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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 8 February 2022

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Peter McCabe (Chair)
Janice Howard (Vice-Chair)
Nigel Benbow
Pauline Cowper
Mary Curtin
Helena Dollimore
Jenifer Gould
Linda Kirby

Substitute Members:

Hina Bokhari
Joan Henry
David Chung
Andrew Howard
Oonagh Moulton
Dave Ward

Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

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.

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

Scrutiny's work falls into four broad areas:

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

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

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Agenda Item 2

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

10 JANUARY 2022

(7.15 pm - 9.22 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Janice Howard, Councillor Nigel Benbow,
Councillor Pauline Cowper, Councillor Mary Curtin,
Councillor Jenifer Gould, Councillor Joan Henry
Councillor Linda Kirby and Di Griffin

ALSO PRESENT: Councillors Tobin Byers (Cabinet Member for Finance) online

Mark Creelman (Locality Executive Director (Merton & Wandsworth)), Phil Howell (Assistant Director for Strategy and Improvement), Roger Kershaw (Assistant Director of Resources) and John Morgan (Interim Director, Community & Housing)
Dagmar Zeuner (Director of Public Health) Stella Akintan (Scrutiny Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Helena Dollimore, who joined the meeting online. Councillor Joan Henry attended as a substitute.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the last meeting were agreed as a true and accurate record

4 DEVELOPING A NEW HEALTH AND WELLBEING HUB IN MITCHAM (Agenda Item 4)

The Locality Executive Director for Merton and Wandsworth gave an overview of the report.

A panel member said this project has been on the table for twelve years and has still not come to fruition. It was asked if the money available why there are options appraisals especially as the Wilson has been agreed as the preferred sight. The Locality Executive Director for Merton said internal sources of funding have been designated and they are keen to move forward. The policy on better business cases requires this process. It will take place during February and then move on to business case.

A Panel member asked why it will take 18-24 to make a decision given that it has been discussed for 12 years and why this is not being dealt with as a matter of urgency.

The Locality Executive Director for Merton said he recognises the frustration. The Executive Director and Director of Community and Housing at Merton will co-chair the Programme Board. There has to be due process and other services are still working to address inequalities.

A panel member asked what we mean by health and wellbeing hub. There needs to be accessible language as a name for the facility is it the same as a walk in centre. It is important to avoid NHS jargon. The Locality Executive Director for Merton said the name will be reviewed as the work progresses.

A Panel member asked if there are any plans for a GP service as there are lots of elderly in the surrounding areas who have to get two buses to a GP
The Locality Executive Director said this is a Community led service so will be discussed by the Programme Board. It may be possible to establish satellite GP services

RESOLVED

The Chair thanked the Director for his report

5 IMPACT OF COVID-19 IN MERTON (Agenda Item 5)

The Director of Public Health gave a verbal update of the current situation:

There were high rates of infections between Christmas and New Year, infection rates are still high but may have peaked.

Infection rates amongst young and middle aged adults are levelling off.

There has been a surge in infections in the over 60s but seems to be levelling off.

The impact of the infection rates amongst children is unclear as they are just back to schools.

There have been outbreaks in care homes

Hospitalisations with Covid have gone up, the NHS is under pressure with winter season, Covid and staff sickness.

Vaccinations booster scheme big uptake and lots of support from volunteers

In future vaccinations sites there will be an with emphasis on smaller sites and pop-ups

Merton has been awarded funding for the vaccinations champion programme working with the community to ensure no-one is left behind.

Merton has not run out of lateral flow test and there wasn't a significant shortage in Merton.

The Locality Executive Director said there was a booster roll-out before Christmas now looking at how to access communities who are not taking up the vaccines.

In response to questions on vaccinations for people with compromised immune systems and those unvaccinated the Director of Health reported that they using primary care lists to contact people, recognise the importance of multiple channels to reach communities.

A panel member said learning to live with COVID the next phase is how we will do this, The Public Health Director said we need to vaccinate globally, and cautiously optimistic about adapting to live with Covid.

RESOLVED

The Director was thanked for her report

6 BUSINESS PLAN UPDATE 2022-2026 (Agenda Item 6)

The Assistant Director for Resources gave an overview of the report. He highlighted that we have a balanced budget for 2022-23, but we still need to balance it for future years.

The Interim Director of Community and Housing said it is a challenging time for adult social care, there is an increase in temporary accommodation 50% increase in discharges from hospital. There is a small underspend due to additional funding from the NHS related to discharge.

In regards to saving CH104 – Discharge to access. A Panel member raised concerns about the high risk of deliverability. The Assistant Director confirmed that the saving is achievable. The risk analysis on deliverability was high because of legislation, market risk working with other organisations. The Interim Director of Community and Housing said they will be able to do more effective re-ablement work in partnership with health colleagues.

In regards to saving CH108 – self funder brokerage – A panel member asked for more information on the income that will be generated from this saving. The Interim Director of Community and Housing said in the future those who can fund their own care and want assistance from the local authority to broker this service for them will be charged a brokerage fee if they use this council service.

Following a request from the Panel, The Interim Director of Community and Housing and the Assistant Director for Strategy and Improvement gave an overview of each of the proposed savings for adult social care.

RESOLVED

The Chair thanked officers for their report

7 SAVINGS INFORMATION PACK (Agenda Item 6a)

8 SAFEGUARDING ADULTS ANNUAL REPORT (Agenda Item 7)

The Chair of the Safeguarding Adults Board gave an overview of the report and said there has been an increase in referrals during the pandemic.

A panel member asked about the levels of risk in the home. The Chair said many had come from relatives and neighbours who had raised concerns around self-neglect neglect from carers or domestic abuse. It was reported that 45-50% of concerns raised were looked at in more detail.

A panel member asked if the Adult Safeguarding Board works with social services for young people. The Chair said working with children's board is being considered as there could be learning from the transitions process and from joint working between children and adult departments.

In response to questions, the Chair of the Safeguarding Adults Board gave an overview of the additional training on understanding of mental capacity to partner agencies.

RESOLVED

The Chair of the Safeguarding Adults Board was thanked for her report

9 CABINET MEMBER PRIORITIES - VERBAL UPDATE (Agenda Item 8)

The Cabinet Member outlined her priorities for adult social care and public health:

Immediate priority is Covid recovery, including tackling inequality and establishing Vaccination equity

Medium term priority is learning from the experience of Covid and developing resilient communities

Longer term priorities include Post pandemic care, including the establishment of integrated care systems

All priorities include bridging the gap, resilience and partnership working

RESOLVED

The Cabinet Member was thanked for her work

10 WORK PROGRAMME (Agenda Item 9)

The work programme was noted

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Healthier Communities and Older People Overview and Scrutiny Panel – 8th February 2022

Dr Dagmar Zeuner, Director of Public Health

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Merton Public Health Intelligence

20th January 2022

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

Agenda Item 4



Summary of COVID cases, PCR testing, deaths, vaccinations and inpatient statistics

Domain	Indicator	Merton (previous 7 days)	Merton change	London (previous 7 days)	London Change
Regional marker	R value (14 th January)	-	-	0.7 to 1.1 (0.9 to 1.2)	↓
Cases over last week (8 th – 14 th Jan)	New cases (week ending 14 th Jan)	1,802 (2,562)	↓	67,340 (105,018)	↓
	7 day rate (per 100,000)	984.7 (1,604.7)	↓	897.7 (1,550)	↓
	7 day rate aged 60+ (per 100,000)	694.3 (911.9)	↓	527.8 (959.5)	↓
Pillar 1 & 2 PCR tests over 7 days (23 rd – 29 th Dec)	Number of people tested	13,037 (21,202)	↓	565,085 (895,470)	↓
	Test positivity %*	32.8% (24.4%)	↑	31.5% (23.1%)	↑
Deaths (1 st – 7 th Jan)	Number of COVID-19 registered deaths	1 (3)	↓	171 (110)	↑
Vaccinations (as of 18 th Jan)**	Vaccine uptake in 12–15 years (% who have had at least 1 dose)	46.4% (45.9%)	↑	40.5% (34.8%)	↑
	Vaccine uptake in 18–24 years (% who have had 3 doses)	27.2% (25.8%)	↑	21.9% (20.4%)	↑
	Vaccine uptake in 50+ (% who have had 3 doses)	70.8% (70.4%)	↑	68.5% (68.0%)	↑
Current inpatients in SWL hospitals (as of 11 th Jan)	COVID inpatients	584 (567)	↑	3,826 (3,993)	↓
	COVID patients in mechanical ventilator beds	22 (32)	↓	219 (245)	↓

Please note: reporting periods are based on the latest data available from different sources.

*Test positivity refers to the percent of people that tested positive, therefore if someone had multiple tests or tested positive multiple times in a reporting week they are only counted once.

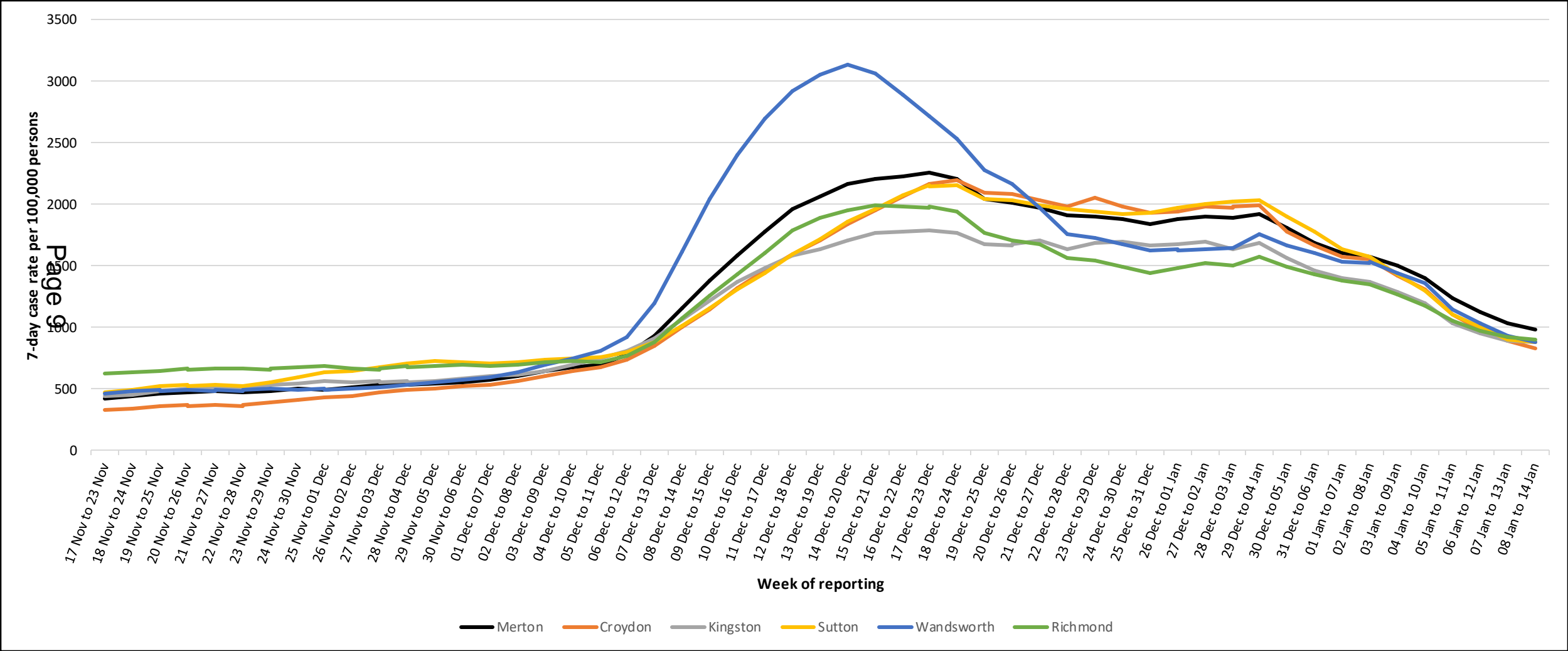
**Denominator based on NIMS population.

Rolling 7-day case rate per 100,000 people in Merton compared to SW London boroughs

Source: Coronavirus (COVID-19) in the UK (<https://coronavirus.data.gov.uk/>)

Reporting frequency: Daily

Key message: Merton has the highest rate among SW London boroughs



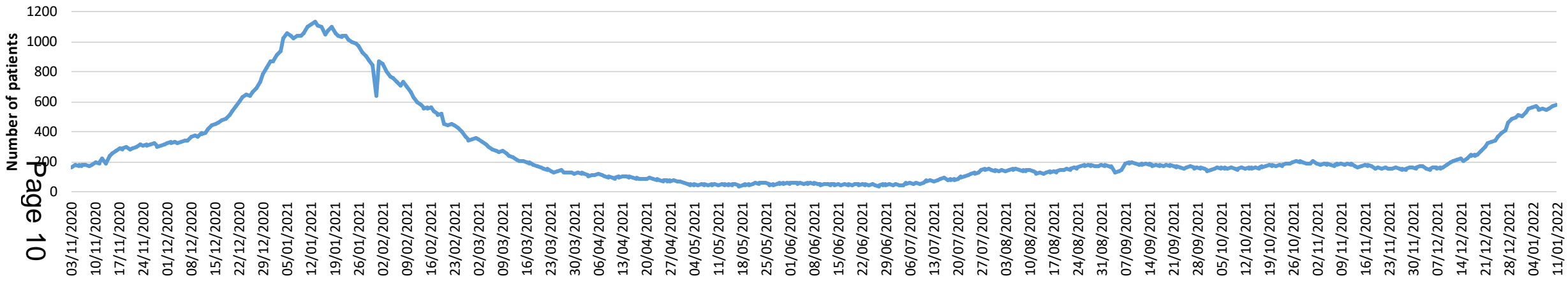
COVID-19 hospital indicators for South West London

Source: Coronavirus (COVID-19) in the UK (<https://coronavirus.data.gov.uk/>)

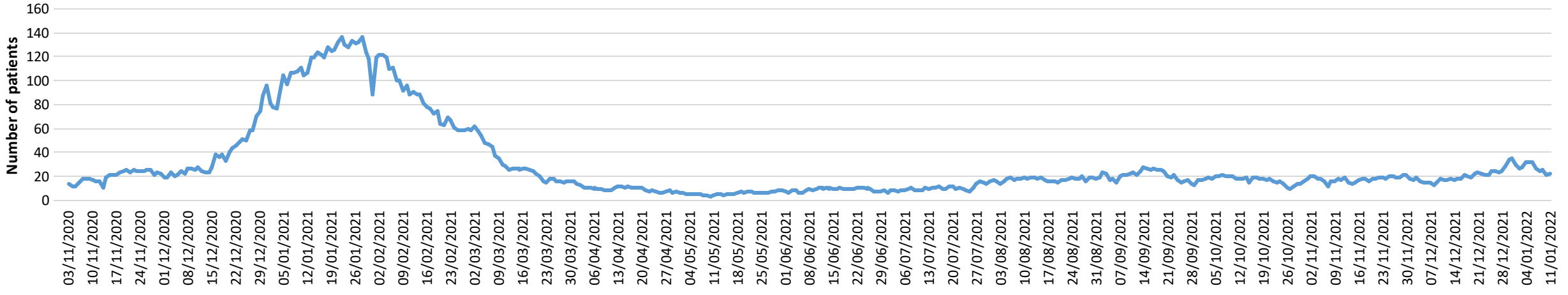
Reporting frequency: daily but inconsistent updates

Key message: The number of confirmed COVID-19 inpatients has increased in recent weeks while those on ventilation in South West London has reduced slightly

Confirmed COVID-19 inpatients in Southwest London NHS trust hospitals (Daily count of confirmed COVID-19 patients in hospital at 8am)



Confirmed number of COVID-19 inpatients in mechanical ventilator beds in Southwest London NHS trusts

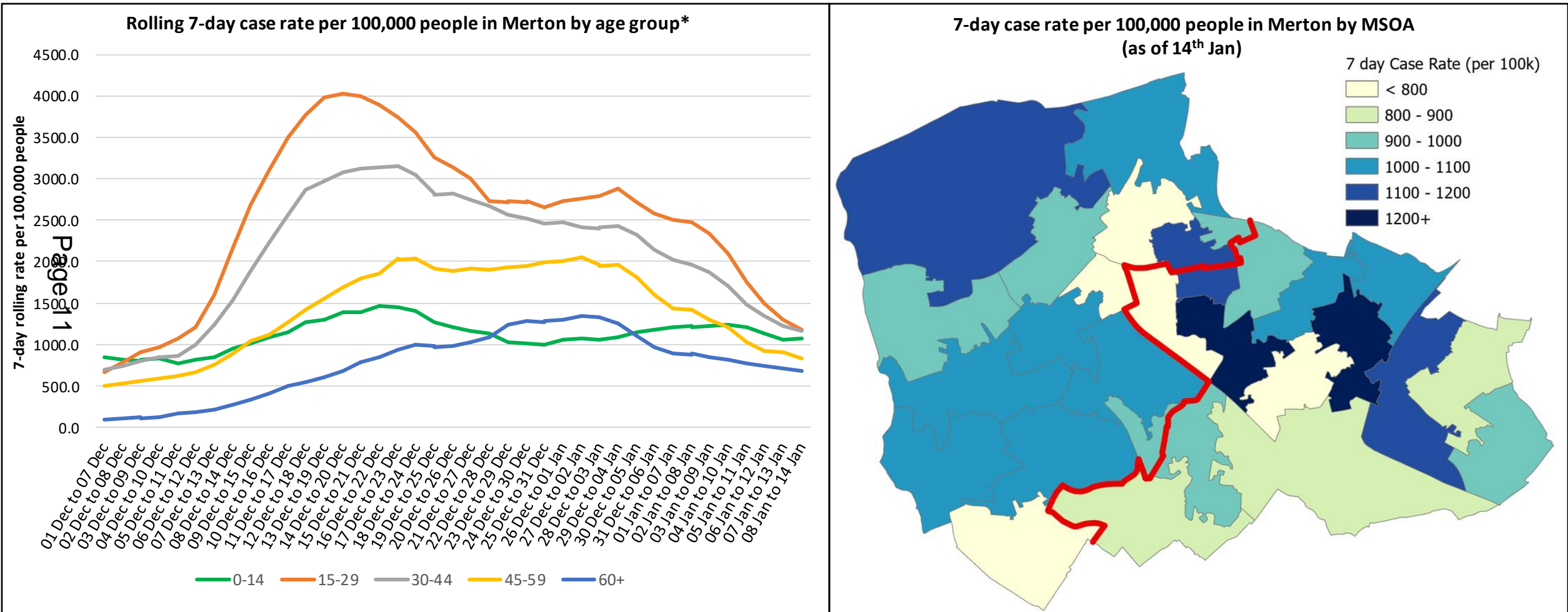


COVID-19 cases in Merton by age and geography

Source: Coronavirus (COVID-19) in the UK (<https://coronavirus.data.gov.uk/>)

Reporting frequency: daily

Key message: case rates are decreasing in all ages apart from 0-14 years and are slightly higher in east versus west Merton

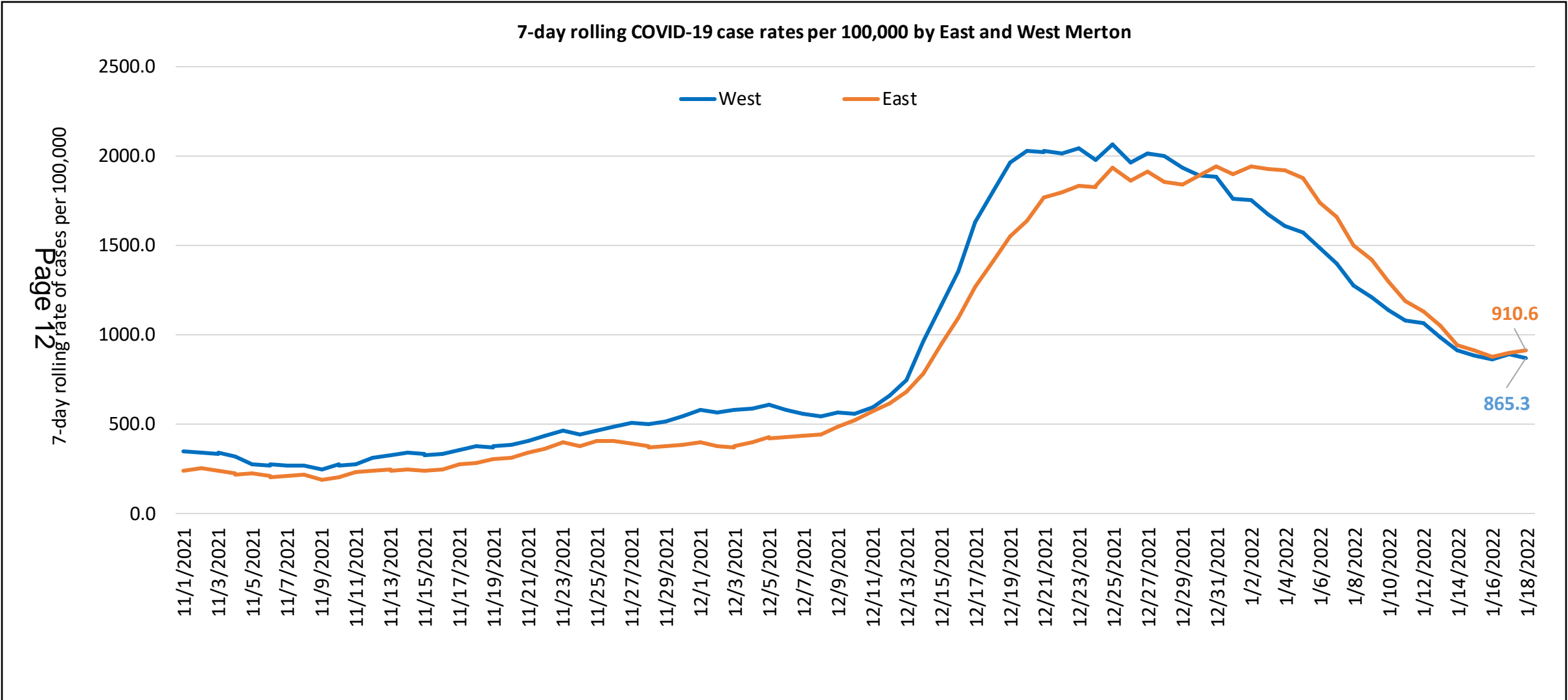


*Rolling 7-day case rate per 100,000 is calculated using the number of people testing positive (source: Coronavirus (COVID-19) in the UK; <https://coronavirus.data.gov.uk/>) and Merton population estimates (source: GLA Housing-led identified capacity model estimates for 2021).

COVID-19 7-day case rates in East and West Merton

Source: UKHSA Covid-19 Situational Awareness Explorer

Reporting frequency: daily

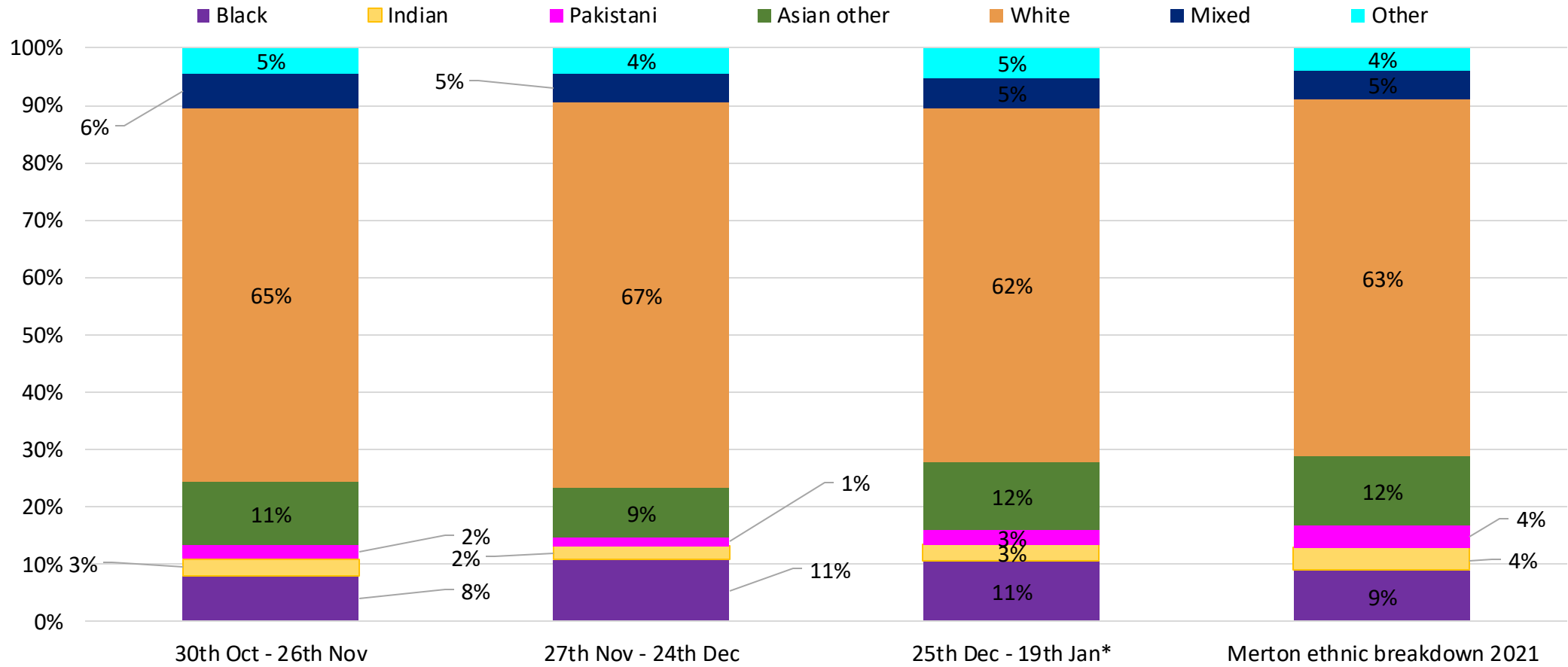


COVID-19 cases in Merton by ethnicity

Source: UKHSA Covid-19 Situational Awareness Explorer
Reporting frequency: daily

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Pillar 2 COVID-19 cases in Merton residents - by ethnicity compared to Merton ethnic profile over 4 week periods (30th Oct 21 – 19th Jan 22)



*Please note that the latest period (25th Dec – 19th Jan) is not a complete 4 week period due to data not being available as yet.

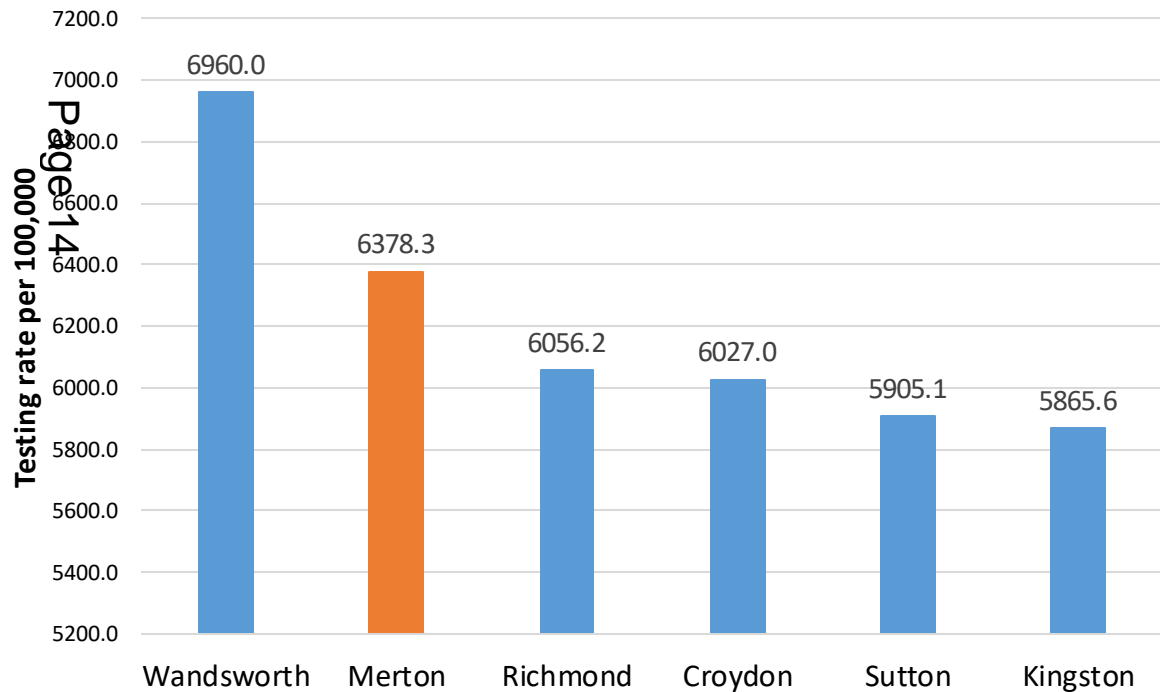
COVID-19 testing & positivity in Merton compared to SW London boroughs

Source: UKHSA Weekly statistics for NHS Test and Trace (<https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports>)

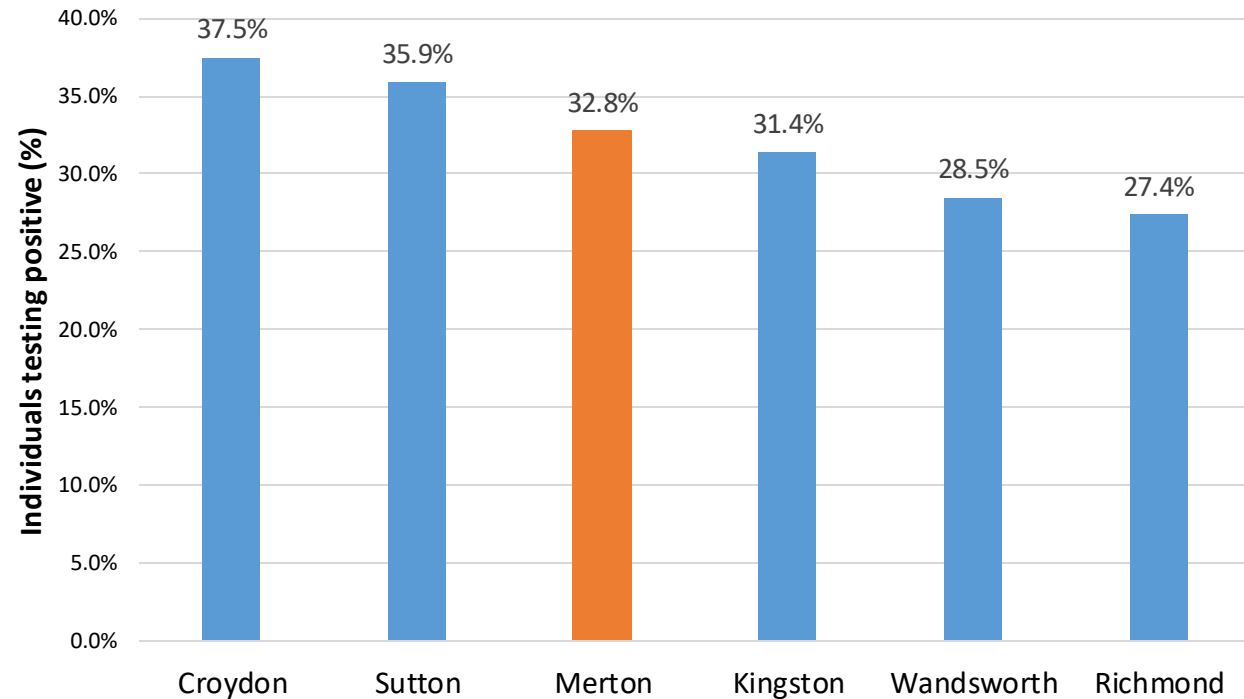
Reporting frequency: weekly

Key message: Merton has the 2nd highest testing rate per 100,000 people and 3rd highest positivity compared to SWL boroughs

Weekly testing rate* per 100,000 people in SWL for week ending 29th Dec (Pillar 1 & 2, PCR in all ages)



Weekly test positivity in SWL for week ending 29th Dec (Pillar 1 & 2, PCR in all ages)



*Testing rate per 100,000 is calculated using the number of people tested (source: UKHSA weekly statistics for NHS Test and Trace report) and SWL borough population estimates (source: GLA Housing-led identified capacity model estimates for 2021).

Please note both the test rates and positivity presented on this slide are person-based, not test-based (if someone had multiple tests or tested positive multiple times in a reporting week they are only counted once).

Enquiries: gary.forbes@merton.gov.uk

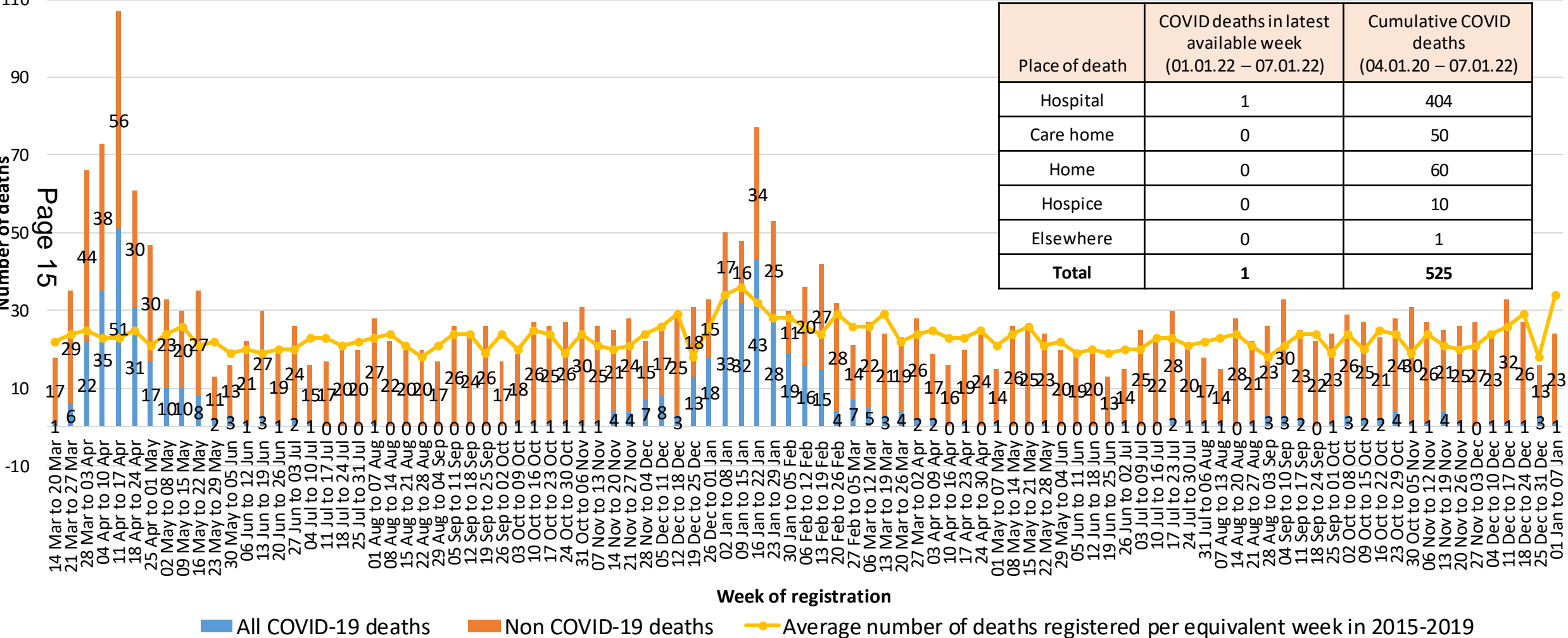
Number of deaths of Merton residents by week of registration

Source: ONS death registrations and occurrences by local authority and health board

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

Reporting frequency: Weekly

Key message: The number of registered deaths in Merton has remained fairly steady since April 2021



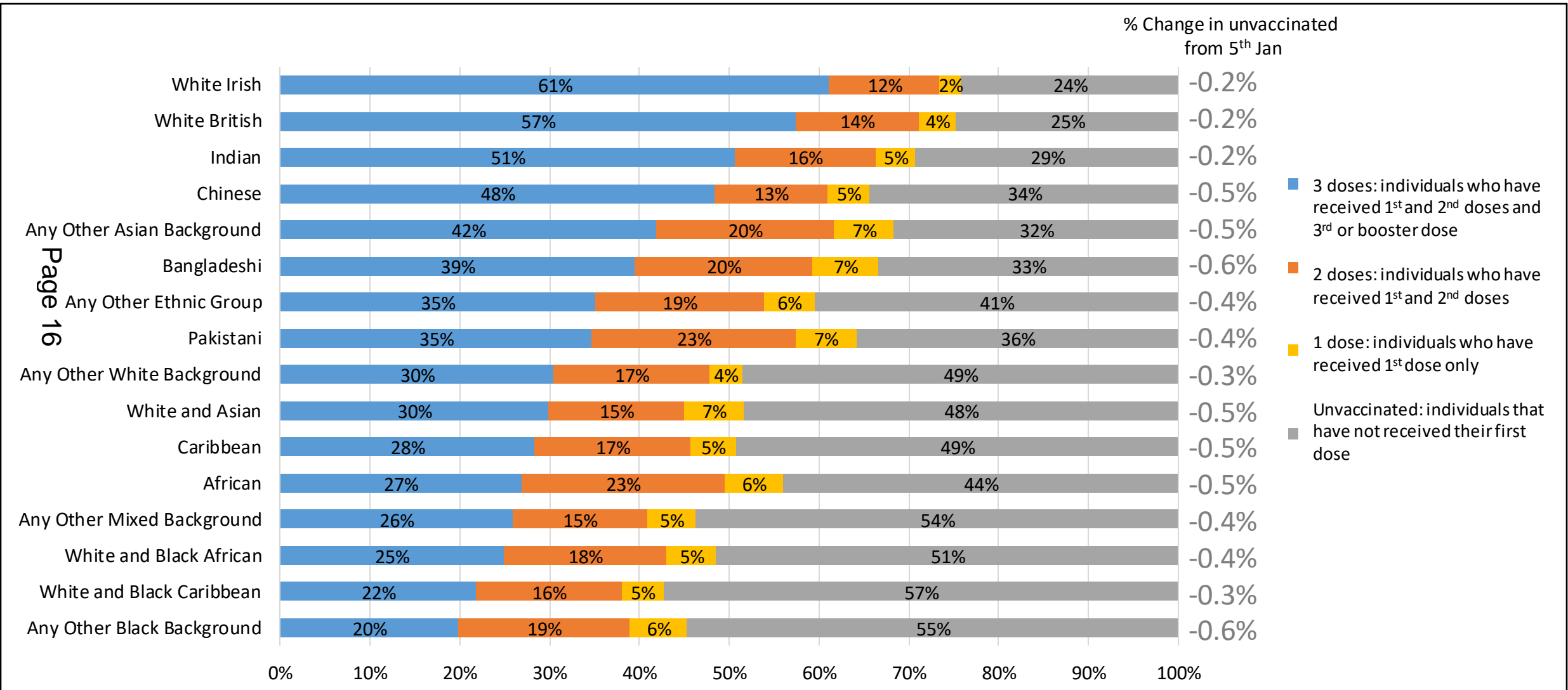
Data as of 19th Jan (date of latest available ONS report for 1st – 7th Jan)

COVID-19 vaccination uptake by ethnicity

Source: UKHSA Covid-19 Situational Awareness Explorer

Reporting frequency: Daily

Key message: The unvaccinated population continues to decrease across all ethnic groups



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Data using NIMS population for 12+ year olds as the denominator.

Data as of 19th Jan

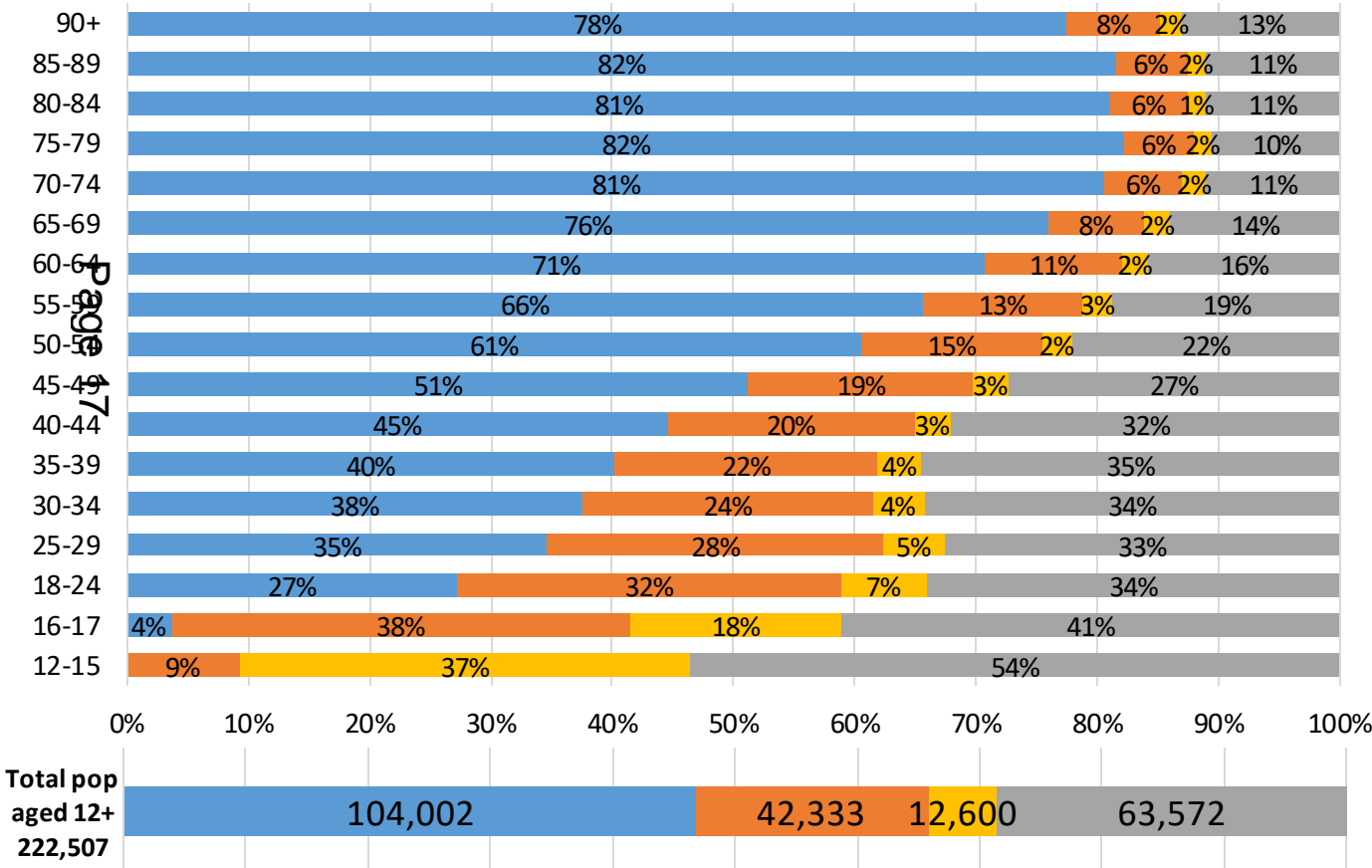
COVID-19 vaccination uptake by age group and geography

Source: Coronavirus (COVID-19) in the UK (<https://coronavirus.data.gov.uk/>) and NHS England COVID-19 vaccinations report (<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>)
 Reporting frequency: Weekly

Key message: Vaccination uptake is lowest among younger age groups

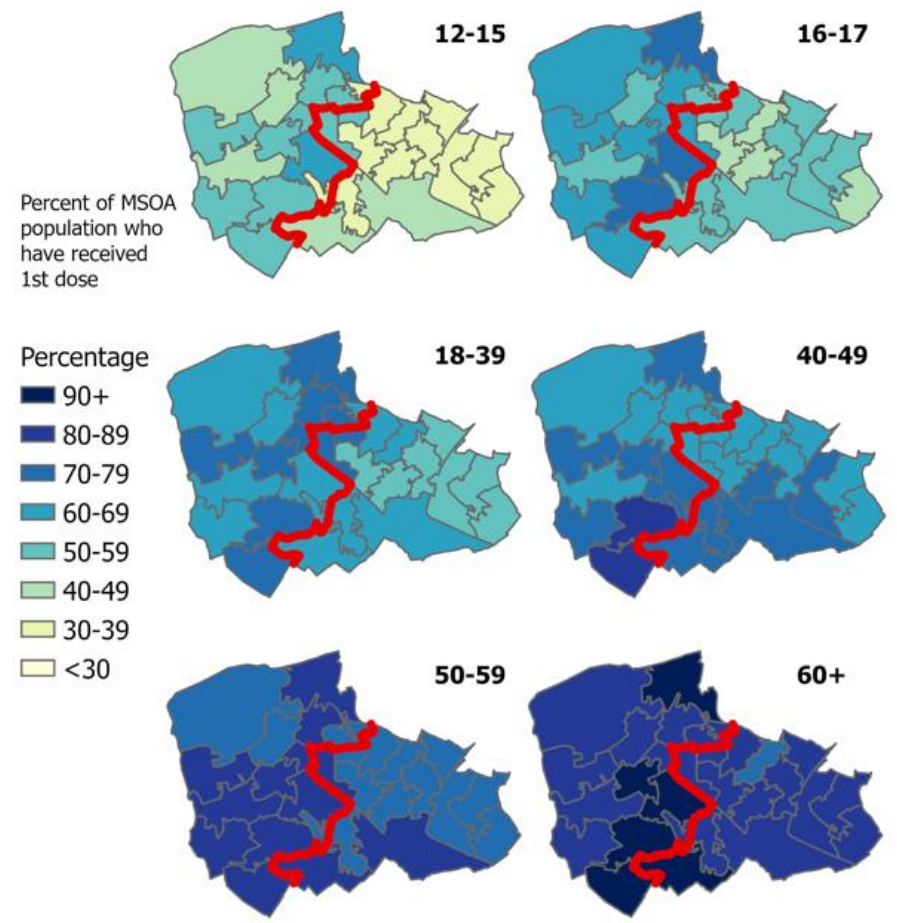
Vaccine uptake by age band among Merton residents* (as of 17th Jan)

3 doses 2 doses 1 dose Unvaccinated



*Data using NIMS population as denominator. See previous slide for more details on doses

Percentage of Merton residents by age group and MSOA that have received at least the 1st dose of Covid-19 vaccination



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Report to Merton Healthier Communities and Older People Overview and Scrutiny Panel on Section 7a Immunisation Programmes in Merton

Report on Section 7a Immunisation Programmes in the London Borough of Merton.

Prepared by: Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services, Jackie Walker, Operational Director – Covid-19 and Influenza Immunisation Programmes & Ms Bernadette Johnson, Immunisation Commissioning Manager for South West London.

Presented to Merton Healthier Communities and Older People Overview and Scrutiny Panel. 08 February 2022.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1st October 2012 as an executive non-departmental public body. Since 1st April 2019, the NHS Commissioning Board has used the name NHS England and Improvement for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a adult immunisation programmes in the London Borough of Merton. This uses the latest available published data - 2019/20 for Shingles and PPV and 2021/22 for Influenza. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are population based, publicly funded immunisation programmes that cover the life-course and include:
 - Antenatal and targeted new-born vaccinations.
 - Routine Childhood Immunisation Programme for 0-5 years.
 - School age vaccinations.
 - Adult vaccinations such as the annual seasonal influenza vaccination
 - COVID-19 vaccination programme
- This paper focuses on those immunisation programmes provided for adults namely, influenza, shingles and pneumococcal polysaccharide vaccine (PPV).
- Members of the Healthier Communities and Older People Overview and Scrutiny Panel are asked to note and support the work NHSE&I (London) and its partners such as UKHSA, the Local Authority and the ICS are doing to increase vaccination coverage and immunisation uptake in Merton.

2 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on primary care services and a decreasing vaccinating workforce.
- The COVID-19 pandemic in 2020 onwards impacted upon the delivery of Section 7a immunisation programmes, pausing some programmes and reducing delivery on others due to non-pharmaceutical interventions, re-deployment of workforce onto COVID-19 pandemic and the introduction of the COVID-19 vaccination programmes.
- The dissolution of Public Health England in September 2021 has changed the governance structure around immunisation programmes including the roles and responsibilities of NHSE/I, UKHSA, OHID (in DHSC), ICSs and local authorities. This new governance structure is yet to be published. However, NHSE/I remain the commissioning organisation for Section 7a immunisation programme and are responsible and accountable for these programmes.
- The London Immunisation Partnership Board paused in 2020 but is expected to meet again in March 2022. However, NHSE/I London remain committed to ensure that the London population are protected from vaccine preventable

diseases and are working to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

3 Merton and the challenges

- Merton is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - The impact of nationwide non-pharmaceutical interventions such as social distancing measures and specific guidance for elderly groups to temporarily shield remained in place throughout the COVID-19 pandemic.
 - London's high population mobility which affects tracking and recording of adult patients.
 - Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce.
 - Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
 - Difficulties accessing appointments.
 - Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
 - Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency).
 - In relation to adult vaccinations, there are extra complications regarding vaccine shortages (e.g. PPV23), delays in 'flu vaccine supply, different vaccines for different cohorts and different providers (pharmacy, maternity, acute trusts and general practice) meaning that the surveillance rates do not reflect all vaccinations given (mainly those given in general practice).

4 Seasonal 'flu Vaccination

Vaccination Uptake rates

- The [national influenza \(flu\) immunisation programme for 2021/22](#) set high and stretching ambitions, reflecting the importance of protecting against flu for those who are most vulnerable in society at this time of year. Not only is it seen as essential that the associated morbidity and mortality is reduced to protect those most vulnerable, but it was also noted to be vitally important to reduce hospitalisations during a time when the NHS and social care were potentially going to be managing outbreaks of COVID-19 and increased UEC demand
- The London' Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and the desired high vaccine uptake levels. It also refers to the key learning from the 2020/21 flu immunisation

programme, and the learning afforded from the successful delivery of the COVID-19 vaccination programme

- The delivery of the Plan has been guided by the World Health Organisation’s vaccine uptake framework for understanding barriers and facilitators of vaccine uptake and the three drivers:
 - **Convenience** - how easy it is to access vaccination
 - **Complacency** - awareness of the vaccine, the need for the vaccine or its benefits, or whether the vaccine is relevant to them
 - **Confidence** - relates to trust in the vaccine, healthcare services and policy makers
- The ambition for London’s vaccination uptake across the eligible cohorts was to exceed 2020/21 regional levels, noting that the expanded flu programme this season and higher population figures in eligible cohorts presented a huge challenge for the region, alongside delivery of a demanding Covid-19 vaccination programme, and circulating Covid-19 infection
- Nationally, there was a target of 85% ‘flu vaccine uptake for patients aged 65 years and older and 75% for the clinical ‘at risk’ groups (those aged 6 months to 64 years with long term conditions), including pregnant women. For 2-3-year olds the ambition was for at least 70%, with most practices aiming to achieve higher
- The latest available UKHSA published data is for December 2021 – it must be noted that the current ‘flu season is still underway with the data collection being completed by end of March 2022. There is data latency with some of the information flows, and therefore over the forthcoming weeks, there will be work underway to ensure GP records are updated with the aim of providing a near accurate picture by the end of the season
- However, at this point in the season it is correct to say that London’s performance so far has been better than the previous season in the 50-64-year-old cohort only
- Rates to date have been lower than 2020/21 for the clinical at risk, pregnant women and in age 2- and 3-year olds. Further efforts are underway during January and February to continue to encourage eligible people to come forward, and specifically within these cohorts.
- Table 1 illustrates the uptake in London compared to England for the years 2019/20 to 2021/22.
- All CCGs in London have performed below the national ambition of 85% for over 65s and 75% for clinically at-risk groups for the 2021/22 season to date
- ‘Flu vaccination uptake for this season has been affected by:
 - The expanded and accelerated Covid-19 booster programme in December 2021 – this was the national focus at that time due to the Omicron variant
 - The healthy 12-15-year olds Covid-19 vaccination programme – this affected the expanded ‘flu vaccination programme for school-aged children
 - Concern from people on receiving both ‘flu and Covid-19 vaccinations at the same time/close together, and therefore prioritising the Covid-19 vaccination
 - General Practice vaccine stock not meeting requirements of early public demand, and then delayed access to national DHSC vaccine stock

- Pharmacy stock was also depleted earlier in the season due to early demand, especially with the 50-64-year-old cohort including as eligible
 - The low circulation of influenza, and perceived reduction in risk
- It must be noted that these figures may not include all flu vaccinations offered in maternity units due to delays in data inputting and transfer of information
 - For London, 564k vaccinations have been administered by Community Pharmacy to date (Week 1, 2022) which represents 29% of the total vaccinations given; this represents a 72% increase from 2020/21 (235k more vaccines)

Table 1
Seasonal Influenza vaccination rates for England and London 2019-2022

	England			London		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
65 and over	72.4	80.6	81.6	66.2	71.1	68.9
Under 65 (at-risk only)	44.9	51.7	51.6	41.8	44.0	40.6
Pregnant	43.7	43.4	41.9	39.2	37.0	32.9
2-3 yrs.	43.8	56.0	48.7	32.4	45.9	40.2
Reception (age 4-5)	64.2	63.5	38.8	55.5	54.5	48.3
Year 1 (age 5-6 yrs.)	63.5	63.9	40.6	54.3	55.0	48.9
Year 2 (age 6-7 yrs.)	62.6	63.2	40.5	52.7	53.6	48.9
Year 3 (age 7-8 yrs.)	60.6	62.6	40.1	50.1	53.0	47.7
Year 4 (age 8-9 yrs.)	59.6	61.2	39.5	48.9	51.2	47.2
Year 5 (age 9-10 yrs.)	57.2	60.5	38.7	46.5	50.1	45.1
Year 6 (age 10-11 yrs.)	55.1	58.5	38.5	44.2	47.7	43.6
All year groups (age 4-11 yrs.)	60.3	55.5	39.5	50.3	44.8	47.1

Source: UKHSA published data, up to end of December 2022

Please note that the England figures in red represent national data to November 21; no later data was available for school-aged vaccinations.

With regards to trends in the data when comparing this season to the same time in the previous season, for the England average data it should be noted that:

- For those **aged 65 and over** uptake is the highest on record at over 81%
- For the **at-risk groups**, vaccine uptake is comparable to last season and is either higher or comparable to the previous eight seasons before that

- For **pregnant women** vaccine uptake is lower than the same period last season, and lower than the previous seven seasons before that
- For **2 and 3-year olds** uptake is over 7 percentage points lower compared to the same period last season

Figure 1 compares Merton Borough with London averages and the rest of its geographical neighbours in the 65 years and over, under 65 'at risk' and pregnant women with the same time-period in 2019/20, 2020/21 and 2021/22.

Merton did not meet the national ambitions in any of the Primary Care cohorts. However, for the under-65 years Merton achieved greater than the London average, but below the SWL average, for >65s Merton was below the London average and SWL average, and for the pregnant women cohort, Merton is on par with the SWL average and has greater uptake above the London average.

Figure 1
Uptake of seasonal flu vaccination for Merton Borough compared to other SWL
Boroughs and London for Winters 2019/20 – 2021/22

Under 65s	2019-20	2020-21	2021-22
SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP (STP)		46.3	43.3
CROYDON	41.6	43.2	40.6
KINGSTON	45.8	52.7	50.4
MERTON	41.2	47.0	41.9
RICHMOND	39.4	47.1	47.5
SUTTON	45.6	51.8	43.4
WANDSWORTH	39.2	42.8	42.1
London	41.8	44.0	40.6

Over 65s	2019-20	2020-21	2021-22
SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP (STP)		72.9	71.3
CROYDON	64.9	71.3	70.5
KINGSTON	66.9	74.9	76.1
MERTON	63.3	70.5	66.3
RICHMOND	67.8	75.6	75.1
SUTTON	71.0	78.1	72.4
WANDSWORTH	65.7	68.9	68.2
London	65.7	71.1	68.9

pregnant women	2019-20	2020-21	2021-22
SOUTH WEST LONDON HEALTH & CARE PARTNERSHIP (STP)		42.4	39.2
CROYDON	40.5	34.0	32.6
KINGSTON	45.8	46.5	42.7
MERTON	44.2	44.8	39.3
RICHMOND	42.3	45.1	44.2
SUTTON	42.8	46.1	37.2
WANDSWORTH	45.9	45.5	43.1
LONDON	39.2	37.0	32.9

UKHSA (Dec,2022)

What are we doing to increase uptake of seasonal influenza vaccine this year?

- There is evidence to suggest that practices who are well prepared and have uptake in their first couple of weeks continue to have good uptake throughout the season
- This means that the weekly checks by commissioners have little or no impact on improving flu uptake once the season has started. The focus therefore in learning from previous seasons has been on practices being prepared and

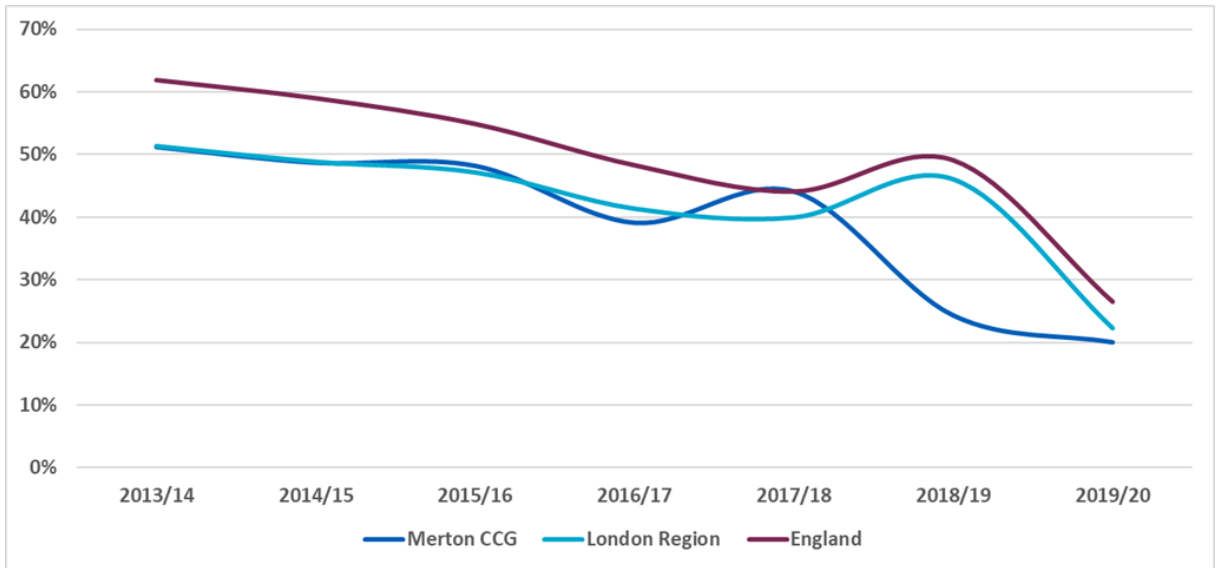
undertaking advanced planning, particularly around identifying eligible cohorts, and estimating demand and supply, including considering extra staff capacity for opportunistic vaccinations

- CCG flu plans were developed at the start of the 2021/22 season, in line with the regional 'flu vaccination plan'; these have been monitored throughout the 'flu season
- System colleagues have been keen to adopt learning from the Covid-19 vaccination programme and to look for opportunities to ensure ease of access and to reach those who might not readily come forward to access healthcare services
- There has been more detailed work undertaken on understanding where this is lower uptake by ethnicity and deprivation with a Health Inequalities group meeting weekly to review the position and discuss best practice and initiatives being taken forward by providers and by ICSs
- There is evidence to suggest that 'flu vaccinations are considered optional or preventative and are not seen as integral to an individual's care pathway or health maintenance. In light of this, we continue to change the narrative around 'flu vaccinations for the eligible cohorts and specifically for 'at risk' groups, including working with clinical networks and acute and primary care providers to embed primary care appointments (for checking co-morbidities and vaccination) into pathways. For example, all acute trusts across London are now commissioned to provide 'flu vaccination in clinics with clinical 'at risk' patients, and to provide vaccination advice. This is in keeping with NICE's recommendation of multicomponent interventions
- NHSE&I has been working with London CCGs to monitor uptake throughout the season, with key ICS Leads coming together at the London Flu Delivery Group on a weekly basis to discuss further initiatives and interventions
- The NHSE&I Communications Team has worked with local and national charities to spread the message, as well as utilising digital media to promote 'flu vaccination, sending tweets and Instagram messages throughout the 'flu season
- NHSE&I reviewed and improved the vaccination offer to London's statutory homeless and rough sleepers, and those within health inclusion groups, utilising pharmacy, general practices that care for the homeless population and commissioning voluntary organisations that provide outreach medical services to deliver vaccinations
- Training of staff is crucial to maintaining good vaccination uptake. PHE London and NHSE/I London continue to work together to ensure that vaccinators are updated on 'flu vaccination and that health care professionals are informed to address any vaccine hesitancy thereby reducing complacency and improving confidence and convenience
- Every year, we evaluate the impact of our annual London 'Flu Vaccination Plan. These evaluations are underway and include a 'flu wash up event. This event will be held on the 4th March 2022 and will focus on how to improve uptake across the eligible cohorts, looking at how we can apply learning from the Covid-19 vaccination programme. Colleagues from CCGs, LA, Trust, pharmacies, and GP Practices are invited to the event.

5 Shingles

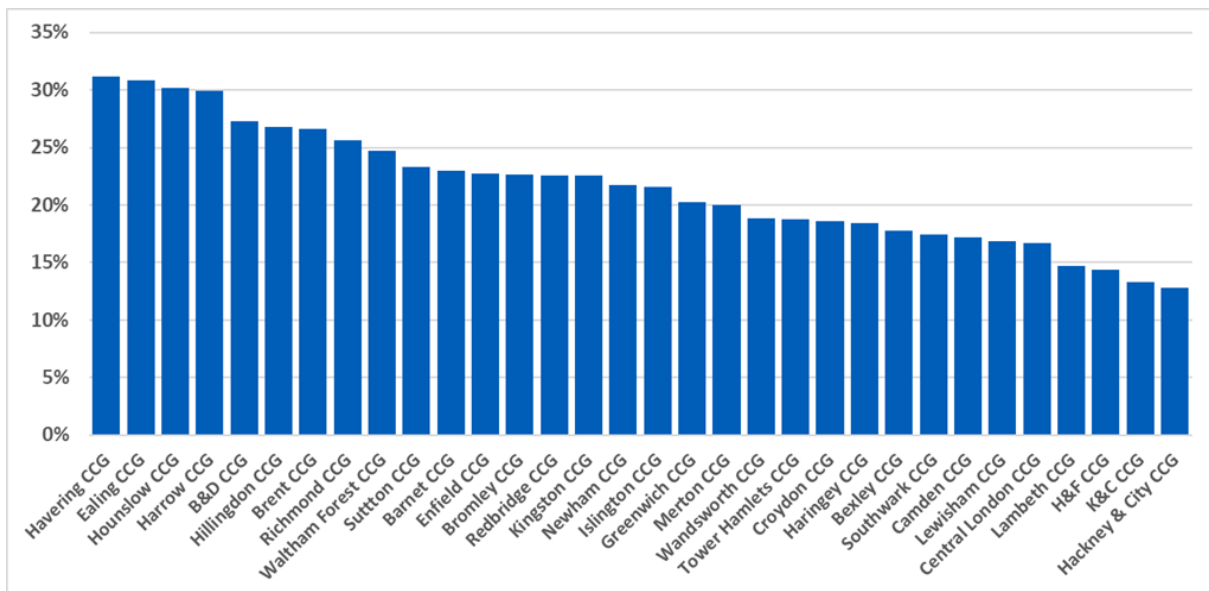
- The Shingles vaccination programme commenced in September 2013. Shingles vaccine is offered to people who turn 70 years with a 'catch up' for 78 years. However, anyone who turned 70 since 2013 remains eligible. Adults remain eligible until their 80th birthday.
- The latest available published data is for 2019/20. Figure 2 illustrates the percentage uptake by CCG in London for years of the programme for the routine age 70 cohort.
- Uptake of the shingles vaccine has been steadily decreasing since the programme was introduced in 2013, both in London and nationally.
- There has been a considerable drop in the uptake amongst 70-year olds in Merton. This places Merton 14th from the bottom of uptake when the London CCGs are ranked in descending order (see Figure 3).
- Uptake of the shingles vaccination programme was adversely affected by COVID-19 pandemic with the programme initially suspended in 2020 and the slow recovery has also been impacted by the live vaccine not being able to be administered alongside the co-administration of 'flu and COVID-19 vaccine. This fall in uptake is seen across the UK.
- NHSE/I provided a training webinar in late 2020 to all practice staff across London to help promote the importance of the vaccine and shared an updated [Shingles Toolkit](#) for all practices to use. Impact of these efforts will be evaluated in the next few months.

Figure 2
Shingles Uptake for Merton CCG compared to London and England averages for 2013/14 to 2019/20



Source: PHE (2020)

Figure 3
Shingles Uptake for London CCGs 2019/20 with CCGs ranked from highest uptake to lowest



Source: PHE (2020)

6 PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one-off vaccine which protects for life. This vaccination tends to be given alongside the flu vaccination during the flu season as the patient is usually present at the flu appointment.
- For the past few years, there has been a global shortage of this vaccine and this is reflected in the uptake nationally and regionally. To note PPV is reported as a cumulative figure.
- The latest available published data is for 2019/20. For 2019/20, 63.7% of the London over 65s population and 64.4% of Merton's population had received PPV. This compares to 69% nationally.
- It is worth noting that the over 65s population are largely protected against pneumococcal invasive disease and pneumonia from the PCV-13 programme given as part of the 0 to 5s routine childhood immunisation schedule, because young children are the main source of spread of these infections. PPV23 is an additional vaccine to help protect this population from the remaining 13 strains not covered in the PCV-13 vaccine.

7 Next Steps: What are we doing to improve uptake in Merton?

- In 2021, five ICS Immunisation Boards were set up across London and Merton is covered by the SWL ICS Immunisation Board. This board comprises of ICS accountable officer for immunisation, NHSE/I immunisation commissioners and other partners. The board is working on the strategy and action plans to improve uptake and coverage and reduce health inequities in access across the SWL boroughs.
- In 2021, NHSE/I has implemented a network of immunisation coordinators across London to support GP practices with their delivery of Section 7a immunisation programmes. This includes helping health care professionals with patient invite and reminder systems, coding, accurate data collection and submission and helping them to increase vaccine acceptance amongst their registered populations.
- NHSE/I has commissioned UKHSA to deliver immunisation training remote to all vaccinators in London. Confident and competent staff are crucial to dealing with vaccine hesitancy and preventing vaccine incidents and having access to annual updates for immunisation training.
- NHSE/I immunisation commissioning team (London) have also been working locally with the SWL ICS Flu Delivery Group, the local CCG lead, Public Health team and local providers to focus and identify local barriers, improving access for vulnerable or underserved groups and improving public acceptability. One example of this is our London Flu Delivery Group which meets weekly

throughout the flu season. Key agenda items are local communications, data analysis, current vaccination uptake, national updates, school engagement and sharing best practice.

- SW London ICS Flu Delivery group intends to extend its scope to cover immunisations more broadly and to monitor improvement actions / performance data.



Health Scrutiny Meeting – 8th February 2022

Review of Lunch Clubs in Merton

1. Original Project description

- 1.1 An independent review of lunch club provision was presented to the Community & Housing Strategy, Improvement and Development Board on Thursday 27 February 2020. This presentation included an overview of lunch clubs in LBM covering the challenges and opportunities, with focus on improving future financial viability and overall quality of provision for customers.
- 1.2 The value and contribution of lunch clubs for users, communities and LBM was recognised and acknowledged. With tightening resources, it was agreed as important to strengthen the forward capability of lunch club provision across the borough of Merton by promoting the development of plans that look to increase the financial and operational sustainability of each club, with a plan that is bespoke to each lunch club.
- 1.3 The key objective was that by improving individual lunch club performance and financial viability, there would be reduced levels of dependency on LBM funding required to maintain and grow overall capacity across the borough.

2. Original Project scope

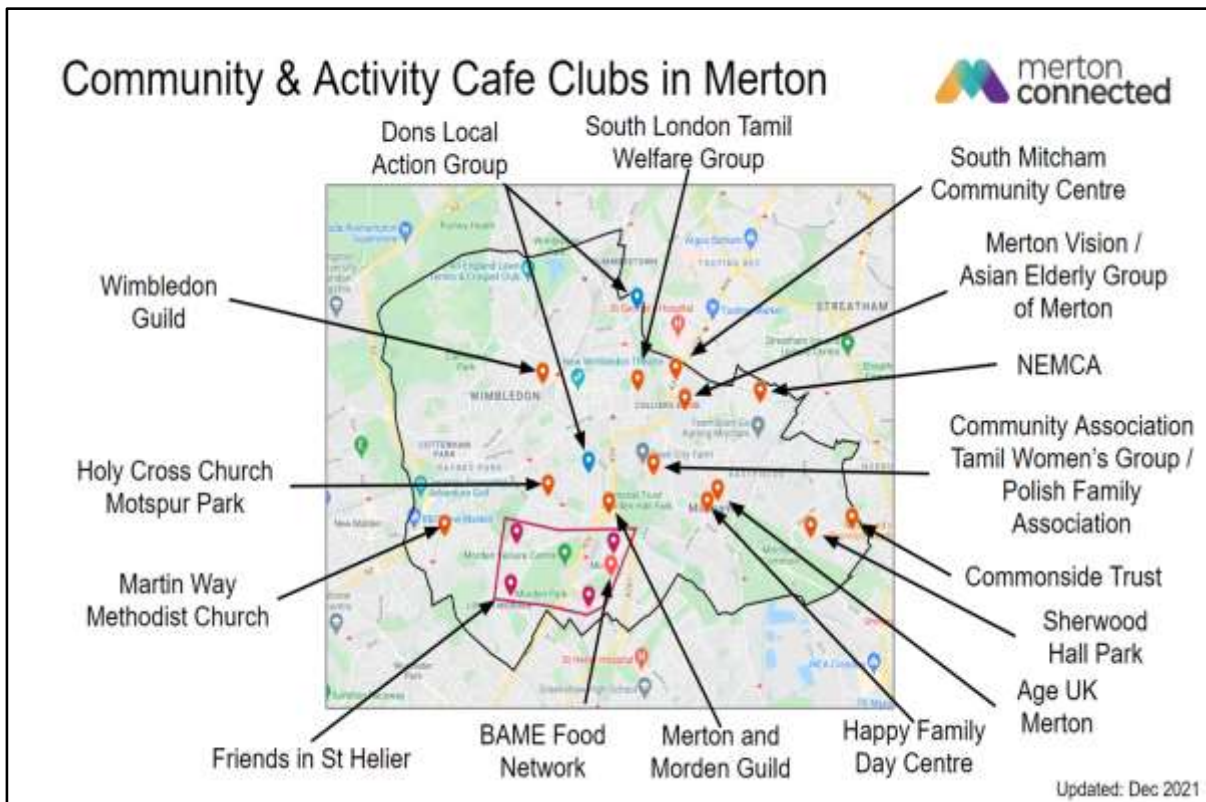
- 2.1 Phase 1 – Independent review of current lunch club provision. Building on available information and intelligence, independently review 14 lunch clubs in the borough and provide summary 'initial findings' review document by 27 February 2020.
- 2.2 Phase 2 – Based on findings of Phase 1, work with LBM, MVSC and lunch clubs to develop appropriately detailed business sustainability plans for prioritised lunch clubs by end of March 2020, or later if agreed.
- 2.3 Phase 3a – Q1 (April to June 2020) – Funded transition period. Work with lunch clubs that are seeking funding and / or looking to increase capacity. Develop action plans. Develop funding model that responds to needs, releasing funds based on agreed and scheduled activities to be in place at the beginning of Q2.
- 2.4 Phase 3b – Q2 to Q4 (July 2020 to March 2021) – Monitoring of funded action plans based on:
 - agreed and scheduled activities (from Phase 3a)
 - the clear understanding that there no funding from April 2021
 - agreement that any funding grants received will release committed funds of the same value for possible redistribution to other lunch clubs, or reduction in overall funding envelope from LBM in year.

3. Impact of the Covid Pandemic

- 3.1 As a result of the pandemic and lockdown restrictions, many of the lunch clubs were unable to operate for periods during 2020 and 2021.
- 3.2 It was agreed with LBM that the whole project would be re-calibrated with flexibility to maintain as much momentum as possible, whilst recognising the challenges during the pandemic. The original budget envelope was maintained, but was 'stretched' to allow engagement and progress to reflect how the unfolding pandemic restrictions and concerns played out.
- 3.3 Regular reviews with LBM were maintained with updates of progress.

4. Move to an online workshop model of engagement

- 4.1 Following review and progress reporting it was agreed to move to creating a more networked approach, including lunch clubs taking more direct involvement in looking at collaboration and sharing of best practice.
- 4.2 The online workshop structure was developed to:
 - encourage lunch clubs to share the challenges and successes that they are experiencing.
 - provide real, tangible benefits to lunch clubs on the call.
 - understand how Merton Connected can add value to the work lunch clubs provide, to help them build on their successes and overcome the challenges.
 - support movement to greater sustainability by reducing or removing concerns around planning for the future.
- 4.3 Regular Lunch Club Roundtables developed with invitations to 14 lunch clubs, 3 food distribution groups and one housing association. Sharing thoughts, plans and good practice, encouraging collaboration - approximately every six weeks:
 - issues - managing through lockdowns, transitional services moving out of lockdown, covid cases within staff and service users, volunteers, transport.
 - welcome new members including Dons Local Action Group and Sherwood Hall Park
 - sharing Merton-based projects including Warm & Well In Merton, Merton Moves, Benefits Assessment Service
 - AgeUK Merton hosting a FiSH on Fridays event with Friends in St Helier



5. Maximising the potential of volunteering

- 5.1 With resourcing, not just funding being a challenge for a number of particularly small lunch clubs, the opportunities for more volunteer support was developed as part of the programme.
- 5.2 Regular Lunch Club Volunteer Managers' Network meetings - every 3months, with a rotating chair:
- source of collaborative experience and thinking across organisations with varied capacity and capability
 - created strong bond and focus on issues around volunteers and volunteer management
 - sharing good and best practice
 - Friends in St Helier has redesigned volunteer engagement
 - Friends in St Helier recruited driver volunteer through Dons Local Action Group
 - Merton Vision more engaged in volunteer management
 - opportunity and network scanning to stimulate different perspectives, for example:
 - [Datwise courses](#) - digital data collection for charities
 - Innovate UK [Healthy Ageing Challenge - Designed for Ageing - Innovation Funding Service](#)
 - [VOICE / National Innovation Centre Ageing](#)
 - ongoing interest in Volunteer Passport plans (WIP)

6. Current levels of attendance, activities and engagement

6.1 Whilst accepting that overall progress and initial plans have needed to be significantly changed due to the pandemic, the planned outputs remain in place.

- generally around 1/3rd of invited individuals / organisations attending roundtables/meetings
- most clubs are running - multiple challenges emerging from covid. Open/Closed/Notice period, capacity and charging
- as of Oct 21, of the 16 clubs - 11 were open with 9 providing lunch. Four clubs had not reopened - venue access, staffing issues - one had moved to an afternoon tea model, two do not provide lunch

7. Plans going forward

7.1 The funding for the original project ceases at the end of March 2022. Not all the originally anticipated outcomes have been delivered, but there remain a number of opportunities building on the work and progress of the project to date, including:

- continuing to support volunteer recruitment and management as the foundation for activity, including at Trustee level.
- engaging with community specialists, e.g inviting Merton Community Transport to discuss transportation options
- regular focus on sustainability issues of good governance and financial management
- exploring further funding opportunities for existing clubs, including bidding and operating more collaboratively, including via Merton Giving
- find a better name for the group. If they are called Lunch Clubs / Community Cafes, that is what people think they do. They all do so much more.

8. Summary

8.1 The review of lunch clubs in Merton and the original plans for progress, including less reliance on LBM funding support, have been severely hampered during the period of the pandemic. There does remain a lot of opportunity and challenge for individual lunch clubs. The facilitation of an active network and an underpinning collaborative approach does provide the basis of existing lunch clubs evolving into the post pandemic period.

Simon

Simon Shimmens
CEO Merton Connected

January 2021

Healthier Communities and Older People Work Programme 2021/22



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2021/22. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

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

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

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

Meeting date 1st September 2021

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Julia Groom, Consultant in Public Health.	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Health Partners	The development of the integrated care system and the implications for Merton.	Presentation to the Panel	Vanessa Ford , Chief Executive South West London Mental Health Trust Mark Creelman , Locality Executive Director - Merton and Wandsworth. NHS South West London Clinical Commissioning Group	To develop an understanding of the reconfiguration of the six Clinical Commissioning Groups into the Integrated Care System and its impact on local services. To understand approach being taken, the meaning of 'place' and future delivery projections particularly around: governance – what is the relationship with Merton's Health and Wellbeing Board finances – ensuring the Merton pound is protected and invested locally
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting Date 2 November 2021 - BUDGET

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Budget Scrutiny	Budget and Business Plan 2021-2022	Report to the Panel	Caroline Holland, Director of Corporate Resources	Scrutinise the budget and any send comments to the Commission.
Scrutiny of Public Health	Impact of COVID-19 in Merton	Report to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Health Partners	Primary care –overview of access, GP Survey, GP Workforce	Report to the Panel	Impact of COVID-19 in Merton	Presentation to the Panel
Scrutiny of Health Partners	Service to support people with Long Covid	Report to the Panel	NHS South West London Clinical Commissioning Group	To consider range of services and resources allocated to tackle Long Covid
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting date – 10 January 2022 - BUDGET

Scrutiny category	Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Budget Scrutiny	Budget and Business Plan 2021-2022	Report to the Panel	Caroline Holland, Director of Corporate Resources	Scrutinise the budget and any send comments to the Commission.
Scrutiny of Adult Social Care	Safeguarding Adults Annual Report	Report to the Panel	Aileen Buckton, Chair Merton Adults Safeguarding Board	Review the work taking place to safeguard vulnerable adults in Merton
Scrutiny of Health Partners	Progress with the Wilson Health & Wellbeing Campus	Report to the Panel		Reviewing the current position, clearer understanding of proposed future plans including the financial position and future commitments.
Holding the Executive to account	Cabinet Member Priorities	Verbal update	Councillor Rebecca Lanning, Cabinet Member for Adult Social Care and Public Health	Review Cabinet Member priorities and key projects for the year ahead
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting Date – 8 February 2022

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Health Partners	Immunisations schedule: including diabetic eye screening, breast cancer, flu for the over 65s and vulnerable groups.	Report to the Panel	NHS England	Review the local immunisation rates and screening services as a result of the pandemic
Scrutiny of Health Partners	Review of Lunch Clubs in Merton	Report to the Panel	Simon Shimmens, Chief Executive, Merton Connected	To scrutinise the report being published by Merton Connected on the current position of Lunch Clubs in Merton, following the pandemic. This report could be considered as part of a wider understanding of the state of the voluntary sector post COVID and its capacity to support the social prescribing model in Merton.
Work Programme	Work Programme 2021-2022	Report to the Panel	Cllr Peter McCabe, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2021-22

Meeting date – 14 March 2022

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Scrutiny of Public Health	Impact of COVID-19 in Merton	Presentation to the Panel	Dagmar Zeuner, Director of Public Health	Review and comment on the latest data on the rates of Covid-19 and the impact on services
Scrutiny of Public Health	Health and Wellbeing Board - Annual report	Report to the Panel	Dagmar Zeuner, Director of Public Health	To review the work of the Health and Wellbeing Board
Scrutiny of Health Partners	COVID -19 Understanding residents experience of services during, and lessons learnt from, the pandemic response including: Care homes Maternity services and Hospital admissions	Report to the Panel	SW CCG Adult Social Care Public Health	Understand the impact of COVID-19 on Merton residents and the lessons learned by frontline services.
Scrutiny of Public Health	The new Joint Strategic Needs Assessment (JSNA)	Report to the Panel	Dagmar Zeuner, Director of Public Health	To review the Merton approach to developing the new JSNA

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