

HEALTH AND WELLBEING BOARD - COMMUNITY SUB-GROUP
1 MARCH 2022
(17-00 18:33)

PRESENT Councillors Councillor Rebecca Lanning (in the Chair), Councillor Eleanor Stringer, Councillor Oonagh Moulton, Rob Clarke, Creelman, Dave Curtis, Abi Fafolu, Dr Vasa Gnanapragam, Councillor Oonagh Moulton, Dr Sekeram, Councillor Eleanor Stringer and Dr Dagmar Zeuner (Director of Public Health) , Mike Proctor (NHS South West London CCG), Monica Koo (Public Health Intelligence Specialist), Mohammed HassanAlly(Vaccination Services Manager), Amanda Leyland-Naylor (GP Trainee), Julia Groom (Public Health Community and Housing), Barry Causer (Head of Strategic Commissioning)

ALSO PRESENT Clarissa Larsen (Health and Wellbeing Board Partnership
Amy Dumitrescu (Democracy Services Manager)
Bola Roberts Democratic Services Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were no apologies for absence

2 DECLARATION OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of Interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESLOVED: That the minutes of the previous meeting held on 14 December 2021 were agreed as an accurate record.

4 COVID-19 SAR UPDATE (Agenda Item 4)

The Director of Public Health presented the latest situation assessment report.

The slides from this presentation are attached to these minutes.

It was reported that infection rates were steady and hospitalisations were stable.

The Director of Public Health felt that as part of the transition into the “new normal”, there would be an expectation that there would be a change in

behaviours and etiquette for those who had a respiratory illness, for example re-adjusting long set attitudes in the workplace whereby those with respiratory illnesses would still attend the workplace despite their symptoms. It was hoped that this would now lead to those with symptoms self-isolating to prevent transmission of these illnesses.

The Sub-Group had highlighted the inequalities within society and had galvanised partners to take action around this and it was felt that it was important that this continue.

Dialogues with the community had been positive during Covid and it was hoped that this could be built on going forward.

To ensure continued surge preparedness, it was important that the Council worked closely with the NHS and Health Security Agency to ensure a response could be co-ordinated between the joint resources of these agencies in the most effective way.

It was noted that PCR Testing would be wound down and Lateral Flow Tests would no longer be made freely available from 1 April 2022. Asymptomatic testing would continue within care home settings, within the NHS and within SEND Schools (until 1 April).

It was highlighted that the data provided had already proved to be less reliable as widespread testing reduced and therefore the previous surveillance levels would not continue. Nationally the infection survey would continue and if outbreaks were suspected within schools or communities then testing could be mobilised. The National system for contact tracing had ceased during February 2022 and there was therefore no additional funding for Council's to undertake additional contact tracing.

Concern was expressed at the numbers of children missing from education, and the Director for Public Health advised that skilled contact tracers were being utilised to attempt to contact these families .

In response to a member question, the Director of Public Health responded that assurance had been received that regular testing would continue within high risk settings and free testing would be provided to those, with further details due to be provided in due course. In relation to SEND schools, regular testing was expected to cease from 1 April 2022, however was expected to continue within care homes.

Members of the sub-group commented that the vulnerability of others should continue to be considered within social etiquette going forward. It was also noted that one of the challenges would be balancing the high levels of absence within schoolchildren with the preference of self-isolation for asymptomatic parents and children.

5 FUTURE OF HWBB COMMUNITY SUBGROUP (Agenda Item 5)

The Director for Public Health proposed that the sub-group stood down as a Sub-group and recommended that a Task and Finish group be formed, so that if the need arises again the Sub-group would be able to restart.

The Director for Public Health stated that the report set out three proposals.

Option 1 supported that the Health and Wellbeing Board Community Sub-Group holds its' last meeting today as the restrictions are relaxed.

Option 2 The HWBB Community Sub-Group continued to meet for six months to be reviewed in September 2022.

Option 3 The HWBB Community Sub-Group would take on specifics including therapeutics and focus on vaccination equity. The proposal is in line with the borough resilience forum which is a statutory forum. The forum will go back to regular business

In response to questions from members if the sub-group must go through a formal process to be reformed, The Director for Public Health confirmed that this would have to go via the Health and Wellbeing Board formally.

The Chair confirmed that this item was on the agenda for discussion at the next HWBB meeting.

RESOLVED:

A. That the Sub-Group considered the future Options set out in point 4, and agreed Option 3, for 1st March to be our final meeting and to stand down the Subgroup.

B. That members of the Subgroup remained ready to be reinstated as a task and finish group, if and when considered necessary and requested by the Health and Wellbeing Board.

6 VACCINATION PROGRAMME (Agenda Item 6)

Vaccination Programme

The Consultant in Public Health and Vaccination Equity Service Manager Equity presented an update.

The slides from this presentation are attached to these minutes

It was reported that the aim was to achieve vaccination equity for all Merton residents. The slides showed four key enablement's. This would ensure anything that is done is based on up-to date data.

- Phase 1 was started in 2021 cohorts 9

- Phase 2 moved on to vaccinate over 18s'
- Phase 3 was to provide the majority of boosters to over 18s' by March 2024
- Phase 4 would be looking at those who were clinically vulnerable and healthy

The guidance in the slides showed data on where Merton was up to in this regard.

The Board were informed about the new regulations on compulsory vaccinations for care workers and NHS staff, which was no longer in effect.

Merton had achieved at least one dose of vaccination for over 400,000 residents however fifty two percent were not vaccinated. A lot of work had been carried out in deprived areas to try and increase vaccination rates. Merton continued to work to increase vaccine uptake.

Merton were keen to continue with the Evergreen Offer Programme (whereby anyone could receive any of their vaccinations at any stage).

Merton Connect and other partners were on board.

Weekly session with Champions and a grant has been given as funding to develop network of champions in areas that have not taken up the vaccine. This would enable people to talk about general wellbeing and gain confidence. Clinical support will be provided. The programme would run during March 2022.

In response to comments from the sub-group, it was reported that the unvaccinated were those that were currently hospitalised. Communication had not picked up on those that were infected and had been vaccinated.

The Chair thanked all for the comprehensive report.

7 POST COVID SYNDROME (Agenda Item 7)

Post COVID Syndrome

Long Covid

The GP Trainee – Merton presented the slides and gave an overview of updates on estimates of managing long covid and updated the Board on emerging evidence relating to this. The role of primary care in the management of long covid and the next steps. Some of the proposed next steps were to:

- Continue to live with long COVID and the transitions to living with it
- Champions raising awareness on vaccination intake
- Participate in the review and complete NHS maturity matrix for fact finding
- Conduct a Health and Equity Audit on Merton PCS Service, focussed on holistic responses and patients voice, identifying key actions for community case.

The GP Trainee touched on clinical definitions

- These were reported as signs and symptoms of infections that developed before and after their onset, that are consistent with covid 19.

Anyone who had been infected with the Covid 19 virus, could have long term Covid.

Evidence of long covid

The Public Health Intelligence Specialist presented the report noting evidence and prevalence of long covid nationally and the specific demands for service. The modules based on prevalence were obtained from the ONS. The slides contained the numbers of those recorded as having long covid and their recorded genders. More data that would include information on diversity and relevance to Merton would be available in due course.

Estimated Prevalence Data

The NHS South West London CCG reported on the pathways and the slides showed the assessment services that can be signposted. There had been a steady number of referrals, ranging from 20- 30 a week within Merton and Wandsworth. Treatments were determined by symptoms. It was noted that there were more diagnoses than treatment reported. Patients were followed up to ensure they received the service they needed. It's at primary care that patients present.

Staff are employed to manage cases and specialist staff are required however funding is dependent on the program.

There will follow treatment depending on what symptoms present. i.e. brain fog, fatigue. Patients are followed up after 2 weeks to ensure needs are being met. The slide showed the role of service primary care presented. GPs refer patients to the service to monitor.

Skilled staff are required to support the service and manage the service The Locality Executive Director Merton and Wandsworth touched on the difficulty in funding. Skilled workers are difficult to find if security is not present.

Estimate, Uncertainty on Long Covid and Challenges

The Locality Executive Director Merton and Wandsworth presented the slides on the next steps as follows:

- Putting plans in place Long covid
- Vaccination Champions to be used to raise awareness
- Services including therapeutics
- Peer reviews
- Matrix and case finding. Including what HWBB sub- group had achieved

The Locality Executive Director Merton and Wandsworth advised to conduct health equity service to support people to access service.

HWBB Merton is functional and Merton Care together to carry on governance

Focussed on long covid and putting plans in place. Next step to participate in case finding and reaching into the peer reviews. To Conduct a health

Subgroup commented on the importance of ensuring that communities which had high infection rates got the services required to manage these vaccinations on long covid. Counting on the volunteering sector, supporting people in their jobs, the aim is to bring in a wider perspective.

The Head of Strategic Commissioning responded to comments from the sub-group, advising that communities would benefit from the structures, by screening and signposting and added that funding would go to the voluntary sector.

The Chair thanked all involved for their efforts and achievements for the duration of the pandemic and as the country was moving into the “new normal”.