

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 14<sup>th</sup> March 2022**

### **Subject: Report of the Health and Wellbeing Board 2021**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

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#### **Recommendations:**

That the Healthier Communities and Older People Panel note the report of the Health and Wellbeing Board for 2021, recognising the differing role of the Health and Wellbeing Board during the pandemic and specifically consider:

- A. The work of Merton Health and Wellbeing Board as part of the response to COVID-19 including the role of the specially established Community Subgroup.
  - B. The ongoing statutory governance role of the Health and Wellbeing Board, as part of the new and evolving health and social care governance structures.
  - C. The plans of the Health and Wellbeing Board as part of recovery, including Health in all Policies and health and wellbeing as an important element of Merton2030.
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#### **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

This report sets out the work of Merton Health and Wellbeing Board (HWBB) in 2021. Diverging from the standard annual report of the HWBB to this Panel, it specifically relates to the role of the HWBB in the response to the COVID-19 pandemic; the work of its specially established Community Subgroup; and, the collaborative role of the HWBB in the new health and wellbeing governance structures as part of South West London Integrated Care System.

#### **HWBB RESPONSE TO COVID-19**

#### **2. BACKGROUND**

Merton Health and Wellbeing Board (HWBB) is a statutory partnership that reports annually to this Panel, usually on the progress of delivery of the Health and Wellbeing Strategy. However, in 2021, the HWBB had to divert its work programme to fulfil its duty to respond to the COVID-19 pandemic; and, though the pandemic is now at a new stage, its legacy continues to have a huge impact on health and wellbeing in Merton. Communities across the borough have experienced the pandemic in different ways, and the HWBB is continuing to work collaboratively to respond to the latest challenges. At the same time, working towards recovery, building on the insight gained, including the disproportionate impact of COVID-19 for some of Merton's communities, especially in the East of the borough.

### 3. Health and Wellbeing Board Community Subgroup

3.1 In August 2020, the Health and Wellbeing Board established a time-limited Community Subgroup in response to the COVID-19 pandemic. The Subgroup was designed to support the implementation of Merton’s Outbreak Control Plan, having oversight of communication, with a particular focus on protecting vulnerable communities.

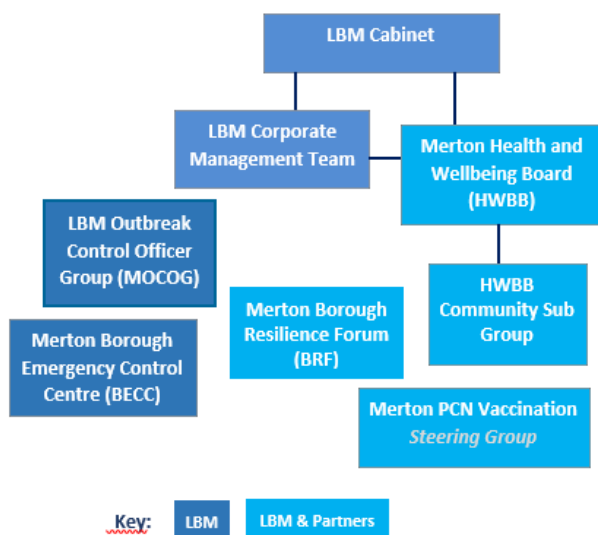
As the pandemic developed, and the disproportionate impacts on communities became apparent, the Subgroup increasingly focused on tackling inequalities highlighted and exacerbated by COVID-19. It provided oversight of engagement work exploring the experience of different communities to understand their lived experience and act on those insights. As the pandemic progressed, it targeted vaccination equity and developing awareness of, and support for, those experiencing Post COVID Syndrome.

Comprehensive Strategic Theme reports were produced for Council in November 2020 and February 2022 on Health and Wellbeing, that give fuller details of the range of work of the HWBB, the Council and partners in response to the pandemic. Links to both these reports are included in the appendices and examples of work are given below.

### 3.2 Local Outbreak Management Plan (LOMP)

[Merton’s Local Outbreak Management Plan \(LOMP\)](#), published in April 2021, the LOMP provides an overarching plan for our response to COVID-19. It sets out how we work with our key partners at a local, regional and national level. Oversight was led by the Health and Wellbeing Board Community Subgroup and, at officer level, delivery of the LOMP managed by the Outbreak Control Officer Group.

Fig 1 – Governance structures relating to COVID Local Outbreak Management Plan



The LOMP aims to reduce inequalities and promote equity. It promotes infection prevention and control, testing, local contact tracing and vaccination and responds to COVID variants of concern. It seeks to develop effective targeted communication and engagement, data and insights and address compliance

and enforcement, involving the community throughout as a key part of its approach. Joint actions as part of the LOMP have included:

### 3.3 Community Engagement and Communication

- Commissioning voluntary and community organisations, including Merton Mencap and BAME Voice, to work with their networks to produce **research insight into the lived experience of COVID-19** to understand better the **disproportionate impact of COVID-19 on some of our communities**. Action on the learning includes a Phase 2 programme valued at over £200k for VCS organisations to deliver community led projects, co-create and share COVID-19 messaging and increase capacity for BAME organisations to be at the decision making table, ensuring authentic community voices are heard.
- Developing a **network of COVID-19 Resilience Leads**. The Infection Prevention and Control (IPC) team supporting managers of adult social care settings to strengthen capacity to manage and prevent outbreaks of COVID-19 and other communicable diseases. There is also support for managers providing housing for hard to reach populations such as, rough sleepers, YMCA residents, asylum seekers, and travellers. Additionally, support for those working with children and young people supporting primary, secondary and special schools to improve infection prevention and control practices.
- **Setting up asymptomatic testing** programmes in a number of locations, including Centre Court Shopping Centre, the Wilson Hospital and 17 community pharmacies across Merton.
- **Local case tracing** has been in operation for 12 months, with a Merton team of six full time equivalent posts, receiving cases that have not engaged with the digital journey, nor provided information to the national team. The team sent emails, texts and called the COVID-19 cases to contact trace and provide advice and signpost to further support.
- Comprehensive communications programme including **webinars, virtual meetings and community fora** - led by trusted clinicians and aimed at groups, including BAME communities, young people, parents, pregnant women and their partners, facilitating an ongoing dialogue with communities.
- Developing a **network of Community Champions and Young Adults Community Champions** (YACCs) - 165 active Champions including councillors, front-line workers, clinicians and residents. The YACC have produced videos and posters targeted at under 18s. Most recently £485k of funding has been successfully secured to develop a further programme of **COVID-19 Vaccination Community Champions**.
- Analysing emerging data from national and regional sources to develop **surveillance and reporting** to inform action and oversight, with enhanced contact tracing and local intelligence, used to monitor areas of higher risk of

COVID-19 transmission. Using this intelligence to monitor progress and target resources effectively, developing understanding of those with less confidence in the vaccine, shaping our response including active promotion of the 'evergreen' vaccination offer

- Supporting our NHS colleagues with the further refinement and roll out of the **service and support model for Long COVID/ Post COVID Syndrome**. The focus is again on equity, so that those who suffered most of the burden of COVID-19, and are now suffering from Post COVID Syndrome, have access to appropriate clinical services as well as community and self-management advice to support recovery and rehabilitation. Pro-active promotion around Long COVID in the community, to complement the NHS approach to case finding, is also taking place.

### 3.4 Vaccination Programme

- The Council has supported the NHS to deliver nearly **420,000 COVID-19 vaccinations** across the borough including the mass booster campaign during December 2021, vaccines for high risk 5-11 year olds, second doses for 12-15 year olds and roll out of booster to 16-17 year olds.
- The vaccination programme evolved, learning from experience to date. In May 2021, the HWBB Community Subgroup agreed the [Vaccination Equity Plan](#), informed by insight work with communities. The plan sought to reduce barriers to access, promote targeted communication and engagement and make best use of data and emerging information.
- The vaccination programme has been rolled out at key sites across the borough: the Wilson Hospital, Nelson Health Centre, Morden Assembly Hall and Wimbledon Centre Court together with over **40 pop-up vaccination clinics** in areas of low vaccine uptake and other settings including the Civic Centre, sports clubs, places of worship, local community centres, food banks and transport venues.
- As well as COVID, promoting **Flu vaccination has been a priority**, and there has been a wider offer from the NHS with free jabs for over 50's, school children aged 2 to 16 years and vulnerable groups. Messaging has included promoting winter 'double protection' widely. The council has also offered all LBM staff and teachers at maintained schools, not eligible for the NHS offer, the opportunity to get a jab at a local pharmacy and claim up to £15 reimbursement.
- Schools have worked tirelessly to keep their pupils staff safe during the COVID pandemic, at the same time ensuring the best possible access to education. Managing return-to-school Asymptomatic Testing; hosting vaccination clinics for 12 to 15 year olds; following COVID guidelines and managing outbreaks with the support of the Public Health Infection Prevention and Control team; introducing the use of CO2 monitors to identify and manage areas with poor ventilation; and, participating in COVID resilience training. Pupils have also signed up to be COVID Vaccine champions, led by Merton's Young Inspectors.

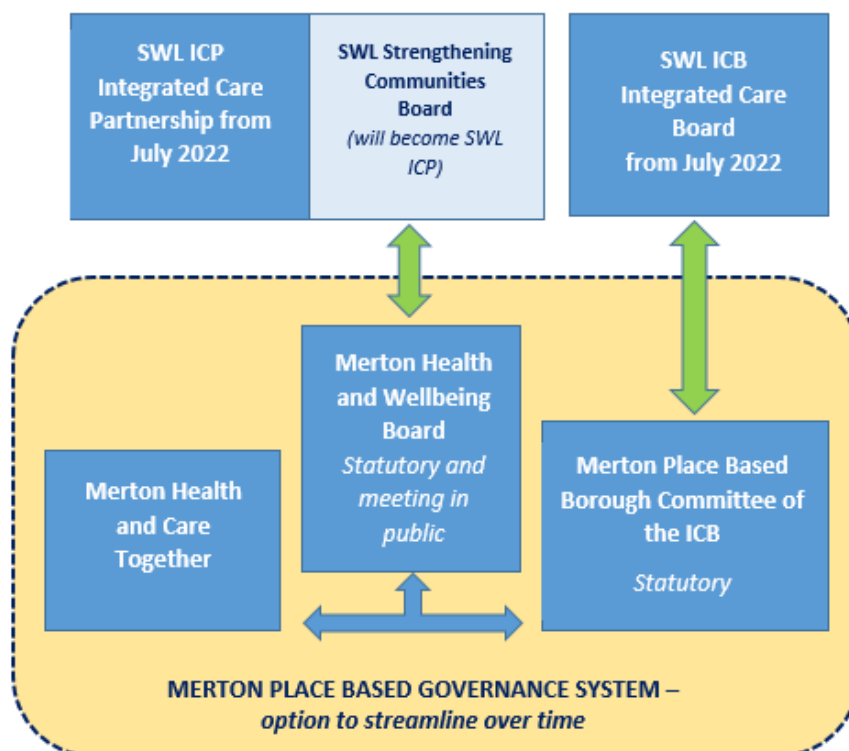
## HWBB ongoing Oversight of COVID

- 3.5 Though COVID is still with us, Omicron is causing milder infection, the pandemic is shrinking and infections and outbreaks are reducing. The Government's publication of the Living with COVID plan has removed requirements for self-isolation and other restrictions. The Community Subgroup agreed that 1<sup>st</sup> March would be its final meeting, with the core Health and Wellbeing Board taking on oversight of vaccination equity, Long COVID together with support for fair access to COVID-19 therapeutics. Subgroup members will retain readiness to stand up as a task and finish group in future.

## 4. Health and Wellbeing Governance

- 4.1 As members of this Panel will be aware, the Health and Care Bill 2021 introduced changes in the way the NHS is structured. Changes are due to be operational from July 2022 with new regional South West London Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs) and, at borough level, a new Borough Committee to be established. This is set out in the diagram below and it is anticipated, that in time, there will be the opportunity to streamline governance further.

Fig 2 – ICS Governance - SWL CCG and Borough Committee Governance System



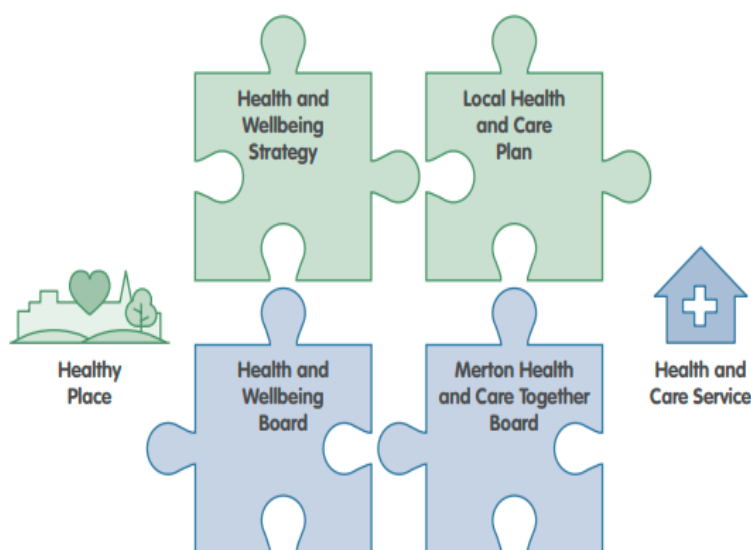
- 4.2 The white paper published in February 2022 [Health and social care integration: joining up care for people, places and populations](#) places a greater emphasis on collaboration and shared responsibility for the health of the local population with the flexibility to deliver commissioning activities differently. Work is taking place with NHS colleagues and the voluntary sector to help deliver these new ways of working by building on existing partnership structures.
- 4.3 Alongside NHS reform, Public Health England has been abolished, with duties taken up by two new successor organisations:
- UK Health Security Agency (UKHSA) combining the health protection capabilities of PHE and NHS Test and Trace
  - Office for Health Improvement and Disparities (OHID), Department of Health and Social Care, ‘tackling health disparities across the UK and work to prevent health conditions before they develop’.
- In addition, NHS England and NHS Improvement (NHSE/I) now cover services including immunisation and screening.

## 5. Health and Wellbeing Strategy and Merton Health and Care Plan

- 5.1 As indicated above, Merton Health and Wellbeing Board (HWBB) is a statutory Board chaired by the Cabinet Member for Adult Social Care and Public Health, providing the overall vision, oversight and strategic direction for health and wellbeing as set out in [Merton Health and Wellbeing Strategy 2019-2024](#).

Merton Health and Care Together Board (MHCT) is a non-statutory partnership between the Council and the NHS, reporting to the HWBB. Work has recently taken place on a comprehensive refresh of [Merton Local Health and Care Plan 2022-24](#) focusing on holistic integrated health and care services and prevention and responding to learning through the pandemic.

Fig 3 – Relationship between Health and Wellbeing Strategy and Local Health and Care Plan



- 5.2 Whilst the pandemic has had an impact on the priorities and delivery of the [Merton Health and Wellbeing Strategy 2019-2024](#), the key principles and aims have remained core to our ongoing work to promote health equity. An update on the Strategy's key indicators is included in the appendices of this report. However, the pandemic has changed the context and these indicators are now being reviewed, the pandemic also means that data for some indicators is not currently available.
- 5.3 In addition to producing the Health and Wellbeing Strategy, it is also a statutory duty of the Health and Wellbeing board to produce a Joint Strategic Needs Assessment that is summarised in the [Merton Story 2021](#). A summary of Merton Story 2021 is included in the appendices of this report, and a report on plans for The Merton Story 2022 will be brought to this Panel later in the year.

## 6. NEXT STEPS

### Health in All Policies

- 6.1 As we move to recovery and Living with COVID Merton's Health and Wellbeing Strategy continues the commitment to embed health in all policies and tackle health inequalities, empower communities and to experiment and learn. Merton has a longstanding commitment to Health in All Policies (HiAP). As the first London Borough to take part in the Local Government Association's Health in All Policies (HiAP) Programme, the Council has worked across a wide range of activities to improve wellbeing including for example:
- Winning the award for the Most Improved Borough for the work on bringing partners to develop **Merton's first Food Poverty Action Plan** and implementation of actions which showed progress
  - **Workforce wellbeing initiatives**, including an ongoing programme of training, events and activities to support employees physical and mental health and wellbeing.
  - Ongoing innovative projects – for example around air quality. Merton's Regulatory Services Partnership is delivering the world's first **Low Emission Zone for Construction** on behalf of London boroughs and The Mayor of London, work which won an LGC award 2020
- 6.2 With the joint challenges of COVID-19 and climate change and linking closely to the Merton 2030 priorities, it is time for the borough to refresh its Health in all Policies Action Plan, to make sure that everything we do going forward improves wellbeing while ensuring that the borough is more inclusive, fair and sustainable. We are also reviewing how we use evidence and data across the organisation, to ensure we can track our progress and make decisions based on evidence to achieve our goals linking to the Merton 2030 community led plan.

**5. ALTERNATIVE OPTIONS**

The Health and Wellbeing Board is a statutory partnership.

**6. CONSULTATIONS UNDETAKEN OR PROPOSED**

Community engagement undertaken is detailed in the report.

**7. TIMETABLE**

The Health and Wellbeing Board usually reports annually to the Healthier Communities and Older People OSP

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

Not applicable to this report.

**9. LEGAL AND STATUTORY IMPLICATIONS**

It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

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

The Health and Wellbeing Strategy and priority actions are directly concerned with improving health equity.

**11. CRIME AND DISORDER IMPLICATIONS**

A key outcome of the Health and Wellbeing Strategy is to less self-harm and less violence.

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

N/A.

**APPENDICES**

Appendix 1 – [Merton Health and Wellbeing Strategy 2019-2024](#)

Appendix 2 – Merton Story 2021 Summary Infographic

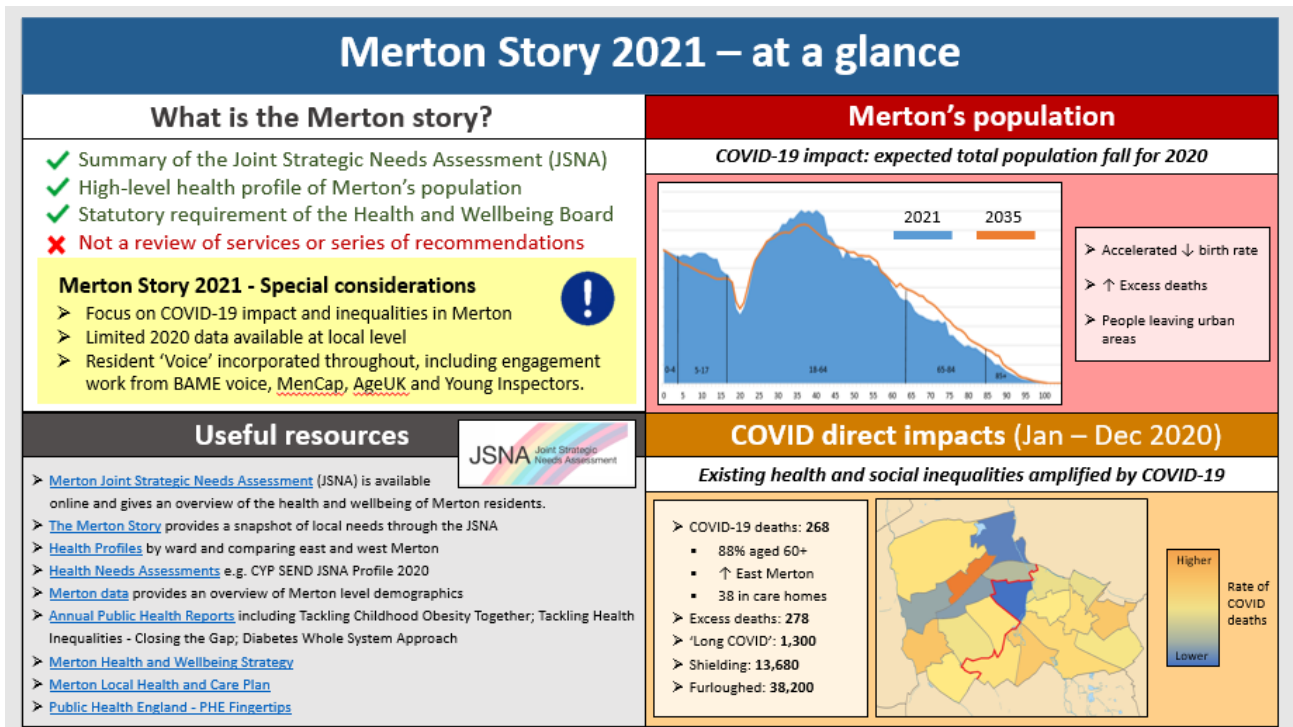
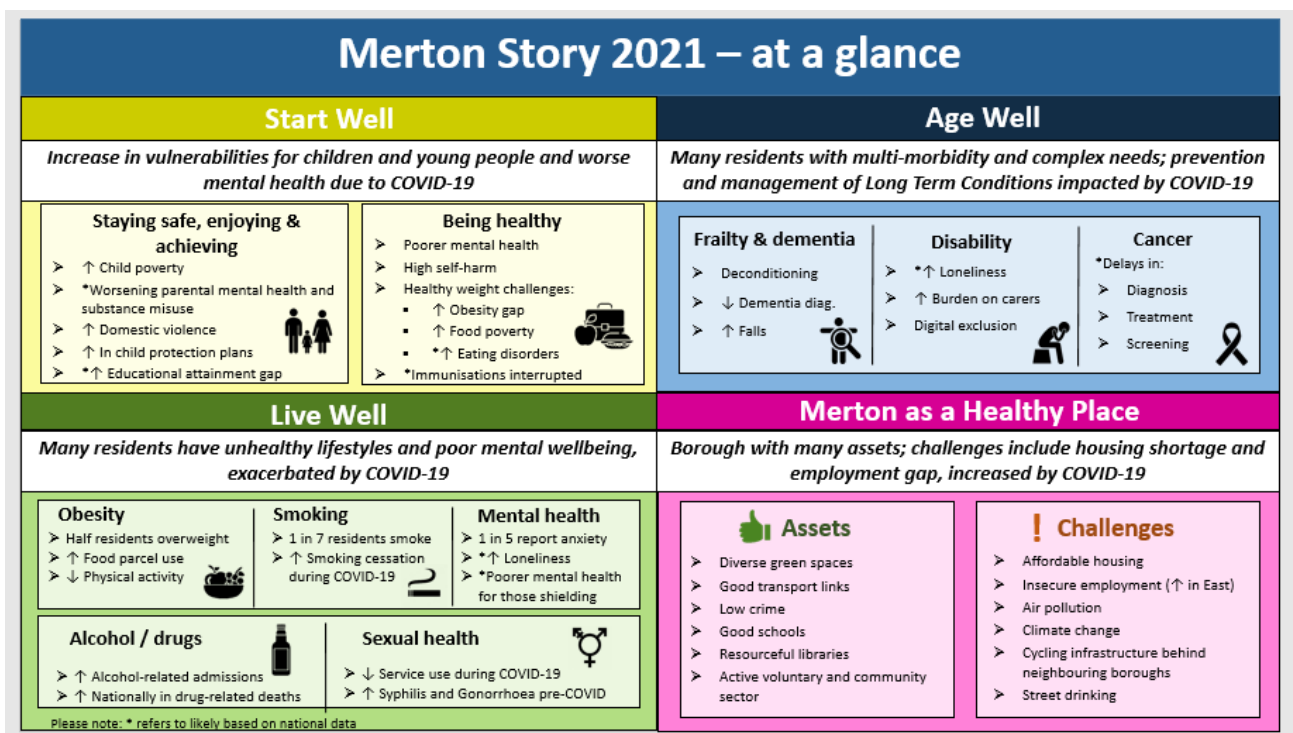
Appendix 3 – Health and Wellbeing Strategy Baseline Indicators

Appendix 4 – [Strategic Theme report on Health and Wellbeing - Council 2 February 2022](#)

Appendix 5 – [Strategic Theme report on Health and Wellbeing - Council 18 November 2020](#)







## Appendix 2 – Merton Story 2021 Summary



\* **USEFUL RESOURCES** - for live links please see the online versions here [PowerPoint Presentation \(merton.gov.uk\)](https://www.merton.gov.uk).

### Appendix 3 – Health and Wellbeing Strategy baseline indicators (March 2022)

Key Healthy Place attributes:	Key outcome of the Health and Wellbeing Strategy:	Indicator*	Timescale† for impact	Merton	OHID Merton Trends (based on 5 most recent data points)*	London	England
Promoting mental health & wellbeing	Less self-harm Better relationships	Hospital admissions for self-harm aged 15-19 yrs (per 100,000 pop) (2019/20)	Medium	415.9	No significant change  (2015/16 - 2019/20)	296.2	664.7
	Less depression, anxiety and stress	Prevalence of depression (aged 18+) (2020/21)	Medium	8.90%	Increasing  (2016/17 - 2020/21)	8.70%	12.30%
	Less loneliness Better social connectedness	% adult carers reporting as much social contact as they would like (aged 18+) (2019/20)	Short	24.90%	Not enough data points to calculate trend 	33.20%	32.50%
Making healthy choice easy	More breastfeeding	Breastfeeding prevalence at the 6-8 week review, partially or totally (2021/22)	Short	81.60%	N/A	-	-
	Less childhood obesity	Overweight (including Obesity) in Year 6 (2019/2020)	Medium	35.10%	No significant change  (2015/16 - 2019/20)	38.20%	35.20%

	Less diabetes	Diabetes QOF prevalence (17+) (2020/21)	Long	6.30%	N/A	6.70%	7.10%
	More active travel	% adults cycling for travel at least three days per week (2019/2020)	Short	3.40%	No trend available ●	4.10%	2.30%
	More people eating healthy food	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (2019/20)	Medium	53.30%	Not enough data points with valid values to calculate recent trend ●	55.80%	55.40%
	More active older people	Percentage of adults aged 65-74 who are physically active for at least 150 minutes a week (May 2020/21)	Short	64.40%	N/A	58.70%	58.60%
Protecting from harm	Less people breathing toxic air	Deaths attributable to particulate matter (PM2.5) (2019)	Short	6.30%	Significance is not calculated for this indicator ●	6.40%	5.10%
	Less violence	Violence against the person (offences per 1,000 population) (cumulative of 12 months ending Q1 2021)**	Medium	20.4	Increasing (2016/17 - 2020/21) ↑	24.3	29.5

\*Dates vary based on most recent data points available.

\*\*Aggregated from all known lower geographical values.

†Timescales for impact vary, as shown in final column. “Short” means an estimate of 1-2 years before we will see an effect; “Medium” 3-5 years, “Long” 6 or more years

**Key:**

- shows no data available.

| Represents not enough data points to calculate a significant trend, or trend unavailable.

→ No changes in recent trend

↓ Decrease in recent trends

↑ Increase in recent trends

\* Green shows a significant positive change

\* Orange shows no significant change

\* Red shows a significant negative change

**Trends are based on the 5 most recent data points.**