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# Merton Council

## Health and Wellbeing Board Agenda

### Membership

#### Councillors:

Rob Clarke  
Mark Creelman  
Brian Dillon  
Hannah Doody  
Dr Vasa Gnanapragam  
Rebecca Lanning (Chair)  
Chris Lee  
Oonagh Moulton  
Dr Andrew Otley  
Mohan Sekeram  
Dr Aditi Shah  
Simon Shimmens  
Eleanor Stringer  
Dr Dagmar Zeuner

#### Co-opted members:

#### Substitute Members:

**Date:** Tuesday 22 March 2022

**Time:** 6.15 pm

#### Venue:

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda please contact or telephone .

All Press contacts: [communications@merton.gov.uk](mailto:communications@merton.gov.uk), 020 8545 3181

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## Health and Wellbeing Board Agenda

### 22 March 2022

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| 1 | Apologies for absence   |         |
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| 3 | Minutes of the previous meeting   | 1 - 6   |
| 4 | Living with COVID   | 7 - 10  |
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| 5 | Merton 2030 priorities - focus on health and wellbeing<br>Merton 2030 priorities – focus on health and wellbeing                              |         |
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| 8 | Future of Meetings<br>Future Meetings Dates:<br><br>21 June 2022<br>20 September 2022<br>29 November 2022<br>24 January 2023<br>28 March 2023 |         |
| 9 | Slides in the meeting   | 19 - 64 |

#### **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.

# 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](http://www.merton.gov.uk/committee).

## HEALTH AND WELLBEING BOARD

25 JANUARY 2022

(6.15 pm - 8.15 pm)

**PRESENT** Councillors: Councillor Rebecca Lanning (in the Chair), Councillor Eleanor Stringer, Brian Dillon (Chair Healthwatch Merton Independent Board), Dr Vasa Gnanapragam and John Morgan (Interim Director Community and Housing)

**ALSO PRESENT** Clarissa Larsen (Health and Wellbeing Board Partnership Manager), Richard Seedhouse (Democratic Services Officer)

**ATTENDING REMOTELY** Simon Shimmens (Chief Executive Merton Voluntary Service Council), Mark Creelman (Locality Director Merton and Wandsworth CCG), Councillor Oonagh Moulton, Aileen Buckton (Independent Chair of SAB), Dr Dagmar Zeuner (Director Public Health), Dave Curtis (Manager Healthwatch Merton), Jane McSherry (Director Children Schools and Families), Dr Karen Worthington, Dr Mohan Sekerem, Phil Howell, Sarah Keen (CAMHS), Julia Groom (Consultant in Public Health)

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Chris Lee (Director of Environment and Regeneration) and Dr Andrew Otley.

### 2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of interest.

### 3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

**RESOLVED:** That the minutes of the meeting held on 23 November 2021 were agreed as a correct record.

### 4 COVID-19 IN MERTON (Agenda Item 4)

The Director of Public Health presented the report and gave an overview of the most up to date Covid-19 statistics within Merton and London. The main message was good news, the infection rate was down, and the pandemic was declining. Although the volume of infection was still high, it was moving in the right direction. Despite the spread of Omicron, the impact on hospitals was much lower than previously. There have been large outbreaks in schools, particularly in primary schools where the children are not vaccinated, but the health impact on children is generally mild and is not translating into severe illness or hospitalisation. No significant difference in infection ratios between East and West Merton or by ethnicity. Although there had been concerns over testing supplies over Christmas and New Year, tests did not run out in Merton. Fatalities due to the Omicron wave have been low.

In response to further questions the Interim Director for Community and Housing reported that mandatory vaccination of Health and Social care staff comes into force by 1 April, requiring first doses of vaccination to be administered by 3 February. 100% of directly employed staff have been vaccinated. Of around 350 care staff working for external providers, 18 are firm refusers, although none of the 30 home care providers are reporting problems.

The Locality Executive Director Merton and Wandsworth CCG, reported that the data on NHS as was still being collected, but around 90% of staff in trusts were vaccinated or fully vaccinated. Of 22 medical practices in the borough, five have requested additional support. We have on our website information for employers on vaccination and we have introduced an overseas vaccination verification process, so that where employees have been vaccinated overseas, we can validate them.

The Director of Public Health reported that although there was a cohort of firm refusers, it was believed that if we were able to answer their questions and concerns, we would be able to encourage some of them to take the vaccine. We have a hotline that will cater for bespoke questions for those concerned about the vaccine.

The Director of Public Health also reported that while education may be impacted by staff who are unvaccinated, we are increasing opportunities to get the vaccine, including in schools, and reducing barriers where we can, and increasing communications to encourage further uptake of vaccination amongst teaching staff and reduce the impact of unvaccinated teachers having to isolate following a close contact.

In response to concerns about low vaccination rate in private care providers, the Interim Director for Community and Housing reported that although some of the private care providers in Merton covered an area larger than Merton itself and that might affect their overall statistics, the figures for staff in Merton were not a cause for concern.

## 5 SAFEGUARDING ADULTS BOARD ANNUAL REPORT (Agenda Item 5)

The Chair of the Safeguarding Adults Board presented their annual report. Two significant points to note were that importance of being able to maintain high safeguarding standards during the pandemic, working in a different way and responding in a different way. There were also a lot of new members of the Board, which meant ensuring that they had robust methods of working in partnerships in place. The report highlights that there was an increase in the number of referrals during the pandemic, not just from partner agencies, but from the public as well. Not all concerns raised became full cases, but the increase in referrals demonstrated that the work and processes of the Board were trusted.

There has been a focus on increasing partnerships and working with care home managers, particularly as COVID restrictions have prevented families from visiting relatives in care homes and that work is now fully established.

For the first time we are beginning to look at the impact of protected characteristics on safeguarding referrals. The data show some differences in the referrals between the various ethnicities across the borough, which will inform future efforts in communicating what safeguarding is.

In response to questions the Chair of the Safeguarding Adults Board reported that in the future they would like to see a continuation of the partnership work with a focus on what the Board can give over and above the work of each individual agency. To provide an overview in a wider safeguarding arena and to look at capturing vulnerable people who don't fit into the traditional categories of those needing assistance. Working towards a greater emphasis on preventative work through multi-agency working. There was also more work to do across the different communities within the borough to promote the role of safeguarding.

The Chair of the Safeguarding Adults Board also confirmed that adult serious case reviews are published, at least in part. None were published last year, but there were some in process that will publish in 2022.

The Chair of the Safeguarding Adults Board confirmed that while the number of referrals were increased, this wasn't in itself of concern as the previous reporting numbers had been quite low relative to the wider region. She commented that this represented a greater level of awareness and prevention of safeguarding issues, with an appropriate conversion level reported of referrals to signposting and further action. The Chair agreed that more work needs to be done to ensure that the understanding of safeguarding does translate into the cultural and linguistic understanding within all the communities and contexts across the borough.

## 6 CHILD HEALTHY WEIGHT ACTION PLAN (Agenda Item 6)

The Public Health Consultant presented the report. In addition to the focus on healthy weight and diabetes action plans, the report also highlighted the impact of the COVID pandemic. We have seen significant increases, although they are comparable with wider London levels, notably a 7% increase in overweight/obese levels in 10-11 year olds. This is exacerbated by the closure of leisure facilities and the challenges around affordable food and the increase in food poverty. There is also a link between mental health issues, stigma and the increase in eating disorders.

The priorities for the future are to focus on communications and training to embed a family approach to providing support for children including the development of a children's social prescribing pilot which will focus on healthy weight and low level mental health issues.

The burden of diabetes has increased across the borough. The pandemic has had an impact on access to services, so there has been a reduction in new diagnoses, but there has been an increase in obesity among adults, which increases the risk factors for diabetes.

Future work will emphasise increased access to education programmes and particularly target South Asian communities.

The third focus is on healthy place – how the environment shapes opportunities for physical activity and our food choices. Priorities for the future include refreshing our health policies and looking at how we can embed a sustainable food environment with a focus on sugar and sugar reduction, physical activity and active travel.

Both child healthy weight and diabetes are health equality issues, we know there are much higher rates in the east of the borough and in minority communities.

In response to comments, the Public Health Consultant acknowledged recently published links between breastfeeding and obesity and confirmed that although not highlighted in the summary, the more detailed plan did include detail of the ongoing work on promoting breastfeeding support.

The Public Health Consultant also highlighted the work the Family Start Service, delivered by the school nursing service, based on a successful pilot in Richmond, which works beyond diet and exercise to remove stigma, accessed through the NCMP (National Child Measurement Programme), administered by CLCH (Central London Community Healthcare). One You Merton also offers support to adults.

#### RESOLVED:

1. That the Board Considered and endorsed the Health and Wellbeing Board's refreshed Child Healthy Weight Action Plan (2022-2025) and noted the update on the Tackling Diabetes Action Plan (2019-2024).
2. The Board championed the priority for 'healthy place'
3. The Board considered how Board members could champion and support the priority for making child healthy weight everyone's business and in particular the implementation of the communication and engagement plan.
4. The Board agreed to retain the current governance structures for the oversight of the action plans.

#### 7 MERTON PLACE BASED PARTNERSHIP (Agenda Item 7)

The Locality Executive Director for Merton and Wandsworth CCG, presented the report, highlighting the planning guidance that came out on Christmas Eve changing the ICS (Integrated Care Systems) implementation date from 1 April to 1 July 2022. The Director outlined the membership of the Merton Borough Committee and expected to have all members confirmed by the next meeting of the HWBB. The Committee will sit alongside Merton Health and Care Together Board (MHCT) and the two will work closely in partnership together

The questions for the HWBB to answer were whether they felt anyone was missing from the membership and how they would the HWBB like to be assured that the Committee is integrating and aligning to the priorities of the HWBB.

In response to questions the Locality Executive Director confirmed that the HWBB will continue to provide strategy and priorities for health and wellbeing, with Merton Health and Care Together reporting to it which, along with the new Borough Committee will drive forward projects.

## 8 CAMHS LOCAL TRANSFORMATION PLAN (Agenda Item 8)

The Senior Child and Adolescent Mental Health Service (CAMHS) Transformation Manager presented the report. The plan has been published in draft. Although the CCG is now across the six boroughs of SW London, there is still a local approach. The aim is to make it easier for children and young people to access support and improve the organisation of services to complement that ease of access. The aim is to provide equity rather than equality, as treating everyone the same assumes that all users are starting from the same place, this won't provide appropriate assistance to every person, and we need to recognise that different people need different elements of support.

By the end of February, all public schools in Merton will have access to Emotional and Mental Health Support. We are now seeing more complex referrals coming into the CAMHS pathway, and the service is increasing its capacity to help schools manage the challenge they experience whilst young people are on waiting lists, where brief interventions may be helpful.

Work is ongoing to fully staff services to Youth Justice and Learning Difficulty sectors. Although funding is coming through the system, there is a challenge in recruitment, and this is a national problem, not just for SW London.

In response to questions the Transformation Manager highlighted the work of the talking therapies which have worked in the barber shops of Mitcham to engage with young people in a non-clinical environment. They have also promoted Emotional and Mental Health leads in Schools and Kooth, an online talking therapy forum which is anonymised so young people can log on and seek help. There is more work to do, Young Inspectors will play a part and this is an area of focus for the future.

The Transformation Manager also informed the Board they are speaking with schools and other interested parties to improve step up and step down support, so there are no sudden holes in support and this work is ongoing.

### RESOLVED:

1. The Board considered how members can support delivery of the priorities of the Local Transformation Plan
2. Agreed the South West London Local Transformation Plan refresh.

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## **Committee: Health and Wellbeing Board**

**Date:** 22 March 2022

Agenda item:

Wards: All

## **Subject: Health and Wellbeing Board Community Subgroup**

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health

Forward Plan reference number:

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

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### **Recommendations:**

Members of the Health and Wellbeing Board are asked:

- A. To note the agreed recommendation of the Health and Wellbeing Board Community Subgroup that the subgroup be stood down.
  - B. That the Health and Wellbeing Board retain oversight of vaccination equity, Long COVID and support for fair access to COVID-19 therapeutics.
  - C. That members of the Subgroup remain ready to be reinstated as a task and finish group, if and when it is considered necessary and requested by the Health and Wellbeing Board.
- 

### **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The purpose of this report is to set out the agreed recommendation for the HWBB Community Subgroup to be stood down in light of the current status of the COVID-19 pandemic. The report provides a short overview of the work taken forward by the Subgroup since August 2020. It also recommends that the core Health and Wellbeing Board retain oversight of the key areas of work of the Subgroup and that Subgroup members remain ready to be reinstated as a task and finish group where seen as needed and requested by the Health and Wellbeing Board.

### **2. BACKGROUND**

The HWBB Community Subgroup was established in August 2020 in response to the COVID-19 pandemic. Always intended as a time limited group, it was originally planned to meet for nine months. The Subgroup was initially designed to support the implementation of Merton's Outbreak Control Plan, having oversight of communication, with a particular focus on protecting vulnerable communities.

As the pandemic developed, and the disproportionate impacts on communities became apparent, the Subgroup increasingly focused on tackling inequalities highlighted and exacerbated by COVID-19. It provided oversight of engagement work exploring the experience of COVID-19 by different communities; to understand their lived experience and act on those insights. The Subgroup has

specifically targeted vaccination equity and developing awareness of, and support for, those experiencing Long COVID.

### **3. DETAILS**

Since it was established in August 2020 the Community Subgroup has overseen a proactive programme of work including:

#### **3.1 Engagement, Insight and Communications**

- Commissioning voluntary and community organisations, including Merton Mencap and BAME Voice, to engage with their networks to gain insight into the lived experience of COVID-19. Partners presented their findings to the Community Subgroup contributing to a greater understanding of COVID's disproportionate impact on some communities. Subsequent actions include a Phase 2 programme valued at over £200k for VCS organisations to deliver community led projects, co-create and share COVID-19 messaging and increase capacity for BAME organisations to be at the decision making table.
- A comprehensive communications programme including webinars, virtual meetings and community fora - led by trusted clinicians and aimed at groups, including BAME communities, young people, parents, pregnant women and their partners, enabling an ongoing dialogue with communities.
- Continuing development of the network of Community Champions and Young Adult Community Champions (YACCs) - 165 active Champions including councillors, front-line workers, clinicians and residents. YACCs work, including production of videos and posters targeting under-18s, brought to the Subgroup by the Young Inspector member.
- Most recently £485k of funding has been successfully secured to develop a further programme of COVID-19 Vaccination Community Champions.

#### **3.2 Vaccination Equity**

- Merton's vaccination programme has continually evolved, learning and developing from experience to date. In May 2021, the HWBB Community Subgroup agreed the [Vaccination Equity Plan](#), informed by insight work with communities. The plan is aimed at reducing barriers to access, promoting targeted communication and engagement, partnerships and governance and making best use of data and emerging information to ensure a strong focus on making sure no one is left behind.
- Analysis of intelligence to monitor vaccination progress and develop greater understanding of those with less confidence in the vaccine, shaping our response including active promotion of the 'evergreen' vaccination offer.
- Roll out of the vaccination programme to key sites across the borough, supported by over 40 pop-up vaccination clinics in areas of low vaccine uptake and other settings including the Civic Centre, sports clubs, places of worship, local community centres, food banks and transport venues.

### 3.3 Long COVID

- Roll out of the service and support model for Post COVID Syndrome/Long COVID, with a focus on equity. Recognising that some of those who suffered most through the pandemic, and are now suffering from Long COVID and developing access to appropriate clinical services, as well as community and self-management advice to support, recovery and rehabilitation. Pro-active promotion around Long COVID in the community is also taking place, complementing the NHS approach to case finding, with new learning and iteration of the support offer all the time.

### 3.4 Local Outbreak Management Plan

- Published in April 2021, [Merton's Local Outbreak Management Plan \(LOMP\)](#), provides an overarching plan for our response to COVID-19 setting out how we work with our partners at a local, regional and national level. Oversight has been led by the Community Subgroup, again with a particular focus on equity

## 4. PROPOSALS

4.1 Though COVID is still with us, Omicron is causing milder infection and now  $R < 1$  meaning the pandemic is shrinking and infections and outbreaks are reducing. The Government published its Living with COVID plan in February, revoking the mandate for self-isolation from 24 February, a month earlier than originally planned. However, as we move to a time of recovery, the impact and inequality being experienced by some of our communities remains pressing.

4.2 It was always intended that the HWBB Community Subgroup be time limited. Initially planned to meet to March 2021, it was subsequently extended to September 2021 and more recently to March 2022. 1<sup>st</sup> March 2022 was the final scheduled meeting of the Subgroup and it made the recommendation at that meeting that:

*'The HWBB Community Subgroup stand down with its final meeting 1<sup>st</sup> March 2022. The core Health and Wellbeing Board then takes on specific oversight of vaccination equity, Long COVID and support for fair access to COVID-19 therapeutics, with Subgroup members retaining readiness to stand up as a task and finish group, as considered necessary and requested by the core Board in future.'*

4.3 The Health and Wellbeing Board will continue to focus on addressing health inequalities and promoting health equity as one of the key principles of the Health and Wellbeing Strategy and Local Health and Care Plan. This work will also contribute to the recently launched priorities of **#Merton2030** community led plan which include: Supporting and caring for residents who are most in need, and promoting the safety and wellbeing of our communities; and, Making Merton a fairer, more equal place and supporting those on low incomes by tackling poverty and fighting for affordable housing.

## 5. ALTERNATIVE OPTIONS

Alternative options were considered by the Community Subgroup, with the recommendation (see 4.2) agreed.

## 6. CONSULTATION UNDERTAKEN OR PROPOSED

Members of the Community Subgroup were consulted and agreed the recommendation to stand down at this stage.

## **7. TIMETABLE**

The Community Subgroup was proposed to be time limited and meet for a fixed period.

## **8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

N/A

## **9. LEGAL AND STATUTORY IMPLICATIONS**

Merton Health and Wellbeing Board is a statutory committee of the Council

## **10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

The focus of the Health and Wellbeing Board remains on those more vulnerable in our community and promoting health equity.

## **11. CRIME AND DISORDER IMPLICATIONS**

N/A

## **12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

N/A

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

Appendix I – [Vaccination Equity Plan](#)

Appendix II – [Merton's Local Outbreak Management Plan \(LOMP\)](#),

## **Committee: Health and Wellbeing Board**

**Date: 22 March 2022**

Agenda item:

Wards: All

## **Subject: Primary Care Access in Merton**

Lead officer: Mark Creelman, Locality Executive Director, Merton and Wandsworth

Forward Plan reference number:

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### **Recommendations:**

A. The HWBB are asked to note the contents of this report.

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

This report sets out the current position around access to primary care in Merton, focused on general practice, and some of the challenges being faced.

## **2 BACKGROUND**

- 2.1. Merton has 22 GP practices spread across the borough, serving a registered population of 230,795 patient, which is continuing to grow. The last two years has seen changes in the way in which general practice is delivered and accessed, as well as continued development of new services. Primary Care is evolving from the traditional GP led model with multiple new roles being introduced to support patients in a more holistic way, as well as practices working together in new ways through the introduction of Primary Care Networks.
- 2.2. Primary Care also includes wider services such as community pharmacy and dentistry. These services are currently commissioned by NHSE England but may transfer to the ICS.

## **3 DETAILS**

- 3.1. Despite the challenges posed by the Covid-19 pandemic primary care continued to operate and offer care and treatment to its patients. This involved rapidly changing how services were delivered to ensure patients and staff were kept safe. At the start of the Covid-19 pandemic General Practice followed NHS England guidance and moved to a total triage model. Through this model all patients were triaged (via telephone/video). In many cases patients could be safely managed remotely but where it was clinically necessary for patients to be seen face to face they would be invited into the practice, or an alternative hub site, to be seen. To ensure the safety of staff and patients, practices were adhering to strict infection prevention and control policies, including cleaning, wearing PPE and social distancing.

- 3.2. Practices are continuing to offer a blended approach with a mix of remote and in person consultations. Patients can request face to face consultations, however practices will continue to assess patients ahead of these to ensure they have no covid symptoms/have not tested positive to ensure that care can be provided in a safe environment for both patients and staff.
- 3.3. As well as delivering on their core services primary care in Merton also came together, through the GP Federation to deliver the Covid-19 vaccination programme to its population.

### **Social Prescribing**

- 3.4. Merton has one of the longest established Social Prescribing services in the UK. In October 2022 Merton will celebrate the 5th anniversary of its service. The service provides non-clinical support and offers holistic solutions for patients. In 2020 the Merton service was awarded the most highly commended service by the National Association of Link Workers. The service continues to grow and develop with plans for Green Social Prescribing, Children and young Peoples' services as well as specific support for patients with cancer.

### **Community pharmacy**

- 3.5. Community Pharmacy has been a most valued partner during the pandemic and we continue to explore future opportunities to work the contractors. Responsibility for community pharmacy contracts currently sits with NHSE and will be transferred to the ICS soon which will provide the opportunity to work closer with our pharmacy contractor colleagues. Two community pharmacies AP Chemist Colliers Wood and Hilton pharmacy, Raynes Park have been instrumental in providing covid vaccination services in Merton with support from the borough medicines optimisation teams demonstrating the value community pharmacy can provide and this will be built on in future relevant clinical service provision.

A NHSE funded pilot of an ear wax service is currently being developed for delivery in a small number of interested community pharmacies in 2022/23 with the opportunity to offer it to more community pharmacies and other providers if the pilot is successful.

## **4 ALTERNATIVE OPTIONS**

- 4.1. N/A

## **5 CONSULTATION UNDERTAKEN OR PROPOSED**

- 5.1. N/A

## **6 TIMETABLE**

N/A

## **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 7.1. N/A

- 8**            **LEGAL AND STATUTORY IMPLICATIONS**
- 8.1.        N/A
- 9**            **HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 9.1.        N/A
- 10**          **CRIME AND DISORDER IMPLICATIONS**
- 10.1.      N/A
- 11**          **RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 11.1.      N/A
- 12**          **APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
- 13**          **BACKGROUND PAPERS**

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## **Committee: Health and Wellbeing Board**

### **Date:**

Agenda item:

Wards:

### **Subject: Refresh of the Local Health and Care Plan 2022-24**

Lead officer: Mark Creelman, Executive Locality Director Merton (SWL CCG)

Lead member:

Forward Plan reference number:

Contact officer: Gemma Dawson

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### **Recommendations:**

The Health and Wellbeing Board is asked endorse and provide comment on the refreshed Merton Local Health and Care Plan 2022-24.

## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. To share the more detailed Merton Health and Care Plan that builds on the summary document shared with the HWB in November.
- 1.2. To request feedback and steer on the plan and the emerging areas of work for each life course.
- 1.3. Key questions for the board:
  - (i) The plan seeks to complement the Health and Wellbeing Strategy (synergies around prevention, tackling health inequalities and empowering and engaging local communities) have we got this right?
  - (ii) Does the board have a preference on frequency of reporting and monitoring?

## **2 BACKGROUND**

- 2.1. The Local Health and Care (LHCP) plan identifies health issues (through existing programmes and initiatives) which require health, social care and the voluntary and community sector to work in partnership to improve the health and wellbeing of residents.
- 2.2. The current Merton LHCP was developed for the duration of two years covering 2019-2021. A process to refresh the Health & Care Plan has been underway since July 2021.
- 2.3. The refresh is informed by
  - (i) the updated Joint Strategic Needs Assessment ensuring that the plan is evidenced based and responding to the needs of residents.

(ii) Review and progress made on the previous plan objectives and progress made by the Merton Health and Care Together partnership.

(iii) Engagement with wide range of partners and stakeholders; health and care professionals, voluntary and community leaders and service users, carers and their families to ensure that the plan reflects the key health and wellbeing priorities. Engagement followed a process of reminding people what was in the original local health and care plan 2019-2021 including what had been delivered; reviewing the impact of Covid-19, and refreshing the future direction for Merton based upon collective feedback and the data.

(iv) Existing strategies and policy directives, such as the national white paper on integration, the Health and Wellbeing Strategy in Merton and Merton 2030 ambitions.

- 2.4. The LHCP will remain flexible and adaptable, ensuring emerging priorities can be incorporated as required.
- 2.5. The LHCP is one element of work being undertaken by health, social care and community partners in Merton and across South West London to improve health and wellbeing. The priorities identified are focused on the areas where, over the next two years (2022-24) the greatest impact can be made by working collectively to prevent ill health, keep people well and support them to stay independent.
- 2.6. The priorities in the Local health and care plan will be implemented collaboratively through the Merton Health and Care Board. The Board has strong representation from partners across the Merton system and has a strong history of collaborative working. Merton Health and Together board, having temporarily paused some transformation work while partners responded to the coronavirus pandemic is eager to return focus to delivering the renewed priorities in the local health and care plan.

### **3 DETAILS**

- 3.1. The Health and Care Plan 2022-2024 has a revised vision, 'Working together to reduce inequalities and provide truly joined up health and care services with and for all people in Merton, so they start, live and age well in a healthy place'
- 3.2. In Start well the plan aims to develop partnership projects that are focused on improving how children and young people access health and wellbeing services, improving the integration of children's community services and a renewed focus on mental health and wellbeing.
- 3.3. In Live Well the plan aims to develop partnership projects to improve how people access health and wellbeing services through exploring new and innovative approaches. To take a renewed focus on prevention and improve access to and into primary care.
- 3.4. In Age Well the plan aims to develop partnership projects to improve integration to provide timely and joined up care for residents, to focus on frailty and support people to access and reengage with services and community support post covid.

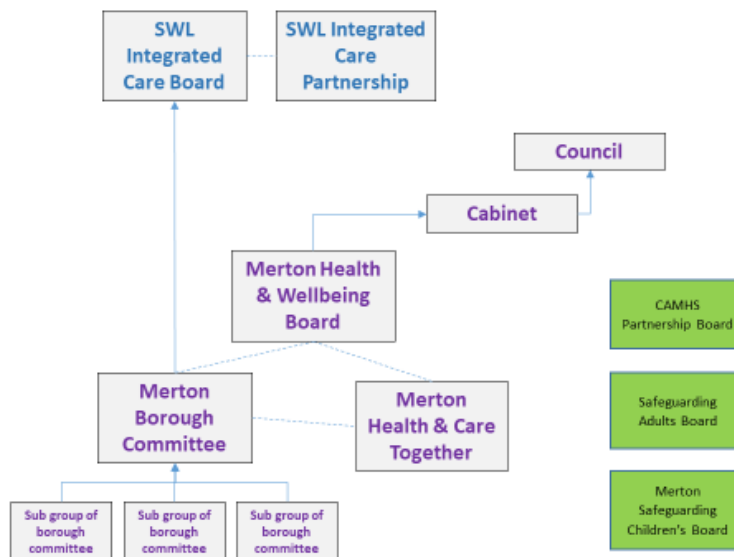
- 3.5. Across all our work we aim to:
- (i) Reduce health inequalities and embed equity.
  - (ii) Use a population health management approach to drive change.
  - (iii) Focus on sustainability and making Merton a healthy place.
  - (iv) Engage with service users, patients and communities so all work is developed with and by people in Merton.
- 3.6. The plan complements and references existing strategies and plans in Merton, such as the Health and Wellbeing Strategy in that it shares commitment to tackling health inequalities, focus on prevention and early intervention through a commitment to empowering and engaging communities.
- 3.7. The plan will be monitored and delivered through the Merton Health and Care Together Partnership that brings together all key partners in Merton across NHS, London Borough of Merton and the community and voluntary sector.
- 3.8. The proposed governance for Merton Place is displayed, with the oversight of the delivery of the plan being a key duty of the newly formed Merton Borough Committee.

**System level**

- ICB brings the NHS together to improve population health and care
- ICP brings together partners – local government, NHS and others – to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for the population

**Place level**

- Merton Borough Committee will be the formal place-based committee of the ICB with relevant delegated authority; sub-groups to be established
- Input from VCSE, patients and public, and wider primary care to the Borough Committee to be determined during 2022/23
- HWBB remains statutory public Board driving improved health and wellbeing of Merton residents
- MHCT Board remains accountable to the HWBB, and is a well-established forum for partnership discussion of integration work – this will now also feed up to Merton Borough Committee



- 3.9. The plan is likely to remain dynamic, ensuring new priorities or recommendations can be incorporated. Therefore, whilst the Health and Wellbeing board is requested to endorse the plan, also welcome further feedback and steer as these could be included in the detailed implementation.

#### **4 TIMETABLE**

#### **5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

#### **6 LEGAL AND STATUTORY IMPLICATIONS**

6.1.

#### **7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 7.1. An Equality Impact Assessment will be completed on the plan by July and discussed through the Merton Health and Care Together Board.

#### **8 CRIME AND DISORDER IMPLICATIONS**

8.1.

#### **9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

9.1.

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

*Please include any information not essential to the cover report in Appendices.*

#### **11 BACKGROUND PAPERS**

The Merton Local Health and Care Plan PowerPoint document.

# Merton Health & Wellbeing Board

22<sup>nd</sup> March 2022

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## Living with COVID

Dr Dagmar Zeuner, Director of Public Health

Agenda Item 9

# Living safely and fairly with COVID-19 in Merton

High level strategic plan for a safe and fair transition to living with COVID-19, informed by our Local Outbreak Management Plan and learning and insight from our residents and partners through the pandemic:

## **Theme 1 - Transition from COVID-19 response to 'living safely and fairly with COVID-19' avoiding a cliff-edge**

- Supporting key settings e.g. care homes to protect staff, residents and visitors
- Working with the NHS to deliver a sustainable vaccination programme, focusing on those who are vulnerable
- Maintaining our focus on reducing health inequalities and equity e.g. vaccinations, access to therapeutics and responding to long COVID

## **Theme 2 - Preparation for 'surge' if a VOC is identified that requires a full COVID-19 response**

- Defining LBM/HWBB role in future outbreak management and surge operations with UKHSA and other partners
- Retaining expertise and developing knowledge and skills, to mobilise response quickly if required

## **Theme 3 – Delivering legacy; retaining the positives and actioning the lessons learnt**

- Continuing our approach to community engagement and working with our communities to build back fairer
- Further improvements to partnerships and functions that have delivered effectively and quickly throughout the pandemic e.g. surveillance and intelligence reporting

# Living safely and fairly with COVID-19 in Merton

- **Surveillance** - Establish new surveillance system; focusing on national surveys.
- **Communication and engagement** - Clear and consistent, driving behaviours e.g. Champions and partnerships with VCS.
- **Infection, Prevention and Control** - Embedded, with focus on higher risk settings e.g. care homes and some educational settings. Working with NHS and ASC partners on legacy.
- **Community testing** - Wind-down universal testing; focus on vulnerable settings and residents and understanding lessons learnt to support plan to scale up if required.
- **Local contact tracing** - National and Local service stopped on 24/2, team developing lessons learnt e.g. local wrap around support is key and plan to scale up if required.
- **Vaccination support** - Identify sustainable models for delivery and maintain focus on equitable uptake of boosters and evergreen offer. 'Vaccination plus' approach.
- **Compliance and enforcement** - Transition to personal responsibility, rather than legally enforceable rules; advice to stay at home if unwell with workplaces enabling staff to work or stay at home.
- **Governance** - COVID response structures (including Subgroup) stood down, but readiness to step up. Link to Merton 2030; supporting those most in need and promoting the safety and wellbeing of our communities.
- **Access support for therapeutics and Long-COVID services** - focus on embedding equity.

# Merton 2030: next steps

Health and Wellbeing Board

22 March 2022





# Merton2030 ambition

Merton 2030 sets our new strategic priorities for the Merton – recovery from the pandemic and look ahead towards the long term.

High level plan was published in February setting out our **five overarching priorities**.

<https://www.merton.gov.uk/council-and-local-democracy/plans-and-policies/merton-2030>

A clear message from our residents about what they want for the future.

We are now looking towards delivery and implementation - meeting the challenges and opportunities ahead and delivering on our residents expectations

- 1. EDUCATION AND SKILLS**
- 2. COMMUNITIES, HIGH STREETS & ECONOMY**
- 3. SUPPORTING THOSE IN NEED**
- 4. CREATING A CLEANER, GREENER MERTON**
- 5. FAIRNESS, EQUALITY & HOUSING**

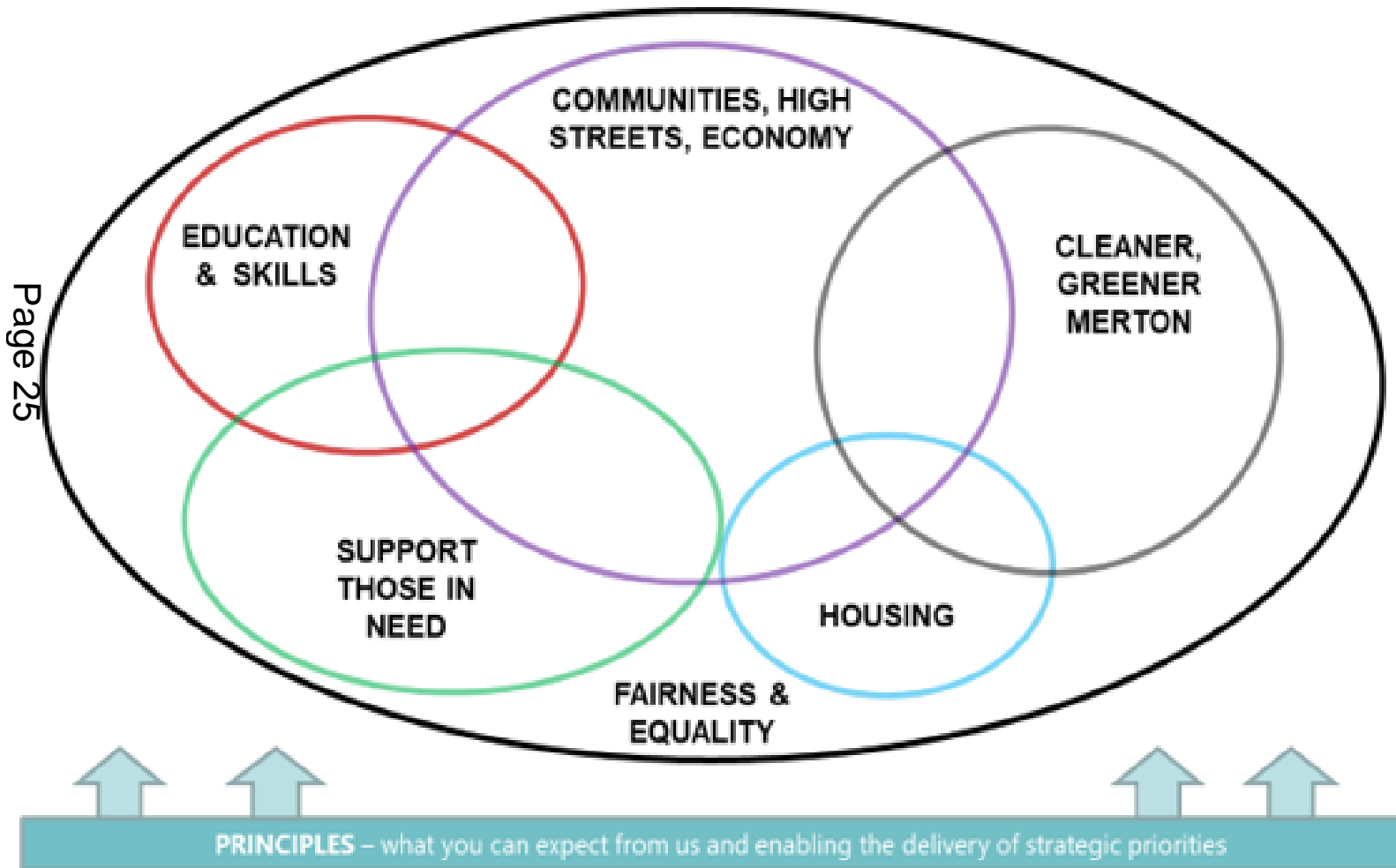


# Planning for delivery

- Many initiatives and work programmes underway across the borough align well with Merton 2030 priorities:
  - ✓ The Workary in Mitcham
  - ✓ Health in the High Street
  - ✓ New Apprenticeship scheme
  - ✓ New app to support local businesses
- £1 million funding has been put into key initiatives in the short term, such as a new park ranger service and investment in street scheme improvements.
- The next stage will be looking towards future delivery - **taking stock, looking what's in development and identifying the opportunities and challenges ahead**
- Delivery planning process to follow post-election



# Our priorities for 2030



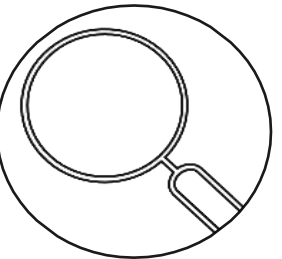
- Priorities are **cross-cutting and overlapping** – not just for one agency or department to delivery
- We need to consider how **fairness and equality** figure across all priorities
- The principles will set out how we go about it – **our values** and what people can expect from us
- Making best use of our data and using an **evidence led approach** will be key

# Taking stock – discovery stage



- What are we already doing to deliver against the priorities?
- What are the timescales, dependencies and risk to successful delivery?

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- What is in development or being worked on, including by our key partners?
- Are there significant developments coming down the track?



- What could we be doing differently?
- What is the scale of our ambition and the art of the possible?
- What ideas and innovation from other areas could we look at?

# Role of the Health and Wellbeing Board

Merton as a healthy place is a cornerstone of Merton2030 and should be reflected across priorities

There are some particular areas identified where the Health and Wellbeing Board would have an important role or where there are clear health benefits :

- Regenerating our high streets as community hubs
- Making most of our green spaces as places for people to connect & be healthy
- Skills and employability
- Supporting residents in need
- Housing supply, conditions and quality



# What next?

- Taking stock and discovery work will take place between March – May
- Conversations with key officers, partners and other local authorities or regional partners
- Summit in June with our partners
- New Cabinet in place from May 2022, delivering planning process will follow.



# Questions and feedback?

- 1** Maintaining excellent education and skills for all ages and needs
- 2** Promote a dynamic, connected and inclusive community and economy with safe, vibrant high streets and jobs for our residents
- 3** Support residents who are most in need and promote the safety and wellbeing of all our communities
- 4** Ensure a clean and environmentally sustainable borough with inclusive open spaces where people can come together and enjoy a variety of natural life
- 5** Work to make Merton a fairer, more equal borough and support those on lower income by tackling poverty and fighting for quality affordable housing



South West London  
Clinical Commissioning Group

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# Primary Care Access in Merton

Health and Wellbeing Board  
22<sup>nd</sup> March 2022



Bringing together Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth



# Primary Care Access

- GP Services
- Social Prescribing
- Out of Hours and NHS 111
- Community Pharmacy
- The Wilson and Estates
- Health on the High Street



# Merton

- 22 GP Practices
- 230,795 registered patients (as of January 2022)
- 6 Primary Care Networks (PCNs)
- One GP Federation (Merton Health Ltd.)
- CQC Ratings for practices (as of March 2022):
  - Outstanding: 1
  - Good: 20
  - Requires Improvement: 1 (ongoing work to support the practice)
- GP Patient Survey 2021:
  - 82% rated overall experience of their GP practice as Good
  - 71% rated experience of making an appointment as Good



# Access to GP Practices

- Core Hours
  - Monday – Friday 8am-6:30pm
  - All practices offer
  - Telephone / Video / Face to Face / On-line consultations
  - Range of staff including– GPs, Nurses, Healthcare Assistants, Paramedics, Clinical Pharmacists, Social Prescribers, First Contact Practitioners, Admin and management
- Extended Hours
  - Additional clinical sessions outside of core hours above
  - Funded separately, all practices offer some level of extended hours
  - Telephone / Video / Face to Face
  - Improving Access to Primary Care – Local scheme (practices provide for own patients)
  - PCN DES Extended Access – National scheme (PCNs provide)



# Access Hubs

- Six Access Hubs – one located in each Primary Care Network (PCN)
  - Wide Way Medical Centre (East PCN)
  - Morden Hall Medical Centre (Morden PCN)
  - Wimbledon Medical Practice (North West PCN)
  - The Nelson Medical Centre (South West PCN)
  - Merton Medical Centre (North PCN)
  - Lambton Road Medical Practice (West PCN)
- GP Telephone and Face to Face appointments (1500+ appts/month)
- Nurse Appointments – General Nursing, Wound care, Immunisations, Cervical Screening (650+ appts/month)
- Open to all Merton Practices to book into
- ED and NHS 111 can also book in Merton Patients to the Hubs



# Winter Services 2021-22

- Weekend and Bank Holiday Telephony Service
  - Mid December 2021 – End January 2022
  - Advertised through text messages to patients, on practice websites and answerphone messages
  - Local Borough switchboard
  - Additional local GP capacity to manage patients on the day
  - Positive feedback from practices and SGH re impact on demand for services
- Additional Practice appointments November 2021 – March 2022
  - 21 practices signed up to access additional funding
- Additional Hub appointments: November 2021 to March 2022
  - Wide Way and Merton Medical Hubs
  - 4000 additional appointments offered



# Covid-19 Vaccinations

- 2 PCN sites - The Wilson and The Nelson
- 2 Community Pharmacies
- 2 Mass Sites – Centre Court (open) /AFC Wimbledon(closed)
- Roving Team – Care homes and housebound
- Multiple Pop-up clinics across the borough
- First dose / second dose / boosters
  - 78.5% of those who were eligible have had their Booster to date (over 18+)
    - Eligible population of 123,071 – 96,570 have had their booster (3<sup>rd</sup> March 2022)
- Planning for future boosters, 5-11 year olds, evergreen offer



# Primary Care Networks

- 6 PCNs in Merton
- Delivery of PCN DES (National specifications)
  - Extended Access
  - Additional Roles Reimbursement Scheme (roles include Paramedics, Clinical Pharmacists, Social Prescribers, First Contact Practitioners, Physicians Associates)
  - Enhanced Health in Care Homes
  - Structured Medication Reviews
  - Early Cancer Diagnosis



# Key Issues in Primary Care

- Access – increasing demand
- Workforce – staff shortages, recruitment and retention of clinical and non-clinical, embedding new roles, Increased levels of abuse towards staff, staff wellbeing – stress / low morale
- Estates – pressure on space to house additional staff, infection control measures
- Covid Recovery – Backlog of care in the NHS meaning more people need support from their practices; catch up on routine reviews/immunisations; covid vaccination programme
- Shift of workload from secondary to primary care
- Higher number of child safeguarding cases
- Winter pressures
- Continued development of Primary Care Networks
- Transformation to Integrated Care System





# Out of Hours & NHS 111

## Out of Hours

- Mon-Fri 6:30pm – 8:00am
- Sat – Sun 24hours
- Home visits; Face to Face at hubs

## NHS 111

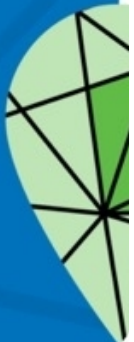
- 24 hours
- Online; Telephone
- Helps people get the right advice and treatment when they urgently need it.
- trained health advisors, including hospital doctors, nurses, GPs, paramedics and pharmacists are available 24/7
- Can book patients in to be seen at their local A&E, urgent treatment centre, emergency dental services, pharmacy, GP practice or another more appropriate local service



# Merton Social Prescribing

Awarded the most highly commended service by the National Association of Link Workers in 2020

Merton has one of the longest established SP services in the UK. In October 2022 Merton will celebrate the 5th anniversary of its SP service



## The Team and how the Service works

- **1<sup>st</sup> April 2021 – 1<sup>st</sup> March 2022:** 2615 new referrals received
- 10 Social Prescribers support patients with non –medical needs
- Diverse team across multiple professional background including Psychology, Counselling, Health & Social Care
- Referrals made by clinical staff via the EMIS clinical system and the Elemental case management tool
- Up to 6 appointments / 60 min each for every patient available to explore holistic solutions
- Patients are offered a follow up appointment should they or the GP request it
- 800 local voluntary organizations, services and activities available in Merton for onward referral
- Top reasons for referral: Mental Health, Social Isolation, Benefits and Financial Advice and Housing



# Patients' Wellbeing Improvement

**April 2021 - March 2022**

The Office of National Statistics Patient Wellbeing Scores improved by **68.1%** across the **2446** patients who completed the ONS Wellbeing Tool

- Improvement in life Satisfaction, **70.1%**
- Improvement in feeling Worthwhile, **64.4%**
- Improvement in their overall Happiness, **69.9%**
- Decreased feeling Anxiety, **67.2%**

The ONS Patient Wellbeing Score average improvement per patient **68.1%**

**Pre-pandemic, 1<sup>st</sup> December 2019 – 1<sup>st</sup> April 2020**

The ONS Patient Wellbeing Score improved by **85%**





## The Future of Social Prescribing in Merton

- A newly commissioned Green Social Prescribing Programme will be developed and established throughout 2022
- With partners, we are looking to develop and commission a Children's and Young Persons Social Prescribing Service which will be important in supporting young people and families across the borough
- Adopt the Cancer Link Worker model currently established in Wandsworth and establish whether this needs to be a standalone role or whether it can become part of the Link Workers wider role

# Community Pharmacy

- Currently commissioned by NHSE – will move to ICS
- Supported delivery of Covid Vaccination from 2 pharmacy sites in Merton – AP Chemist, Colliers Wood; Hilton Pharmacy, Raynes Park
- NHSE Pilot – Ear wax service



# Pharmacy campaign

## Objective

- To reduce the number of presentations in urgent and emergency care. This is to aid in a reduction in the pressure primarily on the four A&E's across the patch but also to help the wider system including urgent care facilities and primary care.
- To achieve this, we will encourage working-aged adults and parents of the under 5s in south west London to view pharmacists as a first port-of-call for minor health concerns.
- We will do this by promoting the services and expertise offered at the pharmacies closest to the A&E department.
- We will engage with local pharmacists within a 1-mile radius of the A&E department to see if they are willing to take part in the campaign.

**Do you know where your local pharmacy is?**

Your local pharmacists are medically trained experts in medicines and can help with lots of common conditions and minor illnesses, such as colds, sore throats, tummy trouble and aches and pains.

They also offer medication reviews, free consultations, vaccinations and much more.

See locations and opening times below.

Pharmacy	Monday - Friday	Saturday	Sunday
Mayfield Pharmacy	Open to 10pm	Open to 10pm	Open to 10pm
Day Lewis Pharmacy	Open to 1pm	Open to 1pm	Closed
A-Z Pharmacy	Open to 6.30pm	9.30am to 6pm	Closed
Regent Pharmacy	Open to 1pm Open to 6pm	9.30am to 6pm	Closed
Shivani Pharmacy	Open to 6.30pm	Open to 1pm	Closed
Lloyd George Pharmacy	Open to 6.30pm	Open to 1.30pm	Closed

**For expert advice, visit your local pharmacy**

For a full list of our services and details of where to find us, search:

NHS Pharmacy Advice

For quick health advice, visit your local pharmacist.

They are medically trained experts in medicines and can help with lots of common conditions and minor illnesses, such as colds, sore throats, tummy trouble and aches and pains.

They also offer medication reviews, free consultations, vaccinations and much more.

Many pharmacies offer extended opening hours in the evenings and at weekends, and there is no need to book an appointment - just walk in.

For a full list of our services and details of where to find us, search:

NHS Pharmacy Advice



**For quick health advice, visit AP Chemist on the High Street in Colliers Wood**

We are experts in medicines and can help with lots of minor illnesses. We also offer medication reviews, sexual health check-ups, blood pressure checks, vaccinations and much more.

Open Monday to Saturday 9am to 8pm  
Closed on Sunday

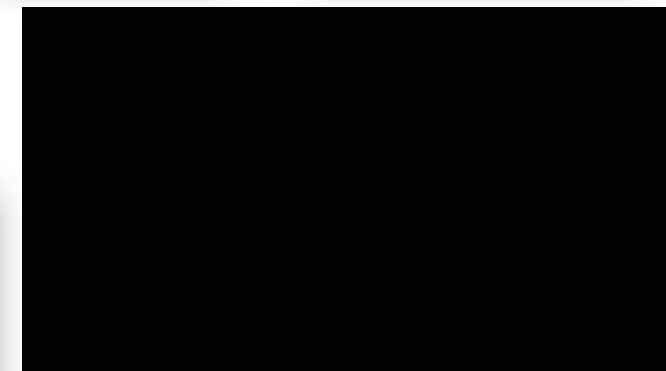
For a full list of our services and details of where to find us, search:

NHS Pharmacy Advice

**Your local pharmacy in Sutton is open and here for you**

For a full list of our services and details of where to find us, search:

NHS Pharmacy Advice



# Highlighting support pharmacists can offer



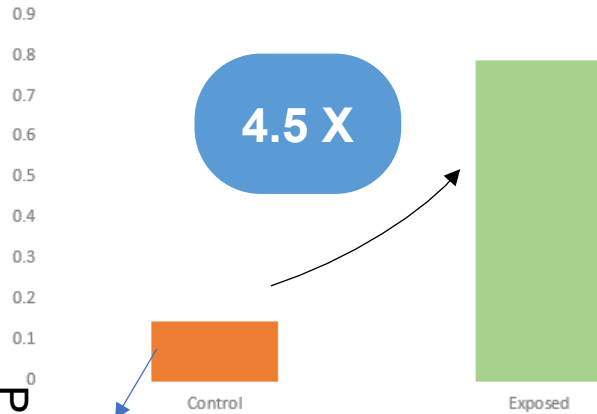
- Treatment advice about a range of common conditions and minor injuries, such as: aches and pains; sore throat / coughs / colds; earache; cystitis; skin rashes; teething; eye redness and infections
- If needed the pharmacist can recommend you purchase certain medicines following a consultation.
- Emergency contraception
- Advice on prescribed medications - answering questions you may have on side effects or the best time to take it
- Weight management - expert advice on medication and products to help you lose or gain weight.
- Vaccinations
- Travel health advice
- Disposal of medicines
- At some pharmacies
  - Health check testing for blood pressure, cholesterol and blood sugar levels
  - Substance misuse services

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# Headline results

## Footfall Tracking (4 week period)



When comparing the control group to the exposed group, we saw that people who were served one of our ads, were **4.5 times** more likely to attend a pharmacy than if they hadn't seen an ad.

This net uplift translates to an additional **499 visits** to one of our local pharmacies.

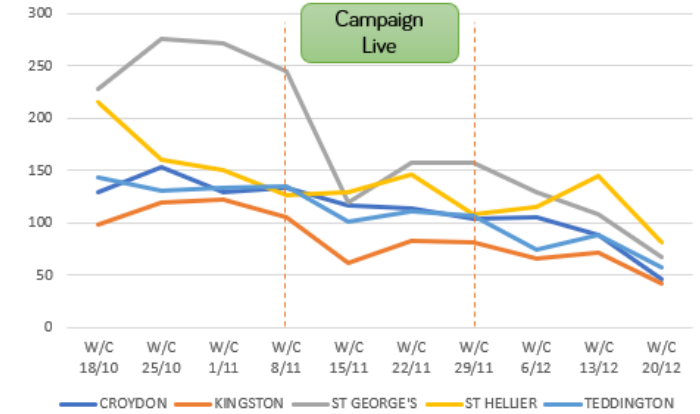
The control group consisted of 7,779 devices.

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## DEVICES AROUND A&E

We saw a **25% decrease**, on average, in devices traced in A&E during the four weeks of footfall tracking in the campaign.

We saw a general downward trend during the course of our campaign.



**820** pre-campaign → **612** during the campaign → **430** post-campaign

## Paid Media

Facebook/Instagram

Impressions – 2,072,161

Reach – 295,308

Link clicks – 10,856

CTR – 0.52%

Digital Display

Impressions – 2,711,153

Link Clicks – 7,862

CTR – 0.29%

Google Search

Impressions – 46,553

Link Clicks – 6,361

CTR – 13.66%



Top search terms  
'cold remedies'  
'late night chemist'  
'toothache relief'

## Integrated Campaign Model

- Issued press release
- Council blogs
- Worked alongside Trusts and providers
- Utilised internal communications

12. Pharmacy Campaign

- Urgent and Emergency care is experiencing a high level of demand. Ambulance and A&E Pharmacy departments but also across the wider system, including 111
- The range of services which have developed in Pharmacy First, including, encouraging, supporting and enabling people to take their own medicine, including for cold and flu
- Our campaign aims to raise awareness of the Pharmacy First services, and to encourage people to use them to help reduce the burden on the NHS
- The campaign includes all the pharmacy first services, which might not be well known to the public and could result in people not using the services when they need them
- The integrated communications plan aims to work with our communities, staff, providers and the media and social media to promote the full range of Pharmacy First services and offer a wide range of services across the south west

But actually chuffed with my gift from @SWLNHS and so is our deputy CMO and we'd like more banners please to put in outpatients as well as the entrance to ED #PharmacyFirst #HelpUsHelpYou

# Integrated Campaign

## Partners and Stakeholders

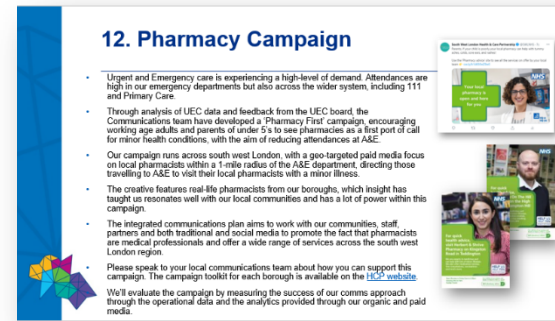
Our toolkit, including messaging and assets were shared with our parents and stakeholders for support.

We also provided A&E departments with pull-up banners informing patients of their local pharmacy. Colleagues at St George's were particularly happy to receive theirs in the post, even asking for more.

In addition, providers were supporting the campaign across their own public-facing channels and social media.



## Health and Care Staff



With **Self Care Week** running through the middle of November, use of pharmacy services and self-medicating minor issues was promoted via our **daily update**. A page was also created on our **SWL CCG intranet** to promote Self Care Week.

We also featured the Pharmacy campaign in each of the last two **Team Talks for October and November**, adding to the progress made with the campaign.

## Communities

Our local engagement teams attended lots of community events where they promoted the services of pharmacies.

In Sutton, pharmacist Reena Barai received a lot of positive feedback when she spoke to local Health Champions about the services pharmacies offer.

"I did not realise pharmacists offered so many services"

"I will absolutely use a pharmacist from now on"

## Media



Our media team [created a press release](#) to showcase the campaign to local media outlets.

The release promoted the message re-iterating the benefits of community pharmacies – that **Pharmacists are medically-trained professionals, that you don't need an appointment and that there are almost 300 in south west London.**

The release also featured a quote from **Dr Andrew Murray, clinical chair at the South West London CCG.**

## Mitcham Health & Wellbeing Community Hub update on proposed services 2022 *'not just another health centre'*

- Our vision for the site is to work with the people of East Merton with the people at the centre of, and active in, their own care; helping them to connect and come together to create a healthier, stronger and more resilient community.
- Our current vision for the hub is to continue to provide services in an integrated way around the needs of local people, complementing and enhancing existing services in the area.
- Our plans include space for wellbeing services, social prescribing, children's services, children and young people's mental health services and adult mental health services and we will be working with our partner organisations to decide what to include in the hub and what will be provided elsewhere.
- The hub will also have outside community space as part of its wellbeing offer and bookable rooms for community use and multi-disciplinary team working (groups of health and care workers coming together from different organisations or disciplines).
- Discussions are still ongoing about what else might be possible. We are committed to ongoing joint work with the local community as the project progresses – feedback received so far will not be lost and we'll be engaging as we deliver the recently refreshed Merton Health and Care Plan.

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### Key Service Assumptions 2021/22

- Shared public spaces & bookable rooms for community use
- Wellbeing services & Social Prescribing
- Adult Mental Health services
- Children's services:
  - Community services
  - Community Paediatrics
  - Audiology
  - CAMHS
- Meeting & Multidisciplinary Team (MDT) space
- Community Garden/Outdoor wellbeing space

# HoH in Merton

## 'Menu of services'

- COVID – vaccination, asymptomatic testing & VCS community hub
- LBM services – One You Merton, sexual health & drug and alcohol services and others?
- VCS – befriending, debt advice & social prescribing
- Primary Care – NHS Health Checks & diagnostics
- MH – IAPT, CYP EHWPB Hub & SMI Annual Health Checks
- Others?

## Considerations

- Location(s) is key, need high footfall, initial focus on east Merton.
- Need to get balance between fixed and pop-up.
- Phased approach to delivery - establish feasibility and proof of concept.
- Add value to existing v creating new venues, capital costs, sustainability and management of the site, managing expectations, confidentiality, IT access, stigma and more.
- Delivery infrastructure required (NHS and LA).





# Model

- Fixed community locations - 7 community libraries.
  - Services delivering directly in community e.g. stop smoking and NHS Health Checks
  - Health monitors e.g. BMI and BP
  - Information and advice.
- Pop-ups in community venues
  - Themed sessions, with holistic delivery partners
  - Informed by and delivered with PCNs
  - CYP Emotional Health and Wellbeing, Post COVID Syndrome, SMI/LD Health Checks in New Year
- Link to Vaccination Champions e.g. on-street engagement





# Merton Local Health and Care Plan

## 2022-2024

# Approach to refresh our plan

- Partners across Merton Health and Care Together (MHCT) drew together feedback and wider intelligence to inform the local health and care plan refresh through a range of sources/ engagement including:
  - Start Well, Live Well and Age Well workshops held virtually during August/ September 2021 with over 100 attendees from local health, care, voluntary and community sector groups and patient and public representation
  - Review of post-workshop online survey responses
  - Review of The Merton Story update 2021 (JSNA update)
  - Review of Community impact reports
  - Feedback from Transition Team members and MHCT partner organisations
  - Merton and Wandsworth engagement themes from the SWL CCG Patient and Public Involvement and Equalities team – carried out prior to and during pandemic
  - Patient Engagement Group discussions and follow-on conversations with specific community organisations in Merton e.g., Merton Centre for Independent Living, and Covid Community Champions
  - Previous local health and care plan priorities and Health and Wellbeing Strategy intended outcomes
  - “Your Merton” survey high level themes
- The workshops and other engagement above followed a process of **reminding** people what was in the original local health and care plan 2019-2021 including what had been delivered; **reviewing** the impact of Covid-19, and **refreshing** the future direction for Merton based upon collective feedback and the data. The following pages summarise key findings during this process.

# Our community in Merton

- **The Merton Story 2021<sup>1</sup>** outlines that in 2021 Merton has an estimated resident population of 212,882. Approximately 51% of Merton residents are female (108,476) and 49% are male (104,406). Around 52% (111,713) of Merton residents live in East Merton, while 48% (101,169) live in the West.
- Merton's population is ageing due to increased life expectancy and falling birth rates, resulting in a growing proportion of older residents and a falling proportion of younger residents. In 2021, an estimated 79,352 people (37%) in Merton are from Black, Asian and Minority Ethnic (BAME) groups, lower than the proportion for London (43.7%).
- On average, the population of Merton is healthy compared to London and England. However, there are significant health inequalities across the borough. These inequalities in population health correlate with differences in the demographic structure of the population, for example ethnicity and age structure, as well as differences in the wider determinants of health, such as socioeconomic circumstances. For example, compared to the West of Merton, the East of the borough has a high proportion of people from minority ethnic groups, a higher amount of socioeconomic deprivation and a lower average life expectancy. Factors that underpin these inequalities are discussed in detail throughout the Merton Story.



# The Merton Story 2021

## Merton Story 2021 – at a glance

### Start Well

*Increase in vulnerabilities for children and young people and worse mental health due to COVID-19*

#### Staying safe, enjoying & achieving

- ↑ Child poverty
- \*Worsening parental mental health and substance misuse
- ↑ Domestic violence
- ↑ In child protection plans
- \*↑ Educational attainment gap



#### Being healthy

- Poorer mental health
- High self-harm
- Healthy weight challenges:
  - ↑ Obesity gap
  - ↑ Food poverty
  - \*↑ Eating disorders
- \*Immunisations interrupted



### Age Well

*Many residents with multi-morbidity and complex needs; prevention and management of Long Term Conditions impacted by COVID-19*

#### Frailty & dementia

- Deconditioning
- ↓ Dementia diag.
- ↑ Falls



#### Disability

- \*↑ Loneliness
- ↑ Burden on carers
- Digital exclusion



#### Cancer

\*Delays in:

- Diagnosis
- Treatment
- Screening



### Live Well

*Many residents have unhealthy lifestyles and poor mental wellbeing, exacerbated by COVID-19*

#### Obesity

- Half residents overweight
- ↑ Food parcel use
- ↓ Physical activity



#### Smoking

- 1 in 7 residents smoke
- ↑ Smoking cessation during COVID-19



#### Mental health

- 1 in 5 report anxiety
- \*↑ Loneliness
- \*Poorer mental health for those shielding

#### Alcohol / drugs

- ↑ Alcohol-related admissions
- ↑ Nationally in drug-related deaths



#### Sexual health

- ↓ Service use during COVID-19
- ↑ Syphilis and Gonorrhoea pre-COVID



### Merton as a Healthy Place

*Borough with many assets; challenges include housing shortage and employment gap, increased by COVID-19*

#### 👍 Assets

- Diverse green spaces
- Good transport links
- Low crime
- Good schools
- Resourceful libraries
- Active voluntary and community sector

#### ! Challenges

- Affordable housing
- Insecure employment (↑ in East)
- Air pollution
- Climate change
- Cycling infrastructure behind neighbouring boroughs
- Street drinking

# Our updated vision

After talking to our community in Merton we have collectively refreshed our vision to:

***“Working together to reduce inequalities and provide truly joined up health and care services with and for all people in Merton, so they start, live and age well in a healthy place”***



Start well

We want all children in Merton, regardless of their background or circumstances, to have the support and care they need to grow and thrive. We will work to change the way young people access health and wellbeing services, continuing to develop support in the places they already go, such as schools and community-based locations.



Live well

We want to better support working age adults in Merton to improve their health and wellbeing. We want to make sure services are delivered in, and with, our diverse communities. We will pilot health and wellbeing offers on high streets and in community and faith venues. We will develop more options for people to personalise their care, based on needs, and focus on physical, mental health, and social issues, such as employment.



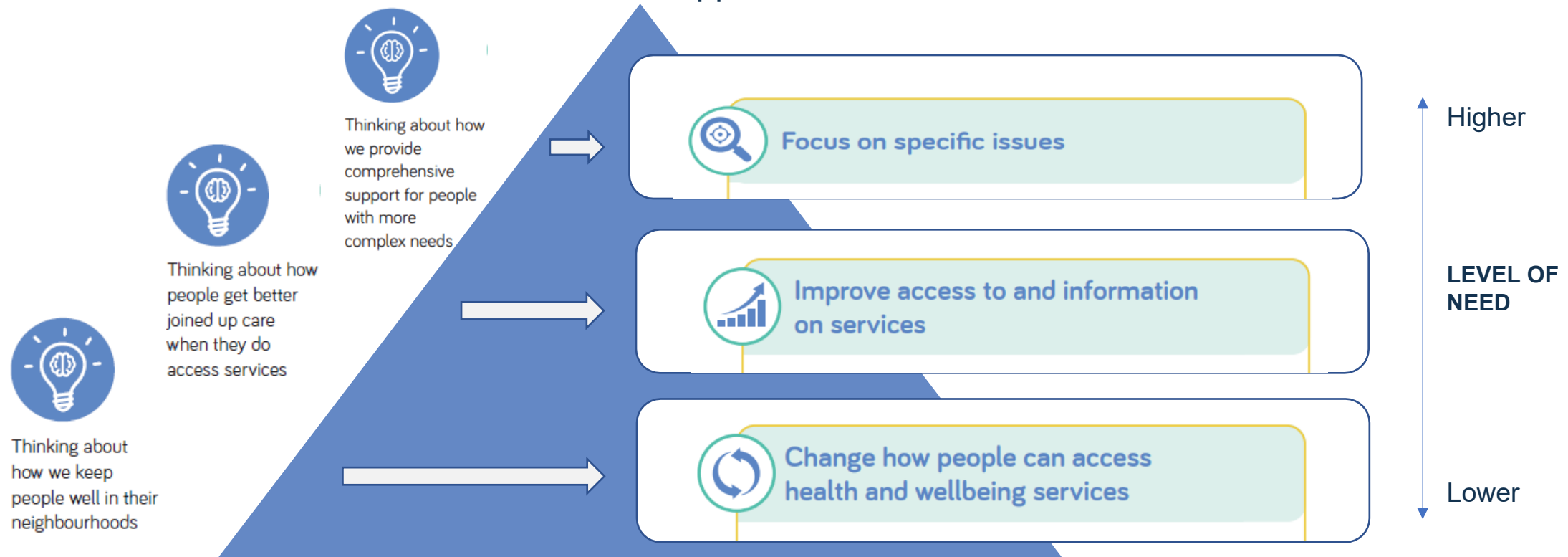
Age well

We want to connect older people with community networks in new and different ways post Covid. We will work with the voluntary and community sector to support older people to re-engage with and access community resources for their health and wellbeing post Covid. We want to ensure people's needs are matched with the services available.

# Principles of the plan

- Across all our work we aim to:
  - Reduce health inequalities and embed equity.
  - Use a population health management approach to drive change.
  - Focus on sustainability and making Merton a healthy place.
  - Engage with service users, patients and communities so all work is developed with and by people in Merton.
- Based on all our feedback we will think about different approaches for different levels of need:

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# For Start Well we will:

- Change how young people can access health and wellbeing services:
  - a CYP **emotional health and wellbeing** hub in a community/ high street space
  - continuing to develop **mental health** support available in schools
- Improve integration of children’s community services:
  - bringing together a new service model to deliver more integrated community services including a focus on support for the most vulnerable children, and a better understanding of high admission rates for under 2-year-olds providing **community-based health and wellbeing support** with the voluntary sector
  - connecting staff who work with children and young people across the borough such as **SEND**
  - we will continue to collaborate on ensuring children maintain a healthy weight **through schools and early years**
- Be focused on mental health and wellbeing:
  - continuing to roll out the **iThrive model**, “whole school” and “Think Family” approaches
  - developing support for transition to adult services particularly in **LD, LAC** and **CHC**

# For Live Well we will:

- Change how people can access health and wellbeing services:
  - health and wellbeing hubs on high streets (Health on the High Street) and in community/ faith venues
  - pilot an Ethnicity and **Mental Health** Improvement Project (EMHIP) hub in Merton
  - developing more options for people to personalise their care - we will tackle obesity in all ages and demographics, supporting residents in reaching and maintaining a healthy weight, to prevent ill-health
- Improve and optimise access to and information on primary care:
  - building on learning from vaccination programme to reach all communities and promote all wider primary care services e.g. **pharmacy**, optometry etc.
  - Work to promote 'information equality' by developing information on services in a range of preferred formats and language and focussing on our deprived areas
- Be focused on prevention:
  - continuing established work on **diabetes** and **obesity** through PCNs and community organisations, using learning from diabetes prevention to now also look at long Covid, cancer and tackling increased alcohol consumption – thinking about how improving health outcomes in some of these areas may also reduce cardiovascular risk

# For Age Well we will:

- Support older people to access community resources post covid:
  - empowering the voluntary and community sector to re-engage older people with services as the **community hub** develops and maximise social prescribing input
  - connecting older people with community networks in new and different ways
  - we will tackle **obesity** in all ages and demographics, supporting residents in reaching and maintaining a healthy weight, to prevent ill-health (**community garden, access to leisure**)
- Improve access to and information on integrated services:
  - connecting professionals better across community **multi-disciplinary teams**
  - ensuring older people can access more **personalised care**, matching their needs with services available through
  - Develop **hospital at home and the rapid response** service to avoid hospital admission and facilitate early discharge and maintain them at home
- Be focused on frailty:
  - Develop a **new frailty service model** based in the community

# Start Well - programme of work

What we will do	Description of initiative	What will be the impact?	How will we measure success?
Change how young people can access health and wellbeing services	<ul style="list-style-type: none"> <li>Scoping a CYP emotional health and wellbeing hub in a community/ high street space</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to services</li> <li>Improved information and signposting and support to carers and families</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of people accessing services</li> <li>Increased range of services</li> </ul>
Improve integration of children's community services	<ul style="list-style-type: none"> <li>Building on development work done around the family hub bid, scope a new service model to deliver more integrated community services (including a focus on support for the most vulnerable children, and a better understanding of high admission rates for under 2-year-olds)</li> </ul>	<ul style="list-style-type: none"> <li>All children and their families are supported to flourish and achieve their potential with appropriate support and care they need.</li> </ul>	
	<ul style="list-style-type: none"> <li>Connecting staff who work with children and young people across the borough from different organisation by developing a community of practice for CYP staff across Merton</li> </ul>		
	<ul style="list-style-type: none"> <li>Continuing to collaborate and deliver on actions in the refreshed Child Healthy Weight Action Plan (2022-2025) and work with leisure and environment partners to encourage more use of open spaces, playgrounds and sporting activities</li> </ul>	<ul style="list-style-type: none"> <li>Halt and begin to reduce the increase in children that are overweight or obese and reduce the gap between east and west by levelling up.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in BMI</li> <li>Increase in hours of physical activity</li> <li>Changes in family diet</li> </ul>
	<ul style="list-style-type: none"> <li>Autism – collaborative approach to supporting people with autism in Merton</li> </ul>	<ul style="list-style-type: none"> <li>Improved access, experience and outcomes for people living with and supporting someone with Autism.</li> </ul>	
Be focused on mental health and wellbeing	<ul style="list-style-type: none"> <li>Ensuring delivery of improved mental health outcomes for children and young people, and those transitioning to adult services through implementation in Merton of the SWL Mental Health Strategy currently in development, due to be published in June 20</li> </ul>	<ul style="list-style-type: none"> <li>Improved health and wellbeing of children and young people</li> <li>Improved access to mental health services for young people.</li> </ul>	<ul style="list-style-type: none"> <li>Increases in service utilization, particularly increase in number of children accessing early intervention and prevention services.</li> <li>Through co-production work and feedback from children and young people</li> </ul>



# Live Well - programme of work

What we will do	Description of initiative	What will be the impact?	How will we measure success?
<p>Change how people can access health and wellbeing services</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 62</p>	<ul style="list-style-type: none"> <li>Piloting a Health on the High Street hub/ approach to bring health and support the prevention agenda also and are tailored to local community needs</li> </ul>	<ul style="list-style-type: none"> <li>Improved access, experience and outcomes and contribution to regeneration of the high street.</li> </ul>	<ul style="list-style-type: none"> <li>Increased referrals to new services and increase identification</li> </ul>
	<ul style="list-style-type: none"> <li>Piloting an Ethnicity and Mental Health Improvement Project (EMHIP) hub approach in Merton to actively reduce ethnic inequalities in mental health</li> </ul>	<ul style="list-style-type: none"> <li>Developing partnerships and enabling and empowering communities to tackle health inequalities and long term conditions using a prevention approach and a prevention framework</li> <li>Improved access, experience and outcomes for those from Black, Asian and other. minority ethnic groups in the borough</li> </ul>	<ul style="list-style-type: none"> <li>Questionnaires/surveys will measure the experience of those using the hub and enhanced therapeutic benefits and wellbeing from community care can be measured via community experience surveys.</li> </ul>
	<ul style="list-style-type: none"> <li>We will work together to develop and expand community health checks and health clinics, enabling people at risk of diabetes or cardiovascular disease to be identified in a safe space in their community, empowering them to take control of their own health.</li> </ul>	<ul style="list-style-type: none"> <li>Early identification, improvement in treatment of and prevention of the complications of diabetes and cardiovascular disease</li> <li>Improved access as patients can access support closer to home, in the right place and at the right time.</li> </ul>	<ul style="list-style-type: none"> <li>Improved patient experience and outcomes</li> <li>Year in year increase in attendance at structured education courses and improvement in patient reported confidence to self-manage</li> </ul>
<p>Improve and optimise access to and information on primary care</p>	<ul style="list-style-type: none"> <li>Developing profiles/ communications materials for all new ARRS roles and promoting these with health and care partners and the wider public</li> </ul>		
	<ul style="list-style-type: none"> <li>Building on learning from vaccination programme to promote Merton’s wider primary care services e.g. pharmacy, optometry etc. with a range of different community groups; continuing to also promote vaccinations for Covid</li> </ul>		
	<ul style="list-style-type: none"> <li>Work to promote “Information Equality” by developing information on services in a range of preferred formats and language</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in digital inequalities</li> </ul>	
<p>Be focused on prevention</p>	<ul style="list-style-type: none"> <li>Providing Merton Health and Care Together partner support and collaboration with the “Living With and Beyond Cancer” work programme led by St George’s</li> </ul>		
	<ul style="list-style-type: none"> <li>Continue to develop the post-Covid syndrome service model with key partners e.g. CLCH, St George’s and by linking in with groups such as Covid Community Champions</li> </ul>		



# Age Well - programme of work



What we will do	Description of initiative	What will be the impact?	How will we measure success?
Support older people to access community resources post covid	<ul style="list-style-type: none"> <li>Continued development of Community Hub provision with a focus on supporting the partners providing services for older adults e.g. Age UK Merton, Wimbledon Guild etc.</li> </ul>		
	<ul style="list-style-type: none"> <li>Implementing South West Merton PCN “Tackling Neighbourhood Health Inequalities” project working with Wimbledon Guild</li> </ul>	<ul style="list-style-type: none"> <li>Improvements in quality of life and experience</li> </ul>	
Improve access to and information on integrated services	<ul style="list-style-type: none"> <li>Expansion of the Integrated Locality team model into lower risk cohorts</li> </ul>	<ul style="list-style-type: none"> <li>More people able to live independently and for as long as possible, including people with dementia and other mental health conditions</li> <li>More people providing unpaid care can balance their caring role with a life outside caring</li> </ul>	
	<ul style="list-style-type: none"> <li>Work with the voluntary and community sector partners to expand personalized care approaches</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the impact of social isolation and loneliness through greater community involvement in health and wellbeing issues</li> </ul>	
	<ul style="list-style-type: none"> <li>Integrated approach to improving rapid discharge and admission avoidance initiatives such as ‘D2A’ or Virtual ward</li> </ul>	<ul style="list-style-type: none"> <li>Improved access into intermediate care /reablement services, and better coordination of services</li> <li>Increased resource and activity provided closer to home, reduction of unnecessary admissions in hospital and shorter length of stay</li> </ul>	<ul style="list-style-type: none"> <li>Reducing unnecessary admissions to secondary care or premature entry to institutional care</li> </ul>
Be focused on frailty	<ul style="list-style-type: none"> <li>Implementing the core components of the local authority led frailty service model development (2 PCNs East Merton and Morden):                             <ul style="list-style-type: none"> <li>Physical activity programme - this will include training community groups in strength and balance activity and a “train the trainer” approach working with community groups</li> <li>Small grants programme - this will be available to resident, community and voluntary sector partners to run activities with older adults in the targeted areas</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>People, including those with disabilities or long term conditions, or who are frail, can live, independently as possible and at home in the community, as far as that is possible.</li> </ul>	

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