Attawar
Brenda Fraser
Simon McGrath
Andrew Howard
Michael Paterson
Franca Ofeimu
Shuile Syeda

Co-opted Representatives

Substitute Members:

Jil Hall
Joan Henry
Nick McLean
Tony Reiss
James Williscroft

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. For further advice please speak with the Managing Director, South London Legal Partnership.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

This page is intentionally left blank

Agenda Item 3

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.

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

12 MARCH 2024

(7.20 pm - 9.30 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair),
Councillor Jenifer Gould, Councillor Laxmi Attawar,
Councillor Andrew Howard and Councillor Simon McGrath

Barry Causer (Public Health Commissioning Manager), Phil Howell (Assistant Director for Strategy and Improvement), Russell Styles (Interim Director, Public Health) and Graham Terry (Assistant Director Adult Social Care)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from

Councillor Eleanor Cox
Councillor Stuart Neaverson
Councillor Slawek Szczepanski

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Agreed

4 ST HELIER HOSPITAL - UPDATE ON DISREPAIR (Agenda Item 4)

MD St Helier NHS Trust introduced the report. Noting in particular the challenges faced on the St Helier hospital site, much of the fabric of the building is difficult to maintain, we continue to maintain and improve where possible. The pack includes data on investment put into St Helier hospital, which includes a new scanner and refurbishing wards and the ICU. 6 facet survey is underway, which will assess the estate and management of the backlog, and is not expected to deliver any unexpected information or recommendations for works, and plans are in train to address these in the next capital spend plan.

In response to questions it was confirmed that:

- The new hospital is expected to complete in 2030, the plan is to use a standardised template for the build, which will speed up the process and allow some work to be completed off site.

- There are two channels of work, both to maintain the current site and facilities and build the new hospital, a lot of care will continue at St Helier even after the new hospital is completed
- 80% of care will continue at St Helier, so continued investment is essential.

The Cabinet Member brought the committee's attention to a National Audit Office report which cast doubt on the whole programme, and this has never been mentioned in conversations or reporting from the NHS Trust.

In response the MD informed the committee that the role was to focus the organisation was to deliver on the plans as presented, and was not able to comment on the National Audit Office report.

Chair of St Georges and Ste Helier Trust informed the committee that the Board is concerned by the report, and has discussed the issues raised, the aim of the Board is to work within the current plans and ensure that the necessary funds reach the Trust.

There are four categories of backlog risks, the report shows a decreasing volume in estates returns over the last three years, that is the cost in the surveys of bringing it back to 'Condition B', For St Helier, decreasing costs, and a more moderate decrease at Epsom. The data is included to demonstrate that the backlog is cleared in order of priority of risk, not location, and shows that St Helier has received relevant attention.

Work at Epsom has not been at the expense of St Helier patients, it's an integrated service that benefits all patients within the trust.

There have been issues at Epsom, floods, breakdown of electrical machinery, and while these may not be the highest risks, they do need attention. The charts show the general direction of travel, but don't give a complete picture.

The chair drew the Trust's attention to the feeling of residents in the area, whether the feelings of residents reflected the investment or work of the trust was not relevant, the Trust needed to understand the feeling or residents and address those, waiting 6 years for a new hospital did not negate the need to address the concerns of residents and staff.

In response the committee were informed that the funding for capital repairs was a national problem, the overall money given to trusts was not sufficient to do everything that they would like to do. Capital funds are often diverted to prop up every day costs, and the Board would have to prioritise the most important things.

RESOLVED: that the Committee noted the contents of the report.

The Group Chief Nursing Officer introduced the report. Noting that the final report issued highlighted concerns and the impact of the reduced rating applied, and were monitoring impact on the use of St Helier for maternity care, so far there had been no noticeable impact. A lot of work had been undertaken since the inspection to address issues raised in the report, and recent maternity survey rated Epsom and St Helier as no1 in London, which showed the impact of the work undertaken following the inspection.

In response to questions, the Committee were informed that:

- The CQC rating represents an overall view and is based on the risk that something could go wrong, we do have excellent outcomes for mothers and babies, we don't have an excess of stillbirths or identified with care.
- It is not a case of staff not looking to improve the service, that is under constant review, for instance we were triaging, the phone was answered within 3 rings, over 70% of the time, but the CQC wanted a dedicated line, and we have now provided that.
- There were compromises that had to be made, for instance there had been criticism that a curtain with a gap of 3-4 inches between the curtain and the floor was undignified, but if it did reach the floor, it would cause a flood.
- CQC sets a standard for perfection, it won't always be achievable, but feedback shows that mothers are satisfied with the care received.
- There had been an issue around confirmation bias, by varying who checks equipment such an issue should be eliminated.
- On other issues, the equipment had been purchased, but training not completed, the issues were being addressed, but not completed by the time the CQC visited.
- Have strengthened the management oversight, to ensure that highlighted functions are completed satisfactorily.

Cabinet Member highlighted that the CQC reported cited a survey that said 50% of patients were dissatisfied with the service received. This is not what would be expected of a No1 rated maternity service. St George's were in a similar position less than a year ago, and it is concerning that the lessons from that experience across the group. And it is not excusable that on the one day you know the inspectorate coming, things have been missed.

A lot of preparation went into the work before the inspection, and note had been taken from the St George's experience. This work will continue, and that is why the management of the unit and the number of midwives has received significant investment.

The feedback from CQC on patient feedback was a surprise to the trust, it did not match the feedback they had received directly, and the subsequent survey has provided a different outcome. Work to address the issues highlighted by CQC continued.

RESOLVED – the committee noted the report.

6 HEALTH SERVICES FOR WOMEN (Agenda Item 6)

Deputy Director Merton Health Together introduced the report which highlights the key national strategies and gives attention to specific issues in Merton.

Head of Strategic Commissioning drew attention to information in the report which showed how women are more adversely affected by issues, such as dementia, and proportionately more likely to be caring for those with dementia.

HSC also brought attention to work in VAWG, Safe Merton contributes significantly to work in this area and has been able to secure funding for IRIS training. HSC also noted that Merton has White Ribbon accreditation. There are 26 Ambassadors and Champions across Merton.

Merton has signed up to the Menopause Workplace pledge. Menopause can now be given as a reason for absence, and training is taking place for Merton staff, 150 staff, including 33 managers have already taken the training.

In response to questions the Committee were informed that:

- Screening data can be brought to a future meeting to show distribution across the borough
- Can return with figures on waiting 532 weeks for gynaecological care
- Also on local work in equality to bring data. To a future meeting.
- 5 mandated health checks, we have comparative data that can be brought to committee.
- Screening programmes are commissioned by NHS England, and we can feedback to them that residents don't feel they are aware
- Every mother is entitled to a health visitor, some may have a universal plus offer. Data can be brought to a future meeting. What groups/ages do get a health visitor, and what timings between visits/use of doctors instead.
- Mobile screening van
- 60% suffer from poor pelvic floor health, to be taken forward

VC Request a women's health strategy for Merton. 3 for, 3 against, chair's casting vote, motion falls.

In response, it's worth giving support to comments made, there is from SW London ICB and commitment around women's health, and a national strategy outlining 6 actions points, issue of whether to have a Merton specific strategy or to galvanise work around the national strategy.

Need to be clear what asking colleagues to look at, only finite resources, useful for Scrutiny to give some ranges and to give steer to officers in reports and strategic direction going forward.

RESOLVED

Noted.

7 BOWEL AND CANCER SCREENING SCHEDULE (Agenda Item 7)

Screening and Immunisation Lead introduced the report.

In response to questions the committee were informed that:

- *check tape – not guaranteed to be offered in all surgeries
- Data varies across programmes, bowel and cancer screening ethnic minorities are less likely to attend, but there are vulnerable groups, disabilities, mental health, homeless less likely to attend, and those invited for a first time, less likely to attend. Cervical, hard to reach groups and victims of sexual violence, but not correlation for deprived groups, due to lack of data. Women from East Europe/White British Irish and Eastern communities, less likely to attend, but may go to home countries for screening.
- Discussions between icb and St George's trust to find a site in Merton for mobile screening, equipment is available, but finding a site and capital investment are the remaining barriers. Want the mobile site while waiting for permanent location.
- Cervical screening are invited, if don't attend within 18 weeks, receive a reminder, and also receive texts after letters have been issued. If still not attended, practices will contact again. If after 6 months, still not attended, next invite in 3 years (under 50) after 5 years (over fifty).
- All screening programmes follow a similar process.
- More data to be circulated to committee in due course
- No covid related backlogs since 2022/23.
- Existing backlog relates to people who are being screened and receiving results. Covid backlog was due to getting them in for screening. Everyone seen as soon as possible but not meeting the national target of being seen within 6 weeks. Can send further data to share with the committee.

RESOLVED - noted.

8 WORK PROGRAMME (Agenda Item 8)

Agreed

9 TOPIC SUGGESTIONS 2024-2025 (Agenda Item 9)

Cervical Cancer

Health in Old Age

Dementia and Respite Care

Kidney Disease

Long COVID

Women's Health

Training for Carers in Mental Health servicing, Community and Youth Centres



REPORT TO MERTON HEALTHIER COMMUNITIES AND HEALTH OVERVIEW AND SCRUTINY PANEL

Report Title	Epsom and St Helier University Hospitals NHS Trust: Update on performance, investment and the estate
Report Date	28 August 2024
Meeting Date	5 September 2024
Report Author	James Blythe, Managing Director

This briefing provides the Merton Healthier Communities and Health Overview and Scrutiny Panel with an update on Epsom and St Helier hospitals. The briefing covers:

- Finance and performance update
 - 1.1 Performance update
 - 1.2 Finance update
- Other updates
 - 2.1 Our hospital estate and Building Your Future Hospitals (BYFH)
 - 2.2 Maternity services

1. Finance and performance update

1.1 Performance update

Included in this report is the link to June's [Integrated Quality and Performance Update](#) for St George's, Epsom and St Helier University Hospitals and Health Group. Key points to highlight, relating to Epsom and St Helier, are below:

ESTH performance

We have been performing above the national four-hour performance standard in our Emergency Departments for June and this is despite a slight increase in attendances. However, challenges remain around waiting times with continued high numbers of unplaced patients, including mental health patients remaining in our Emergency Department for prolonged periods. Some key figures are outlined below.

Elective care

We are planning to have mostly eliminated waits of over 65 weeks for treatment by the end of September 2024. The majority of our residual long waits are in community paediatrics (in particular waits for autism diagnosis) and gynaecology, where the Trust saw a 30% increase in referrals following Covid.

Non-elective care

We delivered 77.9% performance against the 4-hour ED standard in June 2024 exceeding trajectory and demonstrating a continued improvement month on month compared with April and May 2024 where ESTH delivered 76.4% and 77.5% performance, respectively.

- On average across June there were 451 daily attendances compared to a daily average of 438 attendances during April.
- We reported 1344 12 hour breaches in June, averaging 44 breaches per day, this compares to 1343 in May (43 per day) and 1378 (45 per day) in April.

Cancer

- All cancer performance standards were achieved in May 2024: 28 day Faster Diagnosis (86.4%), 31 day first treatment (98.9%) and GP 62 day first treatment (85.4%).

1.2 Finance update

Together with system partners, we continue to work through plans to tackle our budget deficit and balance our financial plans in order to deliver our services within a highly constrained financial environment. The Trust wrote to the Chair of the Committee in recent months with further details on the financial position of the Trust and hospital group.

As has been widely report, the NHS is facing significant financial challenges and hospitals across the country must find ways to live within its means, while protecting patient care. Rising costs, growth in our workforce, less productivity following the pandemic and not making enough savings means the NHS is currently spending more than it can afford.

This is no different at Epsom and St Helier, where we must keep our patients safe and balance this with meeting expected performance standards, reducing our deficit and supporting our workforce. Like all trusts, we need to reduce our spending by more than 5% this year. We know that our configuration, with two EDs, acute medical services, intensive care teams, inpatient maternity services and inpatient children's care, makes our financial position extremely challenging, because the size of the Trust and its associated income from the government would typically only support one of each of these services.

The urgent actions we have been undertaking include:

- not always filling posts when they become vacant, where it is safe to do so;
- increasing our productivity to treat 5% more patients needing planned care;
- looking again at our processes to see where we can be more streamlined and ensure everything we do adds value to our patients.

The Trust is expecting to report a deficit of £51.7m at year end.

2. Other updates

2.1 Investing in Epsom and St Helier hospitals and update on our Building Your Future Hospitals programme

Investment in Epsom and St Helier hospitals

We previously reported to the Committee the level of investment into Epsom and St Helier hospitals over the last three years. We are continuing to invest in our current estate and make much needed improvements across our hospitals. Over this financial year, this will include:

- Refurbishing the second of our three intensive treatment units (ITU) at St Helier so that it meets modern standard to care for our more seriously ill patients;
- Creating a new children's play area at St Helier to aid with recovery;
- Upgrading theatres at St Helier Hospital to provide improved air flow throughout them;
- Investing in new state of the art equipment to help us care for patients, including replacing our x-ray cameras to provide better x-ray images;
- Carrying out additional roof and lift repairs at St Helier hospital, and replace outdated and broken signage.

Building Your Future Hospitals programme update

- On Monday 29 July, the Chancellor announced that there would be a review of the New Hospitals Programme with a "thorough, realistic and costed timetable for delivery". Our plans for a new Specialist Emergency Care Hospital in Sutton and upgrades to Epsom and St Helier Hospitals are part of the programme.
- While we continue to make progress on our plans, the pace of this may be guided by the government's review of the New Hospitals Programme.
- A number of pre-application meetings have taken place with Sutton Council and we are now planning our pre-application public engagement on our evolved hospital design (evolved to respond to feedback from the previous engagement we began on it in 2021 and bring it in line with Hospital 2.0) as part of the planning application process.
- We continue to work in tandem with the Royal Marsden Hospital, the Institute for Cancer Research and the developers of the London Cancer Hub to develop a whole-campus plan for the Sutton site on which we will share resources and amenities.
- We are aware that Socius/Aviva are also planning to undertake some public engagement on plans for the London Cancer Hub in the Autumn and are working closely with them to ensure that community engagement activities are aligned and complimentary.

2.2 Maternity services

Last year our staff delivered around 3,700 babies at Epsom and St Helier University Hospitals.

The Care Quality Commission (CQC) inspected our services in August 2023 and published a report in February 2024. This was part of a national assessment of maternity units to rate how safe and well-led services are. How effective, caring and responsive services were, was not included in this inspection.

As outlined in our previous update to the committee in [March](#), the overall rating for maternity services at both our Epsom and St Helier hospitals was lowered from 'Good' to 'Requires Improvement.' With our services at Epsom Hospital changed from 'Good' to 'Requires improvement under safe and well-led. And at St Helier Hospital how safe our maternity services are rated was changed from 'Good' to 'Inadequate'.

Our leadership team is dedicated to supporting our maternity colleagues to continue to deliver the best possible care to all those using our services. Our focus now is on implementing and sustaining the improvements in our maternity services.

We took these CQC findings extremely seriously and appreciate the concerns the report may have raised.

The following actions have been undertaken to address safety and standards, including in relation to the patient experience:

- Ensuring 90 per cent of women are now triaged within 15 minutes of arrival to improve risk assessments, with a new dedicated helpline for women to talk directly with midwives;
- Fast-tracking estates work with new doors and blinds fitted to improve privacy and dignity;
- Strengthening oversight to ensure mandatory training and care records are kept consistently up to date;
- Improved guidance for staff around Royal College of Obstetricians and Gynaecologists (RCOG) standards.
- Reviewed and reconfigured the configuration of the maternity workforce to ensure staffing needs are met.

We are keen to make sure that lessons are learned across our hospital group, ensuring that patient satisfaction are improved and our teams provide the highest standards of care. Progress updates are being regularly provided to the CQC during engagement meetings with the Trust and Group leads.

We also previously highlighted that maternity services met 10 out of the 10 safety actions required nationally as part of the year 5 Clinical Negligence Scheme for Trusts (CNST), and we pride ourselves in providing very safe care to women and their families. We are progressing with the requirements for year 6 of CNST. Our maternity care at Epsom and St Helier was also scored number one in London – and within the top ten nationally – in the annual [CQC patient experience survey](#) for the care our teams give to women and their babies. We want to work with our patients to ensure that we listen to their concerns and take prompt action to resolve any concerns.

The Trust works closely with users in the Maternity and Neonatal Voices Partnerships (MNVP) and a 'Whose Shoes Event' with MNVP, users of our maternity service, ICB and Trust leads was held earlier this year to further understand what more can be done to improve the care and experience of women, birthing people and their families. Our staff and all the families that we have supported will also be the best champions of the service to new mothers and birthing people.

Agenda Item 6

<p>Name of decision-maker</p> <p>Healthier Communities and Older People (HCOP) Scrutiny Panel</p>	<p>DATE</p> <p>5th September 2024</p>
<p>REPORT/DECISION TITLE</p> <p>Report of the Health and Wellbeing Board 2023-24</p>	<p>WARD(S)</p>
<p>CHIEF OFFICER</p> <p>Russell Styles, Director of Public Health</p> <p>Signed.....</p> <p>Date:</p> <p><i>[Print name and position if the decision is being taken by an individual]</i></p>	<p>CABINET/LEAD MEMBER</p> <p>Cllr Peter McCabe, Cabinet Member for Health and Social Care</p> <p>Signed.....</p> <p>Date:</p> <p><i>[Print name and position if the decision is being taken by an individual]</i></p>
<p>DECISION CLASSIFICATION</p> <p><i>Non Key</i></p>	<p>IS THE FINAL DECISION ON THE RECOMMENDATIONS IN THIS REPORT TO BE MADE AT THIS MEETING?</p> <p>Yes</p>

1 Recommendations:

The Healthier Communities and Older People Panel note the report of the Health and Wellbeing Board for 2023-24 including:

- A. The ongoing statutory governance role of the Health and Wellbeing Board, and its collaborative integrated work, as part of evolving health and social care governance structures.
 - B. Updates on the Joint Strategic Needs Assessment / Merton Story 2024/25 and Annual Public Health Report.
 - C. The approach to the next Merton Health and Wellbeing Strategy, covering 2025 to 2030, that will take a Marmot approach.
-

2 Purpose of Report and Executive Summary

2.1 This report sets out key aspects of the work of Merton Health and Wellbeing Board (HWBB) in 2023 and 2024. It includes the ongoing collaborative role of the statutory HWBB in the health and care governance structures, following the Health and Care Act 2022, including South West London (SWL) Integrated Care System (ICS) with its SWL Integrated Care Board (ICB), SWL Integrated Care Partnership (ICP) and place-based committees, including the Merton Health and Care Together (MHCT) committee.

It also provides an update on the Merton Story 2024/5 that will be considered by the HWBB in November 2024 and details of the Annual Public Health Report 2024/25 that is the subject of a separate report to this Panel in November 2024.

Finally, this report provides an update on the approach to the next Merton Health and Wellbeing Strategy, covering the period 2025 to 2030.

3 Links to the Merton Priorities (Borough of Sport/Civic Pride/Sustainable Futures)

3.1 This report relates to the Council's Strategic priorities as follows:

- **Nurturing Civic Pride**

The actions and work of the HWBB continue to help Merton to become a fairer, more equal and inclusive place. To take this further it is incumbent on the Health and Wellbeing Board to develop a strategy for tackling inequalities and disadvantage across the borough, and supporting those who are most in need, as outlined in section 4.6.

The place-based partnerships that are supported by the HWBB also help to develop a community level understanding and appreciation of the needs of some of the most vulnerable residents and allows for focused action to address the health and wellbeing of people living in Merton.

- **Building a Sustainable Future**

Several of the Council's strategic priorities in this area relate directly to the work of the HWBB and in particular the proposed approach to the new Health and Wellbeing Strategy that takes a Marmot approach. The work of the HWBB is delivered through effective partnerships which look to address health inequalities, increase active travel, improve air quality, support residents from low pay jobs into good well-paid jobs and ensure fair access to quality health care.

- **Borough of Sport**

An ongoing focus for the MHCT is Actively Merton, the partnership initiative promoting both physical and social activity across Merton as major preventative intervention, aligning closely to the key council priority of the development of Merton as a Borough of Sport. The HWBB is committed to supporting positive actions and enabling partnership engagement with the priorities.

4 Introduction and Background

4.1 Health and Wellbeing Board

Merton Health and Wellbeing Board (HWBB) is a statutory partnership that provides the overall vision, oversight and direction for health and wellbeing broadly in the Borough of Merton. Health and Wellbeing boards (HWBBs) have been a key mechanism for driving joined up working at a local level since they were established in 2013.

The board includes local Councillors, Senior Officers and Directors from London Borough of Merton (LBM) and NHS South West London Integrated Care Board (ICB), GPs, a Young Inspector and community leaders working together as system leaders to shape a healthy place and health and care services (Figure 1). It is Chaired by Councillor Peter McCabe, Cabinet Member for Adult Social Care, Integrated Care and Public Health.

Figure 1: Membership of Merton Health and Wellbeing Board (June 2024)

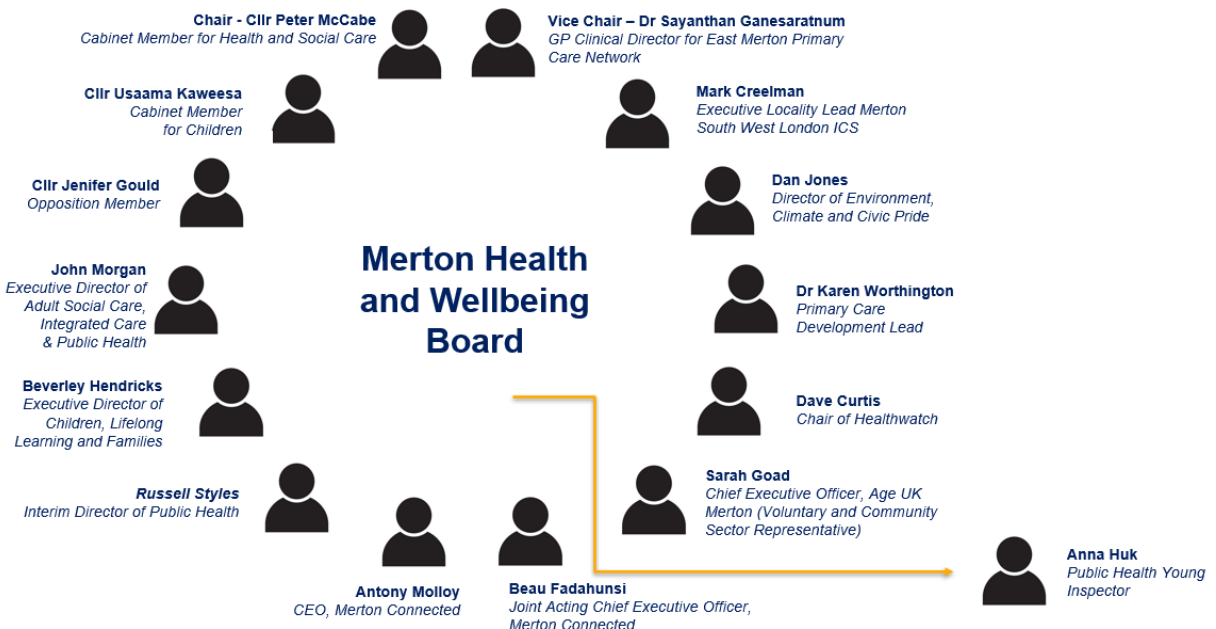


Table 1: HWBB purpose and ways of working

Purpose	Principles and ways of working
<p>A statutory board working in partnership - providing strategic leadership, to improve health and wellbeing and reduce health inequalities.</p> <p>It brings together local Councillors, GPs and community representatives supported by officers, as system leaders to shape a healthy place and health and care services.</p>	<p>Underpinning everything that we do:</p> <ul style="list-style-type: none"> • Tackling health inequalities • Prevention and early intervention • Health in All Policies approach • Community engagement and empowerment • Experimenting and learning • Think Family

Whilst the HWBB continues to consider the lasting impact of COVID-19 on Merton’s communities, it has renewed its focus on creating the conditions for people to thrive, including the social determinants of health and environmental sustainability, together with access to and delivery of holistic integrated health and care services.

The board has been focused on delivering the refreshed Health in All Policies (HiAP) framework that was approved by the Board in 2022 and is committed to combined consideration of health and wellbeing, sustainability, and equity in all of its work and through the next Merton Health and Wellbeing Strategy moving forwards (see section 4.6).

4.2 Health and Wellbeing Board Governance

The HWBB sits within a wider system of health and wellbeing governance, and has established collaborative ways of working with the NHS South West London ICB and specifically the Merton with the Merton Health and Care Together (MHCT) Committee alongside the Merton Health and Care Together (MHCT) Partnership.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

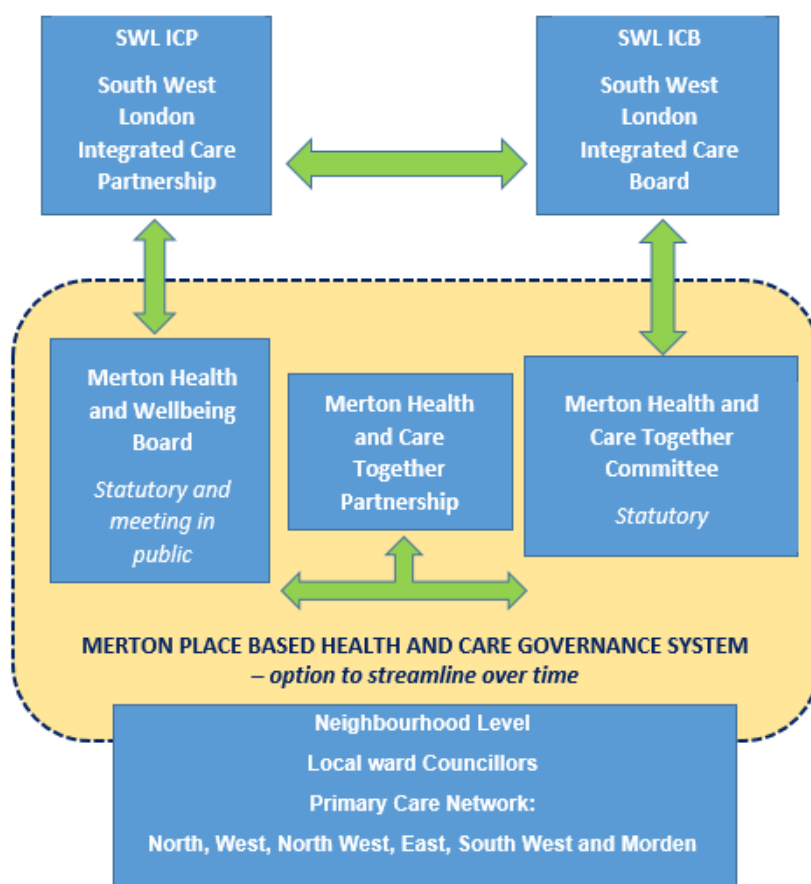
In this new landscape, HWBBs continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.

The Health and Care Act 2022 also amended section 116A of the Local Government and Public Involvement in Health Act 2007, renamed 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies' and replaced references to 'clinical commissioning groups' with 'integrated care boards'. While the Health and Social Care Act 2012 requires Local Authorities to take appropriate steps to improve the health of their population.

Health and wellbeing boards continue to be responsible for the development of joint strategic needs assessments and joint local health and wellbeing strategies. However, they must now have regard to the integrated care strategy when preparing their joint local health and wellbeing strategies in addition to having regard to the NHS Mandate and this guidance, as previously¹.

¹ <https://www.gov.uk/government/publications/jsnas-and-ihws-statutory-guidance>

Figure 2 – Regional and Local Governance of Health and Wellbeing (March 2023)



There has been significant change within the ICBs in the last 12-18 months and this has had some impact on the ways of working, all parties remain committed to ensuring that ways of working are complementary and actions are taken in a way that best covers the breadth of health and wellbeing in the borough and to avoid duplication.

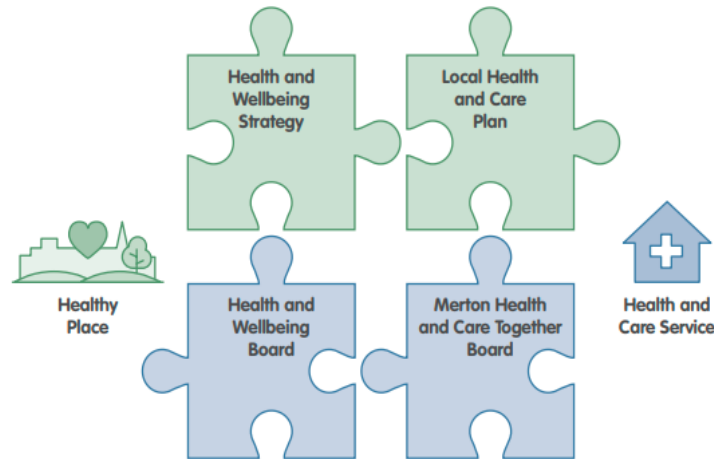
At SWL level, the ICB published its [Joint Forward Plan 2023-2028](#) in June 2023 and the ICP produced the [SWL ICP Strategy 2023-2028](#) in July 2023. Input and discussion were gathered from the HWBB and wider Merton teams to align strategic priorities, and to particularly consider actions to tackle health inequalities wherever possible.

Merton Health and Care Together Partnership (MHCT) is a partnership between the Council, the NHS and wider partners including providers of care and acute hospitals. Its plans for holistic integrated health and care services, prevention and health inequalities are set out in [Merton Health and Care Plan 2022-24](#).

MHCT is part of the wider London Health and Care Partnership (LHCP) and the final evaluation report of 2022-24 LHCP is due to be delivered in August 2024. Following that the new LHCP will be launched in September 2024. Similarly, the local health and care plan, led by the MHCT is due to be refreshed in the coming months.

The HWBB will continue to work closely with the MHCT Committee and Partnership on collaborative ways of working to deliver the best and most efficient outcomes for Merton residents, and to explore opportunities for closer integration of the linked strategies and plans.

Figure 3 – Relationship between Health and Wellbeing Strategy and Local Health and Care Plan



4.3 Overview of topics discussed at HWBB 2023/24

The role of the Health and Wellbeing Board (HWBB) is to deliver local leadership, to improve health outcomes for residents, providing the overall vision, oversight and strategic direction for health and wellbeing.

Appendix A details the Forward Plan for the HWBB and a summary of topics covered at the HWBB 2023/2024.

4.4 Joint Strategic Needs Assessment / Merton Story 2024/25

The Merton Story is an annual high-level assessment of Merton’s population providing a snapshot of the local health and care needs and priorities of residents including Merton as a place to live and work. The Merton Story forms part of the Joint Strategic Needs Assessment (which is a statutory requirement) owned by the Merton Health and Wellbeing Board and is led by the public health team, with contributions from other council departments, health, and wider partners.

There is ongoing work in progress to complete The Merton Story 2024/25 which will consist of a series of sub chapters, automated data dashboards to support the information in the sub chapters and a Merton Story summary infographic. Key issues for analysis are identified in the Merton Story using publicly available data from the public health outcomes framework, Office of health improvement and disparities.

The completed Merton Story 2024/25 is due to be brought to the Health and Wellbeing Board in November 2024.

4.5 Annual Public Health Report

The Annual Report is a collaborative publication to provide advice and recommendations on population health to both professionals and the public. It provides an opportunity by which the Director of Public Health (DPH) can identify key issues and inform stakeholders of priorities, and to recommend actions to improve and protect the health of the communities they serve.

In 2024/25 the Annual Public Health Report is focussed on addressing, through partnership action, the harm caused by alcohol and other drugs (Tackling Drugs Together). It sets out the impact of alcohol and drug use (both nationally and in Merton), highlights emerging trends and harms and covers the three domains of the national drug strategy: breaking supply chains, delivering world class treatment, and achieving a generational shift for demand.

The report provides an overview of the governance structure for Tackling Drugs Together in Merton, which is led by the Combating Substance Misuse Partnership (CSMP) - the name of which will be reviewed in response to Merton's commitment to tackling discrimination, animosity, and enmity towards people with alcohol and other drug problems. The CSMP reports jointly into the Community Safety Partnership and the Health and Wellbeing Board. Reporting into the CSMP are the forums where the strategic decisions made by the CSMP are operationalised e.g. the multi-agency Young Peoples Substance Misuse Group and the Treatment and Recovery Group.

The annual report shines a light on the impact that alcohol and other drugs have on individuals and communities across Merton. It also draws attention to several emerging trends and harms, and outlines Merton's response to these.

The final report will be provided to the Healthier Communities and Older People Scrutiny Panel in November 2024.

4.6 A new Health and Wellbeing Strategy approach for 2025-2030

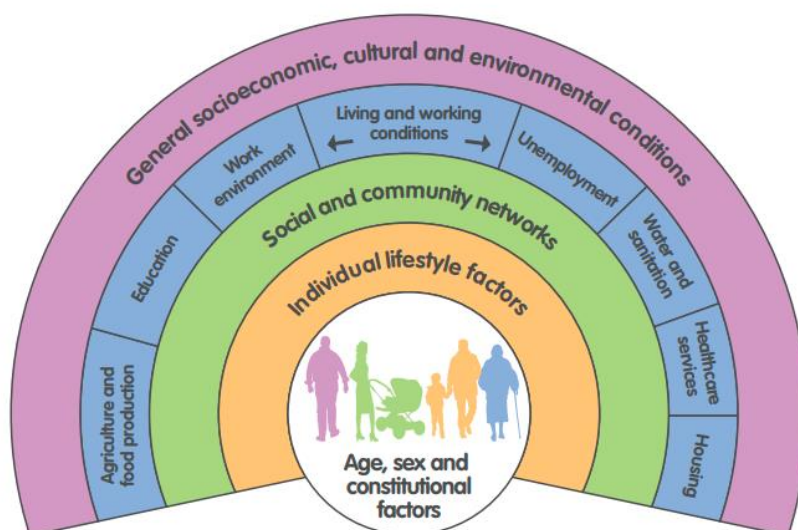
It is a statutory requirement for each HWBB to produce a joint Health and Wellbeing Strategy. Merton has been on a 'tackling inequalities journey' with the current [Health and Wellbeing Strategy 2019-2024](#)² having a key focus on creating a healthy place for healthy lives and the wider determinants of health (Figure 4) including the air we breathe, our schools, workplaces, homes, food, transport and relationships with friends and family – and the impact they have on our health. This was in line with the report on Health Equity in England: [Marmot Review 10 Years On published in 2020](#)³,

² [Merton Health and Wellbeing Strategy 2019-24 A Healthy Place for Healthy Lives](#)

³ [Health Equity in England: Marmot Review 10 Years On, 2020](#)

and enabled a focus on tackling health inequalities as one of the key principles underpinning the Board's work.

Figure 4 – Wider determinants of health Source: Dahlgren & Whitehead, 1991



It is important to ensure the Health and Wellbeing Strategy remains up to date and is based on the most relevant and important issues for the borough.

Merton's current Health and Wellbeing Strategy was published in 2019, covering 2019-2024. Since then, the health and wellbeing and the health and care system in Merton, like many other places, have seen important changes. One of these key changes in the health and care system is the implementation of the Health and Care Act 2022. In addition, the effects of the COVID-19 pandemic and the cost-of-living crisis have had an impact on the health and wellbeing of local people.

Using a similar partnership approach that was taken for the current Health and Wellbeing Strategy, the new strategy will take a Marmot Approach by focussing on the established [eight principles from the Institute of Health Equity](#) that encourage local action on the main social determinants of health in places, these are:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.

[Marmot Places](#) have emerged in England and are founded on taking action on the 'Marmot Eight' principles. Based on these eight principles, Marmot Places develop

and deliver interventions and policies to improve health equity; embed health equity approaches in local systems and take a long-term, whole-system approach to improving health equity.

Marmot Places commit to improving health equity over the short, medium, and long term by:

- Developing and delivering approaches, interventions, and policies to improve health equity.
- Strengthening their health equity systems.
- Involving communities in the identification of the drivers of poor health and in the design and implementation of actions to reduce them.
- Broadening advocacy on health equity and engaging with other Marmot Places to share knowledge, roll out best practice alongside partners in local regions and nationally.

The new strategy will be developed in conjunction with the Merton Health and Care Together Board, including voluntary, community partners and residents, to ensure these two key strategies are complementary and are developed in a way to best cover the breadth of health and wellbeing in the borough and to avoid duplication. The governance arrangements for the two interlinked strategies will be reviewed as part of the development process.

Taking this approach, LBM will be outlining a long-term commitment to tackling health inequalities within the borough and working with patients, residents, community staff and planning teams. It would have full oversight of the Health and Wellbeing Board. It will also act as a steppingstone to eventually consider under the auspices of the Change Programme Board a fuller commitment to Merton becoming a recognised Marmot Place.

This recommended approach will give the best opportunity for LBM to work in collaboration with key partners from the HWBB and across the health and wider community to maximise the impact on the health and wellbeing of those living in Merton. It will also enable us to work with and learn from other local regions who are implementing Marmot approaches and advocate for health equity.

The full paper on the approach to the new Merton Health and Wellbeing Strategy will be discussed at the Health and Wellbeing Board on 2nd October and at the Leaders Strategy Group on 21st October.

5 Available Options

- 5.1** The Health and Wellbeing Board is a statutory partnership under the Health and Social Care Act 2012 with a statutory duty to produce an annual Joint Strategic Needs Assessment and a joint Health and Wellbeing Strategy. This report is for information and to update the HOSC Scrutiny Panel on the work of the HWBB over the last 18 months.

6 Preferred Option

The HWBB will continue to work to prioritise actions and encourage partnerships that focus on improving the health and wellbeing of all people living in Merton. Actions such as the Merton Story, Annual Public Health Report and the redevelopment of the Merton Health and Wellbeing Strategy all enable us to work towards these goals.

As a key aspect of development of the Health and Wellbeing Strategy, it is recommended that as well as reports on progress to the Health and Wellbeing Board and Merton Health and Care Together, progress is also reported into the LBM Change Programme Board. This would continue throughout the development and implementation cycle of the new strategy.

7 Reasons for Recommendations

- 7.1** The Health and Wellbeing Board is a statutory partnership under the Health and Social Care Act 2012 with a statutory duty to produce an annual Joint Strategic Needs Assessment and a joint Health and Wellbeing Strategy.

A refreshed Health and Wellbeing Strategy for 2025-2030 developed around the eight Marmot principles will guide interventions and the decisions and actions of the HWBB but will also provide a framework for wider council activity to be planned and benchmarked against, thus ensuring health inequalities are considered and tackled at every opportunity.

8 Consultation Results

The work and actions outlined within this report will be discussed with members of the Health and Wellbeing Board. External partners have also been engaged in the development of the Annual Public Health Report. The approach to the new Health and Wellbeing Strategy is due to be discussed, input gathered and endorsement of the approach sought at the Board at the next meeting being held on 2nd October. Consultation will also be undertaken with the ICB and Merton Health and Care Together Partnership and Board, and wider partners, to ensure the alignment of strategies and priorities.

A thorough and planned programme of engagement will be undertaken, allowing the opportunity to reach all the key people, at the right time and in the right way. This would involve providing accessible and innovative ways for people to feed in, being especially considerate of hard-to-reach groups and working within the community and with community partners to enable community voices are heard.

Effective engagement will help us to reach the shared commitment that is needed for the strategy and ensure we can agree action plans and focussed delivery models. Then, at the point of completion this engagement will ensure all necessary partners and interested parties are bought in and supportive of the strategy – and that it is adopted and promoted as necessary.

9 Next Steps & Timetable: Communication and Implementation of the Decision

At its meeting on 2nd October the Health and Wellbeing Board will consider the Annual Public Health Report and the proposed approach to the next Merton Health and Wellbeing Strategy. HWBB members will discuss the approach and ways to add value through partnerships at place as well as learning from previous experience with the current strategy. Both reports will be considered by the LSG meeting on 21st October 2024.

It is envisaged that the new Health and Wellbeing Strategy will be presented back the HWBB in March 2025.

The Merton Story will be tabled for discussion at the HWBB meeting on 12th November where the key messages and insights will be presented.

The Health and Wellbeing Board reports annually to the Healthier Communities and Older People Scrutiny Panel.

10 Report Appendices

10.1 The following documents are to be published with and form part of the report:

Appendix A - Forward Plan for the HWBB and a summary of topics covered at the HWBB 2019-2024

11 Background Papers

These are referenced within the report.

12 Cross-Cutting Issues and Implications and Sign-Off

Issue	Implications	Sign-off
Legal including Human Rights Act	<p>Legal responsibilities have been set out herein. The Health and Wellbeing Board is a statutory partnership under the Health and Social Care Act 2012.</p> <p>The Health and Care Act 2022 has a duty for Local Authorities to produce 'joint local health and wellbeing strategies'.</p> <p>LBM and NHS colleagues have a statutory obligation to pay due regard to addressing health inequalities in the residents and patients they serve.</p> <p>The Health and Social Care Act 2012 requires Local Authorities to take appropriate</p>	Matthew Blackwell, Senior Lawyer, 19/08/2024

Issue	Implications	Sign-off
	<p>steps to improve the health of their population.</p> <p>The Public Health Grant terms state that Local Authorities have regard to the addressing the need to reduce health inequalities.</p>	
Finance and other resources	<p>The Health and Wellbeing Board is a statutory partnership under the Health and Social Care Act 2012, with minimal ongoing financial implications.</p> <p>The consultation and development of a new Strategy will require appropriate resourcing, which has been identified.</p> <p>Successfully addressing health inequalities will bring overall financial benefit in terms of increased productivity and reduced need for public services.</p>	<p>Lana Hamilton Service Financial Adviser 21/08/24 (Comments are not mine)</p>
Equalities	<p>The Health and Wellbeing Board is focused on reducing inequalities and encouraging action that contributes to tackling the social determinants of health which in turn cause further inequalities.</p> <p>In particular, the outlined approach of making a commitment to a Marmot approach for the next Health and Wellbeing Strategy, would show a long-term commitment to tackling health inequalities within the borough and would achieve compliance with the Equality Act, 2010</p> <p>The work of the HWBB will continue involve engaging with patients, residents, and community staff across all groups within Merton. The goal is to look at ways in which variation and inequalities in the health of end users in Merton can be reduced and eliminated. The Marmot approach will ensure we cover the main social determinants of health to improve equity.</p>	<p>Megan Inett, Public Health Partnerships Manager 13/08/2024</p>
Climate change	<p>The work of the HWBB outlined in this paper have a remote or very low impact on Merton's Climate Strategy & Action Plan</p>	<p>Megan Inett, Public Health Partnerships Manager</p>

Issue	Implications	Sign-off
	<p>adopted by full Council on 18th November 2020.</p> <p>The impact of climate change disproportionately impacts more on socially excluded people and populations, addressing this will be a key element of the overall work of the HWBB as described in this paper.</p>	13/08/2024
Procurement & Social Value	See section above on Finance, appropriate resourcing to deliver a new strategy will be required. A health inequalities approach would strengthen LBM's borough's commitment to enhancing social value in future procurements.	A further Procurement view may be requested as required.
Digital	Digital approaches will be employed to put in place policies and practices addressing health inequalities where feasible and practical, including in conjunction with innovative approaches in the Merton Health and Care Plan.	A further Digital view will be requested as required including as part of the new Strategy development.
Information governance	The HWBB works in full compliance with LBM's information governance requirements.	To be signed once new Strategy is developed.
Staffing establishment	There are no staffing implications for the ongoing delivery of the HWBB however, there may be some resource implications as part of the strategy consultation and development stage which will be met within existing budgets, there are no foreseen implications for delivery once the new strategy is established and adopted.	To be signed once timeframes for delivery are agreed.
Risk management	<p>The HWBB works within established LBM governance frameworks to manage risk.</p> <p>The HWBB strategy re-development approach described in this paper will be accompanied by a suite of key performance indicators to close inequality gaps which present the greatest risk to the health and</p>	<p>Megan Inett, Public Health Partnerships Manager 13/08/2024</p>

Issue	Implications	Sign-off
	wellbeing of the most vulnerable, excluded, and disadvantaged communities.	
Community safety	<p>Through the HWBB and the other partnerships such as the Combatting Substance Misuse Partnership, Community Safety is considered and coordinated where required.</p> <p>Effectively Tackling Drugs Together as detailed by the Annual Director of Public Health Report will support Merton Council in meeting its requirement to address crime and disorder (alcohol and other drug use being a driver of crime and anti-social behaviour).</p> <p>By widely addressing health inequalities, the HWBB aims to maximise opportunities for individuals and communities to live healthier lives and evidence demonstrates this will be accompanied by an improvement in community safety.</p>	<p>Megan Inett, Public Health Partnerships Manager 13/08/2024</p>
Health and wellbeing	<p>The focus of this report and of the Health and Wellbeing Board itself is on improving the health and wellbeing of Merton residents.</p> <p>Alongside the overall approach the renewed HWBB strategy will guide the actions and decisions of the HWBB and relevant partners to have a positive impact for individuals and communities. Taking a Marmot approach will ensure all the health and wellbeing components listed above are considered and acted upon.</p>	<p>Megan Inett, Public Health Partnerships Manager 13/08/2024</p>
Corporate parenting	<p>By focussing on addressing health inequalities, the HWBB will continue to have a positive and supportive impact on the Council's role as a corporate parent, by focussing our resources and support on our most disadvantaged residents, including children in care and care leavers.</p> <p>In conjunction with the dovetailed Health and Care Plan this will support the provision of</p>	<p>Megan Inett, Public Health Partnerships Manager 13/08/2024</p>

Issue	Implications	Sign-off
	tailored high quality and effective care for these individuals.	
Executive Director	<i>Clearance/Approval of Report</i>	<i>[Executive Director Date signed]</i>
Cabinet Member/s	<i>Clearance/Approval of Report</i>	<i>[Cabinet Member Date signed]</i>
REPORT AUTHOR: Megan Inett – Public Health Partnerships Manager Tel no. 0204 605 6022 Email megan.inett@merton.gov.uk		

Appendix A: Health & Wellbeing Board: Forward Plan 2024/25

Last updated: 20/08/24

Date of HWBB meeting	Proposed agenda items (TBC at planning meetings)	Lead	Link to Merton Story priorities
June 2024	Meeting cancelled: pre-election		
2 October 2024	Annual Public Health Report	Russell Styles & Ted Sherman	Live Well, Healthy Place
	Vaping pilot	Ashlee Mulimba Healthy Dialogues to lead. Mike McHugh	Live Well, Healthy place
	Borough of Sport/Actively Merton update	David Gentles / Barry Causer	Live Well, Healthy place
	ICB Update	Mark Creelman	Live Well, Healthy place
	Development of the new Health and Wellbeing Strategy taking a Marmot approach	Russell Styles	Live Well, Healthy place
12 November 2024	Merton Story 2024/25 and Dashboard demo	Samina Sheikh	Start Well, Live Well, Age Well, Healthy Place
	SWLSTG's Trust update	Priya Samuel	Live Well, Healthy place
	Brazil Model Community Engagement pilot	Tony Molloy	Start Well, Live Well, Age Well, Healthy Place

	Smoking, vaping & tobacco control	Barry Causer	Start Well, Live Well, Age Well, Healthy Place
	Winter planning	Mark Creelman	Live Well, Age Well
	Better Care Fund	LBM/ICB	Live Well, Healthy place
	Joint Pharmaceutical Needs Assessment	Barry Causer	Start Well, Live Well, Age Well, Healthy Place
	Long COVID	Dr Anirban Gupta/ Barry Causer/ Vladimira Kalev	Live Well, Healthy place
14 January 2025	Sexual health update	Mike McHugh/ Hilina Asrress/ Kate Milsted	Live Well, Age Well, Healthy Place
	Air quality bundle/air quality action plan	Barry Causer	Live Well, Age Well, Healthy Place
	Combatting Substance Misuse Partnership update	Ted Sherman/ Andy Storr	Live Well, Age Well, Healthy Place
	Section 75 and Mental Health Services update	Graham Terry (replacement)	Live Well, Age Well, Healthy Place
	Suicide prevention review and refresh of action plan, surveillance, clusters	Barry Causer	Start Well, Live Well, Age Well, Healthy Place
	Merton Safeguarding Children Annual Report	Aileen Buckton/ Sarah Slater	Start Well, Live Well
	Safeguarding Adults Board Annual Report	Aileen Buckton/ Catherine Dunn	Live Well, Age Well
25 March 2025	Launch of new Health and Wellbeing Strategy 2025-2030	Russell Styles	Start Well, Live Well, Age Well, Healthy Place
	Oral health and dentistry	Mike McHugh Rachel Tilford Hilina Asrress	Start Well, Live Well, Age Well
	Childhood immunisations	Mike McHugh	Start Well

		Rachel Tilford Hilina Asrress	
	TBC Borough of Sport update	Barry Causer	Start Well, Live Well, Age Well, Healthy Place
	TBC Merton's Young People's health priorities/needs	Anna Huk	Start Well, Live Well

Summary of HWBB meetings 2023-2024

	2023	2024
January	<ul style="list-style-type: none"> Merton Safeguarding Adults Board (MSAB) Merton Safeguarding Children Partnership (MSCP) Annual Reports JSNA/ Merton Story 2022/23 Annual Public Health Report 2022/23 - Health Co-benefits of Climate Action ICP (Integrated Care Partnership) Strategic Priorities Adult Social Care Discharge Fund 	<ul style="list-style-type: none"> NHS Estates Update A verbal update to be provided at the meeting. Safeguarding Adults Board Annual Report Merton Safeguarding Children Annual Report An update on the Joint Targeted Inspection HWS Priority Report - School Superzones Young Inspector Membership of HWBB Review (Public Health)
March	<ul style="list-style-type: none"> Tobacco control and stopping smoking and vaping Health and Wellbeing Strategy report and rolling priority options Primary Care Strategy and integrated community services ICB draft Joint Forward Plan (JFP) Place-based Partnership progress and vision 	<ul style="list-style-type: none"> Measles & MMR Update A verbal update to be provided at the meeting. JSNA/Merton Story Section 75 Agreement Sexual Health Update
June	<ul style="list-style-type: none"> Beat the Street 	Cancelled: Pre-election period

	<ul style="list-style-type: none"> • Health and Wellbeing Board Rolling Priority 2023/24 – Outline Action Plan • Carers’ Strategy Update • Right Care Right Person • ICP Strategy and ICB Joint Forward Plan • NHS Proposal for Paediatric Cancer Care in the South East • Better Care Fund (BCF) Plan 2023-25 • HWBB Young Inspector Pilot 	
<p>September</p>	<ul style="list-style-type: none"> • Report on Borough of Sport and Actively Merton • Health and Social Care challenges and opportunities • South West London Primary and Community Health services model and pathways • Whole systems approach to Air Quality, Tobacco & Vaping and Respiratory Health • Substance Misuse and update on the work of the Combatting • Substance Misuse Partnership 	
<p>November</p>	<ul style="list-style-type: none"> • NHS Estates update • Social Prescribing (Adults) challenges and opportunities 	

	<ul style="list-style-type: none">• Social Prescribing (children) challenges and opportunities• HWS Priority report / air quality / respiratory health & smoking/vaping• Health protection update• Report on progress of local health and care plan
--	--

This page is intentionally left blank

Healthier Communities and Older People Work Programme 2024/25



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2024/25. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting-by-meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Panel wish to.

Page 33

Chair: Councillor Agatha Akyigyina
Vice-chair: Councillor Jenifer Gould

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Rosie Mckeever (Scrutiny Manager)
Tel: 020 8545 4035; Email: rosie.mckeever@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Agenda Item 7

Meeting date: Thursday 5th September 2024 (Deadline for reports: Tuesday 27th August 2024 5pm)

Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Epsom & St Helier Planned Cuts	Report to the Panel with Q&A	James Blythe, Managing Director for Epsom and St Helier	To consider a breakdown of current, planned and future cuts/savings and what this means for current services and Merton Residents. What are the health implications for Merton Residents
St Helier Hospital – Update on Disrepair	Report to the Panel with Q&A	James Blythe, Managing Director for Epsom and St Helier.	Review the plans for the building repair schedule at St Helier Hospital
Executive Director Introductions	Verbal update with Q&A	Phil Howell	To understand current priorities in relation to Panel work programme
Report of the Health and Wellbeing Board	Report to the Panel	Russell Styles Director of Public Health, Cllr Peter McCabe Cabinet Member for Health and Social Care	Review of the work undertaken by the Board over the previous year.
Work Programme 2024/25	Report	Cllr Agatha Akyigyina	To review and agree the work programme for 2024-2025

Meeting Date: Thursday 31st October 2024 (Deadline for reports Tuesday 22nd October 2024 5pm)

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget and Business Plan – Round 1	Report	Cabinet Member for Finance and Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
SW London Primary Care Strategy	Report to the Panel	Mark Creelman Place Executive, NHS SW London with support from lead GPs	Panel to review primary care services including accessibility to these.
Dentistry	Report	Mark Creelman Place Executive, NHS SW London	Review access to dentistry and wider discussion on oral health for Merton residents
Work Programme 2024/25	Report	Panel Chair	To review and agree the work programme for 2024-2025

Meeting date: Thursday 21st November 2024 (Deadline for reports Tuesday 12th November 2024 5pm)

Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Budget and Business Plan 2023-2026	Report to the Panel	Cabinet Member for Finance and Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
Annual Public Health Report	Report to the Panel	Director of Public Health	Members informed of key issues arising from the Annual Public Health Report
Adult Safeguarding - Annual Report to the Panel	Report	Independent chair of Merton SGA board	To review work undertaken over the last 12 months.
Adult Social Care Self-Assessment	Self-assessment	ASC Ade Wilson-Adu, Stuart James	To review the self assessment and plans for Merton ASC CQC quality assurance process
Work Programme 2024/25	Report	Panel Chair	To review and agree the work programme for 2024-2025

Meeting Date: Tuesday 28th January 2025 (Deadline for reports Friday 17th January 2025 5pm)

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Basket of indicators plus verbal report	Executive Directors	To highlight any items of concern and/or request additional information
New Homecare Contract	Report to the Panel	Phil Howell Interim Assistant Director for Commissioning	Review delivery of the process and if new providers are performing well.
St Helier Maternity Services (Including preconception and post-natal care)	Report to the Panel	Group Chief Nursing Officer and Mark Creelman Place Executive, NHS SW London and James Blythe, Managing Director for Epsom and St Helier.	Update on maternity services.
Work Programme 2024/25	Report	Panel Chair	To review and agree the work programme for 2024-2025

Meeting date: Tuesday 11th March 2025 (Deadline for reports Friday 1st March 2025 5pm)

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Respite Care, Learning Disability Officer & Dementia (Including day care & respite)	Report to the Panel		To review and highlight areas of concern
Adult Immunisation Schedule	Update covering uptake of immunisations & update on rollout of RSV	NHS England	Review the take up of local immunisation in Merton.
Work Programme 2024/25	Report	Panel Chair	To review and agree the work programme for 2024-2025
Topic Suggestions 2025-2026	Report	Panel Chair	To consider topics for this Panel for the next year

Meeting date: Wednesday 23rd April 2025 (Deadline for reports Thursday 10th April 2025 5pm)

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Mental Health Service	Report to the Panel		To review and highlight areas of concern
Cardiovascular Health	Report to the Panel	Public Health	To review and highlight areas of concern
Topic Suggestions 2025-2026	Report	Panel Chair	To consider topics for this Panel for the next year

