

# Annual report 2016: Merton Health and Wellbeing Strategy 2015-2018

## 1. Purpose

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

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

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

- Best Start in Life
- Good health
- Life skills, lifelong learning and good work
- Community participation and feel safe
- 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 (following sections covering each theme).

A supplementary report is planned for early next year on measuring 'the gap' in health inequalities over time within Merton, based on a small number of selected high level indicators.

## 2. Overview of progress

The assessment shows positive progress across many areas in line with trajectory to 2018 targets.

There is good evidence in certain areas of impact on outcomes including

- Reduced average waiting times for local children and adolescent mental health services through the introduction of a Single Point of Access.

- 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.
- 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.

It is proving difficult to make progress towards outcomes in a number of areas:

- Increasing the proportion of adults who are using outdoor spaces for exercise/health reasons.
- Reducing fuel poverty through promotion of collective energy switching – fuel poverty has increased over the last three years.
- Achieving immunisation targets.

Some programmes of development and redesign are at an early stage and therefore it is too early to assess impact on outcomes- although the trajectory is potentially 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 through the redevelopment of the Wilson hospital site.
- Delivery of commissioned adult learning programmes focusing on English for speakers of other languages.
- Introduction of use of Health Impact Assessments as a tool within the planning process.

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.

Revised outcomes are proposed in certain areas based on needs analysis and changes in policy context:

- A new outcome for crime reduction to be set in early 2017 based on the Strategic Needs Assessment findings- and responding to alcohol related crime and domestic violence..
- Prevention of homelessness through advice and information (replacing the outcome on Houses of Multiple Occupation)

## **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 increased in 2014/15, however there has been a slight decrease in 2015/16 for MMR2 by age 5.
- This highlights the need to keep a sharp focus on action to improve immunisation reporting and uptake by NHS England and Merton CCG.
- Merton Childhood Immunisation Steering Group has been re-established with NHS England, MCC and Public Health and the Merton action plan is being refreshed for delivery.
- Overview and Scrutiny report with recommendations on improving childhood immunisations produced and informed the action plan.
- Action to improve immunisation uptake has included:
  - NHS England visited and advised GP practices on improving performance on childhood immunisations and child flu uptake.
  - PHE and NHSE provided training on changes to the immunisations schedule,
  - Health visitors promoted immunisations and signposted families.

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

- Average waiting time for local Tier 3 CAMHS services has been shortened to 3.3 weeks (Aug 16), from over 10 weeks at baseline (2014/15). This has been achieved through the introduction of a Single Point of Access, launched in Oct 2015.
- However, there is some variance in relation to centralised services and especially neurodevelopmental services where the average wait time is being reported as 8 weeks.
- A comprehensive Health Needs Assessment and Service Review was undertaken in summer 2015 and updated in Autumn 2016 to support the development of the 2017/18 Transformation Plan
- CAMH Strategy 2015-18 in place and informed Year 1 and Year 2 CAMH Transformation action plans which were ratified by NHS England.
- Areas for transformation include improving access to CAMHs, earlier intervention, support for our most vulnerable children and young people and workforce development, including:
  - Investment has been made into Eating Disorder Services, liaison nursing, support for children who have been sexually assaulted.
  - Work is underway improve pathways for children over the age of 5 years with social and communication issues
  - Training needs analysis undertaken and training commissioned, specifically for schools and social workers
  - CAMH Conference held in January 2016 and first CAMH Networking event in November 2016

### **1.3 Outcome: Childhood obesity is reduced.**

- A new approach to childhood obesity is being developed with a focus on a whole systems approach which addressed the underlying environmental causes of childhood obesity - including food and physical environment.
- Childhood obesity Peer Review undertaken in February 2016 as part of a pan-London programme.
- Comprehensive child healthy weight action plan under development and steering group established following recommendations from the peer review.
- Action has included:
  - The targeted Healthy Schools programme in the east of the Borough which supported healthy eating, food growing and physical activity has been completed.
  - Work underway to align Schools to the pan London Healthy Schools programme
  - HENRY (Health, Exercise & Nutrition for the Really Young) training commissioned
  - Healthy Catering Commitment rolled out
  - Pan London Great Weight Debate survey actively promoted

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

- The Schools Standards report for academic year 2015/16 will be published in Feb 2017. It is anticipated that this will further decrease the gap in educational achievement.
- Overall the performance of Merton schools judged to be good or better as of December 2015 was 89%. This is an improvement compared to 81% at August 2014.
- 2015 data shows a gap of 23% between disadvantaged pupils achieving 5 A\*-C including English and mathematics at GCSE and their peers.
- This is higher than the figure for London, but lower than nationally (21% & 28% respectively). Although not meeting the target of 20%, this is an improvement from 2014 when the gap was 27%

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

- The gap between the percentage of pupil premium children achieving a good level of development in early years has reduced, however 2015/16 data has not yet been published. This national indicator was due to change, but has not done so yet.
- Overall the proportion of children eligible for Free School Meals (FSM) achieving a good level of development (GLD) in early years has increased by 11 percentage points to 55%. Whilst all other pupils have also improved their performance, the gap between these groups has reduced to 12.7%. Nationally, the gap is wider at 18 percentage points.
- Action has included:

- 'Narrowing the Gap' project supporting 15 targeted schools to improve performance on good level of development (GLD) at early years.
- Roll out of free 2 year old nursery places offer to disadvantage groups
- Worked with PVI sector to secure 97% of all 2 year places are taken up in Ofsted rated good or above settings
- Targeted the uptake of Children's Centre services to families from deprived areas in the borough,
- Pathways across Children's Centres, Family Support, Health Visiting, and other health services are being developed through Early Years Partnership,
- A revised level of support was created in early years settings and Children's Centres to support families with specific needs.

Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
The health visiting service provided by CLCH is now co-located in our Children Centres as part of journey to providing integrated, flexible services.					
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15)  80% (2015/16)	87.6% (2018)  National target 95%	R	MMR2 has increased from 72.2% baseline in 2013/14 to 80.4% in 2014/15. However in 2015/16 there has been a slight decrease to 80% (lower than London – 81.7% and England – 88.2%). This 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	Average wait time for local Tier 3 service is 3.3 weeks (Aug 16)	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks	A	The introduction of the Single Point of Access (Oct 15) has had a positive impact on wait times locally. Some variance in relation to centralised services and especially neurodevelopmental services where the average wait time is being reported as 8 weeks.
<b>Excess weight</b> (overweight and obesity) in 10-11 year olds Excess weight refers to those that are obese	36.4% 2013/14	35.6% (2014/15)  34.7% (2015/16)	35.7%	Achieved HWB target.	Excess weight in 10-11 year olds in Merton has been lower than the London average for the last 8 years, The early signs are that the

and overweight				Proposal to set new target to be achieved by 17/18	level of excess weight in 10-11 year olds is beginning to decrease. The target set reflected the aim to halt and then begin to reduce this upward trend. The overall gain in excess weight between 4-5 year olds and 10-11 year olds in Merton is slowly decreasing (compared to increases seen in London and England) but is however still currently 15.9%  Data for 2015/16 showed a reduction in excess weight at age 10/11 years since 2013/14 and has met the H&W target. Proposed to set a new target to be achieved by 17/18.
Gap between % of 10-11 year olds with <b>obesity</b> weight between east and west Merton	6.2% 2010/11- 2012/13	2011/12-2013/14 - 7.8%	6%	R	There is a higher rate of obesity in the east of the Borough than the west, linked to deprivation. This is measured using data aggregated over 3 years. The gap has widened since the HWBB baseline.  Child healthy weight action plan includes focus on whole systems preventative approach, with population wide approaches, targeting the east of the borough, focusing on food and physical environment.
Gap in % children achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium	24.8% (2009/10- 2013/14)	2014/15 - 19.8%	20%	G	Data for 2015/16 will be published in the Schools Standards Report in Feb 2017. Indication is that this gap will decrease.
Gap between % of pupil premium children achieving a good level of development in early years	13.1% (2013/14)	2014/15 - 12.7%	A target was not set because nationally the indicator was due to change.	G	The Gap has reduced from baseline. 2014/15. 2015/16 data is not yet published. The measure has not changed and it is proposed that a target should be set based on existing measure.

## **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**

- The development of a prevention framework is underway-setting out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. The approach 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 will help to clarify roles of partners- across the council, NHS, voluntary and private sectors in the changing financial and commissioning context. It will provide a tool to help integrate prevention within CCG commissioning as well as the Council activities, and also the Sustainability and Transformation Plan.
- Merton Council is 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.

### **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**

- Working in partnership with the Merton Chamber of Commerce, a scope is being developed for a sustainable approach to supporting Merton businesses to enable their staff to lead healthy lifestyles, linked to the GLA's Healthy Workplace Charter which is currently being formally evaluated.
- The Healthy Catering Commitment is being used as the focus for developing a number of healthy high streets in the borough, particularly East Merton. 29 food businesses have been supported in helping their customers consume less saturated fat, less salt, less sugar and have the opportunity to purchase smaller portion sizes
- 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. Public Health is further strengthening its approach 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**

- As part of the prevention framework, and in response to a challenging budgetary position, a new model for supporting residents to lead healthy lifestyles has been developed that includes digital interventions, promotes self care and delivers targeted support to the most vulnerable.
- A service development and improvement plan is being implemented for the NHS Health Checks programme, with a view to externalise (through a procurement process) the administration, management and delivery of the programme with a new community delivery model in the New Year.

- An ACE Bowel Cancer Screening pilot has been developed, and implemented across all 24 Merton GP Practices. Between October 2015 and Nov 2016, over 3500 non-responders were contacted regarding their bowel cancer screening.
- 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.
- Work is underway to develop a partnership strategic framework for the prevention substance misuse and related harm- to encompass prevention, treatment, hidden harm to families, community safety, regulatory and enforcement measures. This will guide the current process of redesign of the adult substance misuse service towards a more preventative and recovery based model. This includes review and strengthening of the interface with mental services.

#### **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, with communities in East Merton facilitated through community connectors. Three design workshops have been held, that have resulted in invaluable insight into the future design, and mechanisms for co-production.
- Funded by the Merton CCG, a lead officer called the Wilson HWB Campus Development Manager is being 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 currently being considered and developed.
- The Proactive GP Pilot has concluded and the evaluation completed. The findings from this pilot will help inform the development of a social prescribing pilot in East Merton.
- The social prescribing pilot is currently being developed through a steering group, starting in two East Merton GP Practices with the view of extending over the 12 months ensuing from the start of the pilot, to a further 3-4 practices. A social prescribing coordinator is being recruited to help implement the approach.



<b>Theme 2: Good health</b>					
<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Current</b>	<b>Target</b>	<b>RAG rating</b>	<b>Commentary</b>
No. frontline staff trained as health champions within HWB partner organisations	0	107 staff trained against Y1 target - 100 staff trained	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).
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 6 receiving formal recognition	50 in total by the end of March 2017.	A	Organisations receiving formal recognition at Commitment level include Merton Council, MVSC, Merton Chamber of Commerce, Merco Medical Recruitment, Peldon Rose, Wimbledon Guild and Turners. Epsom and St Helier have received achievement level recognition.
GLA Healthy Workplace Charter in LBM.  <ul style="list-style-type: none"> <li>Action plan developed by LBM Workplace Steering Group based around the 8 LHWC themes</li> <li>Council sickness absence rates</li> </ul>	<ul style="list-style-type: none"> <li>'Commitment' level</li> <li>9.92 days lost per FTE (2014/5)</li> </ul>	<ul style="list-style-type: none"> <li>Draft action plan was agreed by CMT on 11<sup>th</sup> October 2016.</li> <li>9.3 days lost per FTE (as at October 16)</li> </ul>	<ul style="list-style-type: none"> <li>Action plan agreed</li> <li>8.0 days lost per FTE<sup>1</sup></li> </ul>	G	The council has reached 'commitment' level in the GLA's London Healthy 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'.
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.

<sup>1</sup> 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.

<b>Theme 2: Good health</b>					
<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Current</b>	<b>Target</b>	<b>RAG rating</b>	<b>Commentary</b>
Gap in alcohol-related harm (Standardised Admission Ratio) between east and west	31.7 <sup>2</sup>	30.4	TBC (25 by 2018)	Not appropriate	Trend analysis over longer period required.
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 3 are working towards achieving HCC.	Y1: 20 outlets	G	In year 1 target was exceeded
Proportion of people using outdoor space for exercise / health reasons (PHOF)	15% (Mar 2013-Feb 2014)	11.1% (Mar 2014 to Feb 2015). Fall against a trend of increasing in England. Merton lower than England (17.9%) and London (12.3%).	17/18: 20%	A	This is below the target trajectory People accessing outdoor space for exercise/health reasons has dropped to 11.1% from 15%.  Amber rating is because figures are based on small annual survey sample and therefore subject to variability
Smoking prevalence – adults (18+) (PHOF)	2014:12.8% 2013: 12.8%	2015:14.7%	2018: 10.6%	A	Prevalence has increased slightly in 2015 but is still lower than England (16.9%) and London (16.3%). Amber rating is because figures are based on small annual survey sample and therefore subject to variability
Alcohol-related admissions to hospital PHOF	537 (2013/14) 502 (2012/13)	517 (2014/15)	17/18: 458	A	Admissions have fallen slightly in 2014/15 and are still lower than England (641) and London (526). Figures subject to annual variability and therefore further trend analysis required
ACE Pilot developed, implemented and evaluated	N/A	Pilot developed and implemented. (Pilot	15 GP Practices	A	Difficult to assess effect of the ACE pilot due to overall variation in uptake rates

<sup>2</sup> Merton Standardised Admissions Ratio Baseline: East SAR 101.44; West Merton SAR: 69.78

<b>Theme 2: Good health</b>					
<b>Outcome Indicator</b>	<b>Baseline</b>	<b>Current</b>	<b>Target</b>	<b>RAG rating</b>	<b>Commentary</b>
<ul style="list-style-type: none"> <li>Number of GP Practices participating in the pilot</li> <li>Percentage of patients sent a bowel screening test (FOBT) and did not submit the test, who were engaged through the pilot</li> </ul>	N/A  N/A	<p>still on). Mid-point evaluation undertaken. 24 out of 24 GP practices participating in the pilot.</p> <p>Approximately 3500 non-responders followed up by practice staff.</p>	80% of patients		<p>over the course of the year, combined with the short-term nature of the data.</p> <p>Some improvements indicated. Impact will be clearer based on full year.</p>
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.
A range of Health facilitation and promotion activities delivered to support people with learning disabilities	0	4 nurses/ psychotherapists provide this in their individual caseloads.	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. As an indicative example, the community nurse has 180 clients on her list.

### 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 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.

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

- The Council commissioned 4 employability programmes to support the hardest to reach residents. (ex-offenders, care leavers, carers, over 50's and long term unemployed). The total number of residents into employment through the four specific programmes is currently 160. The target for 2018 has therefore already been exceeded. Further funding to support employment and skills activities is through a London Councils European Social Fund Operational Programme (ESF). Merton has offered match funding and this programme is now due to commence in January 2017.

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

- The Council procured Merton Chamber of Commerce to deliver a three year Merton Business Support Service (MBSS). Over the three year programme the following results have been reported:
  - 545 new jobs created
  - 270 new businesses created
  - 300 jobs safeguarded or attracted as a result of business retention, inward investment, business loans and shopfront grant programme
  - 700 businesses received practical advice and to start-up, develop, grow or survive downturn
  - £130,000 worth business loans made to Merton businesses through the Merton Business Loan scheme, to start-up or expand
  - £900,000 of finance raised to help business to start-up, grow and survive – as a result of the business support and business loans programmes

Merton is the only borough in south London to have experienced employment growth above the London average, in part due to the rise in the creative industries (*South London Sub-regional Transport Plan - 2015 update Sept 2015*)

- Much of the activity to support residents into employment, particularly East Merton and more vulnerable groups is funded through the Economic Development Strategy which was programmed for 2012/13-2015/16 and has now completed until the new programme for 17/18-19/20 is approved. The Economic Well Being sub group of Sustainable Communities and Transport Partnership will continue to bid for funding where possible to support activities that will reduce unemployment and encourage new businesses in Merton.

### 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. Enrolments have been steady during the first few months however it is too early to assess progress with respect to target.

<b>Theme 3: Life skills, lifelong learning and good work</b>					
<b>Outcome Indicator</b>	<b>Baseline 2015</b>	<b>Current</b>	<b>Target 2018</b>	<b>RAG rating</b>	<b>Commentary</b>
The number of JSA claimants at Mitcham JCP and ESA claimants	Average for deprived wards is 2.77% (NOMIS June 2015)	2.32%	1.7%	A	As at Qtr 2 2016/17 there are 892 JSA claims at Mitcham.JobCentre Plus.
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
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 August 2016. A decision has yet to be agreed on whether a new business support programme will be funded through a future Economic Development Strategy
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	New services set up through commissioning model. Significant emphasis placed on ESOL as part of commissioning principles.	40%  240 ESOL learners using health themes	A	Too early to report on outcomes.

## **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 being developed for submission to Merton Partnership and Cabinet in November and December 2016. Draft recommendations to be presented at Merton Partnership Voluntary and Community Sector November Conference
- 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%. Revised trajectory is therefore proposed
- 2,800 residents made contact with MVSC (face to face, and via website) (2015/16) to identify volunteering opportunities and approach organisations.
- The new Volunteer Merton online portal launch in April 2016 and over 500 residents have accessed the website and database of 200+ local volunteering roles. These roles provide at least 600 opportunities for people to volunteer.

### **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 2015-16 the ASB service received 603 contacts. This was an increase on the previous year and a further increase is anticipated for 2016-17. The most common themes being neighbour disputes, street drinking and environmental crime. Merton is now using new legal tools -Community Protection Warnings and potential subsequent court proceedings (introduced in the amended ASB act, 2014). Across

London compliance rates for the warnings are high with a small percentage requiring further enforcement work and amendments to notices.

- 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.
- Clearly the referendum decision for Britain leaving to EU has had implications on levels of hate crime. Post Brexit there was a 50% increase in reports of hate crime in the borough. Wards with the highest level were Cricket Green, Trinity and Merton Park. The lowest were West Barnes, Lavender Fields and Long Thornton. A new Hate Crime prevention strategy, action plan and communications plan is to be developed

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

- The 2015-16 Community Safety Strategic Assessment identified four wards within the borough with the highest amount of total volume crime. The wards were Cricket Green, Figgie's Marsh, Pollards and Ravensbury. The Community Safety Partnership considered these wards, alongside other priorities, and the decision was made to not undertake any specific work solely on these areas. However, the crimes affecting these areas are all addressed through other areas of Community Safety Partnership work.
- 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 (below).
- 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 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.

<b>Theme 4: Community participation and feeling safe</b>					
<b>Outcome indicator</b>	<b>Baseline</b>	<b>Current</b>	<b>Target</b>	<b>RAG</b>	<b>Comment</b>
Refresh Merton Partnership Volunteering Strategy for 2015-17	20% of residents report volunteering participation (Resident Survey 2014indicator)	No resident survey 2016	21% from 2015	No data	MVSC delivering against priorities agreed with Merton Council
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 revised trajectory for 2016/17: 380 volunteers; 2017/18: 250 volunteers, due to reduced funding and capacity	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	G	Target exceeded New Volunteer Merton online portal established April 2016
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	Over £300,000 levered in	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	Maintained activity	G	Target achieved



Ensuring that the right people receive reablement services  (proportion of older people 65+ who were offered a reablement or intermediate serviceBCF & ASCOF indicator	2013/14 1.6% -against comparator LAs of 4.6%	2015/16 4.4% 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	A	Pilot commenced from October 2016  Amber as early stage
Support older adults to reduce 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	N/A	127 clients engaged as of July 2016. Next tranche of data due.	At end of year 2  92 telephone clients and 92 face to face clients seen in Pilot	G	There were initial issues including staff changes However the service been able to engage a significant number of clients.
People feel safe through tackling perception of crime	75% respondents 2015	No survey	80% respondent	A	There has been no resident survey for 2016 Met reports 68% public confidence (1% increase) for the borough which is 1% below the Met average.
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

## **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**

- Progress is being made to achieve the target that every master plan and significant planning application will have a Health Impact Assessment.
- Future Merton team is carrying out its first Health Impact Assessment for the Estates Local Plan (development planning document), in collaboration with Public Health Merton. The Plan covers the regeneration of the three estates: Eastfields, High Path and Ravensbury. The HIA provides the tool for consideration of health and wellbeing as part of Estates Plan, and how any negative impacts might be mitigated. Key areas will be ensuring the decant process involved in estates regeneration is well managed as well as the health service needs of the population are understood and addressed.
- The Merton Development Control team require HIA's for all major developments in accordance with London Plan policy. A planning policy guidance on HIA's has been prepared which will give further guidance on HIA's for developers and for Development Control.

### **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. 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 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 10.6% of household (8,384) are fuel poor (2014) compared to 8.6% in 2012. The current level of fuel poverty is similar to London and England.

### **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.

**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 currently being reinforced in the proposals by Government to issue guidance on the importance of homeless prevention activities, and linked to the Homelessness Reduction Bill which received its second Reading on the 28 October 2016.

<b>Theme 5: A good natural and built environment</b>					
<b>Outcome indicator</b>	<b>Baseline</b>	<b>Current 2016</b>	<b>Target 2017/18</b>	<b>RAG rating</b>	<b>Commentary</b>
Undertake Health Impact Assessment	HIA not part of planning processes	HIA of Estates Local Plan by Future Merton working with Public Health	Every significant developments & masterplans have a HIA	G	HIAs introduced into planning system in line with trajectory for 2018
Promote & facilitate the London Energy Switch in Merton	2013/14 Total registrations: 1103 Total switchers: 117	<u>2014/15</u> Total registrations: 302 Total switchers: 88 (-24% on 2013/14) <u>2015/16</u> Total registrations: 385 Total switchers: 74 (-15% on 2013/14) <u>2016/17 (*to date)</u> Total registrations: 125 Total switchers: 26	Increased participation of 10% annually	R	Proved difficult to achieve target- No dedicated resource to promote uptake; other major collective energy switching schemes; vulnerable groups possible with debt & have prepaid meters have difficulty switching
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	G	Interim monitoring not available- However normal annual growth likely to increase canopy coverage
Homelessness Prevention through advice and assistance	450 cases	265 cases	450 cases annual target	G	On track to achieve annual target

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