

Merton Council

Health and Wellbeing Board

Date: 19 September 2023

Time: 6.15 pm

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

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

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|---|--|---------|
| 1 | Welcome and apologies for absence | |
| 2 | Declarations of pecuniary interest | |
| 3 | Minutes of the previous meeting | 1 - 10 |
| 4 | Report on Borough of Sport and Actively Merton | 11 - 24 |
| 5 | Health and Social Care challenges and opportunities | 25 - 32 |
| 6 | South West London Primary and Community Health services model and pathways | 33 - 38 |
| 7 | Whole systems approach to Air Quality, Tobacco & Vaping and Respiratory Health
A verbal update to be provided at the meeting. | |
| 8 | Substance Misuse and update on the work of the Combatting Substance Misuse Partnership. | 39 - 58 |

This is a public meeting – members of the public are very welcome to attend.

Requests to speak will be considered by the Chair. If you would like to speak, please contact by midday on the day before the meeting.

For more information about the work of this Board, please contact Vusi Edeki, on 020 8545 3815 or e-mail vusi.edeki@merton.gov.uk

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Health and Wellbeing Board Membership

Merton Councillors

- Peter McCabe (Chair)
- Brenda Fraser
- Jenifer Gould

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Environment and Regeneration
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

Agenda Item 3

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HEALTH AND WELLBEING BOARD

27 JUNE 2023

(6.15 pm - 8.17 pm)

PRESENT Cllr Peter McCabe (Chair), Cllr Jenifer Goad, Cllr Brenda Fraser, Mark Creelman, John Morgan, Dr Laura Jarvie, Dr Karen Worthington, Sarah Goad, Dan Jones, Anna Huk (Young Inspector), Anthony Molloy.

ALSO ATTENDING Graham Terry, Phil Howell, Annette Bunka, Heather Begg, Priya Samuels, Gloria Jeyaraj, Julia Groom, Barry Causer, Jayde Watts

PRESENT ONLINE Jennifer Lewis-Anthony

1 WELCOME AND APOLOGIES FOR ABSENCE (Agenda Item 1)

The Chair expressed his thanks to Clarissa Larsen and Dr Dagmar Zeuner, who have now left the organisation, for their support and dedication to the Health and Wellbeing Board.

The Chair also welcomed Dan Jones, Executive Director of Environment, Civic Pride and Climate to the Health and Wellbeing Board.

Apologies were given by Dr Sy Ganesaratnam and Jane McSherry.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the meeting held on 28 March 2023 were agreed as an accurate record.

The chair agreed to move Item 9 to the start of the agenda

4 BEAT THE STREET (Agenda Item 4)

Barry Causer (Public Health Lead for Adults, Health Improvement and Health Protection) introduced the item. Barry expressed how Beat the Street captured the imagination across the borough which resulted in people speaking more about sport, physical activity, travel and exploring communities.

Beat the Street gave Merton a good foundation to build on towards Actively Merton, increased physical activity and social activity levels. It was also important to look at the opportunities which being The Borough of Sport provided for residents to be more active within the borough.

The Beat the Street report was now complete and would be shared with member of the board after the meeting. Some of the highlights of the report were as follows:

- 10% of Merton took part in the game, approximately 20,000 residents during the six week period.
- 38% of those who took part in the game self-reported to be physically inactive before Beat the Street, of which 48% became more active.
- There was an increased proportion of adults and children meeting the Chief Medical Officer recommendations.
- Behaviour change was highest amongst women and girls and within wards in the East of the borough.

There were also mental health and social benefits to the increase in physical activity, with an increase in the number of people with improved resilience. This led to an increased bounce back ability among residents.

Overall the report was positive with colleagues wanting to replicate and learn from the Merton approach.

In response to questions, the following was stated:

- Evidence behind how often Beat the Street should take place was being reviewed and would be brought back to the committee.
- Schools across Merton were fabulous and it was great to see a SEN school win in their borough.

RESOLVED: That the Board noted the update.

5 HEALTH AND WELLBEING BOARD ROLLING PRIORITY 2023/24 – OUTLINE ACTION PLAN (Agenda Item 5)

Julia Groom (Consultant in Public Health) and Barry Causer (Public Health Lead for Adults, Health Improvement and Health Protection) introduced the report.

Julia reminded members it was agreed at the last meeting that the board would focus on a whole systems approach for tackling air pollution, tobacco and respiratory disease, as well as look at actions which supported a healthy workplace, particularly around active travel.

There was evidence around the impact of air pollution, tobacco and respiratory health nationally and locally. The report highlighted some of the following evidence:

- The Chief Medical Officers Annual Report 2022 focussed on evidence of air pollution and acknowledged the improvement of air pollution and air quality as well as solutions to take this further including indoor air quality.
- Locally, the latest Merton Annual Health Report focussed on the co-benefits of climate action. This was specifically around transport emissions and its direct impact on health conditions, health inequalities with those living in the 20 most deprived neighbourhoods and 20% of the population who were non-white that experienced higher concentrations of air pollution whilst having low car ownership.
- Over 20% of adults were physically inactive in Merton which highlighted the importance of active travel.
- The Merton Story gave an overview on the wellbeing and needs of the borough and highlighted that 1 in 7 Merton residents still smoked with a higher number of smokers in the East of the borough compare to the rest.
- Chronic Obstructive Pulmonary Disease (COPD) and Asthma were the main focus when looking at respiratory diseases. 9 out of 10 cases of COPD were linked to smoking and just under 5% of Merton residents are recorded as having asthma, with a higher prevalence in the East of the borough.
- The mayor has set a target for 80% of travel to be active or sustainable. At present Merton was at 61% of which 30% was walking and only 2% cycling.
- Merton routinely monitored air quality through its air quality status report, which showed Merton as exceeding government targets. It's estimated that between 54-100 people in Merton died due to air pollution.

Julia confirmed that the Air Quality Action Plan in Merton would be reviewed and updated shortly but there was a lot of activity taking place around auditing air quality in schools and school streets, expanding electric vehicle charging, working with TfL to roll out ULEZ as well as refreshing the walking and cycling strategy for the borough and developing a curb side strategy.

The NHS Green Plan set out ambitious targets for active travel for staff and patients.

Merton had a tobacco control steering group and a southwest london respiratory group led by the ICB, which had activities taking place around respiratory disease.

It was proposed that the skills, strength and drive of HWBB was used to take a whole systems approach to look at the issues raised together.

Barry Causer outlined the proposal and referred to point 4.3 in the report which highlighted four key themes. These themes were Holistic Support and Pathways, Individual and Community Prevention, Healthy Place and Workforce and Awareness, Learning and Collaboration.

The report detailed options and the potential to work together on the four themes. For Holistic Support and Pathway there was the Love Clean Air Website and air text which when registered, you would receive a text if the air quality in London was poor. Greener inhalers had also been introduced which significantly reduced carbon emissions whilst providing the same drug and dose whilst also being more cost effective.

To address Individual and Community Prevention, which specifically addressed smoking, they were working to have outreach and engagement across the borough to raise awareness of services available within the borough. Vaping was 90% less harmful than smoking and helped people over 18 to stop smoking, but it was important to remember that it was not harmless and not for young people under 18.

Healthy Place and Workforce related to active travel. The council were developing a walking and cycling plan and the Mayor published a Good Work Standard which asked that every London employer worked towards the scheme.

A pilot was about to start to address schools, air quality and asthma which was an innovative approach to monitoring air quality and provided important research and learning.

For Awareness, Learning and Collaboration the communications team continued to work closely with the community. The combined reach of the organisation within the board to raise awareness would be a priority for the board and it remained important to provide training for frontline staff.

In response to questions, the following was stated:

- As part of the pilot, the on-street engagement team received Level 1 training in Stop Smoking Advice which allowed effective brief interventions. The pilot had begun and would run until the end of March 2024, with analysis taking place in the new year.
- A task and finish group were proposed within the papers to ensure there was an ongoing process of feeding back and informing people.

Dan Jon, Director of Environment, Civic Pride and Climate informed the board of the following work which complimented the board.

To support and improve our green infrastructure, mitigate existing emissions and improve air quality, more trees will be planted. There was a plan in place to improve parks and open spaces which helped with CO2 capture and provided spaces for residents to enjoy and get active as part of the borough of sport plan.

More EV charging points would be provided within the borough alongside a commissioned EV charging strategy to help meet the demand in EV cars within the Borough of London.

RESOLVED: That the Board noted the report.

Heather Begg (Commissioning Officer, Adult social Care) introduced the paper which had been circulated to members.

There were now four task and finish groups which focussed on Young Carers and Parent Carers Pathway, NHS Commitment to Carers Programme, Carers of Adult Pathways and Website Review.

More representation on the Implementation Board was needed, specifically from young carers.

Carers Support Merton were commissioned for specific work looking at ways to support young carers and planned to recommission young carers services from April 2024.

The current contract with Carers Support Merton and the Adults Grant Agreement would end in March 2024.

There was an improvement in knowledge of the support available for carers locally which was demonstrated by the increased referrals to partner agencies.

St Georges and Kingston Hospital continued to look at ways to support carers with the discharge process using the Hospital Discharge Toolkit.

The six-month project with Carers Support Merton and St Georges Hospital was paused to allow for an evaluation and rethink on how to get the best value.

It was important that support for carers of adult pathways was timely, proportionate and appropriate to their needs. Processes were being reviewed to create a more standardised approach across all partners to ensure they could continue to support the growing demand.

As part of the Website Review, work was completed with carers to help identify what was needed on the Merton Council Website. Information on employment and training, carers entitlements, short breaks to give carers respite, local health and wellbeing support and young carers support had been improved on the website.

The Multi-Agency Carers Implementation board met every two months and would be looking at Carers Cards. Once implemented, more information to be provided.

In response to questions, the following was stated:

- The carers card helped to identify individuals as carers, particularly young carers. They also offered discounts as well as a contingency plan. Historically this was physical card but they are exploring putting these on apps.
- Some carers received free bus travel but not all. The Assisted Travel Policy was being reviewed and it would be useful to have something in there for informal carers also.

RESOLVED: That the Board noted the report.

7 RIGHT CARE RIGHT PERSON (Agenda Item 7)

Graham Terry (Interim Assistant Director Adult Social Care, Community and Housing) and Jennifer Lewis-Anthony (Associate Director) introduced the report.

A letter from the Met Commissioner, Sir Mark Rowley was received on 24th May 2023 which advised that from the end of April the police would introduce Right Care Right Person. The Police were concerned with the growth in different mental health scenarios that they were not skilled to deal with and subsequently took resources away from policing.

This approach was rolled out in Humberside in 2019 and was found to be beneficially across services. The call handlers would triage the requests received and decide whether the police were best to respond.

The police sought legal advice which concluded that police duties were more specific and cited human rights duties and argued for the police to draw back from some of the things that they were asked to be involved with.

Across the board there was recognition of the Police spending too long on psychiatric emergencies or crisis but there was a concern around implementing this approach by August. Another concern was that there was no analysis which compared Humberside to London which resulted in questions on whether the same approach would fit with London. Initiatives to support the Police were already in place or being worked on so an opportunity to work alongside the police to better understand the model and how this could best be introduced in London, working to a realistic timeframe would be preferred.

If this model was introduced, the police would no longer carry out welfare checks which would have implications across agencies. This model could also have an adverse effect on Mental Health Act Assessments where a Police presence currently supported the process.

Cllr Peter McCabe, Chair of the Health and Wellbeing Board, proposed writing to the Commissioner to reiterate the challenge of meeting the given timetable. The board agreed to this proposal.

Priya Samuels (Integrated Partnership Manager for Southwest London St Georges Health Trust) informed the committee that the Trust had published a response which was available on their website. A Southwest London five borough meeting with Metropolitan police colleagues was arranged for the end of July. Representation from the Council at the pre meeting would be welcomed to ensure all views were heard.

RESOLVED: That the Board noted the report.

8 ICP STRATEGY AND ICB JOINT FORWARD PLAN (Agenda Item 8)

Mark Creelman (Local Executive Director) noted the report which had been circulated as part of the agenda.

Mark confirmed that there was a ICP strategy workshop held four weeks prior which brought 300 stakeholders together to turn the strategy into action plans.

The ICB Joint Forward Plan was now available online and would be circulated to members.

Mark informed the board that Cllr McCabe received a copy of the report prior to publication and if the Board agreed, asked that Cllr McCabe submitted a comment which could be included in the strategy, which would then be presented to the Board in September. Cllr McCabe agreed to this action.

RESOLVED: That the Board noted the report

9 NHS PROPOSAL FOR PAEDIATRIC CANCER CARE IN THE SOUTH EAST (Agenda Item 9)

Ralph Michell, Director of Strategy and Sijo Francis, Consultant Neonatologist and Divisional Chair for Children's, Women's, Diagnostics, Therapies, Outpatients, Pharmacy, Critical Care gave an update on changes made by NHS England on Paediatric Cancer Services.

St Georges and the Royal Marsden had one centre which provided specialist treatment for South London, Kent, Surrey and Sussex.

The challenge of having two hospitals was that when a child became very sick they had to be transferred to St Georges, which clinicians strongly felt was not the right set up and would benefit from all services being in one site. For that reason, NHS England decided that the service should move to St Georges or Evelina in central London. This decision would shortly go to public consultation due to the impact on children and families as well as St Georges and the Royal Marsden.

For the last 25 years, St Georges provided children's cancer services for the more complex patients of both St Georges and the Royal Marsden. Such services were a significant component for the services developed for specialised care.

As Oncology formed a significant component of their workload, St Georges were concerned that if the children's cancer service was move from St Georges, the specialist services would also have to move. This would have a detrimental impact on

them being able to provide such services in the future and impact children within their regions.

The expertise developed at St Georges was an important factor for the quality of care provided. St Georges proposed the only model where paediatric neurosurgery and oncology surgery would be provided by specialist's on site, other options would have a reduced ability to provide such services due to the lack of paediatric specialties.

St Georges developed a working relationship with the Royal Marsden and although the Royal Marsden could not host a children's principal treatment centre, they had developed both clinical and research expertise in children's cancer. Based on this and the location of both sites, they believed retaining the services at St Georges provided the greatest opportunity for the relationships built to be maintained and the research carried out at the Royal Marsden to continue.

The strong estates plan developed was considered deliverable within the required timeframe and financial constraints, which positively impacted children with cancer and improved the overall estate and care provided.

NHS England attended the Southwest London and Surrey Joint Health Overview and Scrutiny Committee to present their plans for consultation. This required further work to ensure that the public was given a full picture to be able to make an informed choice. The consultation period should start in September for a period of 12 weeks before a final decision was made in the winter.

In response to questions, the following was stated:

- The consultation was originally planned to take place over the summer but NHS England felt that it would be better to take more time and start the consultation in September.
- The chair of the Health and Wellbeing Board agreed to write a letter to express the views of local residents.

RESOLVED: That the Board noted the report.

10 BETTER CARE FUND (BCF) PLAN 2023-25 (Agenda Item 10)

Annette Bunka (Assistant Head of Transformation Integrated Care) introduced the report.

Annette confirmed that the papers gave a summary of what the Better Care Fund was and how everyone could work together in a single pool budget. The focus was to have joint services and ringfenced budgets to focus on specific funding for certain areas.

The papers provided a summary of the funding available which, since last year, included the adult social care discharge fund.

Although they have been asked to provide a two-year plan, the money for 2024/2025 still needed to be finalised.

This was the first time that a multi-year settlement had been agreed. This provided an opportunity to look across the three core themes and gain further understanding on the impact of all the schemes within the Better Care Fund and whether they were working effectively together.

RESOLVED: That the Board noted the report

11 HWBB YOUNG INSPECTOR PILOT (Agenda Item 11)

The chair thanked Anna for her support thus far and agreed to the recommendation to extend Anna's time on the Board.

RESOLVED: That the Board agreed the recommendations

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Committee: Health and Wellbeing Board

Date: 19th September 2023

Agenda item: TBC

Wards: All

Subject: Actively Merton and Borough of Sport

Lead officer: John Morgan, Executive Director of Adult Social Care, Integrated Care and Public Health and Dan Jones, Executive Director of Environment, Civic Pride and Climate.

Lead member: Councillor Peter McCabe, Cabinet Member for Health and Social Care and Councillor Caroline Cooper-Marbiah, Cabinet Member for Sport and Heritage.

Contact officer: Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection, David Gentles, Head of Sport and Leisure and Gemma Dawson, Deputy Director Merton Health and Care Together (SWL ICS).

Recommendations:

- A. The HWB to note the progress and synergies between Actively Merton and LBM's corporate priority for Merton to become London's Borough of Sport.
 - B. HWB members to agree to support the joint work programmes and promote component parts, including Merton's Big Sports Day.
 - C. HWB member organisations to commit to promote and encourage their workforce to be physically and socially active, as part of their existing workplace health and wellbeing offer.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This paper provides an update on the progress and next steps of the Actively Merton programme and the Borough of Sport, one of Merton Council's corporate priorities alongside civic pride and sustainability.
- 1.2. The paper asks for the support from the Health and Wellbeing Board to promote the activities and programmes including the Borough of Sport activity finder and Merton's Big Sports Day, taking place on Sunday 24th September 2023, and for members to encourage their workforce (staff and volunteers) to be more physically and socially active, as part of their workplace health and wellbeing offer.

2 BACKGROUND

- 2.1. Physical inactivity is a risk factor for many non-communicable diseases such as cardiovascular disease (CVD) and dementia and being physically active helps in the management of long-term conditions such as diabetes. All forms of physical activity are good for us; sport, active travel, outdoor activity such as gardening or taking part in a group-based exercise session in a community setting. Being physically active also brings people together, is fun, and has additional benefits to the mental wellbeing of participants and has wider social benefits e.g. the reduction of loneliness.

2.2. At first glance physical activity levels in Merton perform well against London figures, however when looking a little closer the number of Merton residents who are inactive or who feel lonely are stark.

	Merton	London	Crude numbers	Notes
Physically active adults (150 mins of moderate physical activity per week 2020/21). Physical Activity - Data - OHID (phe.org.uk)	67.3%	64.9%	Merton: 104,395	Older people, ethnic minority groups, those with a disability, those living in areas of deprivation and women and girls are less active. Merton population 19+ years: 155,119
Physically Inactive adults (less than 30 mins activity per week, 2020/21) Physical Activity - Data - OHID (phe.org.uk)	20.2%	24.3%	Merton: 31,334	Biggest health gain would be achieved by moving inactive people to be more active. Merton population 19+ years: 155,119
Physically active children and young people (at least 60 mins moderate-vigorous activity per day across the week, 2018/19) Physical Activity - Data - OHID (phe.org.uk)	49.6%	46.1%	Merton: 16,194	Merton population 5-16 years: 32,648
Loneliness (adults who feel lonely often or always, Oct 2020-Feb 2021) Loneliness rates and well-being indicators by local authority - Office for National Statistics	11.2%	7.3%	Merton: 18,135	Merton population 16+ years: 162,353

Table One – Activity, inactivity and loneliness levels in Merton.

- 2.3. Approved by the Merton Health and Wellbeing Board in November 2022, Actively Merton supports residents to be more physically active and socially active, in the way that they want it (giving agency/control to residents). The focus on physical and social activity is due to their multiple physical and mental health and wellbeing benefits, ability to contribute to social cohesion and reducing health inequalities and the positive frame of bringing people together to participate in positive and fun activities; rather than asking people not to do something e.g. smoking.
- 2.4. Actively Merton, is a Merton Health and Care Together Committee supported initiative aligned to the Local Health and Care Plan (under the LiveWell workstream) strengthening the focus on prevention. It dovetails strongly with LBM's plans to become London's Borough of Sport and Officers work closely on both programmes, ensuring that they complement each other. This close partnership working will be continued with the implementation of the Borough of Sport governance structures, with Public Health and ICB Officers being members of the Borough of Sport Advisory Group (stakeholders) and the LBMs internal Operational Group ensuring that this close working continues and additional opportunities are identified.

3 ACTIVELY MERTON

Introduction

- 3.1. Since HWB approval of the approach to Actively Merton in November 2022, there has been significant progress, including successfully identifying the funding for and implementing Beat the Street in Merton. This universal programme was a good catalyst for further action, with significant engagement across Merton and positive outcomes, particularly when looking through an equity lens e.g. 38% of participants self-reporting that they are physically inactive.
- 3.2. The success of Beat the Street, as part of Actively Merton, also showcased the added value that effective partnerships in Merton, including the Health and Wellbeing Board and Merton Health and Care Together Committee, can bring to local priorities.

Small grants

- 3.3. To maintain the momentum built up from Beat the Street and to extend opportunities to be physically and socially active over the summer period, an Actively Merton small grants programme was developed which awarded 14 grants to local organisations valued at £14,948. The provision of these grants had a dual purpose, firstly to increase the number of local opportunities for physical and social activity between July and September, but also to ask local organisations to engage with participants to understand any barriers and facilitators to being more active in Merton. These grants included (see appendix one for more details)
- a) A grant of £980 to the Commonsides Community Development Trust to deliver a 'Day of dance' open to all ages and designed to appeal to local people over 50 who are not currently taking regular exercise. The day will

have three different types of dance e.g. line dancing, salsa and Zumba gold.

- b) A grant of £1,000 to the Northeast Mitcham Community Association to develop sessions that have a social element and a physical activity component.
- c) A grant of £1,000 to the Inner Strength Network to engage women and girls in physical activity and art and writing sessions with survivors of domestic abuse aimed at preventing social isolation.
- d) A grant of £996 to the Ethnic Minority Centre to deliver a six-week talk, coffee and indoor bowling programme targeting ethnic minority communities, people over 50 years of age, those with disabilities and those whose voices are not heard.

3.4. This insight will be critical to the next steps of both programmes (Actively Merton and Borough of Sport) and insight and lessons will be shared.

ParkPlay

3.5. Play is a crucial component of a child's development including developing communication, learning and importantly is fun. It is also a key aspect of developing physical literacy and can be intergenerational in nature. Working across Actively Merton and Borough of Sport, funding has been identified to bring [ParkPlay](#) to Merton. This will bring two hours of free community play to Cannons in Mitcham, taking place every Saturday morning from late September 2023.

3.6. Evaluation from other areas shows that ParkPlay has proved particularly good at engaging children and adults who can't afford traditional sport; don't have the right clothes or equipment; feel excluded from physical activity; have special needs; are inactive; and come from low socio-economic groups. Overall, 57% of ParkPlayers are women and girls, 78% are inactive or fairly active (average 39%); 74% say their family activity has increased; 81% agree that ParkPlay has improved their mental wellbeing and 99% of ParkPlayers say they would recommend to a friend.

Engagement and lived experience.

3.7. Recognising the importance of voice, lived experience and to take communities with us on the Actively Merton journey, a community event took place in late June 2023, which brought providers, partners, and organisations from across Merton together. This workshop shared and discussed the learning from the Beat the Street initiative, considered a framework for action developed by London Sport (see appendix two), and heard about LBM's Borough of Sport corporate priority.

3.8. The second part of the workshop session discussed assets in Merton and the barriers and facilitators to activity by key groups that are less physically active e.g. women and girls, older people and residents with a disability. The initial high-level findings of these discussions will be built upon as we move forward e.g. recognising the different barriers and facilitators that residents with mental and physical disabilities have, are as follows, (additional detail in appendix three).

- a) Older people. Barriers include variation in provision across Merton, transport to and from sessions and lack of toilet provision/availability. Opportunities include working with community organisations, increasing activity levels of care home residents, promoting independence and an approach to active ageing and supporting carers and residents with dementia to be physically active.
- b) Women and Girls. Barriers include personal safety, money/income and a lack of women only opportunities. Opportunities include working with community organisations, child friendly intergenerational classes and/or childcare provision, activities that include a social element and identification and promotion of female role models.
- c) Residents with a disability. Barriers include challenges accessing leisure provision and lack of provision and awareness. Opportunities include working with community organisations and engaging and supporting carers, social workers and services to promote social and physical activity opportunities.

3.9. These insights are being used, alongside the existing evidence base, including NICE guidance and Quality Standards, to develop an action plan for Actively Merton, along 3 themes.

- a) Menu of opportunities i.e. the BoS Activity Finder – pulling together and raising awareness of existing physical and social activities, across the life-course and a range of physical activities, social activities and assets in Merton.
- b) Connecting – working through existing networks across Merton to connect residents to physical and social activities (using the menu of opportunities), either informally connecting through existing conversations, the use of digital connections and the provision of training to key front-line staff e.g. health and social care staff, social prescribers and volunteers.
- c) Communications and awareness raising – of the benefits of physical and social activity and opportunities in a visible and recognisable way. Active promotion of local role models, with a focus on inactive groups and communities.

3.10. Evaluation is a key thread of Actively Merton, ensuring an action learning approach and will run alongside delivery ensuring continuous improvement and iterative learning. An application is being made to the National Institute for Health and Care Research's Public Health Intervention Responsiveness Studies Team (PHIRST) to work with a network of academics on the evaluation of the programme, with the decision of the application expected in November 2023.

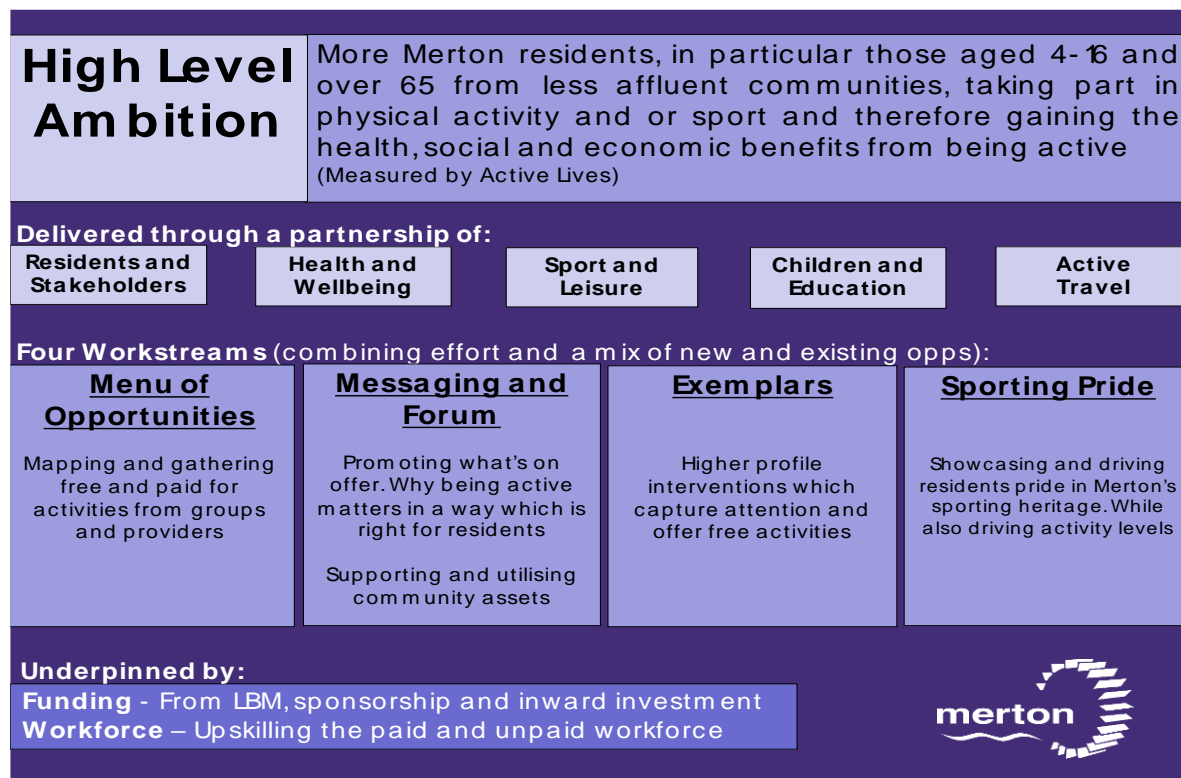
4 BOROUGH OF SPORT

4.1. The LBM Cabinet approved the plans for Merton to become London's Borough of Sport (BoS) in June 2023. As one of three Corporate Priorities, the programme focusses on getting more residents, in particular, but not only, 4 to 16-year-olds, the over 65s and the less affluent, more physically

active; putting Merton on the map for Sport; and celebrating the borough's sporting heritage.

4.2. The BoS is about sport in its widest sense including walking, cycling, dance – anything that gets residents moving. The call to action is to do one, or one more, physical activity session each week, to unlock the social and health benefits for individuals and communities across Merton.

4.3. The following diagram provides a snapshot of the three-year Borough of Sport plans and its four workstreams.



4.4. Implementation has started and is happening at pace with the formation of the BoS Stakeholder Advisory Group (meeting for the first time on 14th September 2023) that will have representatives from across Merton and includes health colleagues.

4.5. Key actions in the first 18 months of delivery include:

- a) the recruitment of **dedicated officer support** at the council and two community activators. David Gentles the new Head of Sport and Leisure at the LBM took up post Monday 4 September 2023 and prior to this was one of two consultants supporting the council to develop its BoS plans. Recruitment on two additional officers at the Council and two externally hosted activators will begin shortly.
- b) the creation of a **BoS brand**. This is going live at the community launch; Merton's Big Sports Day (Sunday 24 September 2023). This a simple and easily recognisable brand which can be used widely by the council and partners to badge and promote the BoS.
- c) BoS will be publicly launched via **Merton's Big Sports Day** and offer residents a great day out as well as trying something new – with taster sessions in everything from yoga and walking football to basketball,

cricket and tennis. There will be attractions, stalls and local food retailers on-site – and you can come and meet the local coaches and athletes helping to make us London's Borough of Sport. The event will take place at Canons Leisure Centre and Grounds on September 24, between 10am-4pm. A number of BoS initiatives are being announced in the run up to and on the day of the Big Sports Day and are therefore not included in this paper.

- d) the launch of the **BoS Activity Finder** web platform. This will promote what is on offer (free and paid for) and increase awareness and take up. Community, commercial and voluntary providers will be encouraged and supported to upload their offers on the platform. The activity finder will be promoted by local health workforce e.g. link workers, the Community Activators and amplified by local trusted groups and networks. The platform will go live alongside the Merton's Big Sports Day.
- e) exemplar projects to catch attention. The next exemplar will be **ParkPlay**, two hours of community play, every Saturday morning in a park or public space bringing the generations together. It's a safe, welcoming and inclusive way for people to connect and have fun. It's run by the local community for the local community under the guidance of the ParkPlay charity. Funding is in place for two ParkPlays the first of which will be at Canons House and Ground and is in development and will go live in the autumn. There are plans for more ParkPlays and these will be linked to the borough network of Family Hubs; and
- f) a 3-year **BoS small grants fund**. This is in development and will go live during the first year of the BoS plans.

4.6. There will be three levels of measurement. The **Ambition** will be measured through the Sport England Active Lives adults and children's surveys which report once a year. The **BoS Activity Finder** will provide an analytics dashboard that includes data which measures the number of searches, what people are searching for and their demographics. All the **exemplar** initiatives will have an additional level of monitoring and measurement. We would expect activity and volunteering levels to increase, the number of activities on offer and inward investment to both go up and for the sport and physical activity sector to feel better connected to each other and the council.

5 NEXT STEPS

- 5.1. Officers will continue to work closely on Actively Merton and BoS and will actively seek out opportunities to bring additional investment and programmes to Merton.
- 5.2. In line with the focus on supporting the health and wellbeing of their staff and volunteers, we would ask that Health and Wellbeing Board members promote and encourage their workforce to be physically and socially active, as part of their existing workplace health and wellbeing programmes, by promoting the activities of Actively Merton and the Borough of Sport including the BoS Activity Tracker and Merton's Big Sports Day.

6 ALTERNATIVE OPTIONS

- 6.1. NA

7 CONSULTATION UNDERTAKEN OR PROPOSED

- 7.1. Discussion and consultation with a number of local groups and organisations has taken place and these informed the approach to the Actively Merton action plan and the Borough of Sport blueprint. These insights will be enhanced by the local organisations who are delivering small grant programmes between July and September 2023.

8 TIMETABLE

- 8.1. NA

9 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 9.1. Investment for Actively Merton and BoS has been secured and additional funding opportunities will be applied for in the coming months.

10 LEGAL AND STATUTORY IMPLICATIONS

- 10.1. NA

11 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 11.1. Increasing physical and social activity levels, in the way that residents want it, will help reduce inequalities across Merton.
- 11.2. Action plans for the programmes will look at activities through an 'equity lens' aiming to increase activity levels of the most inactive communities.

12 CRIME AND DISORDER IMPLICATIONS

- 12.1. NA

13 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 13.1. NA

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

- 14.1. Appendix one – small grants provided by Actively Merton.
- 14.2. Appendix two – London Sport Framework – from inactive to active.
- 14.3. Appendix three – Findings of Actively Merton insight workshop

15 BACKGROUND PAPERS

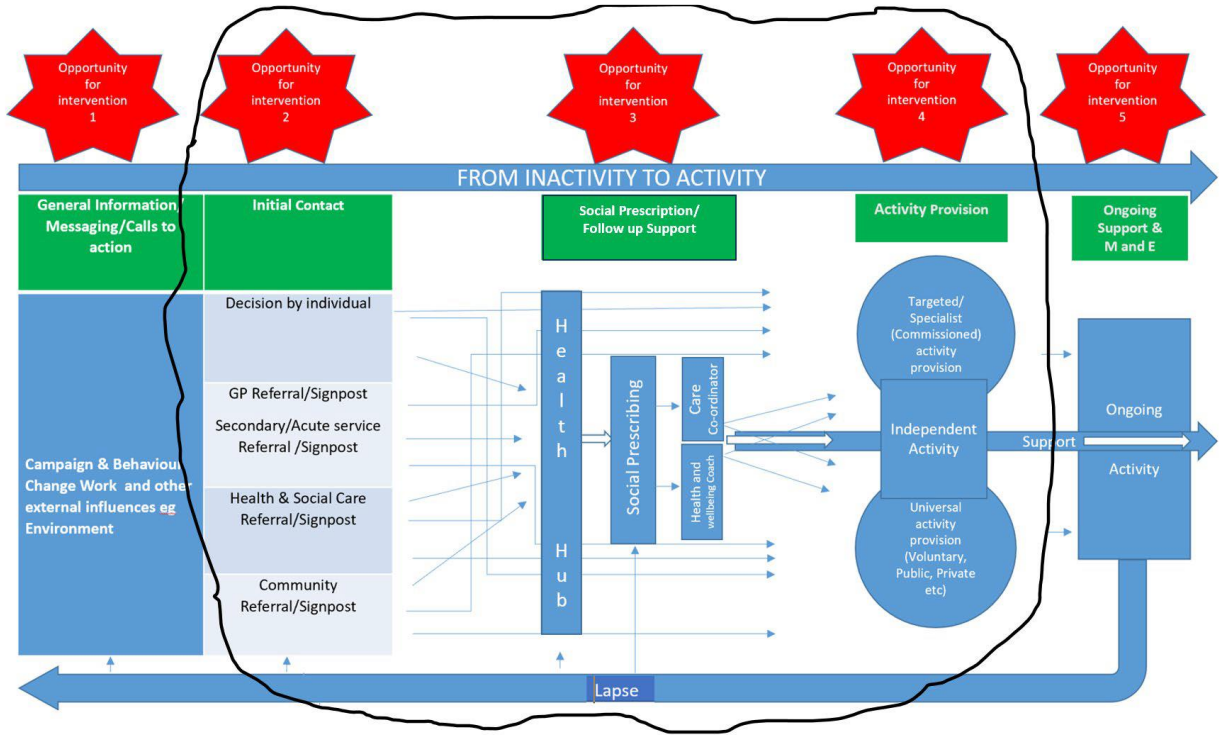
- 15.1. NA

Appendix One – Small grants provided by Actively Merton

Application	Organisation	Activity Description Summary
1	Age UK Merton	Monthly sports mornings for older people with a range of fun sports such as indoor golf, quoits and bowling. Engage clients in fun and accessible activities alongside discussion with them about barriers and issues that they face. Will offer refreshments as well as the sports activities.
2	Wimbledon Guild	Will gather insight by holding focus groups with several of our social groups all of which are attended by people ages 50+: - Men's Space – a group of older men who meet every Friday. - Ladies before lunch – a group of mainly older Muslim women - Food for thought group – we hold regular talks on different topics for a group of older people - Hold 121 phones calls with 20-25 older people who attend our social and exercise activities.
3	St. Georges (Paediatrics)	Mindfulness and Yoga Session - Psychology Session (What is Burn Out, Moral Injury, how to cope under pressure) - Nutritionist (The importance of good food) - Health check (Currently awaiting Occupational Health feedback/Support) - Dermatology (The effects of Stress on the skin and your body) - Debriefing/Time to talk session
4	Sherwood Park Hall	New mums' fitness and mindfulness to combat PND. The funds would provide these services of 15 sessions over a 3-month period as well as printing flyers and social media advertising.
5	Five A-Side	There are 3 sessions in our outreach workshop. - Session 1 Healthy diet and heritage. - Session 2 Healthy eating and heritage - Session 3 Physical well-being and heritage.
6	Ethnic Minority Centre	6-week project: "Talk and Coffee morning followed by Indoor Bowling":
7	Media Management London	Four yoga sessions lasting 45-50 minutes each at a regular weekly slot will provide physical exercise as well as a chance to socialise with others joining the class.
8	Turning Point Academy (Health and fitness for women)	Walks in green spaces. Breathwork and mindfulness, nutrition workshops, stretching and toning and other similar outdoor and indoor activities.

9	Commonside Community Development Trust	Day of dance for the community with lunch and a weekly breakfast and exercise club.
10	NEMCA	Lunch Club with befriending and workshop activities.
11	Inner Strength Network	Wellbeing for Girls and Women. Coaching and support through Movement Therapy and Art and Writing sessions.
12	Polish Families Association	Walking and exploring trip for Ukraine Refuge, including transport and refreshments.
13	Merton Plus	Health and Wellbeing activity, including discussion and provision of creche at some sessions.
14	Togetherness Community Centre	Group engagement activities for 50+ BAME adults.

Appendix Two – London Sport Framework – from Inactive to Active



Appendix Three – High level insights from the Actively Merton workshop (June 2023)

Women & Girls	Older People	People with disabilities
<ul style="list-style-type: none"> • Safety is a key barrier, which could be solved by creating women only spaces • Money is a barrier, it has to be affordable. • Simple tracking ideas are really good incentive, e.g, step counters or promotion of free apps • women only gym in the borough, or women only sessions or classes, not currently in Merton, people have to go out of borough • Child friendly classes, the opportunity to bring children or childcare available for children while people exercise. • Social element, such as cycling, women cycling group • Focused group for menopausal women around that age group • Identify female role models or female facilitators and instructors to be the role models • Female football, cricket and rugby clubs • Opportunity to do walking and be more active in a non competitive sport way 	<ul style="list-style-type: none"> • Promoting and encouraging shared care plans that encourage independence • Cross generational work linking young people with older people • Variety in provision, ensuring there are some individual activities as well as group activities. • Improving access to community transport to reduce social isolation for older people • Thinking about people residing in care homes, how to connect them to their communities more • Greater understanding/ mapping specifically of transport options for older people to identify gaps or access needs • Dementia friendly expansion, ensuring what is available is dementia friendly • Greater support for carers and volunteers, what more can we offer them? 	<ul style="list-style-type: none"> • Difficult to access leisure centres, what more can be done to expand access? • Helping people with disability and LTC understand the benefits of being physically active • Supporting local networks, carers networks, local befriending and volunteering services • Organising more community-based activities as this is more cost effective and best way of socialising. • Engaging social workers, service providers and district nurses • Engaging GPs to promote and refer to physical activity • Campaigning and promoting disability sports • Promoting NHS website that has tips and routines for people with disability • Engaging social prescribers and VCSE more widely • Encouraging and providing opportunities for disabled people and people with long term condition to be active

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Committee: Health and Wellbeing Board

Date: 19th September 2023

Agenda item:

Wards: All

Subject: Health and care system working - challenges and opportunities

Lead officers: John Morgan Executive Director, Adult Social Care, Integrated Care & Public Health

Mark Creelman, Place Executive - Merton and Wandsworth, NHS South West London

Lead member: Cllr Peter McCabe, Cabinet Member for Health, and Social Care,

Forward Plan reference number:

Contact officers: Mike Proctor, Director of Transformation & Deputy Locality Executive Director - Merton and Wandsworth, NHS South West London

Graham Terry, Interim Assistant Director Adult Social Care

Recommendations:

A. HWBB members consider and note the content of this report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides details of current plans to deliver operational resilience across the NHS and social care system this winter and current areas of health and social care joint working.

2. BACKGROUND

2.1. Each year health and adult social care receive guidance from NHSE and the Minister of State for Social Care on how they are required to manage operational resilience for the winter period and are allocated additional funding to support the system in achieving the operational targets.

3. DETAILS

3.1. Both health and social care received this guidance in July this year. It set out expectations for how NHS organisations will work with adult social care in both the planning and delivery of support as part of a joined-up approach to planning across the health and care system this winter.

3.2. We have achieved two key targets in 2023-24:

1. Emergency Departments to achieve 80% of patients being treated in 4 hours by Quarter 4
2. London Ambulance service to complete at least 90% of handovers in 30 min Category 2 conveyances to ED.

3.3. The Urgent Care Recovery Plan has been published and provides a 2-year plan

to deliver improvements for patients across the urgent and emergency care pathway.

- 3.4 This year's guidance highlights four priority areas:
1. Continue to deliver on the UEC Recovery Plan by ensuring the high-impact interventions are in place.
 2. Completing operational and surge planning
 3. ICB should ensure effective system working across all parts of the system.
 4. Supporting our workforce.
- 3.5. A self-assessment is currently underway, to help us understand what is already in place and what work we must do to achieve these improvements.
- 3.6. Health have been allocated £3.26m for 2023-24, which is the same as last year. However, the schemes are expected run all year, rather than just the Winter Surge period (October – Feb). We have worked across the system to agree schemes that meet the criteria and would best support patients and the services they need. The SWL Urgent and Emergency Care Board have agreed the following schemes for Merton and Wandsworth:
- 3.7. London Ambulance Service – Hospital Ambulance Liaison Officer (HALO) - will review each conveyance with the crews and see whether alternative treatment could have been sought as opposed to conveyance to hospital, support timely handovers, and prevent delays and explore possibilities for proactive redirection. £142,290.
- 3.8. St Georges – ED Majors capacity – 9 trollies, 12 chairs and associated staffing to support the ED major's department in managing increased activity and reducing 4 hour breaches. £1,489,352.
- 3.9. St Georges – Transfer of Care Hub – (see Discharge Summit section below) to support smooth and timely discharges from ED and prevent unnecessary admissions, with a range of staff and resources to support the multi-disciplinary team. £300,000.
- 3.10. St Georges - New Frailty Zone in ED – to manage increased activity from frail and elderly patients and support enhanced operational pressures and reduce risk of escalating patient care and prevent admission. £300,270.
- 3.11. St Georges – Escalation Beds – 28 General and Acute Beds added to the trust bed base to support admissions and prevent delays with patients waiting to be admitted in busy ED's. £1,000,000.
- 3.12. The NHSE will also develop an intermediate care framework by the autumn, recommending actions for systems to scale up post-discharge intermediate care services ahead of, and through, winter 2023 to 2024.

3.13. The NHSE letter also sets out associated primary care responsibilities over the winter period. This includes delivering actions from the 'Primary care access recovery plan' that will support winter resilience, particularly:

- a) increased self-directed care
- b) expanding community pharmacy services
- c) improving access to general practice
- d) supporting practices to move to cloud-based digital telephony and to access the right digital tools
- e) improving online patient journeys
- f) enhancing navigation and triage processes

4. PRIMARY CARE CAPACITY

4.1. The 21 GP practices in Merton serve a population of 233,412 registered patients (June 2023). As well as working as individuals the practices have come together to form six Primary Care Networks to work together to deliver some services to their patients. All the practices are also members of Merton Health Ltd. who are contracted to deliver primary care services across the borough.

4.2. Primary Care appointments are available to patients 7 days a week, 8am – 8pm, including bank holidays provided by a mix of individual GP practices, Primary Care Networks, and borough wide Access Hubs. Patients can access appointments through their GP practice, in person, via telephone or online, or through NHS 111.

4.3. Over the six months January 2023 to June 2023 Merton practices provided an average of 85,000 appointment a month, with over two thirds being face to face (in line with the London average for face to face appointments), and 60% being same day appointments.

4.4. Primary Care Networks are required to deliver Enhanced Access services over the Network Standr Hours of 6:30pm – 8pm Monday to Friday and 9am – 5pm on Saturdays. Merton PCNs offer on average 4000 Enhanced Access appointments a month.

4.5. Merton has two Access Hubs that can be accessed by all Merton registered patients. They provide additional capacity Fridays, 4pm-8pm and 8am-8pm on Saturdays, Sundays, and Bank Holidays, offering over 800 appointments a month. These are made up of GP sessions and nurse clinics especially focused on wound care and childhood immunisations. The Access Hubs also play a key part in being able to respond rapidly to changes in demand and provide additional capacity as required, such as over winter or during recent strike action.

4.6. As well as existing staff including GPs, Nurses and Healthcare Assistants, practices and Primary Care Networks are being supported to recruit to a wide range of clinical and non-clinical roles to offer services to their patients. These include Clinical Pharmacists, Social Prescribing Link Workers, Paramedics, Mental Health Practitioners First Contact Practitioners and Care Coordinators.

In Merton over 70 new staff have been recruited into these roles, and this number continues to grow.

4.7. There are a range of recruitment and retention schemes in place to support all roles within the primary care workforce as well as ongoing training and development opportunities for clinical and non-clinical staff.

4.8. There are a range of digital solutions being implemented across practices in Merton to support access and release capacity. These include online consultation services, cloud based telephony, prospective access to records for patients, improvement to practice websites and encouraging uptake and use of the NHS app.

5. ADULT SOCIAL CARE, PUBLIC HEALTH, AND WINTER RESILIENCE

5.1 Adult Social Care, similarly, received a letter from the Minister of State for Social Care to set out the key steps needed so that adult social care systems are resilient and able to provide people and their carers with the support they need this winter.

5.2. Our key contributors from the adult social care sector play a critical role over the winter period, including:

- a) reablement
- b) residential care domiciliary care
- c) extra care and supported living
- d) shared lives
- e) intermediate care
- f) voluntary and community services
- g) local authority adult social care staff including social workers and occupational therapists, families, and unpaid carers.

5.3. The actions it contained build on the plans we already have developed, including capacity plans under the Market Sustainability and Improvement Fund (MSIF), as well as capacity and demand plans for reablement and intermediate care.

5.4. It calls on integrated care boards (ICBs) and integrated care partnerships (ICPs), local authorities, health and care providers and the voluntary sector all being actively involved in joint planning for winter and working together to support individuals who draw on care. In Merton this is well established and overseen by the Merton Health and Care Together (MHCT) Partnership. Adult social care will continue to work with health colleagues to ensure an integrated approach across health and social care. This includes:

- keeping under review our BCF capacity and demand plans for intermediate care, considering trends in demand, in line with the BCF policy framework and planning requirements, and submitting refreshed capacity and demand plans in October

- work with partners to further develop the care transfer hub at St Georges Hospital to manage discharges for patients with more complex needs, and a key output of the Merton and Wandsworth Discharge Summits.
- 5.5. However, there are significant challenges faced every winter in ensuring that our health and care systems' capacity plans can address projected changes in demand including sufficient contingency to meet different demand scenarios and risk.
 - 5.6. Precautionary measures are being taken to protect those most vulnerable from illness during winter following the identification of Covid-19 variant BA.2.86. The COVID-19 autumn vaccinations roll out have been accelerated (from an October start) to now start on 11 September. The decision means those most at risk from winter illness – including people in care homes for older people, the clinically vulnerable, those aged 65 and over, health and social care staff and carers – will be able to access a Covid vaccine in September. Adult care home residents and those most at risk will receive vaccines first.
 - 5.7. The annual flu vaccine will also be made available to these groups at the same time wherever possible. NHS England will announce full details of the accelerated roll-out soon. All who fall into higher-risk groups are being encouraged to accept the offer when invited.
 - 5.8. The new Shingles vaccine Shingrix® will be offered to all people reaching eligible age on or after 1 September 2023. This has two doses of the non-live Shingles vaccine and eligibility for immunocompromised and immune competent has changed to allow individuals to be protected at an earlier age.
 - 5.9. In addition, for children and young adults MMR vaccinations will be offered to pupils returning to primary and secondary school and to students going to university in September.

6. MERTON AND WANDSWORTH DISCHARGE SUMMIT

- 6.1. A key part of ensuring effective patient flow across the Winter period will be to optimise the efficiency with which the system can discharge medically fit patients back home with minimal delay. Part of this work within the system based around St George's Hospital is to enhance the operational effectiveness of the existing Transfer of Care Hub.
- 6.2. Partners across health and social care have met three times as a Discharge Summit to understand the flow within the hospital 'The St George's line,' the challenges with current discharges and opportunities to improve. The system partners universally agreed with a Care Transfer Hub model, which links all relevant services across sectors to aid discharge and recovery and admission avoidance. This will include social workers, housing advice and voluntary and community partners working more closely together as a team. The ambition is to have this in place before winter 2023.

7. INTEGRATING COMMUNITY SERVICES ACROSS MERTON

- 7.1 Leaders across health and social care in Merton hold a shared vision of a more locally focused, person-centred model of care rooted in prevention, health improvement, self-care, and earlier interventions for the residents of Merton.
- 7.2. The existing contract covering community services, held jointly by SWL ICB and the London Borough of Merton, expires in March 2025. A new contract(s) must be in place that develop and improve outcomes for Merton residents.
- 7.3. This provides an opportunity for Merton to be ambitious and to commission community services which are person centred, support prevention and are fully integrated across physical and mental health and social care. It presents the opportunity, through collaboration, to address long standing inequalities and incorporate the wider determinants of health and wellbeing. Lastly, this presents an opportunity to engage the wider community; creating the conditions for voluntary sector and other partners to play key role in health and social care delivery fully utilising Merton's community assets.
- 7.4. The Merton Health and Care Together Committee is overseeing and steering a project to develop integrated community services in Merton. The aim of this project is to collaborate with all partners to develop or introduce integrated community services in line with national policy and local strategic plans such as the Joint Forward Plan and the Merton Local health and Care Plan.
- 7.5. Project outcomes and key deliverables include:
 - Improved collaborative place owed community services model and a contractual arrangement that is an enabler to deepening integrated care, provides prevention and high-quality community services to the people of Merton.
 - Model and deliver community services that reflect the key priorities of community care both nationally and locally; plurality of provision, greater empowerment and personalised care, greater emphasis on prevention, reduces health inequalities and has regard to the wider determinants of health.
 - Focused and informed by population health management and are targeted to reduce known health risks and reduce health inequalities.
 - Financially sustainable; deliverable within the cost envelope and achieves the outcomes required.
 - Contractual freedom to enable collaboration and innovation, for care to be delivered locally and driven by local communities in line with the white paper on ICS and the role of place.
 - New sustainable community services in place post contract expiry (not feasible to carryover the existing contractual arrangements).

8. HEALTHLANDS COURT AND THE FUTURE OF INTERMEDIATE CARE

- 8.1. Following the overall ambition of how our community services are delivered as outlined in the previous section, CLCH have developed a new model of care for

the enhanced home rehabilitation pathway as an alternative to Heathlands Court. This would be better for patients both clinically and supporting improved patient experience.

- 8.2. The July Merton Health and Care Together (Committee) supported the idea of the proposal, but recommended further engagement and exploratory work should be undertaken, e.g., understanding the impact on primary and social care.
- 8.3. This has been done over August 2023 with the plan to present the model, comprising of updates following the engagement, to the Merton Committee in September, with a view to the new model being in place before end of autumn 2023.
- 8.4. This initiative is part of the wider programme of developing more community-based services aimed at treating people at home as far as possible, with integrated local services wrapping around the patient, rather than the patient fitting into the structures and organisational patterns of statutory services.

9. WORKING ON CHILDREN'S SERVICES

- 9.1. There is a good record of effective joint working between LB Merton and SW London ICB and its predecessor organisations on Children's Services.
- 9.2. The Integrated Children and Young People's Commissioning Group has run successfully for several years, jointly chaired by senior officers from the Council and the ICB.
- 9.3. There is a degree of joint commissioning with the local authority as part of the children's community services contract with CLCH being part of the wider Community Services contract held by the ICB. It has been agreed that we will take this further with the appointment of a senior officer (NHS AfC grade 8d/LBM Management Grade 3) to oversee the commissioning of Children's services across the NHS and local authority within Merton.
- 9.4. A job description has been developed and from the ICB point of view will be built into the current restructuring exercise that is taking place. The new postholder could be employed by either the ICB or the Council depending upon the successful candidate and their preference based on previous employment history.
- 9.5. The timescale will be to have someone in post by April 2024 to fit with the ICB's consultation on its new structure. We are currently considering whether to appoint an interim worker in the short-term.

10. Alternative options

- 10.1 Not Applicable

11. CONSULTATION UNDERTAKEN OR PROPOSED

- 11.1 None directly related to this report.

12. TIMETABLE

- 12.1 Not applicable

13. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 13.1. London Borough of Merton (LBM) will continue to work with Health colleagues to facilitate an integrated approach to meet the significant challenges faced every winter. LBM will use its allocated winter pressures fund to contribute towards the demands of winter.

14. LEGAL AND STATUTORY IMPLICATIONS

- 14.1. None directly related to this report

15. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 15.1 Please see the body of the report for information

16. CRIME AND DISORDER IMPLICATIONS

- 16.1 None directly arising from this report

17. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 17.1 None directly arising from this report

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

- 18.1

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

19. BACKGROUND PAPERS

- 19.1

Committee: Health and Wellbeing Board

Date:

Agenda item:

Wards:

Subject: Developing Integrated Community Services Merton

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

Lead member:

Forward Plan reference number:

Contact officer: Gemma Dawson, Deputy Director Merton Health and Care Together

Recommendations:

The Health and Wellbeing Board is asked to endorse and provide support on the project plan to collaboratively develop integrated community services in Merton.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The existing contract covering community services held jointly by SWL ICB and the London Borough of Merton expires in April 2025. A new contract(s) must be in place that develop and improve outcomes for Merton residents.
- 1.2. The aim of this project is to work with all partners to develop or introduce integrated community care in line with national policy in the NHS Long Term Plan and local strategic plans such as the Joint Forward Plan and the Merton Local health and Care Plan.
- 1.3. This paper outlines the project approach to developing a collective vision, outcomes and delivery model for integrated community services in Merton.
- 1.4. The Health and Wellbeing Board is requested to note the plan and provide any feedback that could strengthen the approach.

2 BACKGROUND

- 2.1.1 Merton has a solid foundation of joint working to develop integrated care through successful outcome focused commissioning for a wide range of community services spanning across children's, adults and public health services. Through the Merton Health and Care Together, providers and commissioners in Merton work together to identify and lead transformational change across the system to improve health and social care outcomes for the people of Merton.
- 2.1.2 However, complexity in how services are commissioned and how they are provided gives rise to duplication and overlap as well as opening up gaps between the teams delivering care. Designing and planning health and social care around the needs of the individual, taking account of their changing needs

over time, will improve their experience of the services they receive and their health outcomes – not just at a point in time, but for the longer term and improve their lives enormously. ¹ Merton residents with multi-morbidity are often in contact with multiple health and care professionals and are more likely than those with a single condition to report care co-ordination problems and suffer problems in transitions of care due to poor communication and data flows. This message is reinforced in the feedback from patients and public calling for care to be ‘seamless’ and coordinated.

- 2.1.3 For health, care and support to be ‘integrated’, it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carers and family. It means moving away from episodic care to a more holistic approach to health, care, and support needs, that puts the needs and experience of people at the centre of how services are organised and delivered.²
- 2.1.4 Strengthening community services with enhanced prevention and bringing care closer to home has been a long-standing policy ambition across health and social care. Closer working between local government and the NHS has always made sense; health and wellbeing are closely intertwined, and local government has significant influence on many of the wider determinants of health and wellbeing, such as housing, transport, education, leisure and the built environment.
- 2.1.5 Leaders across health and social care in Merton hold a shared vision of a more locally focused, person-centred model of care rooted in prevention, health improvement, self-care and earlier interventions for the residents of Merton.
- 2.1.6 This is an opportunity for Merton to be ambitious and to commission community services which are person centred, support prevention and are fully integrated across physical and mental health and social care. It presents the opportunity, through collaboration, to address long standing inequalities and incorporate the wider determinants of health and wellbeing. Lastly, this presents an opportunity to engage the wider community; creating the conditions for voluntary sector and other partners to play key role in health and social care delivery fully utilising Merton’s community assets.

3 DETAILS

- 3.1. The scope of the project is to include all the service lines and functions within the existing contract (which spans across children’s and adults’ services, generalist and specialised roles).

As well as the opportunity to redesign and transform current services and funding, there is the opportunity to add additional or expand areas to improve outcomes for the residents of Merton.

¹ ‘Report of the children and young people’s health outcomes forum’, Children and young people’s health outcomes strategy July 2016 HMIC

<https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

² <https://www.gov.uk/guidance/enabling-integrated-care-in-the-nhs>

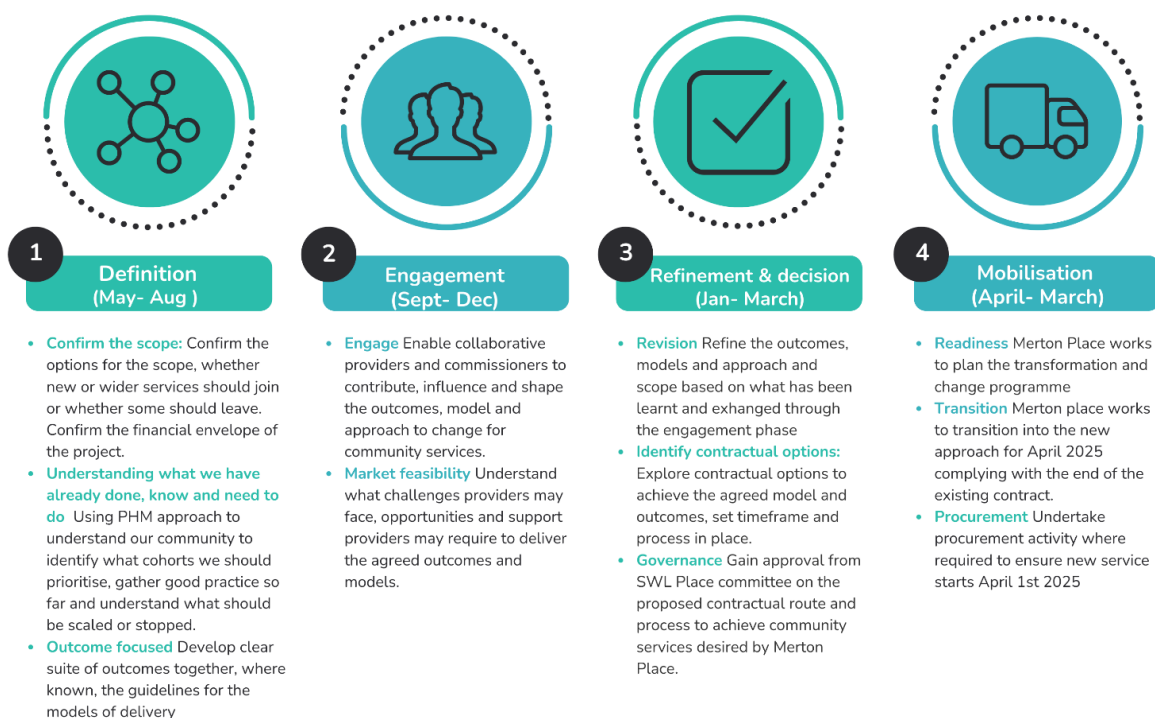
- 3.2. Project outcomes and key deliverables
- 3.3. - Improved collaborative place owed community services model and contractual arrangement that is an enabler to deepening integrated care, provides prevention and high-quality community services to the people of Merton.
- 3.4. - Model and deliver of community services that reflects the key priorities of community care both nationally and locally; plurality of provision, greater empowerment and personalised care, greater emphasis on prevention, reduces health inequalities and has regard to the wider determinants of health
- 3.5. - Focused and informed by population health management and are targeted to reduce known health risks and reduce health inequalities
- 3.6. - Financially sustainable; deliverable within the cost envelope and achieves the outcomes required.
- 3.7. - Contractual freedom to enable collaboration and innovation, for care to be delivered locally and driven by local communities in line with the white paper on ICS and the role of place.
- 3.8. New sustainable community services in place post contract expiry (not feasible to carryover the existing contractual arrangements).
- 3.9. The approach is a collaborative programme management approach rather than following a traditional commissioning cycle approach to awarding a new service.
- 3.10. Led by the Merton Health and Care Together Committee, this new partnership of health and care providers, community and voluntary sector leaders and representatives will together steer and oversee the process of determining the shape and form of community services in Merton, sharing the innovation, design and delivery.
- 3.11. Principles of openness, transparency and collaboration are at the heart of this approach. Supported by dedicated programme management team, the participatory approach will ensure the outcomes and eventual model and monitoring of quality and delivery are owned mutually by all partners in Merton place.
- 3.12. Through partnership working Merton will:
- 3.13. Be better equipped to focus on prevention, redesign care together with providers, improve health and wellbeing and unlock more efficient ways of delivering care.
- 3.14. Encourage a culture of seeing the whole person within their family/network; uniting their physical and mental health, social care and wider housing and employment needs, in short de-commodifying the transactional nature of current services.
- 3.15. Explore opportunities to pool resources (financial and non-financial), expertise and experience to reduce duplication, unnecessary complexity and fragmentation.

- 3.16. Opportunity through coproduction to bring to fruition our long held ambitions around empowering people to take a key role in the preservation of their own health and wellbeing.

4 TIMETABLE

- 4.1. The project has an ambitions timeframe for delivery aiming to achieve consensus on the vision, outcomes and outline model(s) by December 2023 to enable the maximum amount of time for mobilisation into the new way of working by April 2025.
- 4.2. The infographic below outlines the high level project timetable split into four key phases.
- 4.3. The engagement phase has started with a newly formed task and finish group comprised of representatives from across the partnership to collectively design events both in person and online to engage health and social care professionals in the design of future community services. The task and finish group is also working with engagement leads to ensure wider public and patient and service user involvement in the design, it is to be a coproduced inclusive space.

Developing community services in Merton



- 5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATION**
- 6 LEGAL AND STATUTORY IMPLICATIONS**
- 7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
 - 7.1. An Equality Impact Assessment will be completed on proposals and be included in the final paper for the governance stage (January-March to ensure that all proposals maximise the opportunity to reduce health inequalities and avoid any unintended consequences.
- 8 CRIME AND DISORDER IMPLICATIONS**
- 9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 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**

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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