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HEALTH AND WELLBEING BOARD

25 NOVEMBER 2014

(12.30 - 14.00)

PRESENT Councillors Councillor Caroline Cooper-Marbiah (in the Chair), Councillor Maxi Martin, Kay Eilbert, Yvette Stanley, Simon Williams, Eleanor Brown, Adam Doyle, Howard Freeman, Beever and Melanie Monaghan.

ALSO PRESENT: Paul Ballatt (for Yvette Stanley), Clarissa Larsen, Susanne Wicks

1 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

No declarations were made.

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Dr Geoffrey Hollier, Councillor Lewis-Lavender and Matthew Trainer (NHS England).

Yvette Stanley advised that she would leave the meeting after agenda item 4, but Paul Ballatt would remain at the meeting on her behalf.

3 MINUTES OF THE MEETING HELD ON 30 SEPTEMBER 2014 (Agenda Item 3)

Adam Doyle advised that he was present at the meeting.

Eleanor Brown advised that she will bring a report on the Transformation of Primary Care to the January meeting of the Board. She also amended the wording of the minute of item 8, to read as follows:

Eleanor Brown delivered a short report on the plans for CCG Co-Commissioning and on transformation of primary care.

With regard to commissioning Eleanor Brown explained that Merton, Kingston, Richmond, Sutton, Croydon and Wandsworth have submitted an expression of interest to be co-commissioners. She noted that governance arrangements will require a lot of thought and local authorities are considering how they may assist.

The transforming primary care programme will launch in November and will focus on prevention, reactive care and the adoption of new initiatives and technology. It includes enablers such as workforce, estates and affordability. GPs are considering how they could join together to change the way they deliver services, for example offering seven day cover. A Merton CCG Transforming Primary Care task and finish group will be established, to be chaired by Howard Freeman.

Simon Williams asked if the project will look at GP morale, recruitment and retention, which, anecdotally, is low. Matthew Trainer (NHS England) acknowledged that this is a concern, not just for GPs but also in Nursing, and advised that the London programme must consider the workforce challenges being faced.

Councillor Gilli Lewis-Lavender supported the move towards introducing new and innovative ways of contacting GPs in order to maximise use of their time.

Ian Beever advised that Healthwatch have carried out research into GPs which is due to be published on Friday 3 October, and shows that older people prefer to see a GP and have little confidence in nurse practitioners. However, younger people are happy to do so, and also happier to communicate by phone or email with their doctor.

Eleanor Brown thanked the Board for their comments.

RESOLVED: That, subject to the amendments detailed above, the minutes are agreed as an accurate record of the meeting.

4 LOCAL AUTHORITY ROLE IN REDUCING PARTICULAR VULNERABILITIES FACED BY GIRLS (Agenda Item 4)

Yvette Stanley presented this report.

Report received.

5 DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - VERBAL UPDATE (Agenda Item 5)

Kay Eilbert presented this report. She advised that the JSNA will available online by mid-December, to enable the document to be updated regularly with new data as it emerges. She asked that all partners take account of the JSNA in their commissioning decisions.

6 HWB PRIORITY 3 (ENABLING PEOPLE TO MANAGE THEIR OWN HEALTH AND WELLBEING AS INDEPENDENTLY AS POSSIBLE): UPDATE ON PROGRESS (Agenda Item 6)

Adam Doyle presented the update report, and outlined progress against the six key outcomes. He invited comment and questions.

EB highlighted performance in reducing emergency admissions. She also suggested that the monitoring of numbers on the CMC register be included, particularly those who achieve their preferred place of care and end of life. She noted that Merton's ranking in London is currently high.

Councillor Cooper- Marbiah thanked Adam Doyle for the useful update.

7 BETTER CARE FUND UPDATE (Agenda Item 7)

Simon Williams introduced the report. He confirmed that the Better Care Fund Plan had been 'Approved with Support' by NHS England, and James Corrigan was working on the final commentary in order to secure full approval. EB advised that only six Plans in the country obtained full approval.

Simon Williams noted the varying progress of the six workstreams, noting that some were more challenging than others, for example IT and Data. He also advised that

the Merton Model of Care workstream will focus on changes in locality for residents and patients.

Report received.

8 WINTERBOURNE VIEW UPDATE (Agenda Item 8)

Simon Williams introduced this report.

Howard Freeman noted his concern that the numbers of people receiving a service detailed in the report (2) differ from the numbers held by the CCG. Eleanor Brown explained that the numbers do not remain static as patient circumstances change all the time, and Adam Doyle confirmed that there is close liaison between LBM and CCG on the monthly data returns, and advised that, even if there is a discrepancy in the data, there are no more than four people with current placements considered to be in-patient hospital settings. It was agreed that this discrepancy will be resolved by officers, and accurate numbers reported to the next meeting of the Board.

Howard Freeman also warned against bowing to external pressure to move people into a community setting which may not be appropriate to meet their needs, particularly when they have been detained according to Section 12 of the Mental Health Act. Simon Williams agreed that any placement or care plan must be based on a person's need, and it is unlikely that the number of in-patients will ever fall to zero.

Councillor Maxi Martin pointed out the need to ensure that young people are adequately supported through transition to adult social care services, and that the right care must be provided to support them. Simon Williams agreed that both adult and children's social care services must work with health to ensure a robust, principled and value for money model is in place to deliver local support. He suggested that this should be the topic of a joint workshop in the new year.

Dave Curtis asked if service users were aware of their right to access advocacy services, and Simon Williams confirmed that they were made aware.

Report received.

9 BETTER HEALTHCARE CLOSER TO HOME: NELSON AND MITCHAM - VERBAL UPDATE (Agenda Item 9)

Adam Doyle gave a verbal update on the progress of the Nelson project; the preferred provider for specialist care and diagnostics is St George's Healthcare. The building work is on track, with just the finishing touches to be done.

With regard to the Mitcham site, Adam Doyle advised that potential sites have been reviewed, and it has been agreed that a large facility is required. An economic case is being developed for submission to NHS England by February/March 2015. Then the overall business case will be developed.

10 ANNUAL PUBLIC HEALTH REPORT (Agenda Item 10)

See item 11.

11 LONDON HEALTH COMMISSION REPORT AND NHS FIVE YEAR FORWARD VIEW - PRESENTATION (Agenda Item 11)

Kay Eilbert dealt with items 10 and 11 at the same time; she delivered a presentation covering the annual Public Health report, the London Health Commission report and the NHS Five Year Forward View. The presentation covered:

- Elements of a good life in Merton;
- London Health Commission's aspirations and ambitions for London;
- NHS Five Year View, focussing on prevention and public health;
- Determinants of contributions to health;
- The negative impact of deprivation on lives;
- The contribution of unhealthy behaviours to health;
- The cost impact of unhealthy behaviours;
- The economic return on investment into prevention services and improved housing.

At the conclusion of her presentation, Kay Eilbert asked the Board to consider and discuss:

- If they support an increased focus on prevention;
- What barriers they would need to address;
- What opportunity is there to take this forward.

Points raised and discussed were as follows:

Howard Freeman congratulated Kay Eilbert on her presentation and on her work on addressing health inequality in the borough. He described his commitment to prevention, and urged Merton councillors to take action where they had influence and responsibility, for example in areas such as Planning and Licensing.

It was agreed that, at the development session in January, the Board would review their membership and consider if councillors from Licensing or Planning Committees should be invited to attend these meetings. In the meantime, Public Health officers will liaise with those teams to explore their impact on public health.

Paul Ballatt endorsed the focus on prevention, particularly in early years and also during adolescence. He highlighted the challenge on maintaining the focus during times of reduced resources and reported that in CSF, discussion is underway on how to develop the skills of specialist workers, such as social workers, to enable them to advise and support on a wider range of issues.

Ian Beever noted that the role of the voluntary sector and community groups is key in building the capacity of small community groups to carry out prevention work.

It was suggested that Public Health could input in the regeneration of housing estates in the borough, to try and improve the physical environment for tenants. Kay Eilbert confirmed that health impact assessments will be carried out for three regeneration projects and work will be done with developers before plans are finalised. Dave Curtis suggested that space should be provided for services such as pharmacies, or for use by voluntary and community groups.

Howard Freeman asked if political support would be given to a ban on smoking in public places in Merton, should it be backed by the London Mayor in his response to the London Health report. Kay Eilbert confirmed the Leader has said he would support a ban on smoking in Merton's parks.

Councillor Caroline Cooper-Marbiah thanked Kay Eilbert for her presentation.

12 HEALTH AND WELLBEING STRATEGY REFRESH 2015 (Agenda Item 12)

Kay Eilbert introduced the report. Ian Beever suggested that it may be worth identifying key topics that overarch the five themes. Kay Eilbert undertook to raise the suggestion at the task and finish group.

RESOLVED:

1. To agree and support the work of the Health and Wellbeing Strategy Task Group on the 2015-18 strategy refresh.
2. To agree the five priority themes against which clear outcomes will be developed.

13 COMMUNITY HEALTH AND WELLBEING FUND PROGRESS REPORT (Agenda Item 13)

Ian Beever introduced this report and went through some of the groups and commissioned schemes that had benefitted from the fund.

Ian Beever advised that the fund was fully spent and asked for the Board's support to continue the project. Ian Beever indicated his willingness for Public Health to carry out a review of the Fund to ascertain their impact and added value. At the suggestion of Kay Eilbert the HWB agreed to support in principle the use of the Public Health underspend to continue the fund for an additional year.

RESOLVED:

1. To note the progress in the delivery of the Community Health and Wellbeing Fund in East Merton.
2. To note that the East Merton Health Fund is now fully spent and consider the potential for future investment in similar programmes.
3. To support in principle the use of the Public Health underspend to continue the fund for an additional year.

14 HEALTHWATCH MERTON WORK PROGRAMME - VERBAL UPDATE (Agenda Item 14)

Dave Curtis advised that in 2015-16, Healthwatch will agree locally directed workstreams, including Children and Young People.

The Healthwatch governance structure has been amended and developed to include an Operational Committee, which will be independently chaired, and comprise four voluntary or public sector members. It is likely that the first meeting will take place in March.

Dave Curtis detailed some of the projects and workstreams in which Healthwatch have had involvement and described the high demand from strategic partners for their input. He asked that those present consider how Healthwatch can grow and develop, but also how limited resources can be commissioned to work in different ways.