Merton Council
Health and Wellbeing Board

Date: **27 March 2018**

Time: **3.00 pm**

Venue: **Committee rooms D & E - Merton Civic Centre, London Road, Morden SM4 5DX**

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

1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 6
4	Merton Story/ JSNA	7 - 26
5	HWB Strategy Refresh, indicators and HiAP update	27 - 84
6	Neurological Conditions Update A verbal update will be presented at the meeting	
7	Local Plan Update A verbal update will be presented at the meeting	
8	Adult Safeguarding Board Annual Report	85 - 110
9	Pharmaceutical Needs Assessment ITEM TO FOLLOW IN SUPPLEMENTARY AGENDA	

Future meeting dates

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 democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093.

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

Health and Wellbeing Board Membership

Merton Councillors

- Tobin Byers (Chair)
- Gilli Lewis-Lavender
- Katy Neep

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

HEALTH AND WELLBEING BOARD
28 NOVEMBER 2017

(3.00 pm - 4.40 pm)

PRESENT	Councillor Tobin Byers - Chair Dr Andrew Murray Vice Chair and Chair of Merton CCG Councillor Gilli Lewis-Lavender, Councillor Katy Neep, Cabinet Member for Children's Services Hannah Doody - Director of Community and Housing Chris Lee - Director of Environment and Regeneration Yvette Stanley - Director of Children, Schools and Families Dr Dagmar Zeuner - Director of Public Health Dr Karen Worthington - Merton CCG James Blythe - Chief Executive of Merton and Wandsworth CCG Khadiru Mahdi - Chief Executive Merton Voluntary Service Lyla Adwan-Kamara -Community Engagement Network and Dave Curtis - Merton Healthwatch
ALSO PRESENT	Keith Makin and Paul Bailey – For Item 4 Councillor Daniel Holden – For Item 5 Dr Vasa Gnanapragasam and Dr Joanna Thorne –For Item 8

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Dr Doug Hing – Merton CCG
And Brian Dillon – Chair of HealthWatch Merton

The Chair welcomed Lyla Adwan-Kamara to the meeting as the acting representative for the Community Engagement Network

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

No declarations of Pecuniary Interest were received

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: The Minutes of the meeting held on 19 September were agreed as an accurate record

4 MSCB ANNUAL REPORT (Agenda Item 4)

The Board began by congratulating Keith Makin, the independent Chair of the MSCB on the outstanding OFSTED rating it achieved. Keith then presented his report on the Annual Report of the MSCB 2016/17. In doing this he emphasised the factors he felt that contributed to the success of the Board:

- A realistic view of the limited resources available
- Real prioritisation
- A focus on Neglect

- Enabled by strong partnerships with all partners especially public health partners
- Strengths in QA process especially the audit process

The Director of CSF commented on the new Children and Social Work Act 2017, and expressed reservations regarding the opportunity it gave to work on different footprints, for children and families this work required a strong local focus.

Dr Andrew Murray welcomed the report and commented that the CCG was committed to integrating services for children and particularly in relation to reducing CYP mental health issues.

The Board also noted how the 'Think Family' approach can be integrated across Adults and Children's services and that a Think Family co-ordinator had been appointed.

RESOLVED

A. To note the MSCB annual report 2016/17.
B. For the Heath and Wellbeing Board to continue to contribute to the MSCB priorities and to ensure that safeguarding children is a golden thread that is maintained through all the work of the Health and Wellbeing Board.

5 MOTOR NEURONE DISEASE (Agenda Item 5)

The Director of Public Health presented her report on Motor Neurone Disease. She asked Board members to note the actions and progress taken in Merton to address the issues raised by the Neurological Conditions Needs Assessment, and to note that MND was one of several neurological conditions covered by the needs assessment. The improvements to services included a new rapid access neurology clinic, and the introduction, by the CCG, of an Integrated Community Neurology Provision Area.

The Board received a presentation by Councillor Daniel Holden, highlighting the devastating nature and progress of MND. He asked the Board to adopt the MND Charter.

However the Board noted that the recommendation was to commend the Charter, but not adopt, as Public Health Officers felt that it would not be right for the HWBB to single out one neurological condition and that .The spirit of the MND Charter was encompassed by the current work being undertaken on the Neurological Needs Assessment that covered all neurological conditions including MND.

The Board requested that an additional recommendation was added to request a progress report from the CCG on the work they are undertaking.

RESOLVED

A. The Health and Wellbeing Board are asked to commend the MND Charter for its work and the goals of the Charter.

B. To welcome progress on the actions of the Neurological Conditions Needs Assessment and agree the proposed actions/recommendations to support people with neurological conditions in Merton.

C. For the CCG to bring a progress report on their work on neurological conditions to the March 2018 meeting.

6 LOCAL PLAN (Agenda Item 6)

The Director of Environment and Regeneration presented his report on the new Local Plan and explained how this would link to the Mayor of London's London Plan which requires growth in housing quantity and density. The Local Plan will need to consider the infrastructure requirements to support this increased population and he hoped that HWB Board members will provide the information and evidence for the increased health infrastructure. He asked Board members to consider any policies that inhibited growth and also to think about current land use in the Borough, and if there could be better use of this land.

The Board noted that the Health in All Policies approach was part of the local Plan and will be particularly evident in policies on air quality and sustainable transport where car ownership will be discouraged, retail use policies that will consider the number of fast food outlets and Housing Policies that will encourage greater density close to transport hubs.

The Director of Environment and Regeneration said that he would like HWBB partners to provide information to inform the new Local Plan on subjects such as; future infrastructure requirements, capacity constraints, opportunities for partnership working, current NHS sites and primary health information. He said he would report back on whether such information was already reaching his officers.

Dagmar Zeuner made comments regarding the resolutions and will discuss taking these forward with Tara Butler

In response to Councillor Neep's question regarding the effect of increased housing density on residents health and mental health, the Director of Environment and Regeneration said that high density did not mean a loss of green space and that access to green spaces would be preserved. Councillor Neep asked about provisions of NHS Dentistry services and noted that this would be considered with NHS England.

RESOLVED

That the Health and Wellbeing Board

A. responds collectively and as individual organisations to Local Plan consultations, including this first stage which will finish on 8th January 2018;

B. leads on or engage in gathering evidence to support new planning policies, site allocations or other matters that the Health and Wellbeing Board want to see in Merton's new Local Plan;

C. leads on co-ordinating input on future health and wellbeing capacity needs, particularly primary healthcare, in Merton over the next 5-10 years. This is crucial to support planning officers and the council to negotiate for new healthcare and wellbeing facilities or modernised facilities as part of new developments during the next 10-15 years.

7 CCG COMMISSIONING INTENTIONS (Agenda Item 7)

The Chief Officer of Merton CCG presented the report on the Commissioning Intentions of Merton CCG 2018/19. He explained that this was an annual process to assess service development and that this year there were four challenges in this process of producing the Commissioning Intentions:

- The need to consider at current services and their performance
- To incorporate National Initiatives-eg dementia
- To meet the local challenges of health inequalities across the borough
- To address the financial gap between demand and resource

The Health and Wellbeing Board is asked just to note at this stage but James Blythe said he will report back to the board as things advance.

The Chair asked about the relationship of the commissioning intentions to the STP and commented on the complexity of various boards.
The Managing Director of Merton CCG said that an STP discussion document will be issued later this week and will show alignment and that the the STP (Sustainability and Transformation Plan) was the aggregate of all local commissioning and transformation

The Chair said that it would be helpful to have something more specific on the MCP (Multispeciality Community Provider) and the role the HWBB will play in it to a future meeting.

RESOLVED

The Board noted the report

8 DIABETES STRATEGIC FRAMEWORK WORK PLAN (Agenda Item 8)

The Director of Public Health presented her report on the Diabetes Strategic Framework (Whole System Approach). The board noted that diabetes was a complex problem and that attempts to curb the rise in numbers of those affected had so far failed.

Dr Vasa Gnanapragasam and Dr Joanna Thorne attended the meeting to give the Board an insight into their experiences of working in the community with Diabetes patients. The Board welcomed this input and noted the GPs experiences of the 'epidemic' of diabetes cases and the terrible side effects it caused. The GPs stressed that as a society have to realise that type II Diabetes is preventable and that we have to support people better with their choices.

The Managing Director of the CCG said this work presents opportunities for co-production potentially across Wandsworth as well as Merton

The Director of Public Health described the whole system approach to diabetes. An important part of this approach will be the 'diabetes truth' programme which will involve HWBB members 'buddying up' with people living with, or at risk of, diabetes to get an insight into the challenges they faced.

The need to link this work to other strategies was raised as well as the opportunity to involve local councillors who know their populations well.

The Chair said that this work offers an opportunity to take forward the 'community conversations' that the HWBB had last year and suggested the discussion be taken forward to the HWBB seminar planned for January.

RESOLVED

1. Consider the initial outline of a proposed 'whole system' strategic framework for tackling diabetes.
2. Agree, in principle, to develop and participate in the 'diabetes truth' programme through 2018, noting the fit with other planned activities with clinicians and communities to inform the development of the strategic framework.
3. Agree to support the process and governance structure, and commit representatives from their organisations to participate.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD
27 MARCH 2018

STRATEGIC ITEM

Subject: The Merton Story (2018) – health and wellbeing in Merton

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers

Contact officer: Amy Potter, Public Health Consultant

Recommendations:

A. To consider and comment on the refreshed *Merton Story (2018) – health and wellbeing in Merton*, part of the Joint Strategic Needs Assessment.

B. To actively use the Merton Story as a tool to disseminate the key messages relating to the health and wellbeing of our local population, to inform strategic commissioning decisions.

---

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. *The Merton Story* provides a snapshot of local needs identified through the Joint Strategic Needs Assessment (JSNA) process.

1.2. This paper presents the refreshed *Merton Story 2018* (see attached document), and asks the Health and Wellbeing Board to support the dissemination and active use of the Merton Story in order to disseminate the key messages relating to the health and wellbeing of our local population, to inform strategic commissioning decisions.

2 DETAILS

2.1. Local authorities and Clinical Commissioning Groups (CCGs) are required to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The JSNA is an ongoing process by which local authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of the local population and identify priorities for action to inform commissioning of health, wellbeing and social care services locally.

2.2. Merton's JSNA is made up of a number of user friendly products, from this *Merton Story* – which gives a snapshot of what Merton is like as a place to live (including the demographic make up of our residents and the wider environment within which our residents live, and the key risk factors for health and wellbeing through the life course, as well as health outcomes and health inequalities that exist between different population groups in Merton) – to *Ward Health Profiles* for each of Merton's electoral wards, and a range of more in depth *Topic Health Profiles* and *Health Needs Assessments* on priority topic areas.

2.3. The Merton Story presents a summary narrative of population needs, to support our health and wellbeing partnership working and commissioning agendas.

2.4. This Merton Story 2018 has been refocused on a description of *needs* only, leaving the Health and Wellbeing Strategy (HWBS) 2019 onwards and the developing Local Health and Care Plan to outline the *actions* that need to be taken to address the identified needs, the former focusing on the wider determinants of health and embedding a 'Health in All Policies' approach across partners; the latter focusing on health and care service delivery. Both are due to be developed in tandem through 2018 so they are complementary. The development of both of these strategies will begin after the local elections in May 2018.

2.5. The Merton Story was last presented to the Health and Wellbeing Board (HWBB) on 29 Nov 2016. The 2018 update has taken into account comments from HWBB members, including:

- Request to see more demographic data and trends
- Request that where possible, east/west data continues to be included
- An infographic version of the Merton Story would be helpful for communicating the key findings
- the data underpinning the Merton Story needs to be easily accessible, and it needs to be clearer how the Merton Story relates to the rest of the JSNA
- Request for more consideration of mental health issues, the health and wellbeing of carers, and the importance of self-care as well as reablement
- Request to use a 'Think Family' approach when considering need in children and young people.

2.6. In light of the above, the existing sections have been refreshed, and two new sections have been added into the Merton Story 2018, one summarising demographics, and one highlighting hidden harms and emerging trends. Summary text has also been added demonstrating how the Merton Story forms part of a suite of products that make up the JSNA (including a link to the new Merton Data online data resource). The report headings are as follows:

- *Summary population demographics and trends*
- *Merton is a good healthy and safe place to live. However, despite the overall positive picture, there are areas of concern relating to:*
    - *Inequalities and the health divide*
    - *Healthy lifestyles and emotional wellbeing*
    - *Child and family vulnerability and resilience*
    - *Increasing complex need and multi-morbidity*
    - *Hidden harms and emerging issues*
- *Further resources*

2.7. The Merton Story is not a static document, rather it is an evolving piece of work that aims to respond to changing need for data to inform commissioning decisions, and so whilst it will be refreshed as a minimum on an annual basis, updates may be made during the year if required. Accordingly, there are plans for further work throughout 2018/19 on the particular theme of complex needs and co-morbidities (including with mental health), especially to inform the developing multispecialty community provider (MCP) model and the Local Health and Care Plan. The new Merton Data online data resource launched in early 2018 also

provides the potential for enrichment of insight included in the Merton Story in the future.

2.8. A visual two page infographic summary of the Merton Story was produced for the previous version, and a new summary infographic and/or easy read version will be produced once this March 2018 update has been presented to the HWBB.

2.9. The report -*The Merton Story: health and wellbeing in Merton* - is attached.

3 DISCUSSION

3.1. Board members may wish to consider the following questions:

- *Are there any other areas which should be highlighted in the Merton Story, in particular through the 'emerging issues and hidden harms' section?*
- *How might members actively use the Merton Story as a tool to promote the key messages relating to our health and wellbeing ambitions?*

4 ALTERNATIVE OPTIONS

None for the purpose of this report

5 CONSULTATION UNDERTAKEN OR PROPOSED

Community Voice is part of the JSNA process

6 TIMETABLE

The Merton Story will be refreshed as a minimum on an annual basis, as part of the rolling JSNA process, although it is an evolving piece of work rather than fixed, and so updates may be made during the year if required.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The Merton Story presents a summary narrative of population needs, to support our health and wellbeing partnership working and commissioning agendas, so may impact on commissioning (financial/resource) decisions.

8 LEGAL AND STATUTORY IMPLICATIONS

Local authorities and CCGs have equal and joint statutory duties to prepare and publish a joint strategic needs assessment (JSNA) for their area, through the Health and Wellbeing Board. This Merton Story is a part of the broader JSNA.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The JSNA gives an overview of the health and wellbeing of Merton residents, including health inequalities.

10 CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report

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

- The Merton Story – health and wellbeing in Merton

13 BACKGROUND PAPERS

None

The Merton Story – health and wellbeing in Merton in 2018

Introduction

The Joint Strategic Needs Assessment (JSNA) is a statutory assessment of population health and wellbeing needs for the Health and Wellbeing Board. It focuses on a description of the risk and resilience factors that influence health and wellbeing in a defined locality, and the distribution of diseases, looking at both the current pattern and the trend. Its purpose is to provide common evidence for relevant partners and decision makers to help inform policy, strategy, commissioning and service delivery.

Merton's JSNA consists of a number of user-friendly products, including *Ward Health Profiles* for each of Merton's electoral wards, and a range of more in depth *Topic Health Profiles* and *Health Needs Assessments* on priority topic areas. The *Merton Story* is part of the JSNA, forming a snapshot of what Merton is like as a place to live, the key risk factors for health and wellbeing through the life course, and important health outcomes and health inequalities that exist between different population groups, as identified through the ongoing JSNA process. See the '*Further Resources'* section for the range of other complementary JSNA products.

The Merton Story

Demographics of our local population

Merton has a diverse and growing population. In 2018, Merton has an estimated resident population of 210,250 which is projected to increase by about 3.5% to 217,550 by 2025. The age profile is predicted to shift over this time, with notable growth in the proportions of young people between the ages of 11 and 15 years (17%), [1] ***and those over 50 years old (10%).*** [3]

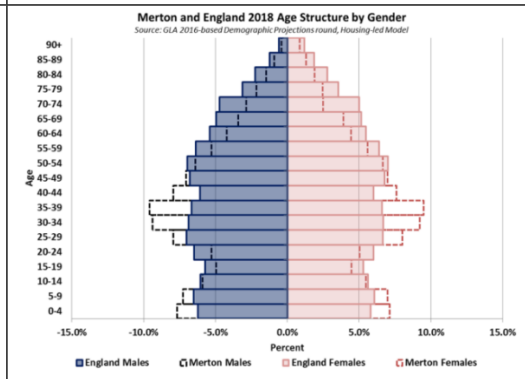
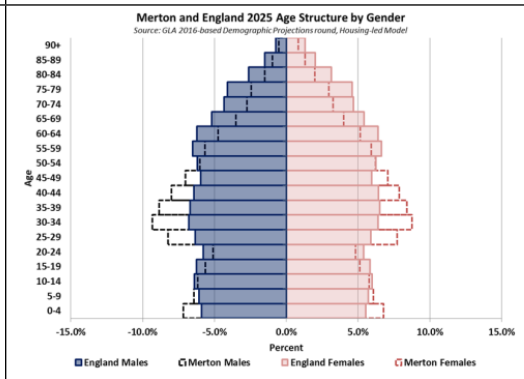
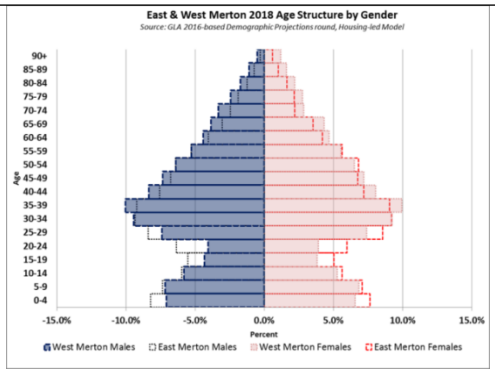
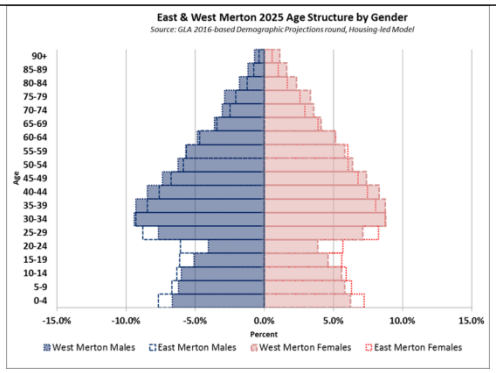
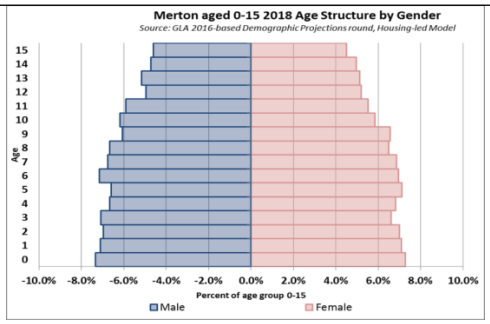
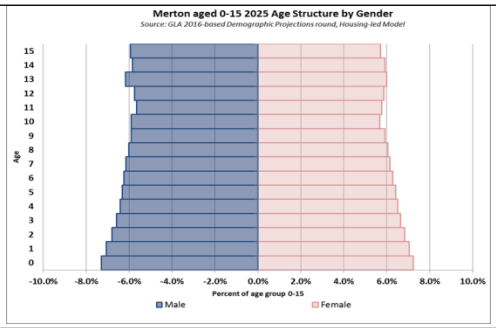
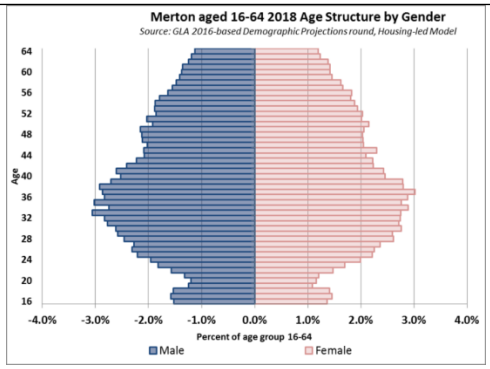
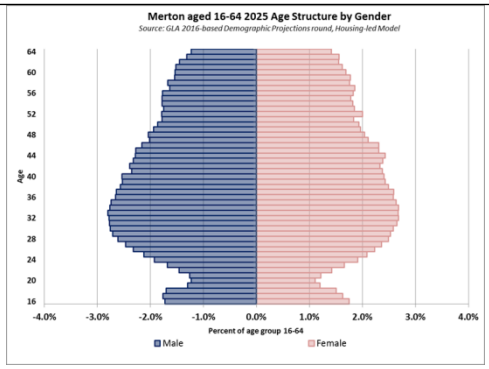
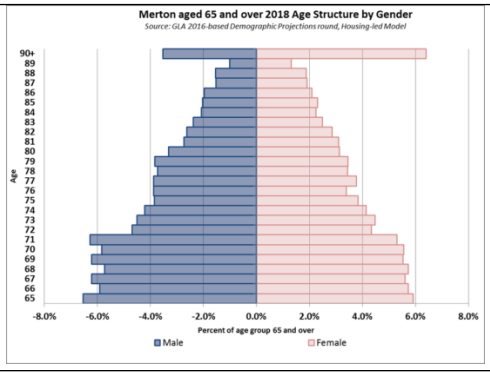
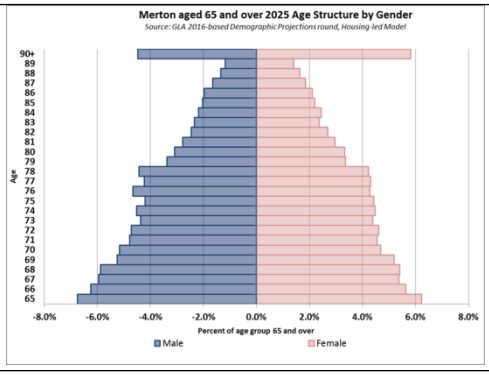
Although resident population is most often used, it is important to note that Merton's population will be defined differently by different partners for different uses. For instance, the figure above gives the population who are recorded as living in the borough, but partners such as the NHS often use Merton GP-registered population (246,735 in 2018[2]), Council education teams may use the school registered population, those dealing with skills and employment may use the population who work in the borough (a proportion of whom will also live in the borough), and so on. *For more information on different population estimates for the borough, see Merton Data (link in the Further Resources section below).*

The population pyramids below show Merton's current population patterns, and how the population of Merton is projected to change between 2018 and 2025.

- The number of births in Merton in 2016 was 3,246. There is a general downward trend. By 2025 it is projected that there will be an estimated 2856 births.8
- In 2018 there are currently 15,450 0-4 year olds in Merton, which make up 7.4% of the population. By 2025 this is predicted to decrease by 1.6% to 15,200. The decrease is more evident in east Merton.3

[1] GLA ethnic group projections 2015 Round published November 2016

[2] Health & Social Care Information Centre (HSCIC), GP population as at January 2018

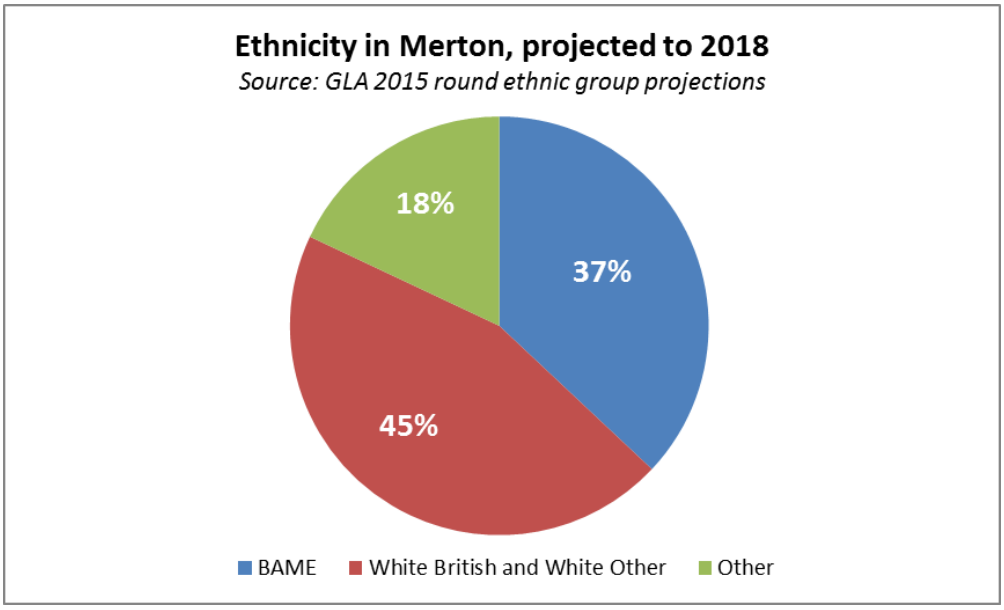
Age structure	Merton's changing demographics	
	2018	2025
Merton compared to England		
East v West Merton		
Aged 0-15		
Aged 16-64)		
Aged 65+		

- By 2025 it is predicted that there will be a 17% increase in the population group between the ages of 11-15 years to about 13,000. East Merton currently has a higher proportion of younger people (0-15 years) compared to west Merton (54.5% compared to 45.5%) however, it is forecast that the number of younger people (0-15 years old) will decline in east Merton by 2030 by 1,400 children.[3]

- 75,000 people of working age population (16-64 years) live in the east of the borough compared to almost 66,000 in west Merton. Forecasts show by 2025 there will be a 3.1% increase in the working population in Merton overall.[3]

- There is a higher proportion of people aged 65 and over in west Merton compared to east Merton. However, by 2030, the numbers of people aged 65 and over will be similar in east and west Merton. Overall growth in people 65 and over shows a 10.3% increase of around 2,650 people between 2018 and 2025.[3]

Currently, 37% of Merton's population are from a Black, Asian, or Minority Ethnic (BAME) group; by 2025 this is predicted to increase slightly to 38%.[1] English, Polish and Tamil are the most commonly spoken languages in Merton. Children and young people from BAME backgrounds make up 67.9% of those attending a Merton school which is lower than London average (72.2%) but higher than England (30%).[4]



Population density currently in east Merton is 69 people per hectare compared to only 46 people per hectare in west Merton and 55.7 per hectare in Merton overall, compared to London's 57.3 per hectare. By 2025 it is predicted there will be over 73.6 people per hectare in the east compared to 48.5 people per hectare in the west and 59.2 per hectare in Merton overall compared to 61.4 per hectare in London.[3]

For more demographic detail, see Merton Data (link in the Further Resources section below)

[3] Ward Projections - Interim 2015-based population projections published February 2017
[4] Merton Child Health Profile 2017. Public Health England (PHE)

Overall Merton is healthy, safe and has strong public and community assets

The health of people in Merton is generally better than the London and England average. Life expectancy is higher than average and rates of death considered preventable are low. This is largely linked to the lower than average levels of deprivation in Merton.

We have a range of public and community assets that are important to health; there are many green spaces, vibrant libraries, educational attainment is high, we have a wealth of small businesses and a strong Chamber of Commerce, as well as an active Voluntary and Community Sector and high levels of volunteering. We have good transport hubs, and a significant proportion of people who live in Merton also work in the borough (over 82% of people in 2016).[12]

Merton's assets are important as these, together with other protective factors such as the skills and capacities of individuals, formal and informal networks and associations, the institutions, the land and other physical assets within a community can enhance the ability of individuals, communities, and populations, to maintain and sustain health and wellbeing and to help to reduce health inequities.

However, despite this positive picture, there are areas of concern.

Inequalities and the health divide

Significant social inequalities exist within Merton. The eastern half has a younger, poorer and more ethnically mixed population. The western half is whiter, older and richer. Largely as a result, people in East Merton have worse health and shorter lives.[5]

Life Expectancy at birth in Merton is 80.4 years for males and 84.2 years for females.[6] In East Merton, life expectancy in men is 78.9 years compared to 82.1 years in West Merton. Women's life expectancy is 83.3 years in the East compared to 85.0 years in West Merton.[7] There is a gap of 6.2 years in life expectancy for men between the most deprived and least deprived areas in Merton, and the gap is 3.4 years for women.[6]

Healthy life expectancy at birth in males is 63.2 years and 66.7 years in females, therefore many residents are living a considerable proportion of their lives with ill health. The gap between the most/least deprived areas is also significant: 9.4 years for men, 9.3 for women.[8]

Premature mortality (deaths under 75 years) is strongly associated with deprivation. All wards in east Merton are more deprived and have higher rates of premature mortality than those in west Merton. Of all deaths in Merton between 2013-2017, 31.8% were premature (just under 1 in 3). In the 30% *least* deprived wards, 25.9% of deaths were premature (1 in 4), compared to 38.4% of deaths in the 30% *most* deprived wards (about 2 in 5). Comparing this data to previous years (2011-2015), the percentages of premature deaths have actually dropped in both the least deprived and most deprived areas.[9]

---

[5] East Merton Health Needs Assessment, January 2014
http://www.merton.gov.uk/east_merton_health_needs_assessment.pdf
[6] Public Health Outcomes Framework (PHOF), Public Health England
[7] Local Health, Public Health England
[8] Office for National Statistics (ONS)
[9] Primary Care Mortality Database, 2013-2017

Health is determined by complex interactions between individual genetics and other characteristics such as age and sex, lifestyle factors, and most importantly, the physical, social and economic environment. These 'broader determinants of health' are the key drivers of healthy life expectancy and a healthy population.[10] Marked social inequalities are important drivers of the health divide in Merton, and some key local social determinants of health are highlighted below.

- Economic factors are highly correlated with health outcomes, and socio-economic status is a major determinant of both life expectancy and healthy life expectancy. The 2015 IMD (Index of Multiple Deprivation) score shows that Merton as a whole is less deprived (14.9) compared to London (23.9) and England (21.8). However, East Merton has an IMD score of 21.1 compared to West Merton which is 8.2.[11]

- Lower incomes and lower employment are bad for health. Being in work is generally good for health, although good working environments are important. In 2017, 3.4% of the working age population (16-64) claimed out of work benefits in Merton; however rates are significantly higher in the East of the borough (4.7%), compared to West Merton (1.9%), and although the Merton average is lower than London (4%) and England (3.7%), these East Merton rates are higher.[12]

- Merton's social housing stock is the fifth lowest in London at 14%. The London average is 20% with social housing stock as high as over 44% in Hackney and Southwark. The profile of stock differs between owner occupied and social housing in Merton, with 58% of social housing and 63% of private rented homes being flats, compared with only 24% in the owner-occupied sector.[13] Poor and overcrowded housing causes or contributes to many preventable diseases and injuries, including respiratory disease and poor mental health and wellbeing. 15.8% of households are overcrowded in Merton. This is higher in the East (20.4%) than West of Merton (11.1%).[7] Low income combined with high energy costs is strongly linked to living in homes that are not heated sufficiently (fuel poverty). An estimated 10.2% of household (8,151) are fuel poor in Merton, which is similar to London and England (2015). Fuel poverty is more prevalent in inner London boroughs and lessens in outer London.[14] Between 2012 and 2014 levels of fuel poverty in Merton increased, although 2015 shows a slight fall. A similar trend is evident across London.

- Merton's crime rate overall in 2017 (12 months) was 65.1 per 1000 population. The east of the borough showed a higher rate at 68.0 compared to the west at 61.9. The rates are much lower than London (92.4 per 1000). The figures show a rise from 2016, where rates for Merton were 63.7 and London 87.1 per 1000. Part of this rise is likely to be due to increased reporting and/or improved recording of data.

[10] Kings Fund 2012/13 - Broader determinants of health: Future trends
https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health
[11] English indices of deprivation, HMG
[12] ONS via NOMIS 2017
[13] 2011 Census data
[14] Estimates of sub regional fuel poverty in England, 2014 data, Department of Energy & Climate Change, published 2016.

Healthy lifestyles and emotional wellbeing

The main causes of ill health and premature deaths in Merton are cancer and circulatory disease (including coronary heart disease and stroke). Known risk factors (unhealthy diet, smoking, lack of physical activity, and alcohol) account for around 40% of total ill health. Consequently, changing patterns of unhealthy behaviour must be an important focus for prevention efforts. Furthermore, most risk factors are inversely associated with socio-economic conditions.

The numbers of people in Merton with unhealthy behaviours are substantial. This is despite some positive rankings against London and England for these primary risk factors.

- Around 18.2% of adults aged 19+ are doing less than 30 minutes of moderate intensity physical activity a week (2015/16). This is a lower proportion than London (22.2%) and England (22.3%), but still equates to around 28,000 people. The latest figures include adults from 19 whereas previous data included those from 16, therefore it is not possible to compare the two to identify trend.**Error! Bookmark not defined.** A worrying proportion (56.9%) of adults in Merton aged 18 and over are overweight or obese (2015/16) with a general increasing trend since 2012-14. This equates to over 90,000 people, and is a higher proportion of the population than London (55.2%) but lower than England (61.3%).**Error! Bookmark not defined.**

- The percentage of adults in Merton aged 18 and over who smoke is 12.7% (2016). This level of smoking is lower than London (15.2%) and England (15.5%), but still equates to over 20,000 people.**Error! Bookmark not defined.** Of the Routine and Manual workers group (aged 18-64, 2016), 16.6% of adults in Merton (an estimated 23,130 people) smoke compared to 23.9% in London and 26.5% in England.**Error! Bookmark not defined.**

Based on modelled data, there is marked variation in patterns of healthy behaviours between East and West Merton. For example 55% of adults (over 16 years) in Merton are estimated to consume 5 or more portions of fruit and vegetables every day[6] but supplementary modelled data suggests that there is an estimated 10% difference between east and west Merton.[15]

An estimated 16.5% of the population (only about 34,000 people) use outdoor space for exercise/health reasons in Merton (2015/16) which is lower than London (18%) and England (17.9%).[6] This is despite Merton being one of the greenest boroughs in London with 677ha of public open spaces, including more than 65 parks. Green spaces make up 18% of the borough, compared to the London average of 10%.[16] A new Public Health Outcomes Framework indicator on people's access to woodland (within 500 metres of where they live) shows Merton's rates to be high at 25.1% (5th best of London boroughs). This is also high compared to England at 16.8%.

The scale of alcohol related harm in Merton is significant. Approximately 38,000 people are estimated to be drinking at harmful levels.[17] In 2015/16 there were 2,980 admission episodes to hospital for alcohol related conditions (broad definition). While the number is substantial, this represents a lower rate of admissions (1,870 per 100,000 population) compared to

[15] Local Health, Public Health England

[16] Future Merton, The London Borough of Merton

[17] Substance Misuse Profile, January 2018

London (2,235) and for England (2,179).[18] There is a significant variation between the east and west of the borough, with a higher rate of alcohol-related admissions in the east compared to the west. 7

Although drug and alcohol treatment outcomes are generally better than the London and national averages, and with consistently lower rates of drug related deaths, Merton has a significant population of people with a substance misuse problem who are not accessing treatment: an estimated 60% unmet need in the population of opiate and crack users (compared to 62% nationally), and 83% unmet need in the alcohol dependent population (compared to 81.7% nationally).[19] There are also challenges with continuity of care for those exiting prison with a substance misuse issue. Around 22% of substance misuse clients were treated concurrently for mental illness, highlighting the importance of joined up treatment pathways with mental health.

The number of new Sexually Transmitted Infection (STI) diagnoses (excluding Chlamydia aged <25) per 100,000 of the population aged 15-64 years was 1,234 in 2016. The prevalence of STIs is lower than London (1,527 per 100,000) but higher than England (795 per 100,000).28

The percentage of repeat abortions in women under 25 living in Merton is 29.9% in 2016. This number is higher than in England (26.7%) but lower than London (30.8%).28

In 2016, 553 people in Merton were known to be living with HIV, this equates to a prevalence rate of 4.24 per 1000 population amongst those aged 15-59 years, which is lower than the London rate (5.78 per 1,000) but significantly higher than the rate for England (2.3 per 1,000). Late diagnosis (2014-16) in Merton was high at 41.5% compared to London at 33.7% and slightly higher than England (40.1%)[28.]. Late diagnosis is linked with a much higher risk of mortality than those diagnosed early. In 2016 the number of taking up HIV testing was 8,786. HIV testing uptake was higher than both London and England. Merton was the 8th highest of all 32 London boroughs.[28]

In 2016/17, across all ages, 1.9% or 4,200 Merton residents have a cancer diagnosis (as recorded on GP practice disease registers). This is a slightly higher rate than London (1.8%) but lower than England (2.6%).[20] In general, cancer prevention screening levels in Merton appear similar or slightly higher than London but lower than England, with most recent data showing 52.2% (bowel), 67.9% (cervical) and 70% (breast) of the eligible populations were screened.

In terms of self-reported wellbeing and emotional resilience, 8% of the Merton population aged 16 and over reported a low happiness score compared to 8.3% in London and 8.8% in England (2015/16) and 22.2% of people aged 16 and over reported a high anxiety score compared to 20% in London and 19.4% in England.[21]

There are an estimated 24,000 adults (16-74 years) with common mental health disorders such as depression and anxiety (2014/15), representing 16.1% of the adult population in Merton. This compares with London at 16.4% and England at 15.6%. However, in 2016/17,

[18] Local Alcohol Profiles for England (LAPE)
[19] PHE Drug and Alcohol team, Feb 2018
[20] Cancer services profile, PHE
[21] Annual Population Survey (ONS)

only 12,154 adults (16-74) were identified with depression by Merton GPs (6.9% of patients – a lower proportion than England 9.1%, but slightly higher than the London average of 6.4%).[22] This suggests that a substantial proportion of adults in Merton experiencing common mental health conditions remain undetected, and this lack of primary care identification against expected prevalence is likely to make managing diabetes, and other long-term conditions, not to mention depression itself, much more challenging, with poorer overall health outcomes for the individual.

Latest data (June 2017), for access to psychological 'talking' therapies (IAPT) shows, each month, in the region of 300 people are referred for treatment, of which just over half completed, and that of those patients completing treatment, 46.7% are moving to recovery. The Merton recovery rate is lower than London (50.8%) and England (50.9%), but the difference is not statistically significant. Since 2013, the overall trend has been an increase in proportion of patients moving to recovery,**Error! Bookmark not defined.**

Child and family vulnerability and resilience

Most children and young people living in Merton are healthy and have a good start in life. Most experience better health and related outcomes than the London and England average. However not all children enjoy similar positive outcomes. The health divide is evident right from the start of life.

'School readiness' is a key measure of a child's development - the percentage of children achieving a good level of development at the age of reception. In 2016/17, 73.94% of children living in Merton achieved this standard, which is 1,883 Reception year children. This is similar to London (73.0%) but higher than England (70.7%).This was an improvement against the previous 3 years.**Error! Bookmark not defined.** Children with free school meal (FSM) status do less well, but the position is improving. In 2016/17 63.9% of children with FSM status achieved a good level of development, representing a trend of significant and continuous improvement over the past four years from 32.9% in 2012/13. The most recent 2016/17 figure is similar to London (63.6%) but higher than England (56%). The gap in school readiness between children with FSM status and their peers has reduced to 13% (nationally the gap is 18%).

The number of 2 year olds benefiting from funded early years education is 55% in 2017, which is lower than outer London (59%) and England (71%).[23] This has decreased slightly from 2016 (57%), however, local analysis of 2018 data (not yet published) indicates an overall increase to approximately 65% take up, and targeted outreach work is taking place to facilitate take up. For 3 and 4 year olds, the percentage benefiting from funded early years places increased to 86% of those eligible which is the same as London but lower than England (95%) in 2017.[23] Ofsted has rated 92% of early education settings in Merton as 'Good' or 'Outstanding' which is in-line with England (93%) but slightly lower than other outer London boroughs (95%).

[22] Common Mental Health Profiles, PHE, June 2016.

[23] Statistics: childcare and early years: https://www.gov.uk/government/collections/statistics-childcare-and-early-years

Overall 91% of Merton schools are judged by Ofsted to be 'good' or 'better' as at January 2018; this is the strongest performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. This is in line with the national average and just below the London average. All secondary schools are now judged at least 'good' with 50% as outstanding. The 2016 data for GCSE outcomes (the most recent data available) shows a gap of 10.3 between disadvantaged pupils (45.1) achieving Attainment 8 average score at GCSE and all other pupils groups (55.4). This is higher than the London gap (9.0), but lower than national (12.3).

Merton has a low rate of 16-17 year olds Not in Education, Employment or Training (NEET) or whose activity is unknown at 3.5%, which is lower than London (5.3%) and England (6%) – the 7th lowest in London.

Family context has profound influence on a child's healthy development and life chances. Children living in poor social circumstances are most at risk of poor health outcomes.

A person's experiences during childhood lays down a foundation for the whole of their life, including physical and mental wellbeing. While Merton has generally lower rates of children living in deprived circumstances and generally better health and well-being outcomes, numbers with poor outcomes remain substantial.

- Around 6,500 children under 16 years in Merton are living in poverty (2014). This equates to 16.2% of children under 16 in Merton living in low income families, compared to 23.4% in London and 20.1% in England.**Error! Bookmark not defined.**

- At 31 March 2017, there were 152 children in care. This continues the trend of gradual increase since 2012, although the number typically lies within the range of around 150-160 at any given time. The rate of children in care (36 per 10,000 children) is significantly lower compared with London (50 per 10,000 children) and England (62 per 10,000 children).[24]

- Parental mental health problems, parental misuse of alcohol and drugs and domestic violence are the most significant risk factors that impact on a child's health and wellbeing (referred to as the 'trigger trio'). Of the 2,690 children in receipt of services as a 'Child in Need' in 2015/16, around 1,000 of these children were in need due to abuse, neglect or family dysfunction.[24] In 2016, the rate of children under 18 who started to be looked after due to family stress, dysfunction or absent parenting was 14.1 per 10,000. This was higher than London at 11.6 and England at 10.1.

- In 2016/17, 10 females presented with female genital mutilation in Merton. Data from the previous year 2015/16 shows the same figure.[25]

There were 1,078 Merton resident children with an Education Health and Care Plan (EHCP) or Statement of special education needs (SEN) as of January 2016. This is a 16% increase between 2012 and 2016 and is a faster rate of growth than London (15%) and England (11%).[26] The increase in EHCPs is largely driven by the increase in diagnosis of autism as their primary need, but also through an increase in social, emotional and mental health

[24] Children looked after in England 2015-2016, Department for Education September 2016
[25] NHS Digital, data 2016/17
[26] Merton SEND Needs Analysis 2017

(SEMH) needs. There were 1,148 pupils attending Merton schools (regardless of area of residence) with an EHCP of Statement of SEN (including Independent Schools) as of January 2016, this is an increase of 19% between 2012-2016. There were a further 3,726 pupils in Merton schools in 2016 with Special Educational Needs receiving support, which is a reduction of 13% since 2012, this reduction mainly relates to the Secondary phase.

Uptake of childhood immunisations has increased in Merton however, as with most boroughs in London we are below the national target of 95%. The Health and Well-being indicator is 2 doses of MMR at age 5 years in Merton and uptake stands at 80.4% which is higher than London 79.5% but lower than England 87.6% (2016/17).[6] However, uptake in MMR dose 1 given by the age of 2 is 88.1% (2016/17) which has been maintained over the past 3 years and is higher than London (85.1) but again lower than England (91.6%).[6]

4,500 primary school children (aged 4-11) are estimated to be overweight or obese (excess weight). One in 5 children entering reception are overweight or obese and this increases to 1 in 3 children leaving primary school in Year 6 who are overweight or obese. The gap in levels of obesity between the east and the west of the borough is currently 10% (2013/14-2015/16), and increasing. This significant health inequality impacts children's health and potentially their life chances. There are also ethnic variations in obesity prevalence; nationally, evidence indicates that a child is more likely to have excess weight if they are from a BAME background. However, there is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors.[27]

Despite an increasing gap in childhood obesity in 10-11 year olds between the east and the west (due to levels reducing in the west and increasing in the east), there are some signs from the most recent data that the overall trend in excess weight may be beginning to decrease in 10-11 year olds, currently at 34% (2016/17). There has also been a general decline in the proportion of 4-5 year olds that have excess weight, however the most recent 2016/17 data has shown a 2% increase to 21.2% which is in line with national trends. The overall gain in excess weight amongst children between reception and Year 6 has reduced from 15.9% in 2015/16 to 12.8% in 2016/17.[27]

Since 2006 there has been a decline in under 18s conceptions from 41.1 per 1000 to 14.1 per 1000 in 2015.**Error! Bookmark not defined.** This is lower than London (19.2) and England (20.8). Merton has the 7th lowest numbers of under 18 conceptions in London with 43 teenage pregnancies – over half of these pregnancies resulted in abortion in 2015.[28] Wards in east Merton have the highest rates of teenage pregnancies compared to the west of Merton (2013-2015 – average of 21.9 in the east and 6.7 in the west, per 1000 women aged 15-17).[7]

Alcohol and drug misuse are markers of risky behaviours and vulnerability among young people. Locally in 2016/17, 97 young people (under 18s) accessed specialist substance misuse services (the main substances for which young people were receiving treatment were cannabis, followed by alcohol). This is an increase from previous years, and is in contrast to the national trend of decline in young people entering specialist substance misuse services.[29] This reduction may be due to a drop in referrals from Youth Justice

[27] Annual Public Health Report 2016 – Childhood Obesity
[28] Sexual & Reproductive Health Profiles
[29] The National Drugs Treatment Monitoring System (NDTMS)

Services in the previous year, and an increase in referrals from schools and education settings more recently.

In 2015/16 the Merton rate of child admissions (under 17 year olds) for mental health conditions (108.2 per 100,000 children 0-17 years) was one of the highest against local authority nearest neighbours and compared to England (85.9). This equated to 50 young people being admitted to hospital. This represents a 'stable' trend of mental health admissions assessed over the last 5 years period, and is similar to the national trend.[30] In 2016/17 Merton had a rate of emergency hospital admission for self-harm among 10-24 year olds of 258.2 per 100,000 population (approximately 78 children and young people) which is the 5th highest rate in London (average of 197 per 100,000), but lower than England (404.6 per 100,000). There has been a trend of increasing self-harm admissions since 2013/14, which may in part be linked to a change in hospital admission policy.

Hospital admissions caused by unintentional and deliberate injuries in children and young people were higher in Merton compared to other London boroughs (2016/17). For 0-4 year olds it was 129.4 per 10,000 equal to 207 admissions, 0-14 years it was 107 per 10,000 equal to 434 admissions and 15-24 years it was 130 per 10,000 equal to 265 admissions. In 2016/17 there were 423 per 1,000 A&E attendances in children under 18 years of age. This is lower than London (459 per 1,000) but higher than England (405 per 1,000).[31]

For Road Traffic Accidents, rates for children in Merton aged 0-15 years killed or seriously injured were the highest in London. This corresponds to a rate of 14.3 per 100,000 (18 children) (2014-16), and within this group 6-10 year olds had the highest rate (15.7 per 100,000 (6 children). Rates for emergency admissions for road accidents involving pedestrians 0-24 were also high (25.4 per 100,000, 2011/12-2015/16, equating to 69 individuals) which is higher than London (17.3 per 100,000) and England (15.9 per 100,000) [32]. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.

Increasing complex need and multi-morbidity

The population is ageing and increasing numbers are living into older age with multiple long-term conditions such as heart disease, diabetes, cancer, mental health conditions, and dementia.

10,934 people have been recorded with Type I or II diabetes (Quality Outcomes Framework practice disease register) in 2016/17. This equates to 6.1% of the population and is fairly similar to London (6.5%) and England overall (6.7%). There has been a steady increase in diabetes prevalence from 5.4% since 2012/13 to the current 6.1%, an additional 1,500 people in Merton with diabetes. Type II diabetes is more than six times more common in people of South Asian descent and up to three times more common among those of African and African-Caribbean origin, and affects people from BAME backgrounds at a younger age. In 2016/17 45.7% of people with Type II diabetes were from a black and minority ethnic group, and 42.2% from a white ethnic background. In 2016/17, 79% of Type I diabetes

[30] Children & Young People's Mental Health & Wellbeing Profile, PHE
[31] Child & Maternal health profiles
[32] Public Health Outcomes Framework

patients achieved good blood pressure control (London 79%, England 76%) and 73.4% in Type II diabetics (London 75.1%, England 74.4%). [33]

In addition to the numbers suffering common mental health disorders such as depression and anxiety (see previous section on healthy lifestyles and emotional wellbeing), there are around 2,750 adults (aged 18 years and over) in contact with specialist mental health services (2017/18 Q2). This represents a rate of 1,737 per 100,000 population, and is significantly lower than the London average (2,092) and England (2,335).[34]

Residents in Merton in contact with secondary mental health services are much less likely to be in employment compared to other working age residents. The gap in employment rate for those in contact with secondary mental health services compared to the overall employment rate in Merton is estimated to be 62.8% (2016/17) which is lower than London (67.8%) and England (67.4%).

As highlighted previously, a proportion of those accessing treatment for substance misuse are also known to mental health services. In Merton in 2016/17, a quarter (25.1%) of patients using mental health services were also recorded to have substance misuse issues, which is lower than London (28.5%) but higher than England (24.3%).[35] National data shows approximately 68% of women and 57% of men with mental health problems are parents, highlighting the importance of taking a 'Think Family' approach across partners to mental health and other issues within the borough.[36]

In 2016/17 Merton had a rate of emergency hospital admission for self-harm of 97.6 per 100,000 population (approximately 194 people) which is lower than England (185.3 per 100,000) but higher than London (84.1 per 100,000). There were 9.0 per 100,000 population suicides in Merton in 2014/16, an average of almost 15 suicides per year. Suicide rates are lower than England (9.9 per 100,000) and similar to London (8.7 per 100,000).[37]

An estimated 1,686 older people (65 years and over) have dementia in Merton; and 74.4% have received a formal diagnosis. This represents a higher diagnostic rate compared to London (71.1%), and England (66.4%).[38] Recent evidence is emerging that healthy lifestyles such as avoidance of tobacco, alcohol, poor diet and physical inactivity can reduce the risk of dementia.[39]

Merton currently supports around 4,000 adults aged 18 and over with social care needs.[40] Merton performs well for providing social care support to people in the community. In 2015/16, 1,496 people accessing long-term community support received self-directed support – a rate of almost 100% of users, and higher than local authority compactors and England (87%). In 2015/16, 34.3% of service users and 94.1% of carers received a direct payment, against 30.4% and 73.3% (respectively) in the comparator group of local authorities.

[33] Diabetes Profile, PHE February 2018
[34] Severe Mental Illness Profile, PHE February 2017
[35] Mental Health & Wellbeing JSNA, PHE March 2018
[36] Fundamental Facts About Mental Health 2016 – Mental Health Foundation
[37] Suicide prevention profile, PHE March 2018
[38] NHS England April 2016
[39] Health Matters: midlife approach to reduce dementia risk. PHE, 2016
[40] Merton Council Adult social care local account

Delayed transfer of care (DToC) from hospital to home is an important measure of the interface between health and social care. In 2016-17, Merton performed well above our CIPFA comparator group on both delayed transfers of care from hospital, per 100,000 population, and delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population. The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital following reablement in Merton was 76.5% in 2016/17. The current figure for Merton is lower than both London (85.5%) and England (82.5%).[25]

In terms of Merton residents living with a disability, an estimated 10.8% of people in Merton were diagnosed with a long term illness, disability or medical condition in 2014/15. This is lower than London (12.6%) and England (14.1%).[41] In 2015,13.5% of Merton 16-64 year olds were recorded as Equalities Act core disabled or work limiting disabled, which is lower than England (19.2%) but more similar to London (16.1%) and comparators.[42] It is estimated that 10.1% of Merton's working age population (16-64 years) population have a physical disability (14,000 people) which is slightly higher than London (9.9%) but lower than England (11.1%).[43] There are just over 400 adults in Merton recorded with a learning disability in 2016/17, 313 of whom live in stable and appropriate accommodation. This is three quarters (75.2%) of Merton's population with a learning disability and is higher than London (71.3%) but slightly lower than England (76.2%).[6] There are a variety of factors that affect people's ability to live independently with a disability, such as access to education, employment and community; including planning, accessibility and transport.

In Merton there are thought to be approximately 17,000 carers and it has been estimated that they have an economic contribution of £285.7 million. However, we know that caring can have a negative impact on the carer's physical and mental health, and that caring responsibilities can adversely affect education and employment. Assessments and services were provided to 1,016 carers in Merton during 2016-17, and the 2016/17 carers' survey showed that Merton is performing better than our comparator group on "Overall satisfaction of carers with social services". There are nearly 600 known young carers in Merton, with the actual number likely to be a good deal higher.

Feeling isolated and lonely has a profound negative effect on physical and mental health and wellbeing, and at the same time, those with a significant mental or physical health condition or disability may themselves be more likely to be isolated due to their condition. 15% of the older population in the UK are reported to experience loneliness.[44] This is particularly important given we have an estimated 5,900 people aged over 75 living alone. Many people who use social care services would like more social contact, with around 39.5% of users reporting that they had as much social contact as they would like (2016/17). This is significantly lower than the average for England (45.4%), although similar to the average for London (41%).[45]

In 2015/16 were 757 emergency admissions for injuries due to falls among people of aged 65 years & over. Falls are the leading cause of older people being admitted to hospital as an

[41] Long term Conditions & Complex Needs Profile, PHE 2017
[42] Annual Population Survey, 2015
[43] Common Mental Health Disorders Profile, PHE February 2017
[44] Age UK
[45] Adult Social Care Outcomes Framework (ASCOF), 2018

emergency. Having a fall can have a significant negative impact on long terms outcomes for older people. The Merton rate of emergency admissions for injuries due to falls for 65 year olds and over (2,960 per 100,000 population) is significantly higher than for London (2,253) and England (2,169). [6]

Hidden harms and emerging issues

There are some issues that impact health and wellbeing that are less visible, or that disproportionately affect certain population groups at certain times in Merton, including:

- There are likely to be significant number of children in Merton living with parents who misuse drugs or alcohol, and as we know from data presented earlier on unmet need, a substantial proportion of those parents will not be accessing treatment. Parental substance misuse can cause serious harm to children at every age from conception through to adulthood. The same is true for other issues such as parental mental health, and reducing this 'hidden harm' to children in Merton requires better understanding of these cohorts, and a 'Think Family' approach to partnership data and intelligence sharing, and action, to protect and improve the health and wellbeing of affected children, as well as their wider families.

- Across London there has been a increase in Child Protection cases being seen over the past year. This growth has also been seen in Merton, which appears to bring our rate of young people on child protection plans more in line with London rates. The rate tends to vary in a cyclical nature and whilst further analysis of the factors contributing to this growth is underway, it is envisaged that the number will drop over the next year, but will probably remain higher than the Merton's previous low rates.

- Merton along with most London Boroughs is currently failing its annual legal air quality targets for both NO2 and Particulates (PMs), this problem is most severe around the major transport routes. There is emerging evidence that schools in London which are worst affected by air pollution are in the most deprived areas, meaning that poor children and their families are exposed to multiple health risks.

- Mortality is seasonal, and more people die in the winter than the summer. Although the level of 'excess' winter deaths (as shown by the Excess Winter Mortality Index[46]) is significantly lower in Merton than both the London and England average (8.4% in 2015/16, compared to 13.7% and 14.7% respectively), as elsewhere, the majority of these excess deaths occur in people aged 75 and over, and tend to be from causes such as respiratory diseases, exacerbated by inefficient heating, insulation and substandard housing.

- Cases of TB continue to decline in London overall, although the rate has slowed since 2015. TB notification (new cases) rates per 100,000 population for Merton have fallen from 24.9 per 100,000 (2015) and 22.9 (2016) to 18.0 in 2017- this is about 38 people. The 2017 figure is higher compared to SW London (12.8) but lower than London (22.2). Merton was 14th lowest out of 33 boroughs in 2017 for new TB cases, and joint highest

[46] The EWM index is calculated as the number of excess winter deaths divided by the average non-winter deaths x 100. The EWM index shows the *percentage of extra deaths* that occurred in the winter.

(with Bromley) out of the London boroughs for treatment completed within a year. Social risk factors for TB include drug use, homelessness, imprisonment, alcohol consumption affecting self-administering of treatment and mental health concerns. The proportion of residents aged over 15 years in Merton with one or more risk factors had fallen from 15.9% in 2016 to 9.1% in 2017 (compared to 13.8% in South West London in 2017, and 14.7% in London).[47] However, 2014-2016 data suggests that there are significant inequalities within the borough, with over 3.5 times higher number of cases in East Merton than West Merton.[48]

- Two people with the same health conditions and/or disabilities can have very different levels of support needs, depending on a whole range of factors including access to support networks, mental health, and levels of patient activation,[49] which impact loss of independence. The local data and evidence to support a truly person-centred approach to health and care that acknowledges that someone's condition is only one part of a holistic picture of their circumstances needs to be looked at in more depth.

Merton as a place to live also changes over time, and there are some emerging concerns which need to be explored further, including:

- Driven in part by increases in quality and safety of maternity and early years care, more children are surviving into childhood and adolescence with complex health, care and education needs. As this is likely to manifest in an increasing number of complex packages that need to be supported by health, social care, and education, the local picture in Merton needs to be quantified and explored further.

- The demographic trends of an aging and growing population will lead to increased demand for both older people's health services and for social care, at the same time as there is increasing pressure on budgets especially in local government. As social care packages are increasingly targeted to higher need, more work needs to be done to fully understand the impact of both demographic trends and constrained finances across the whole health and care system, and ensure prevention of ill health, ability to self care and promotion of independence, and early intervention remain priorities, looking at cost effective interventions, best use of public finances across the system, and the important role of the Voluntary and Community Sector.

- Merton is one of the safest boroughs in London, but there is a disproportionate fear of crime amongst residents, as well as concerns about street drinking and Anti-Social Behaviour. There are also concerns amongst partners around potentially rising levels of hate crime. Unlike some neighbouring and central London boroughs, Merton does not have a significant issue with gangs, but there is an emerging and increasing risk around serious youth violence which is affecting our young people's lives. Our young people and vulnerable adults are also victims of serious organised crime when they are caught up in County Lines issues.

- There is no evident open drugs market in Merton, but we need to understand better where residents who have problems with substance misuse are buying their drugs, and

[47] Field Epidemiology Service Quarterly Report (2018/02) - data from London TB Register (as of 23/02/2018)
[48] Public Health England, Merton TB profile 2016
[49] https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/

make better use of data (e.g. 'last drink') to inform alcohol licensing and regulation. There is an emerging problem of 'cuckooing' where the homes of vulnerable residents are taken over for drug dealing, and recently an increasing number of brothels opening in Merton, in short term lets provided by AirBnB and less regulated letting providers.

- Domestic Violence is often a hidden issue, and there is an emerging understanding of coercion, control and violence across the life span including physical, emotional, financial or sexual abuse in young people, and elder abuse, especially of those with a chronic illness or disability or who are otherwise vulnerable.

- Trafficking is an increasing are of concern. Young people and adults are being trafficked into the borough or within it. Forced to work within domestic servitude, to provide sexual gratification, provide forced labour or exploited as children this work is a focus for central and regional government and will become more so over the coming years.

Further resources

Merton Joint Strategic Needs Assessment

The Merton Story is part of the Merton Joint Strategic Needs Assessment (JSNA). Other JSNA products include:

Merton Data – https://data.merton.gov.uk/

Ward Health Profiles for each of Merton's electoral wards – https://www2.merton.gov.uk/health-social-care/publichealth/jsna/ward-health-profiles.htm

Topic Health Profiles and *Health Needs Assessments* – a range of more in-depth assessments on priority topic areas – https://www2.merton.gov.uk/health-social-care/publichealth/health-needs-assessments.htm

Wider resources

There are a vast amount of data sources and information located on the web relating to the content of this report and similar related information. Some of this information can be located by anyone with an interest by accessing the following websites:

PHE Public Health Profiles https://fingertips.phe.org.uk/

PHE Data and Analysis Tools hub https://www.gov.uk/guidance/phe-data-and-analysis-tools

PHE Local Health http://www.localhealth.org.uk/

Other commonly used Public Health data sources: https://www2.merton.gov.uk/data_sources_commonly_used_in_public_health_intelligence.pdf

March 2018

Committee: Health and Wellbeing Board
Date: 27 March 2018

Subject: Health in all policies and HWB Strategy update and HWB Strategy refresh

Lead officers: Dagmar Zeuner, Director of Public Health

Lead member: Tobin Byers, Cabinet Member for Adult Social Care & Health

Contact officer: Amy Potter, Public Health Consultant, Clarissa Larsen, Health and Wellbeing Board Partnership Manager

---

Recommendations:

A. To note and have oversight of the progress in delivering Health in All Policies across the Council and partners.

B To consider the update on the outcome indicators measuring progress on the Health and Wellbeing Strategy (HWBS) 2015-18, which is coming to an end.

C To agree to the proposed process for refresh of the HWBS, consider the relationship with the Local Health and Care Plan and proposed inclusion of the Health in All Policies action plan as a part of the new HWBS; achieving a single action plan for implementation

---

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1. To provide an update on progress and notable work across partners against the Health in All Policies (HiAP) action plan.

   To provide an update on indicators from the current Health and Wellbeing Strategy 2015-18, which is coming to an end.

   To note the proposed programme for refresh of the HWB Strategy 2015-18, consider the relationship with the Local Health and Care Plan and the proposal to roll the HiAP action plan into the future delivery plan of the HWB Strategy 2019.

DETAILS

Health in all policies – context

2. HiAP as an approach helps to reduce health inequalities because it focuses attention on the underlying social, economic and environmental causes that the whole council can influence. It supports 'Bridging the gap' and links to the Annual Public Health report on health inequalities, due to be launched in June 2018.

   It presents potential for strong co-benefits, across the council and partners. Health and health equity not only being important goals in their own right but

also prerequisites for achieving other corporate and partnership goals such as educational attainment, community/family cohesion, employment, safety, sustainability and prosperity.

HIAP, with a strong emphasis on collaboration, offers potential to increase efficiency and supports the Council's 2020 vision of Best London Council. The Mayor's draft Health Inequality Strategy also offers policy synergies and opportunities for leveraging regional support and there is an opportunity to fully reflect this approach in the refresh of the current Merton Health and Wellbeing Strategy.

Health in all policies action plan – update

3. Merton Council participated in the LGA's Health in All Policies peer assessment in late 2016 to translate its existing commitment into an action plan. The HiAP action plan 2017 included a mix of different types of actions to allow some experimentation and learning, all building on existing work, future plans and linked to strategic planning. Actions were included where a HIAP approach could add most value and have most impact. No actions required additional financial resources (though some have attracted external support/funding). In the longer-term a HiAP approach is expected to lead to increased efficiency.

4. The main action plan priorities are set out in summary below with examples of successful actions to date (appendix 1 includes the full action plan with commentary and update on each action for 2017)

Leadership and advocacy for HiAP approach across the Council and partners

5. *Example:* a **Prevention Matters workshop** was held in October 2017 with the LGA for over 20 councillors, the three GP HWBB members and Healthwatch. Aimed at improving understanding of health across Merton and encouraging all to become champions of health and wellbeing. The LGA were impressed with participant's knowledge and enthusiasm and commented that it was one of the best sessions they had held. Everyone committed to actions to take forward.

6. *Example:* Merton Partnership recently held a cross-cutting **themed workshop on serious youth violence**, specifically linked to county lines, drugs and gangs. Health impacts discussed included the risks faced by children and the vulnerability of people with special educational needs to becoming involved with gangs. Consideration is now taking place of the future governance and lead for tackling youth violence across the Merton Partnership thematic boards.

7. *Example*: the **Social prescribing** pilot was based in Wide Way and Tamworth GP practices with a Social Prescribing Coordinator hosted by MVSC.. Supporting patients experiencing social isolation, low level mental health problems and frequently presenting at general practice. This work is led by the Social Prescribing Steering Group that reports into the Council, CCG and

HWBB. An independent evaluation, supported by SW London Health Innovation Network showed an increase in self-reported health gains by individuals and a statistically significant reduction in GP visits. Merton CCG is funding an extension and expansion of the scheme for another year allowing for further detailed analysis of the benefits. This will see every GP in east Merton offering social prescribing, with the aim to roll the scheme to every GP practice across Merton.

Embedding the social value act in commissioning and procurement

8. *Example:* A draft **Social Value Toolkit**: for commissioning and procurement developed by the Council's Corporate Services. This will be shared to explore opportunities for it to be used as a template for Social Value in Merton CCG.

   With significant support from Corporate Services, Social Value was included by Public Health as a specific method statement in the recent successful procurement of the Integrated Substance Misuse Service. The learning from this has been fed into the Social Value Toolkit and the case study will be included in the training once developed.

Healthy Workplaces

9. *Example:* the **Workforce Development Strategy**, published February 2018 by the Council's Human Resources, has identified 'morale, health and wellbeing' as one of its six priorities. This builds on initiatives including the Step Jockey challenge, the development of a staff choir, the delivery of workshops focussing on mental health and the development of the Drink Checker tool to help staff understand how their alcohol use may be affecting their health.

   Future plans includes development of a 'morale, health and wellbeing' action plan, recruitment of workplace health champions, aligning delivery to national public health campaigns across the Merton Partnership and exploring the development of Mental Health First Aid Champions.

Joint work plan between environment directorate and Public Health

10. *Example:* Future Merton and Public Health worked together with Clarion on the recent Town and Country Planning Association report setting out the importance of planning in creating healthy places and citing Merton High Path estate as an example good practice. Further joint work on health impact assessments focussed on estate regeneration and Morden town centre development to create health promoting environments.

    Environment and Regeneration are working together with Public Health on **health in the new Local Plan** towards 2019. Involving the HWBB in the engagement process and working towards including the commitment for Merton becoming a Dementia Friendly borough.

    A **Joint Strategic Framework for Prevention of Substance Misuse** and related harm 2017-21 has been developed across partners as a whole systems response to the problems relating to alcohol and drug misuse, to achieve outcomes across health, social care, welfare and community safety

and criminal justice. The Safer Stronger Executive Board has oversight of the Strategic Framework and Action Plan, to ensure cross council, CCG and partners' ownership and commitment.

Embedding 'Think Family' into everyday council working

11. *Example:* Children's Services 'Crossing Bridges' Think Family training for adult mental health and children's Social Care professionals is underway with 20 participants in October 2017 and further 20 participants in Feb 2018 together with Parental Mental Health Awareness training sessions (5 sessions) planned for spring 2018.

Tackling childhood obesity

12. *Example:* The Child Healthy Weight Action Plan was developed working with a range of partners, and the Director of Public Health's Annual Public Health Report for 2016-17, Tackling Childhood Obesity Together, provides an easy reference to evidence what works. The Child Healthy Weight Steering Group is taking forward the action plan reporting to the Children's Trust Board.

    Engagement and conversations with the local community through the London Great Weight Debate, (Merton had the highest number of respondents of all London boroughs). This was continued through a Merton Great Weight Debate engaging 2,100 respondents specifically from east Merton, black and minority ethnic (BAME) communities, parents and young people giving insight into issues including food culture and the impact of the increasing availability of low cost unhealthy food and drink options.

    Raising the issue of weight in teacher training, introducing a Merton Mile in a local park from May 2018 and promoting a Daily Mile to schools through Merton School Sports Partnership as well as the Healthier Catering Commitment that in 2017 recognised food businesses that demonstrated a commitment to offering healthier options, targeted in the east of the borough

Dementia friendly Merton

13. *Example:* the 2017 launch of Merton Dementia Friendly community with over 60 organisations and people with dementia and their carers attending. The Merton Dementia Action Alliance (DAA) now meets quarterly with thematic sessions based on the lives of people with dementia and, during summer 2017, was the fastest growing London DAA.

Further Health in all policies actions

14. Work in libraries that promotes health and wellbeing, and using libraries as community spaces, will also be included in the new HiAP action plan following on the launch of the new Colliers Wood library as a dementia friendly space.

    Opportunities linked to health and homelessness and the Homelessness Prevention Act, have also been explored since the original action plan and can be included in the work on the 2018 refresh.

    Work on serious youth violence will also be explored building on the recent Merton Partnership workshop

Health and Wellbeing Strategy 2015-2018

15. It is a statutory duty for the HWBB to produce a joint Health and Wellbeing Strategy, based on the JSNA. The current Merton Health and Wellbeing Strategy 2015 – 2018 comes to an end in 2018, and is due to be refreshed this year. This report provides a summary of progress on implementation of the current strategy.

16. This HWB Strategy has the broad goal of achieving a fair share of opportunities for health and wellbeing for all Merton residents embedding the commitment of the council and partners to reduce health inequalities through improving outcomes across five priority themes:
    Theme 1: Best Start in Life
    Theme 2: Good health
    Theme 3: Life skills, lifelong learning and good work
    Theme 4: Community participation and feel safe
    Theme 5: A good natural and built environment.

17. This paper assesses progress towards achieving these outcomes as measured by agreed indicators and targets set out in the HWB Strategy Delivery Plan. A full set of indicators is included in Appendix 1, but the body of this report specifically focuses on the strategic overarching indicator of life expectancy, indicators where significant progress has been made, and the three indicators with Red status in the Final Progress Report (immunisation, childhood obesity, and fuel poverty).

18. The HWBS strategic overarching indicator used to measure and monitor differences in health and wellbeing between different communities in the borough is **life expectancy**. Over the course of the HWBS 2015 – 2018, the trend has been mixed. Our analysis shows that the trend for women is positive - the difference in female life expectancy between the most deprived and least deprived wards reduced over the period 2005-2014. In contrast, the difference in male life expectancy between the most deprived and least deprived wards increased slightly.

19. The 2018 Annual Public Health Report (currently due to be published in June 2018) will examine the trends in health inequalities within the borough in more detail, and help to inform the choice of indicators for the HWBS refresh.

20. There has been positive progress across many areas covered by the HWBS 2015-2018. There is good evidence in certain areas of movement in the right direction, both through activities undertaken (process indicators), and evidence of actual impact on outcomes, including:
    - Reduced average waiting times for local **children and adolescent mental health services** through introduction of a Single Point of Access. (Waiting times for centralised neurodevelopmental services have been more challenging to achieve due to demand pressures, work is underway to address this).Increased proportion of children with free school meal

status achieving a good level of **development in early years**, and some closing of the gap with their peers.

- Reduced gap between disadvantaged **pupils achieving 5 a-c* GCSEs** and their peers.
- Development of a **prevention framework** that sets out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. This encompasses the progress made on training health champions, piloting a Social Prescribing approach, developing healthy workplaces, changing the food environment through the Healthy Catering Commitment, and the strong partnership working with Licensing to influence decisions about alcohol licenses.
- Increased numbers of **residents supported in volunteering** through the MVSC activities.
- Improved performance in the **offer of reablement** to older people, through the **introduction of the new reablement** service.
- Increased number of residents **supported into employment** through IT and soft skills training.
- Increased numbers of **businesses supported** in starting up, and the creation of new jobs.
- Health themes have been embedded into all commissioned adult learning programmes focusing on **English for speakers of other languages**, and a significant proportion of learners live in deprived wards.
- **Support for adults who are lonely and isolated**, including positive findings from the older people's befriending scheme pilot which has now been extended for a further two years.
- Positive reports that **residents feel safe** in the borough.
- The increasing use of **Health Impact Assessments** as a tool within the planning process, and Merton's work towards becoming a Dementia Friendly borough, with plans to incorporate this commitment into the new Merton Local Plan.

21. There are three indicators with Red status in the final report:
    - **Immunisation**: The target for increasing the uptake of MMR immunisation at 5 years of age has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17 (and for the first time, Merton figures are above the London average of 79.5%), however the challenging HWBS local target of 87.6% remains unlikely to be met by the end of 2018. Work will continue through the updated Childhood Immunisation Action Plan and steering group.
    - **Childhood obesity**: Having met the HWB Strategy target to reduce childhood obesity (currently 34.4% 2016/17), a more challenging and ambitious target was set to reduce the gap in obesity between the east and the west of the borough (currently 10% gap against a target of 9.2%) which has not been met. Despite an increasing gap in childhood obesity in 10-11 year olds between the east and the west (due to levels reducing in the west and increasing in the east), there are some signs from the most recent data that the overall trend in excess weight may be beginning to decrease. This trend will continue to be carefully monitored, and action taken through a whole systems preventative approach targeted in the east

of the borough) through the child healthy weight action plan and steering group

- **Fuel poverty**: the latest figures show that since 2012 there has been a gradual increase in fuel poverty in Merton. An estimated 10.2% of household (8,151) are fuel poor (2015) compared to 8.6% in 2012. The current level of fuel poverty is similar to London (10.1%) and less that the average across England (11.4%). The target of increase annually participation of residents in energy switching has proved extremely difficult to achieve. Promotion of energy switching to reduce residents' energy bills has proved not to be an effective way to address fuel poverty because of the limited reach of scheme. It is clear that a more comprehensive approach is required. We plan to undertake a further review of the problem and the opportunities for actions taking account of resource constraints.

22. In addition, some programmes of development and redesign are still at a relatively early stage and, therefore, it is too early to fully assess impact on outcomes - although the trajectory is promising:
    - The **childhood obesity action plan** in reducing the gap between East and West Merton.
    - The first phase of development of the **East Model of Health and Wellbeing** and the redevelopment of the Wilson hospital site.

23. Assessment of progress towards outcomes is difficult in some areas due the measurement challenges. A longer time period is required to assess trends, particularly with respect to indicators relating to health behaviours –smoking, use of outdoor spaces, alcohol-related harm. Year on year changes are subject to variability.

24. Along with an assessment of need, and taking into account the strategic context and changing national and local priorities, all of the above findings will be considered when developing the refreshed HWBS from 2019 onwards, especially when choosing appropriate indicators to effectively measure progress, including action on health inequalities.

HWB Strategy 2019 – plans for refresh

25. SWL Councils in the February 2018 response letter to the Health and Care Partnership (previously STP) refresh plans, proposed a rethink how best to evolve and align Health and Wellbeing Boards (HWBBs) with the current H&CP planning arrangements, identifying what happens at each level and the role of the different boards and structures in this new landscape.

26. The June meeting of the HWBB is now planned as a seminar on its role going forward. This will include the HWB Strategy refresh, in the context of the STP and the opportunity to create an aligned HWB Strategy and Local Health and Care Plan (LHCP) as the Merton element of the H&CP. It is anticipated that the Merton Health and Care Together (MHCT) programme will take forward the development of the LHCP.

27. Through the HWBB, there are links to help shape the determinants of health, which are crucial to the H&CP ambition of upscaling current prevention efforts and curbing the epidemic of multiple long-term conditions and care dependency.

28. The current evolving thinking is that the refreshed Merton HWB Strategy from 2019 will focus on the wider determinants of health, embedding a HiAP approach across partners and incorporating the current HiAP Action Plan; whereas, the MHCT developed Local Health and Care Plan will focus on health and care service delivery, and the two will be developed in tandem so they are complementary.

29. Other work is underway which will inform the refresh of the HWB Strategy include the development of 2018 Annual Public Health Report. This annual report complements the JSNA; focusing on 'Tackling health inequalities – progress in closing the gap within Merton', it will aim to describe and analyse the trends in key health inequalities in Merton between the most and least deprived wards, provide a baseline for measuring progress in reducing inequalities in the future, and inform monitoring the refresh of the Health and Wellbeing Strategy, including the roll in of the HiAP action plan, from 2019.

NEXT STEPS

30. The table below sets out the key milestones for the refresh of the HWB Strategy 2019, with work starting after the May elections, but may be subject to change. It is proposed that the HiAP action plan (2017 update appended to this report) will be rolled into the refreshed Strategy.

Action	**Timeframe**
APHR 2018 published on trends in health inequalities	End June 2018
HWBB Seminar, to include approach to HWBS Refresh	26 June 2018
Development of refreshed HWBS 2019 onwards	Autumn/Winter 2018
Launch of refreshed HWBS 2019 onwards	Proposed for HWBB Jan 2019 agenda

31. The continued ownership of a health in all policies approach across the Council and partners will be central to the success of the Merton HWB Strategy.

ALTERNATIVE OPTIONS

None for the purpose of this report.

CONSULTATION UNDERTAKEN OR PROPOSED

None for the purpose of this report.

TIMETABLE

See point 32. for timeframe for refresh of the HWBS 2018

FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report

LEGAL AND STATUTORY IMPLICATIONS

The Health and Wellbeing Board (HWBB) is a statutory body with a duty to encourage integrated working, to develop Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies. The current Merton Health and Wellbeing Strategy finishes in 2018, and so is due for refresh.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The JSNA gives an overview of the health and wellbeing of Merton residents, including health equalities, and informs all that the HWB does.

CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report

RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report

APPENDICES

Appendix 1 – HIAP 2017 action plan update
Appendix 2 – HWB Strategy 2015-18 indicators update

Background Papers
None

Officer Contact
amy.potter@merton.gov.uk
clarissa.larsen@merton.gov.uk

Appendix 1 - HIAP Action Plan update

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
1. Leadership for HIAP across council and partners		**Existing resource; various ext. support**	**Overall champion: Ged Curran HWBB**			**Impact**: HiAP to become established way of working
1.1 Refine and finalise HiAP action plan and seek ownership and commitment across council (DMTs) and partnerships (HWBB) Champion HIAP approach for specific priority area *1.2 Explore* role of Merton Partnership (MP) and its subgroups (incl health & wellbeing session at May away-day)	May 17	PH and partners PH / Policy, Strategy and Partnerships	PH CMT members John Dimmer & DZ	Dagmar Zeuner/ Clarissa Larsen	HWBB MP	HiAP Action Plan reported to and agreed by CMT, HWBB and C&H DMT MP away day May 2017 included work on dementia and childhood obesity discussed at MP away day and follow up on work place health.
1.3 Organise workshop for Cllrs (co-facilitated with LGA) on prevention matters/HIAP, with invitation to cabinet leads and HWBB chairs across London	October '17	LGA support	HWBB / PH	Dagmar Zeuner / Clarissa Larsen	HWBB	A Prevention Matters workshop held with the LGA for over 20 councillors, local GPs and Healthwatch to encourage them to become champions of health and wellbeing. LGA facilitators were, joined by the Leader and 4 Cabinet leads. All councillors committed to actions.
1.4 Organise and grow informal lunch & learn sessions on cross-cutting topics to bring together teams from different directorates. Building on success of the first one organised by PH trainees and delivered by	On-going	Volunteer presenters from across the council	HWBB / PH	Dan Butler / PH trainees		Lunch and learn sessions, building on the initial homelessness one, have been held on: the circular economy linked to sustainability and regeneration; Smarter Cities;

Priority / key activity Expected impact		Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
Steve Langley about homelessness which attracted a mix of different staff from all directorates - incl audit, community safety and triggered discussion about cross-working opportunities.							and, air pollution, featuring research on schools and air pollution. Further lunch and learn sessions are planned for 2018.
1.5 Refine and agree prevention framework with NHS partners (as part of STP) to clarify roles, responsibilities and best use of scarce resources, based on evidence of impact and cost-effectiveness. For example prevention framework informed procurement by PH of re-designed healthy lifestyle service with less resource to absorb PH grant reduction.		Summer 17	STP support; SLP support	PH & CCG / CRG; OMM, RCBS (STP)	Amy Potter	HWBB with others	A prevention framework that sets out an exemplar partnership approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. Encompasses progress made on training health champions, the social prescribing pilot, developing healthy workplaces, changing the food environment through the Healthy Catering Commitment and partnership work with Licensing on alcohol licenses. Air pollution was recently reported as a priority to the CCG Clinical Reference Group. Across SWL the key prevention priority has been agreed as reducing self harm among children and young people. The Prevention framework has also informed the new healthy lifestyle services and substance misuse services.

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
1.6 Bring Cllrs and GPs together as place shapers for awareness and relationship building opportunity – Dr Karen Worthing to invite East Merton Cllrs to locality meeting	June 17	CCG support; Democratic Services; Cllr Tobin Byers; Potential ongoing support from vision leadership for HWBB development	KW and PH / HWBB	Barry Causer / Clarissa Larsen		Merton councillors, Cllr Stanford and Cllr Makin, joined GPs at their East Merton Locality Meeting. Future opportunities for joint meetings are being explored.
1.7 Use opportunity of senior leadership programme underpinning working towards 2020 Best London Council to strengthen cross-directorate working for health and wellbeing For example: use one SL session to engage council teams in sign up to dementia action alliance including three pledges (linked to priority of dementia friendly Merton below)	On-going May 2017 Oct 2017 Nov 2017	HR support	HR and PH / best London council 2020 governance	Dagmar Zeuner / Barry Causer Dagmar Zeuner / Dan Butler		May 2017 workshop on healthy Workplace was held for the senior leadership team explaining why the workplace is an important setting for health improvement; October 2017 a workshop on dementia for Council departments and teams to join Merton's Dementia action alliance was held with the senior leadership team. Dementia Friends training sessions were then held for Extended Departmental Management Teams on 6 November 2017.
1.8 Explore option for LBM to become member of the healthy cities UK network as visible symbol for HIAP commitment and to enhance learning and capacity building (more details in appendix 4)	April 18	PH CPD (£1500 per annum subscription fee)	PH / HWBB Requires cabinet sign-off	Amy Potter	HWBB / MP	A new phase of criteria for membership is due to be published in 2018 by the healthy cities network

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
2. Embed Social Value Act into commissioning and procurement		**Existing resources: joint work with corporate policy, procurement and HR**	**Overall champion: Caroline Holland Procurement board**			**Impact**: as many commissioning opportunities as possible secure additional social value.
2.1 Explore developing a toolkit and charter for commissioners (possibly shared with CCG)	From Sept 17	Vol sector and CCG	Dawn Jolley, Corporate Services working with PH	(Dawn Jolley with) Dagmar Zeuner / Barry Causer		A Social Value Toolkit: for commissioning and procurement has been developed by Corporate Services and is due to be presented at the Council's Procurement Board 15 March 2018. This will also be shared with Merton CCG to explore opportunities for this being used as a template for Social Value in Merton CCG.
2.2 Organise training for commissioning staff		Joint work with corporate policy, procurement and HR	HR L&D	Barry Causer		Discussions are underway on how to deliver training on Social Value.
2.3 Use the PH re-procurement of adult drugs and alcohol treatment services as demonstration project	April 18 (goes live)		PH working with DJ/procurement board	Barry Causer	S&SSG	Delivered by Public health, with support from Corporate Services, Social Value was included as a specific method statement in the successful procurement of the integrated substance misuse service recently completed. The learning from this has been fed into the Social Value Toolkit and the case study will be included in the training once developed.

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
3. Healthy Workplaces		**Existing resources; potentially external funding including HEE**	**Overall champion: Caroline Holland PH & HR / workforce board**			**Impact**: improve work productivity and health of residents who are also employees.
3.1 Refine and implement the Council Healthy Workplace action plan. *3.2 Explore* working towards Mayor's Healthy Workplace charter excellence (London scheme under review; decision depends on robustness of standards and bureaucracy) 3.3 Develop and implement training linked to One You Merton for council staff in promoting health and wellbeing (making every contact count MECC) - initially front-line providers, later possibly also commissioners, policy. *3.4 Explore* development of a Pulse Staff Survey (as proposed in collective DMT).	On-going programme Sept 17 Oct 17	Potentially HEE / PH academy funding for MECC Commissioned One You Merton service PH/HR	PH & HR / workforce board PH	Barry Causer (with Kim Brown) Barry Causer (with Kim Brown)	HWBB	The Workforce Development Strategy published in February 2018 has identified 'morale, health and wellbeing' as one of its six priorities. This positive step builds upon the work including the Stepjockey challenge, the development of a staff choir, the delivery of workshops focussing on mental health and the development of the DrinkChecker tool to help staff understand how their alcohol use may be affecting their health. Future work includes the development of a 'morale, health and wellbeing' action plan, the refresh of the steering group, the recruitment of workplace health champions, aligning delivery to national public health campaigns across the Merton Partnership and exploring the development of Mental Health First Aid

Priority / key activity Expected impact		Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
							Champions.
3.5 Take forward the Healthy Workplace Charter with Merton businesses through the Merton Partnership.			Chamber of Commerce partner	PH / MP	Barry Causer	HWBB	Planning is underway to align workplace health programmes to the national public health campaigns across the Merton Partnership. This approach to joint work was successfully tested in the #mertontachetag approach to Movember, Building on the foundations led by the Merton Chamber of Commerce to encourage small businesses to come together to deliver joint health and wellbeing programmes, with support from an external organisation.
3.6 Work with the CCG on making health and care provider organisations healthy work places (implementation of STP priority).			CCG	PH working with CCG; RCBS (STP)	Barry Causer	HWBB	Merton CCG are working in partnership with the Public Health team to develop a joint approach to Healthy Workplaces for their Local Delivery Unit covering Wandsworth and Merton CCGs
4. Joint work plan between Environment & Regeneration directorate and Public Health team			**Existing resources; variable external funding.**	**Overall champion: Chris Lee PH/ Environment DMT**			**Impact**: creation of health promoting environments; healthier lifestyles

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
4.1 Use health impact assessment focussed on estate regeneration and Morden Town centre development to create health promoting environments Work jointly on health as part of the Local Plan refresh towards 2019	From Sept 17 From Oct 17		PH & Future Merton	Amy Potter Amy Potter / Ann Maria Clark	SCP	Public Health continues to work with planning colleagues and Clarion Housing to support HIA of the three estates regeneration projects and Morden Town Centre development. Future Merton and Public Health worked together with Clarion on the recent Town and Country Planning Association report setting out the importance of planning in creating healthy places and citing Merton High Path estate as an example good practice. E&R working together with Public Health on health in the new Local Plan towards 2019; involving the HWBB in the engagement process and working towards the commitment for Merton as a Dementia Friendly borough
4.2 Implement the One Public Estate (OPE) project		Cabinet office (50K+350K)	CL & JMG / MP; Wilson programme board	Dagmar Zeuner (overall lead E&R)	SCP	Through the OPE project, E&R are working with partners to undertake a public sector asset review and valuation, and support the work to develop the Wilson Health and Wellbeing Campus. In particular the business case for the community-owned Wellbeing Campus

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
4.3 Implement the Local Alcohol Action Area	LAAA approved Jan 17; now action plan	Ext support (non-financial)	PH & Safer Merton	Amy Potter	SCP	A formal end of year one review of the LAAA will be undertaken shortly. Improved information sharing between the police and local businesses has been observed as well as reduced complaints to ASB service from Mitcham. The pilot runs to Jan 2019. The remodelling of police command units may bring opportunities along with risk. LBM and the Street Pastors will be working together to put forward a bid to the Local Alcohol Partnerships Group (LAPG) Grant Fund to access funding for the training of Street Pastor in Alcohol Concerns 'Blue light Project' Engagement techniques.
4.4 Explore joint working opportunities to reduce air pollution, especially around schools	From Sept 17	Mayor's initiatives	PH & regulatory services & CSF	Amy Potter	SCP	Merton Environmental Health Pollution team and Public Health are considering formalising anti-idling enforcement to minimise vehicle emission near key locations such as schools, taxi-ranks, Air Quality focus areas and hot-spots. This is an action of the Air Quality Action Plan.

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
5. Embedding 'Think Family' approach across the council everyday business		**Existing resources; variable external resources.**	**Overall champion: Yvette Stanley MSCB, Children's Trust Board**			**Impact**: improve child health and wellbeing and harm reduction – reduction of child maltreatment and children requiring care.
5.1 Use development and launch of the refreshed CYP and families well-being model to reach across the Council to embed 'Think Family' approach across everyday business including strategy, commissioning and service development..	March 19		MSCB, Children's Trust Board	Julia Groom (supporting CSF)	CTB	•Adult Mental Health Liaison Specialist in post to June 2018 to build links and develop practice across CYP and Adults services •Multi-agency Think Family Protocol developed •Draft Think Family Strategy produced •MSCB/MSAB joint Think Family Conference – 21st March 2018
5.2 Deliver awareness sessions for staff; roll out of training on signs of safety/wellbeing with a focus on Neglect Strategy and underpinning risk factors: parental mental health; domestic abuse, parental substance misuse, family poverty, housing/homelessness.	March 19	CSF	MSCB, CTB	Julia Groom (supporting CSF)	CTB	•'Crossing Bridges' Think Family training for adult mental health and children's Social Care professionals is underway. 20 participants in October 2017 and further 20 participants in Feb 2018. •Parental Mental Health Awareness training sessions (5 sessions) planned for spring 2018

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
6. Tackling childhood obesity		**Existing resources; variable external**	**Overall champion: Yvette Stanley Children's Trust; HWBB**			**Impact**: improved life chances and reduced health inequalities.
6.1 Implement and refine the Child Healthy Weight Action Plan	March 18	Volunteer support from AELTC; Potentially Sport England and other PA grants;		Julia Groom	CTB	•Child Healthy Weight Action Plan finalised with partners input •Child Healthy Weight Steering group meeting regularly •Great weight debate engaged 2,100 residents mainly in the east of the borough on childhood obesity which fed into plans •Sports England partnership bid submitted (unsuccessful) • Other projects being taken forward/completed in the action plan e.g. AELTC Early Activation Pilot, Raising the issue of weight teacher training, Merton Mile, Food Poverty Acton Plan, Healthy Schools London (HSL), Healthy Catering Commitment
6.2 Explore developing the 'Merton mile' (as supported by collective DMT), building on the daily mile from the child healthy weight action plan to increase levels of physical activity and use of green spaces in Merton	Daily mile active in some schools	Child Healthy Weight Steering Group	CSF, PH & environment colleagues	Julia Groom / Hilina Asrress	CTB / HWBB	•The Merton Mile is being implemented in Merton by March 2018 in a local park for residents to use •The Daily Mile is being promoted to schools using a range of

Priority / key activity Expected impact		Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
							methods and take up of the Daily Mile will be measured in the Merton School Sports Partnership annual assessment •A report on evidence and best practice to increase use of parks/ green spaces in Merton completed February 2018 will feed into the Merton Open Spaces Strategy (MOSS)
6.3 Collaborate with pan London childhood obesity initiatives (i.e. 'Big weight debate' follow-on)		March 2018	Support from HLP, PHE, LADPH; potential London prevention fund; potential London social investment opportunities	PH / HLP (prevention board), LADPH; GLA	Hilina Asrress	CTB	•Merton participated in the London Great Weight Debate and had the highest number of respondents than any other London borough. This has been continued through the Merton Great Weight Debate.
7. Dementia friendly Merton		**April 2020**	**Existing resources; Various external**	**Overall champion: Hannah Doody One Merton Meeting (OMM)**			**Impact**: building community engagement and civic life, improving the quality of life and wellbeing of people with dementia and their carers
7.1 Re-invigorate local Dementia Action Alliance (vehicle for becoming Dementia Friendly Merton by providing network of organisations, groups, teams that each		From April 17	Local organisations & groups; Alzheimer's society	PH / DAA	Daniel Butler	HWBB	February 2017 re-launched Dementia Action Alliance (DAA)., Three quarterly meetings to date to: plan activity and priorities; focus on an arts, culture leisure

Priority / key activity Expected impact		Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
pledge three actions)							and sport theme; focus on finance, banks and legal issues Launched a quarterly DAA newsletter. Significantly increased Membership of DAA from c. 20 at start 2017 to 60 organisations at Dec 2017. Over the summer Merton also broke the London record for the most DAA sign ups in a month.
7.2 Develop and implement dementia friendly initiatives, working towards accreditation as dementia friendly borough (Accreditation handled by Alzheimer's society, based on robust standards)		2020	Local organisations & groups; Alzheimer's society	PH / DAA	Daniel Butler	HWBB	• Dementia Awareness week, May 2017; Dementia Friends training of over 60 Council employees. Dementia awareness raising with the public including working with Love Wimbledon, • Dementia friends training provided for non clinician GP staff e.g. receptionists, clinicians and GPs. 9 GP surgeries have joined the DAA. • Focus this year on arts. culture, leisure and sport. New members include GLL leisure, Merton Greenspaces, New Attic Theatre company, and library services. • New workstream on getting shops, supermarket and banks to sign up; to date we have 7

Priority / key activity Expected impact		Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead	Update on Progress (at Jan 2018)
							new members from this area. • Ongoing action plan for our Dementia Friendly communities' co-ordinator developed with the Alzheimer's Society which will support application for Merton to become a dementia friendly community.

Appendix 2

Final Indicators report 2018: Merton Health and Wellbeing Strategy 2015-2018

The report provides a final summary of progress on implementation of the Merton Health and Wellbeing Strategy 2015-2018.

This strategy has the broad goal of achieving a fair share of opportunities for health and wellbeing for all Merton residents. This means that we want to halt the rise in the gap in life expectancy between areas within Merton.

The strategy provides the opportunity to embed the commitment of the council and partners to reducing health inequalities through improving outcomes across five priority themes:

- **Theme 1: Best Start in Life**
- **Theme 2: Good health**
- **Theme 3: Life skills, lifelong learning and good work**
- **Theme 4: Community participation and feel safe**
- **Theme 5: A good natural and built environment.**

This report assesses progress towards achieving these outcomes as measured by agreed indicators and targets set out in the delivery plan (the following sections cover each theme in turn).

Theme 1: Best Start in Life: early years development and strong educational achievement

1.1 Outcome: Uptake of childhood immunisation is increased:

- Uptake of Childhood immunisations in Merton have been historically low. Measles, Mumps and Rubella (MMR2) at age 5 is the indicator used to monitor progress against the Health and Wellbeing Strategy priority. 2016/17 performance for MMR2 has been maintained at 80.4% which is higher than London (79.5%) but lower than England (87.6%), and lower than our local target (87.6%).
- In March 2017, an update paper on Childhood immunisations was presented to the Overview and Scrutiny Commission by NHS England as commissioners of childhood immunisations This provided detailed information on actions to improve uptake including the move to a South West London Child Health Information Service (CHIS), data cleansing to improve the quality

of data, visiting GP practices where performance is particularly low to provide advice and support, working with CCGs to continue the focus on improving uptake.

- Merton Childhood Immunisations steering group made of commissioners and providers monitors a local action plan. Training for front line staff on childhood immunisations as well as Flu has been provided in 2017 and uptake has been promoted in My Merton and Young Merton Together.

1.2 Outcome: Waiting time for children and adolescents to mental health services shortened

- **Waiting times – local services:** The average waiting time for local Tier 3 CAMHS services are well within the eight week target, ranging from between 1.3 to 3.9 weeks in 2016/17,. On average 96% of CYP were seen within eight weeks and 98% within 12 weeks. Year to date 2017/18 data indicates that the average waiting time for local CAMHS services is 3.8 weeks, again meeting the target. A total of 94% of CYP have been seen within 8 weeks and 98% within 12 weeks. This performance shows significant improvement and the introduction of a Single Point of Access (SPA) has had a positive impact on reducing waiting times.
- **Waiting times – centralised services:** The SWL-wide Neurodevelopmental Assessment service continues to experience demand pressure, mainly due to increasing referrals for Autism Spectrum Disorder (ASD) assessments reflecting a growing child population. The average waiting time for assessment was 11.3 weeks in 2016/17 and year to date it is 9.3 weeks.
- Following additional investment from the 6 CCGs, the most recent waiting times for neurodevelopmental assessments show good progress. The position in November 2017 shows 14 CYP waiting for assessment in excess of 12 weeks (from a starting position of 33 in April 2017), and 1 (from a starting position of 15 in April 2017) waiting in excess of 18 weeks. It is expected that all waiting times will be fewer than 12 weeks by March 2018. Given the sustained volume of activity, a decision on the local plan for Merton and SWL from April 2018 is in development.
- SWL CCG commissioners are working to find a solution to the ongoing challenge of the level of demand. In the short term commissioners are exploring options to offer earlier support for families who are waiting for assessment as parents have requested more support and advice pre and post diagnosis. Commissioners are also looking at the different practice across the region to establish the possibilities of efficiencies within the system to increase capacity for assessment. The aim is to

put these strategies in place as soon as possible from April 2018. It is the expectation of the council that current arrangements will continue until alternatives are in place.

- CAMHS Strategy 20015-18: The CAMH strategy continues to inform CAMH transformation action plans. The 2015/16, 2016/17 and 2017/18 action plans were ratified by NHSE and a total of approximately £370,000 is being invested per year as part of the Government's 'Five Year Forward View for Mental Health'
- CAMHS transformation initiative: areas for CAMHS transformation work included improving access to CAMHS, increasing access to early intervention, improving support for our most vulnerable CYP and development of the workforce. Recent activity includes: investment into Community Eating Disorder Services; investment into increased psychiatric liaison nursing; investment to support to the emotional wellbeing of CYP who have been victims of sexual assault; development of a CAMHS on-line local offer; development of wider workforce training; pilot projects in schools to develop in-house emotional wellbeing services; pilot projects to develop the ASD offer for parents; investment in a self-harm intervention service.

1.3 Outcome: Childhood obesity is reduced.

- The Child Healthy Weight Action Plan with a whole systems approach is being implemented in Merton monitored through a steering group. The focus of the action plan is to reduce rates of childhood obesity overall, at the same time as reducing the gap in obesity between the east and the west of the borough It sets out 4 key themes 1) Leadership, communication and community engagement, 2) Food Environment, 3) Physical Environment and 4) Early Years, school settings and pathways. .
- Action has included:
    - Great Weight Debate Merton engaged with over 2,100 residents on childhood obesity raising awareness, disseminating consistent messages and hearing what will support residents to support healthy weight to inform local approach and refresh of action plan
    - Supporting schools to achieve the Healthy Schools London awards scheme building on the targeted Healthy Schools programme in the east of the Borough.
    - Increasing the number of schools implementing the 'Daily Mile' where children run, skip or walk a mile each day at school – around 20 schools participating
    - HENRY (Health, Exercise & Nutrition for the Really Young) online training commissioned for early years settings

- Healthy Catering Commitment projected completed in 2017 which has increased number of businesses to 37 signed up to HCC and 50 premises visited
- Child healthy weight support service (Family Start) embedded within School Nursing service to support children identified as 'obese through NCMP
- Training for school staff on talking about childhood obesity and weight: 171 teaching staff from 10 schools have benefited from training and a further 13 schools have been offered training which will be delivered within the 17/18 academic year.
- Food Poverty Action Plan: Merton was successful in bidding for additional funding from the GLA and Sustain to support development of a Food Poverty action plan. Plan has now been developed by Sustainable Merton. Merton has also been recognised and awarded at City Hall for being the most improved borough in London on Food Poverty
- All England Lawn Tennis Club (AELTC) Early Years Activation Programme: pilot was delivered with 25 schools with Public Health evaluating the pilot. Pilot involved a 5 week timetabled 10 minute structured physical activity delivered in 25 schools with positive results. A longer term in-depth evaluation is planned with an academic institution and more schools
- Project Learning Garden: Following a successful programme in the US, 7 schools in the east of the borough (14 participants) have benefited from training which encourages the use of the garden as a classroom.
- Work to signing up to the Local Authority declaration on Sugar Reduction and Healthier Food. This aims to make a public commitment to improving the availability of healthier food and to reduce the availability and marketing of unhealthy food and drink. This will now be signed alongside the launch of a Merton Sugar Smart initiative after the elections which requires partners and organisations to agree to pledges on reducing sugar/promoting reduced sugar consumption.
- Mayor of London's draft London Plan proposes A5 hot food takeaways would not be permitted within 400 meters walking distance of existing or proposed schools. Aligning to this, Merton's Local Plan is also asking residents their view on limiting A5 hot food takeaways near schools to inform planning

1.4 Outcome: Educational achievement gap in children eligible for pupil premium is reduced.

- The Schools Standards report for academic year 2016/17 will be published in March 2018. The gap for disadvantaged pupils has narrowed in some indicators but it remains a priority to further decrease this gap in educational achievement Where the gap has narrowed, this has been achieved by focusing on improvement in schools, including the targeted and effective use of pupil premium.. Overall 91% of Merton schools are judged to be good or better as at January 2018; this is the strongest performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. In 2017 the gap between disadvantaged pupils and their peers narrowed at the end of KS2 with regard to progress in writing and mathematics, but widened slightly with regard to progress in reading and in the combined attainment indicator.
- 2016 data for GCSE outcomes (the most recent data available) shows a gap of 10.3 between disadvantaged pupils (45.1) achieving Attainment 8 average score at GCSE and all other pupils groups (55.4). This is higher than the London gap (9.0), but lower than national (12.3)

1.5 Outcome: The proportion of children ready for school is increased

- In the academic year of 2016 – 2017, 74% of all children in Merton provision achieved a Good Level of Development (GLD) at the end of the Early Years Foundation Stage. Within this cohort 62% of children eligible for Free School Meals (FSM) achieved a good level of development compared with 75% of all other pupils, showing a 13% gap between these two cohorts of children. Nationally, the gap is wider at 18 percentage points.
- The gap in Merton is reducing year on year and overall the proportion of children eligible for FSM achieving a good level of development in early years has increased by 18 percentage points from 44% in 2014 to 62% in 2017, and is an improvement on the national average by 5%
- The focus of work in settings and schools is on reducing the gap through targeted support, maximising funding opportunities for effective use of the pupil premium underpinned by evidenced based practice. 98% of all settings registered with Ofsted on the early years register delivering the EYFS are good or better.
- Other activity includes:
    - The continued roll out of the free 2 year old early education offer to disadvantaged groups; delivering free child care places to eligible 2 year olds in good and outstanding provision.
    - Borough wide consultation on the Council's Children's Centres and Early Years Services, underpinned by the three principles of: provide support at the earliest age, provide the right amount of support and working together.

- Redesigned early learning together programmes delivered through Children's Centres focussing on child and parent interaction and embedding the importance of early child development through the programmes delivered in Centres, based on evidence and research
- Improved and developed the continuous improvement, support and advisory programmes and training offer for early education providers, with an ongoing focus on preparing children for school and early identification of need
- Responding to new statutory duties for a national funding formula for early years, maximising n child led funding for children eligible for the Early Years Pupil Premium
- Reshaped referral pathways to be more responsive to a range of multi agency assessments, facilitating improved timeliness and access to early years services
- Worked with the new community health provider to secure colocation across the network of Children's Centres, improving integrated working and supporting improved outcomes for young children and their families.

Theme 1: Best Start in Life: early years development and strong educational achievement					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15) 80% (2015/16) 80.4% (2016/17)	87.6% (2018) National target 95%	R	MMR2 has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17. Performance has been maintained from 2015/16 to 2016/17. Merton performance is slightly above the London average of 79.5% but lower than England at 87.6%. Performance has always been below London, however, for the first time Merton is above the London average. The 2018 target of reaching 87.6% will be a challenging target to meet. The updated childhood Immunisation Action Plan and steering group, will progress work towards reaching target in 2017/18.
Integrated CAMHS pathways in place, reduced waiting times from referral	Baseline wait times >10 weeks No CAMHS Strategy	CAMH Strategy and Transformation Plans in place. Average wait time for local Tier 3 service: 2.6 weeks (2016/17) 3.8 weeks (2017/18 YTD) Average wait time for centralised neurodevelopmental service: 11.3 weeks (2016/17) 9.3 weeks (2017/18 YTD)	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks	G	The Single Point of Access continues to have a positive impact on wait times locally. However, demand on centralised neurodevelopmental assessment service continues to grow with some families waiting longer than the target waiting times in spite of waiting list reduction funding initiatives.

Excess weight (overweight and obesity) in 10-11 year olds	36.4% 2013/14	34.7% (2015/16) 34% (2016/17)	35.7%		Excess weight refers to those that are obese and overweight. Excess weight in 10-11 year olds in Merton has been lower than the London average for the last 7 years, and there are signs that the trend in excess weight is beginning to decrease. The target set reflected the aim to halt and then begin to reduce this upward trend. Data for 2016/17 shows a reduction in excess weight at age 10/11 years since 2013/14 and has met the H&W target. However, there is a gain of 12.9% between level of excess at age 4-5 years (21.5%) and 10-11 years (34.4%)
Gap between % of 10-11 year olds with obesity weight between east and west Merton	6.2% 2010/11-2012/13	9.2% gap 2012/13-2014/15 10% 2013/14 – 2015/16 Trend in the gap between east and west Merton is increasing: East: 23.5% obese West: 13.5% obese	2015/16 – 17/18 9.2% 2016/17 – 18/19 8% New target proposed	R	There is a higher rate of obesity in the east of the Borough than the west which does link to deprivation. This is measured using data aggregated over 3 years. Trend over time show levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing . A new target is proposed: To halt the widening gap in childhood obesity between east and west Merton by 2018 and then reduce this gap by 2020, by improving in the east of the borough (levelling up). Child healthy weight action plan includes focus on whole systems preventative

					approach, with population wide approaches, but targeted in the east of the borough.
Gap in % children achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium	24% (2012/13)	2014/15 - 23%	20%		The gap between % of pupils achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium has reduced slightly between baseline and 2014/15. **The measure has now changed nationally. Therefore this indicator would need to be reviewed and amended to align to the new reporting measures as part of the refresh for the Health and Wellbeing strategy.** Attainment data for 2016/17 will be published in the Schools Standards Report in March 2018.
Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years	15% (2012-13)	2016/17 - 13%	A target was not set because nationally the indicator was due to change.		The Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years has reduced between baseline and 2016/17. Whilst the gap looks like it has only narrowed by 2%, the attainment is much higher for this cohort of children than before. **The measure has not changed, contrary to what was expected and a target had not been set. Therefore this indicator would need to be reviewed as part of the refresh for the Health and Wellbeing Strategy and a target is set going forward.**

Theme 2: Good health- focus on prevention, early detection of long term conditions and access to good quality health and social care

2.1 Outcome: A prevention strategy will set the framework to embed prevention into local public policy and make health everyone's business to ensure that every contact counts and that influences on health make a positive impact

- A prevention framework has been developed that sets out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. The approach, supported by Merton CCG, is based on employing a combination of programmes and actions at population, community and individual levels- creating opportunities for people to adopt healthy behaviours as part of every day life. The framework clarifies roles of partners - across the council, NHS, voluntary and private sectors in the changing financial and commissioning context. It is a tool to help integrate prevention within CCG commissioning as well as the Council activities, and as all boroughs in South West London have signed up to approach links closely to the Sustainability and Transformation Partnership.
- Merton Council has been participating (as the first London Council) in the LGA's *Health in All Policies* learning initiative to translate its existing commitment into an action plan. Successes include the Prevention Matters workshop held in October 2017 with the LGA for over 20 councillors, local GPs and Healthwatch to help improve understanding of health across Merton and encourage all to become champions of health and wellbeing. LGA facilitators were, joined by the Leader and Cabinet leads. All councillors committed to actions to take forward.

2.2 Outcome: Settings across the borough where people spend their time, including workplaces, schools and high streets are healthier and enable individuals to make healthy choices

- The pilot healthy workplace programme, in partnership with the Merton Chamber of Commerce, has provided significant learning on how to help employers to support their workforce to lead healthy lifestyles. Local findings are similar to the experiences of the GLA's Healthy Workplace Charter the key area for development in turning engagement of local business's into real action that produces change. A new programme is in development that will focus on businesses working together, through providing support to the Business Improvement Districts (BID) in the borough.
- The Healthy Catering Commitment (HCC) is being used as the focus for developing a number of healthy high streets in the borough, particularly East Merton. 37 food businesses have been supported to achieve the HCC award and around 50 premises have been visited and supported in helping their customers consume less saturated fat, less salt, less sugar and have the opportunity to purchase smaller portion sizes. We are working on how to support the HCC across Merton, linked to the

Childhood Obesity work, so that businesses are supported through a light touch programme that provides light touch guidance and support.

- The revised Statement of Licensing Policy (SLP) was formally adopted by the Council in November 2015 and published in Jan 2016. It included a new Cumulative Impact Zone (CIZ) for Mitcham Town Centre and the surrounding area, focusing on the off sale of alcohol. The review was informed by health analysis undertaken by Public Health. Public Health continues to support the Licensing Sub-Committee in making informed judgements. It is important to note that this is partially restricted as there is not a public health licensing objective in the Licensing Act 2003.

2.3 Outcome: Adults make healthy lifestyle choices, including taking up clinical prevention services

- Guided by the prevention framework, and in response to a challenging budgetary position, a new model for supporting residents to lead healthy lifestyles was successfully commissioned and has been in place since April 2017. Delivering under the One You Merton banner, the service has developed a website and digital interventions that promote self care, a targeted stop smoking service, front line training and a comprehensive outreach and engagement programme that includes the training and support to health champions in community groups.
  The contract for the management administration and delivery of the NHS Health Check programme has been awarded to Merton Health, the GP Federation. Aligned to the prevention framework, the delivery of health checks has been targeted to the most at risk groups in Merton; males, south Asians, people with a family history of clinical proven cardiovascular disease before 60 years of age, history of smoking and residing in area of higher deprivation.
- An ACE (Accelerate, Coordinate, Evaluate programme) Bowel Cancer Screening pilot ran for 12 months from October 2015, and was implemented across all 24 Merton GP Practices. Over the course of the programme, GPs followed up on 3,700 non-responders between the ages of 60-74, regarding bowel cancer screening. Screening levels and detection rates in Merton increased as a direct result of the pilot, and project review resulted in 20 key recommendations for Primary Care to consider implementing and incorporating as part of best practice. A range of health facilitation and promotion activities are being delivered to support people with learning disabilities by Community Nurses in LBM Learning Disability service. This includes hospital liaison visits (both planned and unplanned admissions), hospital discharges and follow ups and input to GP work relating to annual health checks and long term conditions. A link work role is undertaken in Residential Homes and supported living homes. Staff also provide health promotion advice and assistance on a variety of lifestyle risks including: obesity, diabetes, smoking and drug and alcohol abuse.

- A strategic framework for the prevention substance misuse and related harm has been developed and approved by the HWB. Led by the Substance Misuse Partnership Board, which reports to the Safer Stronger Executive, the strategic framework has five key themes; (1) Governance, Partnerships and Communication, (2) Prevention and early intervention of alcohol and drug problems, (3) Recovery Orientated drug and alcohol specialist treatment, (4) Families, Children and Young people and (5) Crime and ASB. Identification

2.4 Outcome: Improving access to Mental Health services through integrated locality working, resulting in improved parity of esteem

- This work is still in early inception, and includes as a starting point, a review of supported accommodation for adult mental health service users.

2.5 Outcome: East Merton Model of Health and Wellbeing – Residents of East Merton have access to a model of care that responds to their health needs, focusing on prevention, early detection and management in primary and community healthcare and multi-disciplinary team working with secondary care

- Extensive work is being taken forward to develop the East Merton Model of Health and Wellbeing and under this overarching umbrella, the re-design and re-development of the Wilson Hospital in East Merton is a starting point, as a health and wellbeing campus consisting of integrated health and community facilities, co-designed and co-owned by the community.
- A series of community conversations were undertaken by members of the Health and Wellbeing Board and others in 2016, with communities in East Merton facilitated through community connectors.
- Three health and wellbeing model 'design' workshops have been held in autumn 2017, focusing on mental health, children and young people, and primary care, that have resulted in invaluable insight into the future design, and mechanisms for co-production.
- Funded by Merton CCG, a lead officer called the Wilson HWB Campus Development Manager has been recruited to take the work forward on a full-time basis.
- OPE funding was applied for and secured for the Wilson development.
- The project plan, communications plan, governance, funding vehicle, engagement and co-production mechanisms are in development.

- The Proactive GP Pilot has concluded and the evaluation completed. The findings from this pilot helped to inform the development of a social prescribing pilot in East Merton.
- The social prescribing pilot was operational from January 2017, based in two East Merton GP Practices. A social prescribing coordinator was appointed based in the practices (and hosted by MVSC). Evaluation has shown a positive impact, and as a result Merton Clinical Commissioning Group (MCCG) is to fund an extension and expansion of the scheme for another year to allow for further detailed analysis of the benefits it brings to the health and care system. The longer-term aim is to roll the scheme out to cover the whole borough.

Theme 2: Good health					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
No. frontline staff trained as health champions within HWB partner organisations	0	107 staff trained plus 44 community health champions and 57 officers trained as Dementia Friends.	TBC	G	Staff trained include 48 who completed the RSPH Understanding Behaviour Changes course, 24 staff in children's centres who completed HENRY training and 35 staff who took part in a course on Making Every Contact Count (MECC). A further 58 officers completed Dementia Friends training in May 2017. 33 community health champions trained under the Livewell contract (2015-2017) and 11 as part of the current One You Merton contract (2017-Jan 2018).
Number of employers delivering healthy workplace schemes and / or signed up to the London Healthy Workplace Charter	1 employer	35 employers supporting healthy workplaces and 8 receiving formal recognition	50 employers supporting healthy work places by end of March 2017.	A	Work is underway to provide support to businesses in the Business Improvement Districts (BIDs) to become healthy work places. Organisations receiving formal recognition at Commitment level include Merton Council, MVSC, Merton Chamber of Commerce, Merco Medical Recruitment, Peldon Rose, Wimbledon Guild and Turners Property. Epsom and St Helier have received achievement level recognition.
GLA Healthy Workplace Charter in LBM.	• 'Commitmen	• Draft action plan	• Action plan	G	The council has reached 'commitment' level in the GLA's London Healthy

Theme 2: Good health					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
• Action plan developed by LBM Workplace Steering Group based around the 8 LHWC themes • Council sickness absence rates	t' level • 9.92 days lost per FTE (2014/5)	was agreed by CMT on 11th October 2016.. • 9.3 days lost per FTE (as at October 16) (awaiting updated figure from Corporate HR team)	agreed • 8.0 days lost per FTE[1]		Workplace Charter framework and CMT have committed to strive for excellence, which fits well with Merton's vision to be London's best council by 2020 and the pilot approach to embed 'health in all policies'. The action plan guides the work of the steering group and has had a number of successes including health and wellbeing days for staff, a number of workshops for staff on mental health and stress ion the workplace and the development of a briefing for staff and managers on the menopause.
Statement of Licensing Policy explicitly considers health and wellbeing.	N/A	Achieved.	SLP includes HWB	G	The revised SLP published in Jan 2016 included a new CIZ for Mitcham Town Centre and the surrounding area, focusing on the off sale of alcohol and based on health data.
Gap in alcohol-related harm (Standardised Admission Ratio) between east and west	31.7[2]	30.4 (2010/11-2014/15) 28.8 (2011/12-2015/16)	TBC (25 by 2018)	Not appropriate	Latest figures are for the period 2011/12 -2015/16. Figures shown a reduction in the SAR on both the baseline and previous period. Due to there being a two year delay in data, We will not be know if we have achieved the target (25 by 2018) until 2019/20.) .

[1] The Council's target is 8.0 days per FTE, The CIPD Absence Management Survey, 2013 showed that there was a sickness absence rate of 8.7 days per employee in the whole of the UK Public Sector and 7.2 days in the Private Sector; both have increased since 2012.

[2] Merton Standardised Admissions Ratio Baseline: East SAR 101.44; West Merton SAR: 69.78

Theme 2: Good health					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
No eligible food outlets signed up to Healthy Catering Commitments	New audit of HCC outlets against revised criteria. Baseline therefore zero.	29 awarded the Healthier Catering Commitment (July 2015 – November 2016). Further 8 awarded the Healthier Catering Commitment January 2017 – July 2017 and around 50 premises visited.	Y1: 20 outlets	G	In year 1 target was exceeded Since July 2015, the total number of food businesses who have been awarded the HCC is 37.
Proportion of people using outdoor space for exercise / health reasons *Public Health Outcomes Framework (PHOF indicator - percentages from Annual Population Survey sample so numbers not available)*	15% (Mar 2013-Feb 2014)	16.5% (Mar 2015 to Feb 2016). Merton is lower than England (17.9%) and London (18.0%).	17/18: 20%	A	This is below the target trajectory People accessing outdoor space for exercise/health reasons has dropped from 15% to 11.1% in 2014/15. There has then been an increase to 16.5% in 2015/16. Amber rating is because the proportion of people reported to be using outdoor space for exercise/health reasons is low, given that Merton has an abundance of green spaces. Also, figures are based on small annual survey sample and therefore subject to variability
Smoking prevalence – adults (18+) *Public Health Outcomes Framework (PHOF indicator - percentages from Annual Population Survey sample so numbers not available)*	2015:14.7% 2014:12.8% 2013:12.8%	2016: 12.7%	2018: 10.6%	A	Prevalence has declined since 2015 but is still lower than England (15.5%) and London (15.2%). However, we have not hit the target of 10.6%. To note: figures are based on small annual survey sample and therefore subject to variability

Theme 2: Good health					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
Alcohol-related admissions to hospital *Public Health Outcomes Framework PHOF indicator – no percentage available)*	517 (2014/15) 537 (2013/14) 502 (2012/13)	507 (2015/16)	17/18: 458	A	Admissions have fallen slightly in 2015/16 and are still lower than England (647) and London (545). Figures subject to annual variability and therefore further trend analysis required
ACE (Accelerate, Coordinate, Evaluate programme) Bowel Cancer Screening Pilot developed, implemented and evaluated • Number of GP Practices participating in the pilot • Percentage of patients sent a bowel screening test (FOBT) and did not submit the test, who were engaged through the pilot	N/A N/A N/A	Pilot ran for 12 months from 1st October 2015 24/24 GPs participated in the pilot GPs followed up on 3700 non-responders between the ages of 60-74 Screening uptake increased by 3.9% compared to the same cohort 2 years before Clinical audit based on 1,077 non-responders, yielded a further 74 completed kits; 71 results recorded were normal, 2 needed to be	15 GP Practices 80% of patients	G	Screening levels and detection rates in Merton increased as a direct result of the pilot Project review resulted in 20 key recommendations for Primary Care to consider implementing and incorporating as part of best practice Pilot demonstrated the pivotal role played by GPs in delivering screening interventions together with the importance of supporting and incentivising GPs in sustaining ways of increasing bowel cancer screening uptake Since completion of the pilot on 30th September 2016 Open Exeter data shows a decline in the uptake figures

Theme 2: Good health					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
		repeated and 1 showed abnormality investigated by colonoscopy			
East Merton Model of care developed and plan in place to with resources to deliver actions.	N/A	Progress to timeline	Model of care developed and plan in place with resources to deliver actions	G	Extensive work on first phase of the Development Programme underway. Governance via Wilson programme board.
A range of Health facilitation and promotion activities delivered to support people with learning disabilities	0	The breakdown of health facilitation is as follows: In the Merton LD team: 3 Community Nurses 1 Senior Community Nurse/Psychotherapist 2 Clinical Psychologists 1 Physiotherapist 1 Occupational Therapist 1 Occupational Therapy assistant 2 Speech and Language Therapists Creative Psychotherapies	Range of activities and support in place	G	This is an extensive and specialised service provided by LBM nurses/ psychotherapists. It is difficult to give a definitive number on current caseloads due to the unpredictability of the work.. The community nursing service offers support to GP practices, and in cases where clients have no effective advocacy, will support clients to attend GP appointments so that they can fully understand the implications of what the GP is telling them. In addition, the Nursing team support with the production of hospital passports, to ensure that the person's needs are understood when they attend hospital appointments. Nursing staff also facilitate a drop in health clinic at the day centres throughout the year. Individual health promotion work is also undertaken, including co-ordination of

Theme 2: Good health					
Outcome Indicator	**Baseline**	**Current**	**Target**	**RAG rating**	**Commentary**
		team (based at LD day centre) 1 FTE 2 PT			health services for an individual's complex needs.

Theme 3: Life skills, lifelong learning and good work

3.1 Outcome: The number of Jobseekers Allowance claimants in Mitcham is reduced

- The Economic Wellbeing Group set the target to reduce the number of JSA claimants within the 4 most deprived wards of the borough where unemployment rates continue to remain significantly higher than the borough average. These wards are Cricket Green, Pollards Hill, Lavender Fields and Figgie's Marsh, and are covered by Mitcham Job Centre Plus. Strong links have been developed with the Job Centre Plus and a small reduction in the number of JSA claimants has been achieved – 2.32% of the working population in the area against the baseline of 2.77% (average for the four most deprived wards). The target of 1.7% of the working population by March 2017 is ambitious. The Council no longer provide grants to support employability programmes for local providers to deliver so the EWG can only provide partnership support using their existing resources.
- From August 2017 DWP discontinued this dataset when they changed the way they publish their benefit statistics. Under the new Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance, referred to as out-of-work benefit claimants. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.
- The records for December 2017 show out-of-work benefits in Merton at 1.7% (2,345 claimants) compared to the average for the four most deprived wards at 2.85%. (London's out-of-work benefits 2% and Great Britain 1.9%)
- Cricket Green 3.2% (235 claimants)
- Pollards Hill 3.0% (215 claimants)
- Lavender Fields 2.3% (175 claimants)
- Figges Marsh 3% (235 claimants)

A comparison with Merton's four most affluent wards is as follows (average of 1.0%):-

- Wimbledon Park 1.0% (70 claimants)
- Hillside 0.8% (50 claimants)
- West Barnes 0.9% (60 claimants)
- Dundonald 0.4% (30 claimants)

Figures on out-of-work benefits are obtained from NOMIS.

3.2 Outcome: Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors

A London Councils European Social Fund Operational Programme (ESF) is aimed at supporting residents under:

- Priority Axis 1 – Inclusive labour Markets
- Priority 1.1 - Improving the employability and skills of the unemployed and economically inactive people
- Priority 1.4 - To address the root causes of poverty which creates barriers to work so more people move closer or into employment
- Priority Axis 2 – Skills for Growth
- Prevista were awarded the contract in December 2017 and the employability programmes have begun to be delivered from January 2018. Support is provided for 19-25 year olds unemployed for more than 6 months and for over 25 year olds unemployed for 12 months. Prevista who have based their offices at Vestry Hall, Mitcham. There are currently no figures available to report on numbers of residents supported.

3.3 Outcome: Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created

- The funding to support this Merton Business Support Service (MBSS) programme is no longer available and was closed in October 2016. Merton Chamber of Commerce have introduced a commercial version of the programme, which they deliver independently. Anyone enquiring about business support is directed to this programme.
- Merton is part of the sub-regional alliance known as the South London Partnership (SLP). The five boroughs (Merton, Sutton, Kingston, Richmond and Croydon) have commissioned Shared Intelligence to deliver a sub regional Skills Strategy which should be published at the end of February 2018. This will include activities to support businesses to grow and will lead to an Action Plan that will help residents into employment.

3.4 Outcome: Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes

- Courses for English for speakers of other languages are mainly being delivered through two commissioned partners – South Thames College and Groundwork London. Health themes have been embedded into all courses. 38% of learners live in deprived wards, a total of 262 learners – although slightly below target for proportion of learners from deprived wards, the learner number has been exceeded. This is partly attributable to the increased focus on increasing key life skills courses within the provision of the new commissioned service. .

44

Theme 3: Life skills, lifelong learning and good work					
Outcome Indicator	**Baseline 2015**	**Current**	**Target 2018**	**RAG rating**	**Commentary**
The number of JSA claimants at Mitcham JCP and ESA claimants **Please note that From August 2017 DWP discontinued this dataset** when they changed the way they publish their benefit statistics. Under the new Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise. **In future this will be reported as number of out–of- work benefit claimants**	Average for deprived wards is 2.77% (NOMIS June 2015)	2.85% (860)	1.7% (513)	A	The records for December 2017 show out of work benefits in Merton at 1.7% (2,345 claimants) compared to the average for the four most deprived wards at 2.85%. (London's out–of- work benefits 2% and Great Britain 1.9%).
Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors	100 residents in IT and 200 residents in employability skills training	160	+ 150 employed	G	The initial target has been exceeded Reporting on this target beyond 2015/16 will relate to the new ESF London councils' programme - *still to be published*
Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created	N/A	**545** new jobs created	+160 jobs	G	The MBSS programme completed in October 2016. Anyone enquiring about business support is directed to the Merton Chamber of Commerce support programme. Unfortunately the service is no longer supported financially by the council and so people seeking help

					will need to pay the Chamber.
Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes	36% of learners on qualification live in deprived ward. 60 ESOL learners using health themes	38% of learners live in deprived wards, which total 262 learners. Health themes embedded into all courses	40% 240 ESOL learners using health themes	A	Although below target for proportion of learners from deprived wards the learner number has been exceeded. This is partly attributable to the increased focus on increasing key life skills courses within the provision of the new commissioned service.

Theme 4: Community participation and feeling safe

4.1 Outcome: Number of people engaged in their communities is increased through volunteering

- A new Joint Voluntary and Community Sector and Volunteering Strategy was developed and published in February 2017
- In 2015/16, 904 volunteers received extra support by MVSC's Volunteering Recruitment Team and assisted into volunteering opportunities in their local community. From April 2016, MVSC's LBM funding ceased for Youth Action Programme (disadvantaged 16-18 year olds); Ageing Well Supported Volunteering Programme (disabilities, long term health conditions, mental health issues, long term unemployed); and Merton Library Volunteers recruitment programme. MVSC has gained some external funding to deliver programmes but with a large reduction in capacity of approximately 58%. A revised trajectory was therefore proposed for 2017/18 of 250 Volunteers with additional support needs interviewed and assisted into volunteering opportunities. This was met, with 252 volunteers who require extra support to volunteer have been interviewed and assisted into volunteering opportunities
- In addition to the 252 residents who received face-to-face support (through the above supported programmes, volunteer recruitment sessions and individuals dropping into MVSC), a further 537 residents have been able to access volunteering opportunities via the Volunteer Merton website, therefore the total number of residents able to access volunteering opportunities easily in 2017/18 was 789.
- The new Volunteer Merton online portal launch in April 2016 and over 700 residents have accessed the website and database of 200+ local volunteering roles or have been supported by MVSC in another way in order to access volunteer opportunities.

4.2 Outcome: Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion

- A range of capacity building activities (including training, partnership bids and group forums) delivered to support the health agenda, particularly in East Merton. Funding workshops delivery and funding secured to support health activities.

4.3 Outcome: People remain independent or regain independence as far as possible

- A new reablement service has been implemented and has performed well achieving a significant improvement in the proportion of older people who are offered reablement on discharge from hospital. Reablement remains a key short term intervention, and has become increasingly critical to managing hospital discharges

4.4 Outcome: People feel safer through tackling perceptions of crime

- Metropolitan Police (October 2016) reports public confidence is currently at 68% (1% increase) for the borough which is 1% below the Met average. The Met with partners through Local Multi-Agency Problem Solving Panels to put measures in place to improve perceptions of crime and anti-social behaviour (ASB). Maximum use is being made of community messaging and social media to promote perceptions of safety.
- In 2016-17 the ASB service received 713 contacts. This was an increase in excess of 100 from the previous year which also saw a year on year increase. The most common themes for ASB reports remain neighbour disputes, street drinking and environmental crime. We are continuing to utilise our civil intervention powers and are working with police to utilise ASB closure powers to remove person(s) from property's where ASB is being perpetrated and preventing access therefore reducing the ASB on the wider community
- Neighbourhood Watch in Merton plays an important role in strengthening community cohesion as well as crime prevention. Currently Merton's Neighbourhood Watch scheme has close to 30,000 individual members covering the equivalent of 35.5% of the borough. Work between Safer Merton is on-going to maximise coverage as well as maintain active and engaged members.
- Work on hate crime continues with 2016 and 2017 figures being marginally different with a slight reduction in reports for 2017 despite there being five terrorist attacks on the UK. Hate crime remains a cross party priority and Merton is now working towards year two of our four year hate crime strategy. In 2017 we relaunched our website for hate crime and launched a new leaflet and scheme logo which is designed to help strengthen awareness of victim offer, branding and increase reports. The leaflet is attached for reference and sharing
- Moving forward we are preparing for the merger of four policing boroughs into one borough operating command unit (BOCU). The southwest BOCU combines Richmond, Kingston, Merton and Wandsworth into one policing area. In pathfinder boroughs community confidence was impacted very negatively so as a community safety partnership we will be monitoring this carefully. The go-live date for the BOCU currently stands as 23 May 2018

4.5 Outcome: Causes of crime addressed through a place based approach focusing on hot spots

- The 2016-18 Community Safety Strategic Assessment identified one ward where crime was increasing and which required a concerted partnership approach. As a result there will be a focus of work for 24 months across Wimbledon Park Ward. This ward will undergo profiling and problem solving processes to ensure that a strategic and sustained crime prevention methodology can be adopted and used to benefit the ward and the surrounding area
- It is proposed that outcome indicators for the H&WB Strategy are revised to reflect the findings of the planned Strategy Assessment early next year, and reflect recent Domestic Violence needs profile, and a focus on alcohol related crime
- Local Alcohol Action Areas (LAAA) – a bid is being submitted to the Home Office for Merton to be part of a new, two year pilot, which works to address crime committed where alcohol is present. This does not provide funding but access to the specialist advice and expertise of the Home Office and Public
- Health England. The bid is based on a partnership approach between businesses, police, public health and Safer Merton with actions focusing on Wimbledon Town Centre and Mitcham Town Centre. Selection is made in December.

Theme 4: Community participation and feeling safe					
Outcome indicator	**Baseline**	**Current**	**Target**	**RAG**	**Comment**
Refresh Merton Partnership Volunteering Strategy for 2015-17	20% of residents report volunteering participation (Resident Survey 2014indicator)	No resident survey 2016	21% from 2015	G	A new Joint voluntary and community Sector and Volunteering Strategy was developed and published in February 2017
Residents who require extra support to volunteer e.g. with disabilities, long term health conditions, mental health problems, 16-18 year olds, and the long term unemployed are supported to volunteer	800 residents 2014/5	Target of 900 residents for 2015/16 , 904 residents supported achieved 2016/17 –to date 313 volunteers supported	Suggested provisional trajectory in 2017/18: 250 Volunteers with additional support needs interviewed and assisted into volunteering opportunities. 2017/18 Outcome: 252 volunteers who require extra support to volunteer have been interviewed and assisted into volunteering opportunities.	G	Target exceeded for numbers of residents supporting in volunteering
Residents are able to easily identify volunteer opportunities and approach organisations	1000 residents 2014/5 (MVSC stats)	2015/16: 2,800 residents contacts (face-to-face support & via MVSC website) (target 1,200)	2016/17: target 880 2017/18: proposed target 750 Suggested trajectory for this action in	G	Target exceeded New Volunteer Merton online portal established April 2016

			2017/18: 750. Approximately 252 residents have received face-to-face support (through the above supported programmes, volunteer recruitment sessions and individuals dropping into MVSC). A further 537 residents have been able to access volunteering opportunities via the VolunteerMerton website. Total number of residents able to access volunteering opportunities easily in 2017/18: 789		
Increase in finance levered into Merton for health and wellbeing activities within the voluntary & community sector in the east of the borough	2 workshops £100,000 secured	5 funding workshops delivered £125,000 levered in	Annually Between April and December 2017, over £830,000 in grant funding has been levered into local organisations to support their continued delivery of health & Wellbeing related services and projects.	G	On target

Capacity building across community groups to enable partnership working with public sector on health and wellbeing agenda	N/A	Capacity building activities implemented	6 monthly 63 organisations (including 11 new start-ups) located or delivering services/activities in East Merton supported.	G	Target achieved
Ensuring that the right people receive reablement services (proportion of older people 65+ who were offered a reablement or intermediate service BCF & ASCOF indicator	2015/16 4.4% 2014/15 5.4% 2013/14 1.6% -against comparator LAs of 4.6%	2016/17 4.0% Against comparator LAs 3.9%	TBC	G	Good performance against baseline and comparators
Improve the provision of mental health peer support services for adults- Pilot Project	N/A	Pilot developed and commissioned to Imagine Independence. Pilot is currently underway.	Pilot developed, implemented and evaluated	G	Pilot has been developed, implemented and has been running for 1 year and 4 months. To date over 20 peer support workers and over 100 clients have accessed the service. An evaluation is currently taking place to inform the specification for the new service.
Support older adults to reduce	N/A	The total number of service	At end of year 2	G	There has been an increase in

loneliness and isolation, and remain or regain independence: Two year Pilot Merton Befriending Scheme Number of eligible Merton residents with: a) Telephone befriending b) Face to Face Befriending		users seen since the start of the service is 224 (up to September 2017).	92 telephone clients and 92 face to face clients seen in Pilot		the last year in the number of service users, with a total of 104 during the last four quarters. Service users predominantly want a face to face service and the number of telephone clients is low. A new befriending service has been recommissioned from February 2017.
People feel safe through tackling perception of crime	75% respondents 2015	Safer Merton Resident's Survey now asks how safe people feel when outside in their local area during the day, almost all (96%) feel safe, with no respondents stating they feel very unsafe. After dark, 85% feel safe, although most of these feel fairly safe (63%) as opposed to very safe (22%).	80% respondent	G	In previous years the question was a generic how concerned are you about crime. In the latest survey the question differentiates between how safe residents feel during the day, compared to at night.
Causes of crime addressed in three Hotspot areas identified through the vulnerable localities index	Crime rate in identified ward area before intervention	Not progressed due to revised Safer Merton priorities			Proposed revised outcome indicator and target –following report of Strategic Assessment early 2017. This will be addressed in the refresh of the HWB Strategy 2018

Theme 5: A good natural and built environment

Outcome 5.1: Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission in Merton

- All Merton's Local Plan and development plans are being supported by a Health Impact Assessment (HIA). The HIAs seek to ensure that health and wellbeing including mental health is embedded in Merton's Local Plan and development plans policies.
  - Public Health is currently carrying out HIAs for the Morden town centre regeneration and Merton's new Local Plan. The HIAs will inform and influence the development of the Plan towards adoption.
  - Merton is working towards becoming a Dementia Friendly borough. As part of the development of Merton's Local Plan, Dementia Friendly good practice will be incorporated in the Local Plan and its policies.
  - ~~o~~ Council requires that all major development applications are supported by an HIA and that the applicant engages with Public Health to gain understanding of the borough's health inequalities and council health priorities, before submitting a HIA and planning application.

Outcome 5.2: Fuel poverty is reduced through collective energy switching

- Fuel poverty affects the most vulnerable residents in our communities and can have adverse impacts on their well-being. The high, and rising, cost of energy is a significant contributor to this problem, and collective energy switching can help reduce residents' energy bills – particularly alongside other key approaches such as increasing home energy efficiency.
- In Merton the aim has been to promote and facilitate the Big London Energy Switch in to enable residents, especially those without internet access, to access collective energy switching programmes. The target of increase annually participation of residents has proved extremely difficult to achieve. There is no dedicated resource to support this activity and our efforts also 'compete' with a range of other initiatives such as the national Uswitch campaign. Vulnerable residents are more likely to have pre-paid meter arrangements and any debt will mean that it is not always possible to switch energy supplier.
- Latest figures on levels of fuel poverty show that since 2012 there has been a gradual increase in Merton. An estimated 10.2% of household (8,151) are fuel poor (2015) compared to 8.6%(6,469) in 2012. The current level of fuel poverty is similar to London (10.1%) and less that the average across England (11.4%).

Outcome 5.3: Pollution is reduced through an increased number of trees in parks

- The programme of tree planting is on-going with sustained investment. More trees are planted every year - in part to off-set losses – both in parks and on highways. Trees are also an appreciating asset and natural growth results in increased canopy. A longer time is required to measure accurate tree coverage and assess impact, and not possible at this interim stage. There is no longer any funding for tree planting and establishment in parks so currently no planting programme.

- **Outcome 5.4: Homelessness Prevention through appropriate advice and assistance** (proposed revised housing outcome)
- Homelessness Prevention is a central plank to the Council's Housing Needs Service and is in accordance with the provisions of the Housing Act 1996 and the associated government code of guidance. Homelessness Prevention prevents admission into temporary accommodation which households have not chosen themselves and instead gives households the opportunities to continue to occupy their homes until they can make a planned move to suitable alternative accommodation and importantly it brings significant benefits to individual health and well being and seeks to improve life chances
- The importance of Homelessness Prevention is reinforced in the Homelessness Reduction Act, which will be enacted on 1st April 2018.

Theme 5: A good natural and built environment					
Outcome indicator	**Baseline**	**Current 2016**	**Target 2017/18**	**RAG rating**	**Commentary**
Undertake Health Impact Assessment	HIA not part of planning processes	HIA of Estates Local Plan by Future Merton working with Public Health: Estates Local Plan adopted February 2018.	Every significant developments & masterplans have a HIA	G	HIAs introduced into planning system in line with trajectory for 2018 Estates Local Plan: adopted February 2018 Clarion Housing Group, submitted a full HIA as part of the planning application for, the following three housing estates: High Path (South Wimbledon), Ravensbury (Morden) and Eastfields (Mitcham). Public Health are working with planners on the Morden town centre regeneration Local Plan Thames Water site (Fortescue Road SW19) A HIA was submitted with the planning application.
Promote & facilitate the London Energy Switch in Merton	2013/14 Total registrations: 1103 Total switchers: 117	2014/15 Total registrations: 302 Total switchers: 88 (-24% on 2013/14) 2015/16 Total registrations: 385 Total switchers: 74 (-37% on 2013/14)	Increased participation of 10% annually	R	*Discussed at HWBB in 2017 as inappropriate indicator which will be reassessed in 2018 HWBS refresh.* No dedicated resource to promote uptake; other major collective energy switching

		2016/17 (*to date) Total registrations: 254 Total switchers: 147 (+25% on 2013/14) 2017/18 (*to date) Total registrations: 100 Total switchers: 20			schemes; vulnerable groups possible with debt & have prepaid meters have difficulty switching. *In relation to fuel poverty Merton has secured funding from the Mayor of London's for a new scheme offering free home visits and small measures to low income households to help people stay warm for less. The scheme will be run in partnership with Kingston, Sutton Richmond and Wandsworth and launched later in 2018.*
Increased tree planting & increasing tree canopy cover	5.5% (5.9% to 6.5% (6.9%) tree cover by LBM managed trees and woodland	No interim measurement by aerial photography survey available	3% increase in LBM managed tree canopy cover		Currently there is no planting in Parks due to absence of budgetary provision
Homelessness Prevention through advice and assistance	450 cases	413 cases (as at end of January 2018)	450 cases annual target	G	On track to achieve annual target

This page is intentionally left blank

Committee: Health and Wellbeing Board

Date: 27 March 2018

Subject: Merton Safeguarding Adults Board (MSAB) Annual Report 2016/2017

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care & Health

Lead officer: Teresa Bell Independent Chair of the Merton Safeguarding Adults Board / Lorraine Henry – Safeguarding Adults Manager and

Contact officer: Gemma Blunt Interim Service Manager, Adult Social Care

---

Recommendations:

A. The report is for the board members' information.

---

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The Safeguarding Adults Board annual report provides the yearly overview of Safeguarding adult's activity in the London Borough of Merton for year 2016/2017. The report contains the yearly data, partner agencies safeguarding adults at risk audit tool response, as well as reports on progress of the boards work and detail of what is being worked on by the board in the following year.

2 BACKGROUND

2.1. This yearly report is presented to the Health and Wellbeing board following sign off at the MSAB and internal DMT meeting. This annual report was signed off at the September 2017 MSAB and DMT meeting on 16th November 2017.

3 DETAILS

3.1. The annual report covers the following areas:

3.2. MSAB Strategy update for 2016/2017

3.3. Safeguarding Adults Data

3.4. Partner contributions (safeguarding adults at risk audit tool responses)

3.5. Safeguarding board actions for 2017/2018

4 ALTERNATIVE OPTIONS

4.1. N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. N/A

6 TIMETABLE

N/A

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. N/A

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. This annual report reports on safeguarding adults activity in the borough which is underpinned b the Care Act 2014, section 42 and 43.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. N/A

10 CRIME AND DISORDER IMPLICATIONS

10.1. N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. N/A

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

Appendix 1: Safeguarding Adults Board Annual Report 2016/17

13 BACKGROUND PAPERS

N/A

Merton Safeguarding Adults Board (MSAB)

Merton Safeguarding Adults Board

Annual Report 2016-2017

MESSAGE FROM THE CHAIR

I am very pleased to introduce the Annual Report for the Merton Safeguarding Adults Board 2016/17. I am in my first year as Merton SAB's first Independent Chair and I am very grateful to all partners for their welcome to me in this role, and for their ongoing support. The Annual Report reflects the partner's commitment and enthusiasm for taking forward shared vision and actions over the past year, to develop the work of the Board and to respond to the relatively new demands of statutory status.

This Report shows what the Board aimed to achieve on behalf of the residents of Merton during 2016/17, both as a partnership and through the work of its participating partners. It illustrates an increasingly ambitious agenda and what the Board has been able to achieve, as well as those areas for action that we still need to address. The Report provides a picture of who is safeguarded in Merton, in what circumstance and why. This helps us to know what we should be focusing on for the future. The Operational Sub Group which was originally established to implement some improvements identified in the 3 Year Strategy has been reformed to ensure that the challenges of our duties are met, including undertaking, and learning from, Safeguarding Adults Reviews. We are also enhancing our performance management and quality assurance data to underpin and inform our priorities more effectively.

Additionally, progress is being made in terms of ensuring that the work of the Board is accountable to local people and I am looking forward to working with partners to find new ways of hearing from and engaging with local individuals and community groups, so that our work is directly informed by learning from people's experience of local services.

I am very aware of the pressures on partners in terms of resources and capacity so would like to thank all those who have engaged in the work of the Board, for their time and effort. In particular, I would like to thank Gemma Blunt, Merton Council's Safeguarding Manager for her organisational support, which makes an enormous contribution towards helping the Board deliver its aims and objectives. There is a great deal that we need and want to do to reduce the risks of abuse and neglect in our community and to support people who are most vulnerable to these risks. I am confident that the Board's partners have the vision and dedication to achieve our shared aims and I look forward to continuing to chair the partnership in the next year to progress our work.

Teresa Bell

INTRODUCTION

This annual report is produced on behalf of the Merton Safeguarding Adults Board (MSAB).

This report outlines the progress made during the year April 2016 – March 2017 and how local and national developments have influenced this. This report will also describe our actions for April 2016-March 2017 and continued efforts to ensure the board is strengthened in line with our statutory footing since the Care Act 2014 was introduced.

WHO WE ARE

The Safeguarding Adults Board's membership is as follows:

- Independent Chair
- Director of Community & Housing London Borough of Merton
- Director of Quality Merton and Wandsworth CCG
- Borough Commander, London Fire Brigade
- Borough Commander, Metropolitan Police
- Safeguarding Lead, London Ambulance Service
- Safeguarding Adults and DOLS Team Manager, London Borough of Merton
- Head of Access and Assessment LBM
- Safeguarding Lead, St George's NHS Trust
- Safeguarding Lead, CLCH
- Associate Director of Social Work S.W. London and St Georges Mental Health NHS Trust
- Health Watch
- London Probation Service
- Circle Anglia Housing (now known as Clarion)

The Board meets quarterly, four times a year.

MSAB has 3 core duties in line with the Care Act 2014 guidance:

- it must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan
- it must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action
- it must conduct any safeguarding adults review in accordance with Section 44 of the Act.

This work is underpinned by the six safeguarding adult principles:

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

OBJECTIVES AND THREE YEAR STRATEGY UPDATE

The main objective of a MSAB is to assure itself those local safeguarding arrangements and partners act to help and protect adults in its area, as directed within the Care Act 2014 guidance.

As a local multi-agency Board, comprising senior representatives, the Board will carry out the following key functions in order to meet our main objective:

- Strategic leadership and oversight of adult Safeguarding arrangements in the London Borough of Merton discharged through all statutory and non statutory partners.

- Monitoring continued compliance with the Care Act 2014.

- Oversight of the effective implementation of the Pan London Safeguarding Adults Policy and Procedures at local level.

- Support and guide communities and organisations to ensure that the circumstances in which neglect and abuse occur in the London Borough of Merton are actively identified and prevented, thereby promoting the welfare and interests of adults at risk.

- Raise awareness, knowledge and understanding of abuse and neglect in order that communities and organisations know how to respond in an effective, coherent and timely way when safeguarding issues arise.

- Ensure that adult's at risk that use services that fall within the remit of the Board are safe and their care and treatment is appropriate to their needs.

- Ensure that each partner organisation has systems in place that evidence that they discharge their functions in ways that safeguard adults at risk.

- Work together as a Board to learn and share lessons learnt from national and local experience and research and to promote best practice by ensuring that such learning is acted upon.

- Develop systems to audit and evaluate the impact and quality of safeguarding work to aid continuous improvement of interagency practice, including lessons learned from practice.

- Develop and maintain a strong and evolving network of stakeholders including adult's at risk, their carers and advocates.

- Undertake Safeguarding Adults Reviews when it is confirmed or there is strong evidence to suggest that an adult at risk has died, been significantly harmed or put at risk as a result of abuse or neglect.

Making Safeguarding Personal is the intrinsic link which is integrated through our objectives. Whilst we may undertake specific work linked to strengthening the Making Safeguarding Personal agenda in Merton, this agenda is significant and relevant in all of the objectives and underpins the board functions and how we apply them.

Safeguarding Board Achievements

The board have successfully achieved the following actions during this year:

1. Leadership and Governance

1.1. Set up an Operational Subgroup of the SAB to meet bi-monthly to ensure that the Delivery Plan is delivered (Chair - Member of the MSAB; Core Membership - safeguarding leads from 3 statutory partners). The operational subgroup to ensure that: delivery plan is actioned, monitored and reviewed.

The first sub group will begin in June 2017, membership is established.

1.2. Task and Finish groups to be set up by the MSAB or Operational Subgroup to achieve the objectives of the delivery plan.

This action is in place and the board held a Hoarding task and finish group to update the Hoarding protocol into 2017.

1.3. Appoint an Independent Chair for MSAB and agree a MSAB Budget for the Chair and MSAB support.

We are pleased to have Teresa Bell as our independent chair of the MSAB. Budget considerations have begun and will continue to be discussed and explored into the following year 2017/2018.

1.4. Review the membership of MSAB, including identifying advocacy and service user voices on the MSAB.

We have yet to have an advocacy representative on the board but we continue to explore how we can ensure service user voice and welcome hearing about the South West London and St George's Trust Making Safeguarding Personal Group.

2. Performance Management and Quality Assurance

2.1 Agree and establish a performance framework (both performance information and analysis) including reporting on: the 'conversion rates' from safeguarding concerns to enquiries, by referral source and category; trends in types of abuse; outcomes identified by service users and achieved through s.42 enquiries; impact of safeguarding activity; safeguarding activity reporting from all MSAB partners; provider quality and safeguarding concerns (from the multi-agency quality monitoring meetings); repeat adult safeguarding referrals and activity.

A task and finish group has been set up to look at this action in more detail and will be carried forward into the next year.

2.2 Develop and deliver quality assurance tools e.g. quality audits of case files.

This work will be carried out by the operational sub group and will be included in their annual work plan once fully operational.

2.3 Review 2015/6 Merton data in order to benchmark performance, both regionally and nationally, to inform future priorities

This work has begun and includes involvement in the work by the London Safeguarding Board that will produce a London wide data set which can accurately benchmark safeguarding data with other boroughs. The NHS Digital data collection cannot accurately do this at present as it does not account for how each local authority logs a safeguarding concern or enquiry.

2.4 Identify where issues raised through safeguarding concerns could be resolved without s.42 enquiries, and appropriate information and advice provided as safeguarding early intervention and prevention activity.

This action will be taken forward to the following year.

3. Safeguarding Adult Reviews

3.1 Develop and adopt a Safeguarding Adults Review(SAR) protocol so that the partnership can learn and improve safety and wellbeing of Merton residents.

This has been completed and signed off with the board.

3.2 Set up a process to manage and deliver the SAR protocol so that staff understand the criteria for a SAR, and how cases can be escalated for consideration by the Operational Sub group.

This will be in place through the operational sub group.

3.3 Ensure partner agencies contribute to the SAR processes.

Partners contribute to the process through the operational sub group.

4. Workforce Strategy

4.1. Co-ordinate adult safeguarding training and development plans across all partners – share plans and review to ensure a consistent approach to competency expectations (use Bournemouth model/ NHS intercollegiate safeguarding competency model?)

This action will progress through the operational sub group into the next year.

4.2. Prioritise legal literacy training across priority staff groups in LA, MHT and CHT (undertaking and managing enquiries?)

LBM will renew their ASC training offer to council staff involving safeguarding and legal update courses. Opportunity for partners to access these courses will be discussed and explored into the next year with the development of a safeguarding board training offer.

4.3 Review MCA training to ensure consistent approach across all agencies and use of Toolkit

This will be carried forward to the next year and included within the training discussions.

4.4 Consider how to assess that training has had the desired impact in terms of improving staff effectiveness (e.g. via multi agency case file audit?)

This will be the work of the operational sub going forward into the next year.

5. MSAB Strategy 2017-20

5.1. Independent Chair to lead a review of current strategy and the process for developing a new strategy.

This will be completed in the Autumn of 2017

5.2. Consultation is undertaken during 2016/17 and this informs the priorities of the draft strategy for 2017-20.

The safeguarding and mental capacity learning forum will be utilised to ensure consultation with staff regarding the new strategy is completed.

NATIONAL AND LOCAL PROGRESS

The Care Act 2014 came into practice on 1st April 2015. The Board is compliant with the requirements of the Care Act by:

- Establishing the board on a statutory basis
- Involving key partners as board members
- Ensuring requirements under schedule 2 of the Care Act 2014 are followed and in place.

The Multi Agency Pan London Safeguarding Adults at Risk policy and procedures were published in November 2016 and have been adopted by the Board entirely with a local operational protocol being revised which details specific arrangements to Merton.

Board Partners completed the self audit – Safeguarding Adults at risk audit tool developed by ADASS in relation to their own organisation. This assisted with giving assurance to the board as well as formulating action plans to meet requirements as set out in the audit.

MSAB Away Day

The board held a planning away day in May 2016, facilitated by Adi Cooper OBE. This was to assist the board with reviewing the 3 year strategy 2014-17 and revising the board actions to ensure they remained relevant.

The notes of the away day were circulated to members and copy of the notes can be requested from the Safeguarding Adults Board Administrator.

The success of this away day ensured that the MSAB were in a position to recruit an independent board chair, develop our SAR Policy and put plans in place to establish an operational sub group which can drive forward the actions from the away day in line with the 3 year strategy.

TRAINING:

Total number of staff attending safeguarding training this year is 341. The breakdown of course and participant follows:

- Raising a concern

85 staff attended this course, 55 participants were LBM staff and 30 were staff from partner agencies.

- Undertaking an enquiry

64 LBM staff attended this course.

- Managers

26 staff attended this course, 4 were managers from partner agencies.

- Basic Awareness

166 staff attended this course, 69 staff were from partner agencies.

SAFEGUARDING ADULTS DATA:

London Context:

There is an existing common data set, the Safeguarding Adults Collection (SAC) (previously known as the Safeguarding Adults Return (SAR)) collected by NHS Digital (previously known as the Health and Social Care Information Centre). Despite amendments to the definitions of this data set over the years it has yet to result in reliable data, and NHS Digital still classify the data set as 'Experimental'.

The problem with the SAC can be seen by looking at the data collected by NHS Digital for the number of s42 enquiries per 100,000 of population in London local authority areas in 2015/16 (Diagram 1). The average in London is 205, but there is a very wide spread between areas from 54 in Hillingdon to 410 in Lambeth.

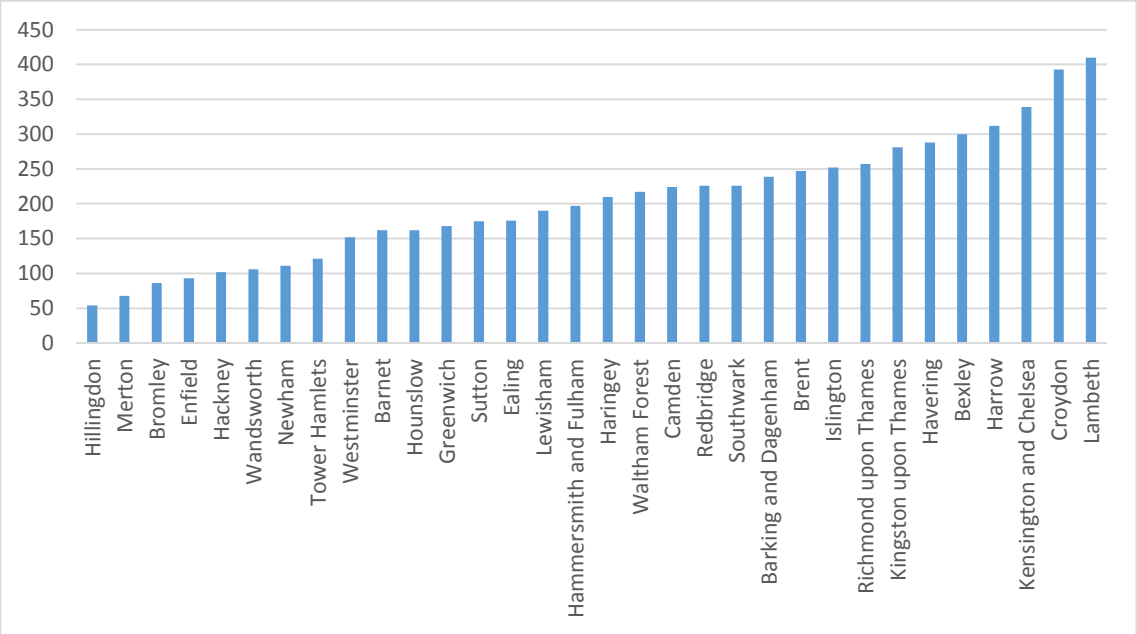


Diagram 1: s42 Care Act Enquiries per 100,000 population 2015/16 (source: NHS Digital)

While there will necessarily be variations in activity levels between areas, it would be unlikely that these would account for such a wide spread. More likely, some of this spread will be due to differences in ways of working, differences in data collection processes, or some combination of the two. The London Safeguarding Adults Network has put a proposal forward to the London Safeguarding Adult's board to develop a common data set for use by local SABs that will give better information about issues such as levels of activity, nature of the issues, timeliness of adult safeguarding enquires, user experience, and impact of the work. This data set will have definitions of the data items that will help reduce the variation due to differences in practice and systems.

London Borough of Merton

Subject to NHS Digital Validation, the SAC data return for the year 2016/2017 is displayed below.

Diagram 2: Safeguarding activity in London Borough of Merton

Table SG1f	
Counts of Safeguarding Activity	**Count**
Total Number of Safeguarding Concerns	**589**
Total Number of Section 42 Safeguarding Enquiries	**104**
Total Number of Other Safeguarding Enquiries	**14**

This table demonstrates that 18% of safeguarding concerns reported to LBM, went on to sec.42 safeguarding enquires. This may appear to be low but what it can suggest is that the borough receives high number of safeguarding concerns and once screened, are either not a safeguarding concern by definition of the Care Act 2014 or are managed at the first stage and not appropriate to proceed further into enquiries. The total number of safeguarding concerns is similar to previous years, for example 2015/2016 at total of 557 were reported, there was an increase this year of 32 concerns.

Diagram 3: Reported categories of abuse

Table SG2a	Concluded Section 42 Enquiries			Other Concluded Enquiries				
Counts of Enquiries by Type and Source of Risk	SOURCE OF RISK			SOURCE OF RISK				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Physical Abuse	8	8	7				23	0
Sexual Abuse	0	0	4				4	0
Psychological Abuse	5	6	3				14	0
Financial or Material Abuse	3	14	2				19	0
Discriminatory Abuse	1	0	1				2	0
Organisational Abuse	5	1	5				11	0
Neglect and Acts of Omission	17	11	12				40	0
Domestic Abuse							0	0
Sexual Exploitation							0	0
Modern Slavery							0	0
Self-Neglect							0	0

This table demonstrates the reported categories of abuse. The SAC does not require mandatory reporting of the categories in grey, LBM do collect this and will be in reportable data form when Mosiac system is functioning.

Neglect is the highest reported category of abuse, followed by physical abuse then financial abuse. This has been the categories reported consistently in previous years and offer no new themes or patterns in LBM.

Diagram 4: Reported categories by location of abuse

Table SG2b	Concluded Section 42 Enquiries			Other Concluded Enquiries				
Counts of Enquiries by Location and Source of Risk	SOURCE OF RISK			SOURCE OF RISK				
	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Service Provider	Other - Known to Individual	Other - Unknown to Individual	Total Section 42	Total Other
Own Home	9	21	9				39	0
In the community (excluding community services)	1	2	1				4	0
In a community service	1	0	4				5	0
Care Home - Nursing	0	0	0				0	0
Care Home - Residential	17	8	10				35	0
Hospital - Acute	0	0	0				0	0
Hospital - Mental Health	0	0	0				0	0
Hospital - Community	0	0	0				0	0
Other	0	2	3				5	0

This table shows that abuse or the risk of abuse is likely to within a residential care home or persons own home. Again, this is consistent to previous years and offers no new themes in relation to activity in the borough.

Diagram 5: Mental Capacity status for individual subject to s.42 enquiries

Table SG3a							
Mental Capacity Table for Concluded Section 42 Safeguarding Enquiries	Age Group						
For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?	18-64	65-74	75-84	85-94	95+	Not Known	Total
Yes, they lacked capacity	11	3	6	8	2	0	30
No, they did not lack capacity	11	4	2	5	1	0	23
Don't know	2	1	2	0	1	0	6
Not recorded	14	1	5	7	2	0	29
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases was support provided by an advocate, family or friend?	9	2	6	6	0	0	23

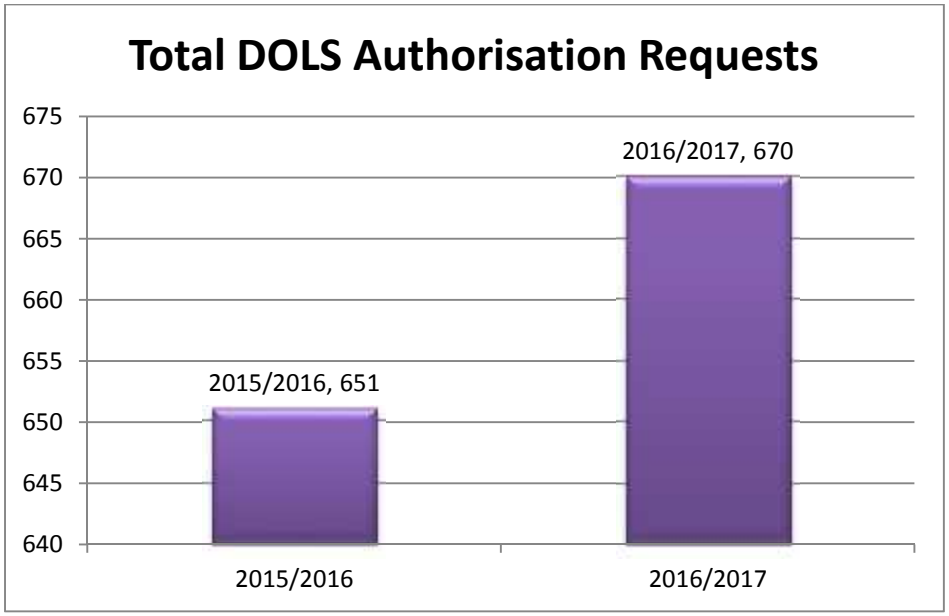
This table demonstrates that the mental capacity of an individual in relation to partaking in safeguarding enquires is either that they lacked capacity or is not recorded. These findings do not appear to offer a clear picture to *how* mental capacity is assessed to whether a person consents to a safeguarding enquiry. This may be something the board may want to consider in relation to multi agency audits, mental capacity set as a theme.

Safeguarding Adults Reviews (SAR)

There has been no SAR's this year, however the MSAB will be holding the action plan following the DHR for Mrs A. The DHR report can be found online www.merton.gov.uk/domesticviolence

Yearly Summary **Performance & Outcomes Measure**		**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17 (Year total)**
Safe (REF)	Number of safeguarding referrals (concerns) started in the year *(YTD)*	70	129	**181**	222	262	**322**	368	417	**458**	505	538	**589**
Safe (REF)	Number of safeguarding referrals (concerns) started in the year, which are still open	4	8	**11**	18	22	**36**	47	57	**61**	51	43	**40**
Safe (REF)	Number of safeguarding referrals (concerns) started in the year and are closed as an alert (concern) only. *(YTD)*	51	86	**127**	152	174	**210**	238	267	**290**	359	364	**406**
Safe (IN)	Number of safeguarding investigation closed as alert only	3	5	**11**	11	13	**16**	20	22	**24**	23	24	**26**
Safe (IN)	Number of safeguarding investigation cases - closed (YTD)	5	13	**29**	30	33	**33**	42	46	**55**	61	67	**88**
Safe (IN)	Number of safeguarding investigation cases - open	34	36	**43**	47	54	**63**	76	85	**78**	89	88	**53**

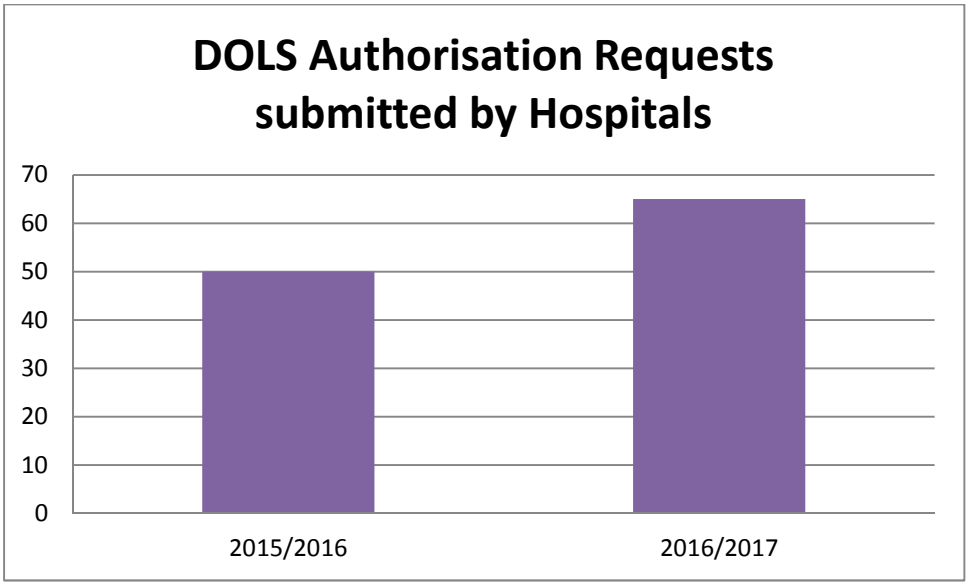
DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) DATA



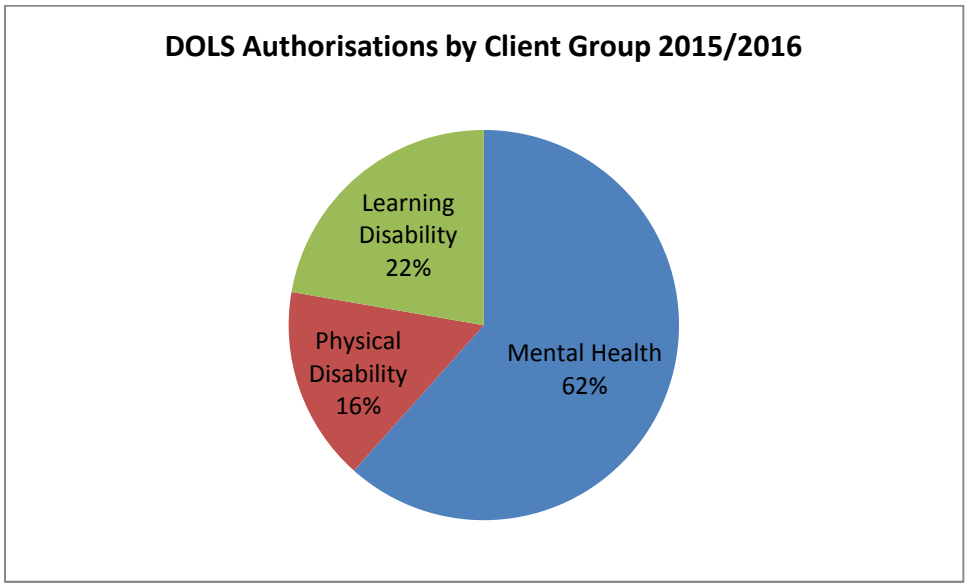
This graph shows that number of DOLS requests received is increasing every year, although this was a slight increase by 19 authorisation requests. This may show that applications are rising but not significantly which may indicate applications are at a steady pace with no indication or further significant increases.

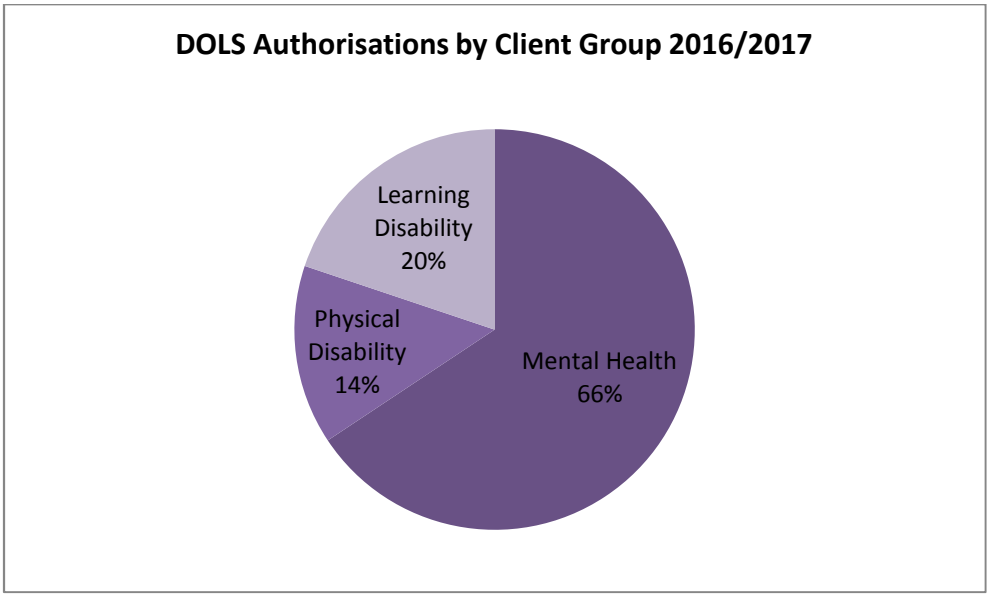
In 15/16 there were 516 DOLs completed – there was no allocation list at that time and, the rest were either abandoned, duplicated, or DOLS criteria not met (i.e not authorised)

In 16/17 there were 289 DOLs completed with 199 on the allocation list, the reason for creation of the allocation list was due to a change in the safeguarding team and availability of full time assessors. LBM have also ceased using independent BIA's unless there is a valid reason to (e.g conflict of interest), therefore ASC staff that are BIA's complete approx. 2 BIA assessments a month as part of their caseload of work.



For both care home and hospital, the number of authorisation requests has increased slightly for Care and Nursing Homes. The above shows that Hospital authorisation requests have increased further this year. This could be due to hospital staff becoming more aware of DOLS and increased numbers of adults admitted that meet the criteria.





Mental Health continues to be the highest reported client group of people subject to a DOLS authorisation request. This includes Dementia and other cognitive conditions. This is consistent with national figures and is expected due to nature of DOLS process.

PARTNER CONTIBUTIONS

Partners have contributed via the Safeguarding Adults at Risk Audit Tool. A summary of each agency is compiled below:

	A1	A2	A3	A4	A5	B1	B2	B3	C1
LBM									
CCG									
Police					No RAG rating given		N/A		
LFB					N/A				
LAS									
Clarion (MPH)									
London Probation									
SWLSTG									
MSCB									
St Georges Hospital									
CLCH									

	C2	C3	C4	D1	D2	D3	D4	D5	E1
LBM									
CCG									
Police									
LFB									
LAS									
Clarion (MPH)									
London Probation									
SWLSTG									
MSCB									
St Georges Hospital									
CLCH									

	E2	F1	F2	F3
LBM				
CCG				
Police				
LFB	N/A		N/A	N/A
LAS				
Clarion (MPH)				
London Probation				
SWLSTG				
MSCB				
St Georges Hospital				
CLCH				

Examples of Red and Amber actions:

- St Georges: Ensure patient representative on Trust Safeguarding Committees.
- LFB: Safeguarding Training will be rolled out to all personnel within a target period of 18 months.
- CCG: To work with NHSE and other Designated Leads to ensure we are compliant with the MCA/DOLS Process

Examples of good practice:

- SWLSTG: Making Safeguarding Personal Group; a co-production project which helps to shape safeguarding practice
- Police: CMARAC examples showing evidence of good outcomes for Merton residents as a result of being taken through the CMARAC process.
- CLCH: Safeguarding/MCA and DOLS surgeries held monthly in trust in-bedded rehabilitation unit.

Safeguarding Board Actions 2017/2018

The following tasks are planned for the next year:

- New 2017/2020 strategy to be finalised at the 2017 MSAB away day.
- Safeguarding Board operational group and work plan to be established.
- Launch of the revised Hoarding Protocol Autumn 2017.
- Common data set from all board members to be proposed and agreed.