

Committee: Children and Young People Overview and Scrutiny Panel

Date: 17th January 2018

Wards: All

Subject: Progress report on Health and Well-being Strategy priorities for Children and Young People (with a focus on Mental Health, Autism, Childhood Obesity and Best Start in Life)

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Recommendations:

1. To review and consider progress on the delivery of the Health and Wellbeing Strategy theme 1: Best Start in Life including focus on Childhood Obesity, Mental Health and Autism.
 2. To continue to support and champion actions on tackling childhood obesity particularly the Local Authority Declaration on Sugar and Sugar Smart.
 3. To support the implementation of the CAMHS local transformation plan.
 4. To support the development of the Merton autism strategy and champion the development of an autism-friendly borough.
 5. To support the refresh process for Merton's Health and Wellbeing Strategy particularly in relation to children and young people in 2018.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to update and seek support of the Children and Young People's Scrutiny Panel on the delivery of the Health and Wellbeing Strategy theme 1: Best Start in Life (Early years development and strong educational achievement). In particular the report focuses on childhood obesity, mental health transformation and autism which have been key priorities of work over the past year.

2 DETAILS

2.1. Background

Merton Health and Well-being Strategy 2015/16 – 2017/18 includes theme 1: best start in life early years development and strong educational achievement. This reflects strong evidence that investing in the early years

is effective and critical to reducing health inequalities across the life-course and that improvements in schools attainment are a major contributor to health and wellbeing of children and young people. The 'best start in life' theme focuses on the following outcomes:

- 1) Uptake of childhood immunisations is increased
- 2) Waiting times for children and adolescents to mental health services is shortened
- 3) Childhood obesity is reduced
- 4) Educational achievement gap in children eligible for pupil premium is reduced
- 5) The Proportion of children ready for school is increased

Please refer to the dashboard in appendix 1 which provides current performance against the targets set for each outcome indicator above.

2.2. Focus area 1: Childhood Obesity

2.2.1 The latest results from the National Child Measurement Programme (NCMP) 2016/17 show overall excess weight (overweight and obese) at age 10-11 years has remained stable (Year 6: 34.7% in 2015/16 and 34.4% in 2016/17) and the Health and Wellbeing Strategy target of 35.7% has been met. Merton is currently in line with England (34.2%) but lower than London (38.6%).

2.2.2 However, the most significant finding is that the obesity gap between the east and the west of the borough is still increasing and is currently 10% higher in the east (at 23.5%) of the borough compared to the west (13.5%) at age 10-11 years, against a target gap of 9.2%. The trend over time show that levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing.

2.2.3 In light of this trend, a new target has been agreed as part of London's Best Council target to halt and then reduce the gap in childhood obesity between the east and the west of the borough, by improving in the east (levelling up).

2.2.4 The Director of Public Health's Annual Public Health Report (APHR) 2016/17 titled '*Tackling Childhood Obesity Together*', published in March 2017, estimated that there were over 4,500 overweight and obese children at Primary school in Merton. It set out the challenges of childhood obesity and was a call to action to partners to come together to work on the solutions. The Child Healthy Weight Action Plan for Merton 2016-18 has 4 key themes;

- Leadership. communication and community engagement
- Food environment – increasing availability of healthy food
- Physical environment – increasing levels of physical activity and health promoting physical environments
- Early years and school settings and pathways

The themes provide a framework for actions which is being implemented through a partnership steering group. Some highlights over the past year are detailed below.

2.2.5 Great Weight Debate Merton: Following the Pan London Great Weight Debate (GWD) where Merton had the highest number of responses than any other borough, a targeted Merton GWD was undertaken. The GWD Merton specifically sought to engage with East Merton residents, Black and Minority Ethnic (BAME) communities, parents, young people and stakeholders to, gain insight, raise awareness and identify local solutions. Over 2,100 people engaged with the project through a range of methods such as surveys, focus groups, in-depth interviews, events and workshops.

Residents agreed that tackling childhood obesity should be a top/high priority for Merton (74%). The food environment is perceived as the top cause of childhood obesity in Merton. People feel there are too many low cost unhealthy food and drink options, including too many fast food shops. However, residents feel the physical environment, as well as settings such as schools have an important role to play in tackling childhood obesity locally. Many BAME communities have a very strong food culture, with strong links between food, family, generosity and friendship. Some groups spoke of challenges new to their generation for example of the increase in the availability of halal take away and convenience food. The findings and recommendations of the report will be disseminated to stakeholders, taken forward through the Child Healthy Weight Steering group and influence other local plans.

2.2.6 Child Healthy Weight Support Service: A 'Family Start' healthy weight support service has been establishing to support children who have been identified as 'obese' through the National Child Measurement Programme (NCMP). Delivered through the School Nursing service, it will provide 3 appointments with the child and family to support them to make lifestyle changes to eat more healthily, increase their physical activity and reduce their weight.

2.2.7 Healthier Catering Commitment (HCC): Currently 37 food businesses are fully signed up with nearly 50 premises visited (some on more than 1 occasion) to support them to make positive changes such as reducing portion size, changing oils etc. The HCC has been used to recognise food businesses that demonstrate a commitment to offering healthier options, and was targeted in the east of the borough.

The Mayor of London's draft London Plan proposes that A5 hot food takeaways would not be permitted within 400 meters walking distance of an existing or proposed school. Also a consultation on Merton's Local Plan is asking residents and stakeholders their views limiting the number of A5 hot food takeaways near schools. This will support reducing the proliferation of fast food outlets near schools.

2.2.8 Healthy Schools London (HSL): Building on the work of a targeted Healthy Schools programme in the east of the borough, Merton is now aligned to the Healthy Schools London (HSL) programme. Currently, 5 schools have achieved their Bronze award and 1 of those schools achieved their Silver award. Merton Schools Sports Partnership (MSSP) have been commissioned to support schools in the borough and undertook a workshop in July 2017 with representatives from 25 schools and input from the Greater London Authority (GLA) to support schools to achieve the awards. An

initiative links to HSL is the Daily Mile where children can run, skip or walk a mile each day at school. Around 20 schools are participating in the Daily Mile. An audit of all schools will be done in the Summer to see how many are still taking part or have newly implemented.

2.2.9 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. The training is to better support primary school staff around the issue of childhood obesity. The training raises awareness, increases confidence to talk about the subject, deliver consistent messages around healthy weight and improve their ability to signpost to support. Training has been targeted primarily to schools in the east of the borough where there are higher childhood obesity rates.

2.2.10 HENRY – Healthy Eating and Nutrition for the Really Young: Recognising the need to intervene at an early stage before children start Reception class, online training has been commissioned for early years settings including private and voluntary nurseries. Healthy Eating and Nutrition for the Really Young (HENRY) training will be available to 100 early years setting staff in 2018 (targeted to those in areas where childhood obesity is higher) to ensure that staff working in these settings understand the importance of the food and nutrition they provide and how they can support maintaining a healthy diet and weight for young children.

2.2.11 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. The plan has now been developed led by Sustainable Merton and with stakeholder engagement. The plan seeks to achieve a strong, coordinated and strategic partnership approach making better use of surplus food, reducing food waste and raising awareness of food poverty initiatives and volunteering opportunities. In October 2017, Merton was recognised and awarded at City Hall for being the most improved borough in London in Sustain's 'Beyond the Food Bank' 2017 report.

2.2.12 All England Lawn Tennis Club (AELTC) Early Years Activation Programme: The AELTC piloted a structured physical activity programme for early year's class teachers consisting of a five-week timetabled 10 minute structured physical activity sessions to be completed daily. The pilot was delivered with 25 schools with Public Health evaluating the pilot. This showed that there had been a positive increase in both physical activity among children and that staff felt supported and more confident to deliver this.. The programme will now be offered to all Merton Nursery and Reception class teachers and a longer term in-depth evaluation will be conducted through an academic institution. .

2.2.13 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. The programme is providing schools with raised garden beds, soil, seeds, cart & tools, lessons and activities plans as well as the books and materials necessary and provides an opportunity to explore and learn garden-based learning strategies and lessons.

Priorities for 2018:

Throughout 2018 a review and refresh of the Child Healthy Weight Action Plan will take place, taking into account what has happened so far but also the resident feedback from the GWD Merton. Priorities include:

- 2.2.14 **Local Authority Declaration on Sugar Reduction and Healthier Food:**
The aim of the Local Government Declaration is to achieve a public commitment to improve the availability of healthier food and to reduce the availability and marketing of unhealthy food and drinks. Merton will work towards signing the declaration in 2018 aiming to make commitments across areas such as improving the food controlled or influenced by the council, support local businesses and organisations to improve their food offer and raising public awareness on sugar and healthy food.
- SUGAR SMART is a national campaign run by Jamie Oliver and Sustain aiming to promote and support organisations and individuals to reduce the amount of sugar consumed. Those signing up can make pledges on how they will tackle reducing sugar consumption. We aim to use both the Local Authority Declaration as well as the Sugar Smart campaign locally to support reducing sugar and would welcome support from the panel to champion these locally.
- 2.2.15 **Utilising parks/playgrounds for children's physical activity:** It is estimated that only 12% of 15 year olds in Merton are meeting the daily guidelines for physical activity. Only a quarter of adults are physically active in Merton. As part of increasing utilisation of children's playgrounds and parks to increase children's physical activity, Public Health and Greenspaces will develop a report on evidence and best practice as well as resident feedback to inform Merton's Open Spaces Strategy (MOSS) as well as informing green spaces contractors.
- 2.2.16 **Breastfeeding: Community health services (Central London Community Health - CLCH):** Unicef Baby Friendly initiative is a set of evidence based standards which increase the prevalence and the duration of breastfeeding Work is taking place to maintain Unicef Baby Friendly level 3 accreditation for the community health service provider CLCH as it comes up to their re-accreditation in May 2018.
- 2.2.17 **Merton Mile:** Similar to the Daily Mile initiative in schools, in 2018, Merton will be implementing a Merton Mile which will mark out a 1 mile path in a local park to promote daily physical activity. Children will be able to replicate the Daily Mile they undertake in schools with their families/friends outside of the school day.
- 2.3. **Focus area 2: Child and Adolescent Mental Health Services (CAMHS) and Mental Health Transformation Plan**
- 2.3.1 CAMHS services are provided by South West London and St George's NHS Mental Health Trust and commissioned mainly by Merton Clinical Commissioning Group. A Merton CAMHS Partnership, between the Council

and CCG oversees the delivery of services and a CAMHS Transformation Plan.

2.3.2 **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.

2.3.3 **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.

In the longer term (2019/2020 onward) commissioners are exploring the local redevelopment of the ASD pathway in partnership with the Borough.

2.3.4 **SWL Prevention Priority:** In the recent refresh of the SWL Sustainable Transformation Partnership (STP), CCGs have agreed to choose 'Improving CYP mental health with special focus on self harm' as a prevention priority area. This will provide an opportunity for working strategically across SWL to improve mental health.

2.3.5 **CAMH Strategy 2015-18:** 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.

2.3.6 **Transformation work:** 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:

(i) Ongoing investment into our Community Eating Disorder Service to ensure national waiting time standards are met by 2020;

(ii) Ongoing investment into increased psychiatric liaison nursing cover to support children and young people in mental health crisis and ensure we are compliant with national guidance;

(iii) Ongoing investment into a CAMHS support package through the NSPCC to support the emotional wellbeing of children and young people who have been victims of sexual assault;

(iv) Consultation with children and young people on their mental health and emotional wellbeing needs and what they need from our CAMHS local offer; Development and publication of our CAMHS local offer on the Young Merton (www.youngmerton.co.uk) platform; activity underway to promote the website and local offer to young people, families and professionals;

(v) Development and implementation of a wider workforce training strategy (based on a comprehensive training needs analysis) to improve the capability and capacity of our children's workforce to promote emotional wellbeing and recognise and respond to mental health issues; this includes commissioned mental health training courses targeting health, education, social care and the voluntary sector, as well as establishment of a CYP mental health network to enable regular learning and networking opportunities;

(vi) Seven pilot projects were run in schools to help schools develop their in-house offers to promote emotional wellbeing and provide early interventions; the learning from these pilots are being shared via the CAMH Network;

(vii) A number of pilot projects were run to develop our ASD support offer in the borough including piloting evidence-based ASD parenting programmes in conjunction with Cricket Green school and piloting a home-based parental support service for ASD in conjunction with our Educational Psychology service; in addition, Merton Mencap was commissioned to conduct a needs analysis and deliver a draft spec for ASD support services for parents;

(viii) Ongoing investment was made into the very successful self-harm intervention service pilot project delivered by The Wish Centre, and longer term procurement plans are underway;

(ix) A project was launched to pilot a counselling service for young people with depression or anxiety who do not meet thresholds for specialist CAMHS services; initial evaluation looks positive and plans are underway for future commissioning of service of this nature.

2.3.7 **CAMHS transformation plan priorities 2018/19**

The priority CAMHS transformation areas for 2018/19, as set out in the Local Transformation Plan, include the following:

- Psychiatric Liaison
- Workforce development and training

- Child Sexual Abuse
- Counselling for Young People
- Autism Support (Pre and Post Diagnosis)
- Eating Disorders
- Health and Justice/YOT
- CYP IAPT
- Promoting the CAMHS Local Offer

Please refer to appendix 2 for the full summary of the CAMHS Local Transformation Plan 2018/19 draft.

2.4. **Focus Area 3: Merton Autism Strategy 2018-2023**

2.4.1 Throughout 2017, the Local Authority has been working with Merton NHS CCG and a wide range of partners to develop a Joint Autism Strategy. The strategy covers children and young people and adults, recognising that autism is a life-long condition and people with autism will require different levels of support at different times in life.

2.4.2 The aim is for Merton to be an autism-friendly borough and in line with the Government's vision, for Merton to be a place in which people with autism are able to *'live fulfilling and rewarding lives within a society which accepts and understands them. This means they can get a diagnosis if they choose and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping to make the most of their talents'*.

The strategy has been developed in response to a number of key drivers;

- An increase in the number of children in Merton with autism recorded as their primary type of educational need, indicating an increasing need for local education, health and other resources.
- The number of adults with autism is projected to rise, with an associated increase in the need for care and support for independent living.
- Recognition that we need to improve our diagnosis pathway for children and young people (as set out above)
- Stakeholders have told us they want to see improvements in support and services locally.
- There are statutory guidance and legal duties for local authorities and the NHS, along with evidence-based quality standards.
- Public sector services are all facing financial pressures and there is a need to work in partnership to ensure we use local resources most effectively.

2.4.3 A range of needs assessment information underpins the strategy, including national guidance and evidence, local population data, service mapping information and stakeholder feedback, including a workshop and meetings with

voluntary and community groups and partnerships. Through this process we identified the following themes:

- Recognition, referral and assessment
- Involving and supporting people with autism
- Preparing for adulthood
- Think family: Involving and supporting families and carers
- Access to information
- Training and support for professionals

2.4.4 Within these themes priorities include:

- Recognition, referral and assessment for children and young people: increasing demand for diagnostic services has led to variable waiting times. Education, Health and Social Care commissioners have committed to work together in consultation with residents to redesign local referral, assessment and support services to meet the needs of children and young people, to create a pathway which is easily understood and accessible for children, families and carers.
- The importance of support to prepare for adulthood in order to enable young people to be as independent as possible, including reviewing current arrangements for supporting students with autism in further education.
- Supporting adults into employment, working with JobCentre Plus to develop support and promote awareness among employers and promote the new 'Work and Health Programme' have been identified as a priority.
- Providing clear and comprehensive information about local services and promoting an 'autism friendly' mark for mainstream services.
- Awareness raising: including providing training at different levels and promoting in order to increase understanding and help work towards an autism-friendly borough.
- Establishing a time-limited Autism Partnership Steering Group and ensuring sustainable ways of involving and hearing the views of people with autism and their families and carers.

2.4.5 Next steps in the development of the strategy include:

- Working closely with the CCG to ensure that the draft strategy is closely aligned with any proposals for newly designed diagnostic and support pathways
- A 6 week public engagement period seeking the views of local stakeholders on the draft strategy
- Sign off by relevant local authority and CCG boards, with final sign off from the Health and Wellbeing Board.
- Establishing the Autism Partnership steering group to oversee delivery of the strategy

It is recommended that Members support the development of the strategy and champion the development of an Autism-friendly borough.

2.5. **Additional Best Start in life H&W outcomes indicators:**

2.5.1 Childhood Immunisations

(i) 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%).

(ii) However, 2016/17 performance shows some of the highest performance for Merton particularly compared to London (where Merton has mainly been below the London average). Out of the 6 main immunisations monitored, 5 are above the London average and 1 is in line with the London average.

(iii) 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, providing 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.

(iv) The 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.

2.5.2 Educational achievement gap in children eligible for pupil premium is reduced

(i) 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. 91% 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. This performance has continued to improve, and well above the national average for this phase.

(ii) 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.

(iii) 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).

2.5.3 School readiness:

(i) 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.

(ii) 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%

(iii) 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.

(iv) 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.

3 ALTERNATIVE OPTIONS

- 3.1. None

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Health and Wellbeing Strategy was developed in consultation with partners and stakeholders. Engagement with service users and their families is undertaken at a service level. Engagement with residents in the east of the borough including children and young people on childhood obesity has taken place in 2017 to inform plans going forward.

5 TIMETABLE

- 5.1. The Health and Wellbeing Strategy is from 2015/16 to 2017/18. Progress against delivery is monitored by the Children's Trust Board throughout the year and the Health and Wellbeing Board receive an annual report

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The delivery of priorities set out in the Health and Well-being Strategy are based on individual agency plans, strategies and resources. Public Health will be funded from business rates from April 2020. Therefore, these changes would have unknown implications to the service's ability to fund projects/programmes.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. Health and Well-being Boards (HWBs) were introduced as statutory committees of all upper tier local authorities under the Health and Social Care Act 2012. It is the responsibility of the Board to produce a Joint Health and Wellbeing Strategy setting out joint priorities for local commissioning.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. The delivery of the Health and Well-being Strategy will contribute to reducing health inequalities in the borough.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. N/A

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. N/A

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

- Appendix 1: Health and Wellbeing Strategy Priority 1: Best Start in Life – Outcome indicators dashboard 2017
- Appendix 2: CAMHS Local Transformation Plan 2017 refresh Summary (Draft)

12 BACKGROUND PAPERS

- 12.1. Merton Health and Wellbeing Strategy 2015/16 – 2017/18

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