Merton Council
Health and Wellbeing Board

Date: **27 January 2015**

Time: **1.00 pm**

Venue: **Merton Dementia Hub, 67 Whitford Gardens, Mitcham, CR4 4AA**

Future meeting dates

24 March, 23 June, 29 September, 24 November.

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

- Caroline Cooper-Marbiah (Chair)
- Gilli Lewis-Lavender
- Maxi Martin

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- 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
25 NOVEMBER 2014

(12.30 - 14.00)

PRESENT	Councillors Councillor Caroline Cooper-Marbiah (in the Chair), Councillor Maxi Martin, Kay Eilbert, Yvette Stanley, Simon Williams, Eleanor Brown, Adam Doyle, Howard Freeman, Beever and Melanie Monaghan.
ALSO PRESENT:	Paul Ballatt (for Yvette Stanley), Clarissa Larsen, Susanne Wicks

1 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 1)

No declarations were made.

2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Dr Geoffrey Hollier, Councillor Lewis-Lavender and Matthew Trainer (NHS England).

Yvette Stanley advised that she would leave the meeting after agenda item 4, but Paul Ballatt would remain at the meeting on her behalf.

3 MINUTES OF THE MEETING HELD ON 30 SEPTEMBER 2014 (Agenda Item 3)

Adam Doyle advised that he was present at the meeting.

Eleanor Brown advised that she will bring a report on the Transformation of Primary Care to the January meeting of the Board. She also amended the wording of the minute of item 8, to read as follows:

Eleanor Brown delivered a short report on the plans for CCG Co-Commissioning and on transformation of primary care.

With regard to commissioning Eleanor Brown explained that Merton, Kingston, Richmond, Sutton, Croydon and Wandsworth have submitted an expression of interest to be co-commissioners. She noted that governance arrangements will require a lot of thought and local authorities are considering how they may assist.

The transforming primary care programme will launch in November and will focus on prevention, reactive care and the adoption of new initiatives and technology. It includes enablers such as workforce, estates and affordability. GPs are considering how they could join together to change the way they deliver services, for example offering seven day cover. A Merton CCG Transforming Primary Care task and finish group will be established, to be chaired by Howard Freeman.

Simon Williams asked if the project will look at GP morale, recruitment and retention, which, anecdotally, is low. Matthew Trainer (NHS England) acknowledged that this is a concern, not just for GPs but also in Nursing, and advised that the London programme must consider the workforce challenges being faced.

Councillor Gilli Lewis-Lavender supported the move towards introducing new and innovative ways of contacting GPs in order to maximise use of their time.

Ian Beever advised that Healthwatch have carried out research into GPs which is due to be published on Friday 3 October, and shows that older people prefer to see a GP and have little confidence in nurse practitioners. However, younger people are happy to do so, and also happier to communicate by phone or email with their doctor.

Eleanor Brown thanked the Board for their comments.

RESOLVED: That, subject to the amendments detailed above, the minutes are agreed as an accurate record of the meeting.

4 LOCAL AUTHORITY ROLE IN REDUCING PARTICULAR VULNERABILITIES FACED BY GIRLS (Agenda Item 4)

Yvette Stanley presented this report.

Report received.

5 DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - VERBAL UPDATE (Agenda Item 5)

Kay Eilbert presented this report. She advised that the JSNA will available online by mid-December, to enable the document to be updated regularly with new data as it emerges. She asked that all partners take account of the JSNA in their commissioning decisions.

6 HWB PRIORITY 3 (ENABLING PEOPLE TO MANAGE THEIR OWN HEALTH AND WELLBEING AS INDEPENDENTLY AS POSSIBLE): UPDATE ON PROGRESS (Agenda Item 6)

Adam Doyle presented the update report, and outlined progress against the six key outcomes. He invited comment and questions.

EB highlighted performance in reducing emergency admissions. She also suggested that the monitoring of numbers on the CMC register be included, particularly those who achieve their preferred place of care and end of life. She noted that Merton's ranking in London is currently high.

Councillor Cooper- Marbiah thanked Adam Doyle for the useful update.

7 BETTER CARE FUND UPDATE (Agenda Item 7)

Simon Williams introduced the report. He confirmed that the Better Care Fund Plan had been ' Approved with Support' by NHS England, and James Corrigan was working on the final commentary in order to secure full approval. EB advised that only six Plans in the country obtained full approval.

Simon Williams noted the varying progress of the six workstreams, noting that some were more challenging than others, for example IT and Data. He also advised that

the Merton Model of Care workstream will focus on changes in locality for residents and patients.

Report received.

8 WINTERBOURNE VIEW UPDATE (Agenda Item 8)

Simon Williams introduced this report.

Howard Freeman noted his concern that the numbers of people receiving a service detailed in the report (2) differ from the numbers held by the CCG. Eleanor Brown explained that the numbers do not remain static as patient circumstances change all the time, and Adam Doyle confirmed that there is close liaison between LBM and CCG on the monthly data returns, and advised that, even if there is a discrepancy in the data, there are no more than four people with current placements considered to be in-patient hospital settings. It was agreed that this discrepancy will be resolved by officers, and accurate numbers reported to the next meeting of the Board.

Howard Freeman also warned against bowing to external pressure to move people into a community setting which may not be appropriate to meet their needs, particularly when they have been detained according to Section12 of the Mental Health Act. Simon Williams agreed that any placement or care plan must be based on a person's need, and it is unlikely that the number of in-patients will ever fall to zero.

Councillor Maxi Martin pointed out the need to ensure that young people are adequately supported through transition to adult social care services, and that the right care must be provided to support them. Simon Williams agreed that both adult and children's social care services must work with health to ensure a robust, principled and value for money model is in place to deliver local support. He suggested that this should be the topic of a joint workshop in the new year.

Dave Curtis asked if service users were aware of their right to access advocacy services, and Simon Williams confirmed that they were made aware.

Report received.

9 BETTER HEALTHCARE CLOSER TO HOME: NELSON AND MITCHAM - VERBAL UPDATE (Agenda Item 9)

Adam Doyle gave a verbal update on the progress of the Nelson project; the preferred provider for specialist care and diagnostics is St George's Healthcare. The building work is on track, with just the finishing touches to be done.

With regard to the Mitcham site, Adam Doyle advised that potential sites have been reviewed, and it has been agreed that a large facility is required. An economic case is being developed for submission to NHS England by February/March 2015. Then the overall business case will be developed.

10 ANNUAL PUBLIC HEALTH REPORT (Agenda Item 10)

See item 11.

11 LONDON HEALTH COMMISSION REPORT AND NHS FIVE YEAR FORWARD VIEW - PRESENTATION (Agenda Item 11)

Kay Eilbert dealt with items 10 and 11 at the same time; she delivered a presentation covering the annual Public Health report, the London Health Commission report and the NHS Five Year Forward View. The presentation covered:

- Elements of a good life in Merton;
- London Health Commission's aspirations and ambitions for London;
- NHS Five Year View, focussing on prevention and public health;
- Determinants of contributions to health;
- The negative impact of deprivation on lives;
- The contribution of unhealthy behaviours to health;
- The cost impact of unhealthy behaviours;
- The economic return on investment into prevention services and improved housing.

At the conclusion of her presentation, Kay Eilbert asked the Board to consider and discuss:

- If they support an increased focus on prevention;
- What barriers they would need to address;
- What opportunity is there to take this forward.

Points raised and discussed were as follows:

Howard Freeman congratulated Kay Eilbert on her presentation and on her work on addressing health inequality in the borough. He described his commitment to prevention, and urged Merton councillors to take action where they had influence and responsibility, for example in areas such as Planning and Licensing.

It was agreed that, at the development session in January, the Board would review their membership and consider if councillors from Licensing or Planning Committees should be invited to attend these meetings. In the meantime, Public Health officers will liaise with those teams to explore their impact on public health.

Paul Ballatt endorsed the focus on prevention, particularly in early years and also during adolescence. He highlighted the challenge on maintaining the focus during times of reduced resources and reported that in CSF, discussion is underway on how to develop the skills of specialist workers, such as social workers, to enable them to advise and support on a wider range of issues.

Ian Beever noted that the role of the voluntary sector and community groups is key in building the capacity of small community groups to carry out prevention work.

It was suggested that Public Health could input in the regeneration of housing estates in the borough, to try and improve the physical environment for tenants. Kay Eilbert confirmed that health impact assessments will be carried out for three regeneration projects and work will be done with developers before plans are finalised. Dave Curtis suggested that space should be provided for services such as pharmacies, or for use by voluntary and community groups.

Howard Freeman asked if political support would be given to a ban on smoking in public places in Merton, should it be backed by the London Mayor in his response to the London Health report. Kay Eilbert confirmed the Leader has said he would support a ban on smoking in Merton's parks.

Councillor Caroline Cooper-Marbiah thanked Kay Eilbert for her presentation.

12 HEALTH AND WELLBEING STRATEGY REFRESH 2015 (Agenda Item 12)

Kay Eilbert introduced the report. Ian Beever suggested that it may be worth identifying key topics that overarch the five themes. Kay Eilbert undertook to raise the suggestion at the task and finish group.

RESOLVED:

1. To agree and support the work of the Health and Wellbeing Strategy Task Group on the 2015-18 strategy refresh.
2. To agree the five priority themes against which clear outcomes will be developed.

13 COMMUNITY HEALTH AND WELLBEING FUND PROGRESS REPORT (Agenda Item 13)

Ian Beever introduced this report and went through some of the groups and commissioned schemes that had benefitted from the fund.

Ian Beever advised that the fund was fully spent and asked for the Board's support to continue the project. Ian Beever indicated his willingness for Public Health to carry out a review of the Fund to ascertain their impact and added value. At the suggestion of Kay Eilbert the HWB agreed to support in principle the use of the Public Health underspend to continue the fund for an additional year.

RESOLVED:

1. To note the progress in the delivery of the Community Health and Wellbeing Fund in East Merton.
2. To note that the East Merton Health Fund is now fully spent and consider the potential for future investment in similar programmes.
3. To support in principle the use of the Public Health underspend to continue the fund for an additional year.

14 HEALTHWATCH MERTON WORK PROGRAMME - VERBAL UPDATE (Agenda Item 14)

Dave Curtis advised that in 2015-16, Healthwatch will agree locally directed workstreams, including Children and Young People.

The Healthwatch governance structure has been amended and developed to include an Operational Committee, which will be independently chaired, and comprise four voluntary or public sector members. It is likely that the first meeting will take place in March.

Dave Curtis detailed some of the projects and workstreams in which Healthwatch have had involvement and described the high demand from strategic partners for their input. He asked that those present consider how Healthwatch can grow and develop, but also how limited resources can be commissioned to work in different ways.

Committee: Health and Wellbeing Board

Date: 27 January 2015

Wards:

Subject: Transforming Primary Care Update

Lead officer: Eleanor Brown, Chief Officer

Lead member: n/a

Forward Plan reference number: n/a

Contact officer: n/a

Recommendations:

A. The Health and Wellbeing Board is asked to note the Transforming Primary Care update.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides the Health and Wellbeing Board with :

- Details of the London draft Strategic Commissioning Framework for Primary Care
- A high level timetable for Transforming Primary Care in Merton
- Information regarding Primary Care Co-Commissioning including an update of joint working with other CCGG's

2 DETAILS

2.1. See slide pack presentation attached

3 ALTERNATIVE OPTIONS

3.1. N/A

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. There has been extensive stakeholder involvement across London with Local Authority, Education Providers, the LMC, Users and Carers, NHS England and CCG's.

5 TIMETABLE

5.1. See previous section 4.

5.2. The framework is due to be implemented from 1 April 2015 with an expectation that the framework is in place within 5 years.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. There is extensive work being undertaken across London to estimate the resources required to implement the framework.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. N/A

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. N/A

9 CRIME AND DISORDER IMPLICATIONS

9.1. N/A

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

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

N/A

12 BACKGROUND PAPERS

NHS
Merton
Clinical Commissioning Group

Transforming Primary Care Update

Merton Health and Wellbeing Board

Dr Howard Freeman
Chair, Merton CCG

Eleanor Brown
Chief Officer, Merton CCG

27 January 2015

right care
right place
right time
right outcome

Introduction and Context

- There are a number of important changes planned to the way that primary care will be delivered in the future
- The main areas of change and focus are:
  - **Transforming Primary Care** (including the publication of the draft London *Strategic Commissioning Framework for Primary Care*)
  - **Co-commissioning arrangements for Primary (medical) Care** (which brings together CCG and primary care commissioning)
- This work is being taken forward by the Transforming Primary Care Delivery Group, which is chaired by Eleanor Brown (Chief Officer, Merton CCG) and Dr Nicola Jones (Chair, Wandsworth CCG)

Transforming Primary Care

NHS England (NHSE) and the Office of London CCGs published *their 'Strategic Commissioning Framework for Primary Care Transformation in London'* on 26 November 2014. This provides a new vision for general practice and an overview of the considerations required to achieve it

The framework is based on 'function' not 'form', setting out a new patient offer for all Londoners that can only be delivered by primary care teams working in new ways and by practices working more closely e.g. federations

It complements the general practice ambitions laid out in the NHS Five Year Forward View and the London Health Commission's 'Better Health for London' report, both published in October 2014

Core of the framework are 17 specifications for general practice setting out the new patient offer; across 3 aspects of care that matter most to patients:

- Proactive care
- Accessible care
- Coordinated care

Proactive Care

Topic	Specification
P1. Co-design	Primary care works with patients, their families, communities, charities and the voluntary sector to co-design approaches to improving health and wellbeing
P2. Developing assets and resource for improving health and wellbeing	Primary care teams will work with others to develop and map the local social capital and resources that could empower people to remain healthy and to feel connected to others and to support in their local community
P3. Personal conversations focused on individuals' health goals	Where appropriate, patients will be asked about their wellbeing, capacity for improving their own health and their health improvement goals
P4. Health and wellbeing liaison and information	Primary care teams will enable and assist people to access information, advice and connections that will allow them to achieve better health and wellbeing. This function will extend into schools, workplaces and other community settings
P5. Patients not currently accessing primary medical care	Primary care teams will design ways to reach people who do not routinely access services and who may be at higher risk of ill health

Accessible Care

Topic	Specification
A1. Patient choice	Patients are given a choice of access options and can decide on the consultation most appropriate to their needs
A2. Contacting the practice	Patients can make appointments with only one click, call or contact and can access more services online. Primary care teams will maximise the use of technology
A3. Routine opening hours	Patients can access pre-bookable routine appointments 8am-6.30pm Monday to Friday and 8am-12pm on Saturdays
A4. Extended opening hours	Patients can access a GP or other primary care health professional seven days a week 12 hours a day (usually 8am-8pm) in their local area for pre-bookable and unscheduled care appointments
A5. Same day access	Patients will be able to have a consultation with a GP or appropriately skilled nurse on the same day within routine surgery hours at the practice at which they are registered
A6. Urgent and emergency care	Practices have systems in place to effectively identify and appropriately respond to patients with urgent or emergency needs
A7. Continuity of care	All patients will be registered with a named GP who is responsible for providing an ongoing relationship for care coordination and care continuity. Practices provider flexible appointment lengths as appropriate

Coordinated Care

Topic	Specification
C1. Case finding and review	Practices identify patients who would benefit from coordinated care and continuity with a named clinician, and will proactively review those that are identified on a regular basis
C2. Named Professional	Patients identified as needing coordinated care will have a named professional who oversees their care and ensures continuity
C3. Care planning	Each individual identified for coordinated care will be invited to participate in a holistic care planning process in order to develop a single care plan that can be shared with those involved in their care
C4. Patients supported to manage their health and wellbeing	Primary care teams will create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
C5. Multi-disciplinary working	Patients needing coordinated care receive regular multidisciplinary reviews by a team involving health and care professionals with the necessary skills to address their needs

Transforming Primary Care
Next steps for SWL

SWL CCGs are encouraging practices to self assess/ audit against the specifications to provide a benchmark for:

- Assessing support and help required e.g. organisational development, business planning
- Inform provider development e.g. joint functions
- Workforce requirements

Key areas from our implementation plan include:

- Collating aggregated CCG baselines against the primary care specifications by mid- January in order to identify emerging themes and areas of work that are best delivered collaboratively across SWL
- Actively supporting the establishment of federations including contract design, central legal support, organisational development
- Working with NHSE London on assessment of the current premises estates through a baseline audit and premises development to ensure fitness for purpose in line with London Health Commission work and federations development
- Working with HESL and other stakeholders to understand workforce needs, models of working, skill mix and development plans in order to deliver the draft London Strategic Commissioning Framework specifications, the Keogh recommendations and the SWL 5 year strategy

Transforming Primary Care – next steps

- December 2014 – March 2015: CCGs are invited to have internal discussions to work through how they will be able deliver the draft recommendations
    - **These discussions will help us all understand local GP and primary care capacity to deliver against the framework over the next 5 years**
- April 2015: Final, formal framework will be published

Transforming Primary Care – Merton CCG

Area for Implementation		By When
1.0	Development framework in place	Nov 2014 – Apr 2015
2.0	Locality Structure Review / Federation Development	Nov 2014 – Jun 2015
3.0	All practices need support have business planning in place	Apr - Dec 2015
4.0	Development of technology	2015 onwards
5.0	Co-Commissioning	Nov 2014 – Mar 2015
6.0	LMC and MCCG to have joint event to communicate change with effective communications and branding by Locality Leads	Apr 2015 TBC
7.0	Patient and public involvement	Jan 2015

Co-commissioning of Primary Care

- Co-commissioning is one of many changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless integrated out of hospital services for local people
- In May 2014, Simon Stevens (Chief Executive – NHS) invited CCGs to take on an increased role in the commissioning of primary care services
- 'Expressions of interest' described the additional powers and responsibilities CCGs would like to assume and needed to meet a number of tests, including:
    - Showing how they will help advance care integration
    - Raise standards
    - Cut health inequalities in primary care
- NHSE published guidance on 10th November on the next steps towards primary care co-commissioning

Three models for co-commissioning arrangements

Greater Involvement in Primary Care	Joint Commissioning Arrangements	Delegated Commissioning Arrangements
CCGs would work more closely with area teams around Primary Care commissioning intentions. No new governance arrangements required	CCGs would assume joint commissioning responsibilities with area teams. A joint committee would be set up and CCG constitutions amended.	CCGs would assume full responsibility for commissioning primary care services on behalf of NHSE who would closely monitor CCGs

Co-commissioning of Primary Care - Cont.

- Six CCGs in SWL have been discussing in detail the co-commissioning model they would like to adopt and agreed to pursue the 'joint commissioning arrangements'
- More detailed work is taking place until early January 2015 with CCGs and NHSE to establish how this model will work in practice
- In addition, a programme of engagement is taking place within each CCG with GP members/practices, health and wellbeing boards and CCG patient reference groups to build awareness and support for joint commissioning. Also in SWLCC Patients and Public Engagement Steering Group (PPESG)
- CCGs need to submit a plan to NHSE by 30th January 2015
- The arrangements go live in April 2015

What does joint commissioning mean?

- **Joint commissioning** arrangements between all CCGs in SWL and NHSE allows shared responsibilities of many of the important functions for commissioning primary care
- Joint commissioning arrangements **will allow** CCGs to bring local knowledge and develop localised commissioning and incentives
- Joint commissioning arrangements **will allow** CCGs to improve their relationships and engagement with local primary care teams
- Joint commissioning, as opposed to delegated commissioning, may reduce risks associated with identifying and managing conflicts of interest, capacity/capability risks and financial risk

Primary care function	Greater involvement	Joint commissioning	Delegated Commissioning
General practice commissioning	Potential for involvement in discussions but no decision making role	Jointly with area teams	Yes
Pharmacy, eye health and dental commissioning	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role
Design and implementation of local incentives schemes	No	Subject to joint agreement with the area team	Yes
General practice budget management	No	Jointly with area teams	Yes
Complaints management	No	Jointly with area teams	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with area teams	Yes
Medical performers' list, appraisal, revalidation	No	No	No

Key Milestones

November 2014 to January 2015	• CCGs and area teams should work together to further develop joint commissioning proposals.
30 January 2015	• Submission of proposal for joint arrangements (annex A). • Submission of constitutional amendment (annex C).
February to March 2015	• Regional moderation panel reviews proposals and makes recommendations for approval. • CCGs informed of the outcome of their constiutional amendment request. • If required, regional teams support the further development of proposals.
From 1 April 2015 onwards	• Arrangements implemented in full locally.

What does primary care co-commissioning mean?

NHSE have identified specific primary care functions which can be co-commissioned (core contracts will **not** be changing), namely:

- Designing Contracts (APMS, PMS)
- Contract monitoring
- Contractual action
- Removal of contracts
- Local Enhanced Services
- Directed Enhanced Services
- Design of local incentive schemes as an alternative to QOF
- The ability to establish new GP practices in the area
- Approving practice mergers
- Making decisions on 'discretionary' payments

SWL CCGs will work with each other and with NHSE to establish the accountability and decision making arrangements for these

Primary care co-commissioning will provide us with an opportunity for greater influence on local service delivery and will allow us to commission services in line with local priorities

Detail on the financial arrangements for CCGs is expected week commencing 8th December 2014. Conflicts of interest guidance is expected on 18th December 2014

What does primary care co-commissioning mean for patients?

Benefits include:

- An opportunity for greater influence on local service delivery
- Commissioning services in line with local priorities
- Working to common goals across SWL that can enable the delivery of high quality services for more patients
- Scale: CCGs can work at scale and in collaboration in a way that is not currently possible. As a collective in SWL, CCGs can agree priorities for general practice and decide what can be shifted into the community and hosted by primary care, where appropriate and desirable
- Innovation: allowing for innovative working in a way which is limited by the current process. Collaborative working will improve analytics and triangulation of datasets, clinical systems, and existing CCG analytical software on pathways. This will allow for more accurate assessment of need and service redesign based on a clearer picture of local needs
- Localism: allowing clinicians to make decisions based on local insight and knowledge of patient needs bringing forward more than discrete quantitative and qualitative data sets. Locally we will be able to improve the interface between general practice teams and out-of-hospital teams and specialists, supporting our ambitions around integrated care

Next steps for SW London and Merton CCG

- CCGs will continue to engage with their Governing Bodies, membership and stakeholders to fit with the SWL-wide and national timelines
- Develop the terms of reference for a Joint Committee to include functions / scope of the Joint Committee
- CCGs and SWLCC continue working with stakeholders to ensure the benefits and challenges of primary care co-commissioning are reviewed in preparation of the formal submission on 30th January 2015
- Plan for CCG Governing Bodies to sign off the governance arrangements between the 13-29 January 2015 e.g. Terms of Reference

Next Steps

"If everyone is moving forward together, then success takes care of itself."

Henry Ford

Committee: Health and Wellbeing Board

Date: 27 January 2015

Agenda item: 5

Wards: All.

Subject: Pharmaceutical Needs Assessment

Lead officer: Dr Kay Eilbert, Director of Public Health.

Lead member: Councillor Caroline Cooper-Marbiah. Cabinet Member for Adult Social Care and Health.

Contact officer: Barry Causer, Public Health Commissioning Manager.

Recommendations:

A. Note that the statutory 60 day consultation of the draft PNA has been completed and responses are being collated.

B. The final draft PNA will be sent to HWB members in mid February for comment, in advance of its finalisation.

C. That the HWB agree to receive the completed PNA at its March 2015 meeting for adoption; in advance of the statutory deadline of 1st April 2015.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to update the HWB on the progress of the Pharmaceutical Needs Assessment (PNA) and set out plans to finalise and adopt the document in advance of the statutory deadline.

2 DETAILS

2.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 includes a requirement that the Health and Wellbeing Board publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015.

2.2. A PNA is a tool for identifying current and future needs at a local level to explore the potential and improve quality and effectiveness of pharmaceutical services. It uses robust, up to date evidence to ensure that pharmacy services are provided in the right place and that local authorities meet the needs of the community that it serves.

2.3. It is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

2.4. Merton's PNA will also look at the public health services commissioned by locally by Public Health and recommend areas for improvement, expansion and opportunities for the future.

2.5. **Progress to date**

2.6. Following a competitive process, Merton Public Health commissioned Primary Care Commissioning (PCC) to produce the PNA. This commissioning was undertaken jointly with Sutton Council, realising savings of around £5,000 for Merton.

2.7. A joint Sutton and Merton PNA steering group was initially set up to oversee the joint contract, however this evolved and each borough now has its own steering group. The Merton steering group has representatives from Merton Council Pubic Health, Merton Clinical Commissioning Group, Merton Sutton and Wandsworth Local Pharmaceutical Committee and Sutton and Merton Local Medical Council.

2.8. **Consultation**

2.9. In order to complete this process the HWB has consulted with those parties identified under regulation 8 of the 2013 regulations, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include:

- Sutton, Merton and Wandsworth LPC
- Sutton, Merton and Wandsworth LMC
- Healthwatch Merton
- NHS Trusts
- Neighbouring HWBs, and
- Contractors on the pharmaceutical list for the area of the HWB.

In addition, other local stakeholders were invited to consult on the draft. These included commissioners such as Merton CCG, patient groups and local residents. The consultation ran from 29 October until 31 December 2014.

2.10. The consultation received a total 11 responses; four from pharmacies/dispensing appliance contractors, two on behalf of organisations, one personal response and four that didn't respond to the question.

3 NEXT STEPS

3.1. The Merton PNA Steering group is meeting on the 3rd February 2015 to consider the responses made to the consultation and develop a final draft PNA. This will then be sent to HWB members in mid February for comment.

3.2. Once finalised, it is our intention that the final PNA will be adopted by the HWB at its March 2015 meeting; in advance of the statutory deadline of 1st April 2015.

4 ALTERNATIVE OPTIONS

4.1. Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. The consultation on the PNA is clearly set out with regulations for the consultation to last at least 60 days and to consult with the Local Pharmaceutical Committee, the Local Medical Committee, persons on the pharmaceutical lists and any dispensing doctors in the area, the LPS chemist in its area, the Local Healthwatch, any NHS Trust or NHS Foundation Trust, NHS England, neighbouring HWB's and any other patient, consumer or community group in its area who has an interest in the provision of pharmaceutical services in the area.

6 TIMETABLE

6.1. The deadline for the HWB to publish a revised assessment is 1st April 2015.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. Commissioning PCC to produce the PNA has costcal £32,500 from the Public Health budget.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. The PNA is concerned with delivering a balanced and equitable provision of service throughout the borough. In order to address health inequalities it is important that there is access to accurate data which reflects real needs.

10 CRIME AND DISORDER IMPLICATIONS

10.1. None.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

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

- None.

13 BACKGROUND PAPERS

13.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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Committee: Health and Wellbeing Board

Date: 27 January 2015

Wards: All

Subject: HWB Strategy Priority 2 – Update on Progress

Lead officer: Dr Kay Eilbert, Director of Public Health.

Lead member: Cllr Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health.

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Commissioning Manager.

Recommendations:

A. To note and consider progress on the delivery of the Health and Wellbeing Strategy Priority 2: Supporting People to Improve their Wellbeing.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update the Health and Wellbeing Board on progress on the delivery plan for the Health and Wellbeing Strategy Priority 2: Supporting People to improve their Wellbeing.

This will be the final update on the existing Health and Wellbeing Strategy 2013/14 as it is currently being refreshed as outlined in a separate report to this Board.

2 DETAILS

2.1 Introduction

The Merton Health and Wellbeing Strategy 2013/14 Priority 2 has a focus on supporting people to improve their wellbeing. It has a commitment to further strengthen our partnership approach to preventive strategies and activities under this priority are delivered by a range of organisations.

The Strategy makes clear that we want to support people in Merton to improve their health and wellbeing, to increase quality of life, enable people to make their own choices and have better life chances. In doing so, we want to reduce the gap in life expectancy and reduce the burden on public services.

Circulatory disease (including cardiovascular disease and stroke) and cancer are still the major killers in Merton and consequently these diseases along with diabetes are among the main causes of long term illness and disability.

Key risk factors are smoking, being overweight and obese, lack of physical activity and risky drinking behaviour and therefore many of the resulting

illnesses and conditions are potentially preventable. Mental Wellbeing is of vital importance for long-term physical health and there are links between long-term stress, isolation and loneliness and poorer physical health.

Lifestyle decisions have a very significant impact on future health and wellbeing; however, while individual lifestyle choices may seem most amenable to change through ‘informed choice’ in reality many apparently free choices are strongly influenced by socioeconomic, cultural and environmental factors. Tackling inequalities requires partnership work with communities and an integrated approach to prevention and health improvement.

Ultimately, we want to:

- strengthen self-esteem, confidence and personal responsibility
- positively promote healthier behaviours and lifestyles
- adapt the environment to make healthier choices easier
- promote an integrated approach to healthy living

Delivery Plan - Priority 2: Supporting People to Improve their Wellbeing. (Progress at January 2015)

Outcome 2.1: Promote and deliver an integrated approach to health and wellbeing			
Key actions	**Indicator/success measure**	**Progress to date**	**Lead**
1. Achieve the target number of people receiving an NHS Health Check	Percentage of eligible people who are offered an NHS Health Check (PHOF 2.22) Percentage of eligible people who take up an NHS Health Check (PHOF 2.22)	The NHS Health Check programme is currently being delivered by all GP practices and four community pharmacies have also been engaged to deliver the programme covering Raynes Park, Hillside, Graveney and Abbey Wards. In 2013-14 there were 11,522 offers and 6,667 checks. For 2014/15 at the end of Q2 there have been 5,639 offers with 2,679 checks delivered to date. PHOF 2.22 – 2014/15 cumulative percentage of eligible people that were offered an NHS Health Check Quarters 1 to 2 is 55.6%, with uptake level of 47.5%. PHOF 2.22 – 2014/15 cumulative percentage of eligible people that received an NHS Health Check of those offered Quarters 1 to 2 is 47.5%. Public Health are procuring a new IT call/recall system for the programme, which will improve the reporting data, allow tighter auditing and reduce administrative burden. This contract will be awarded Quarter 3.	Public Health
2.Increase the number of health improvement outcomes via LiveWell	Number of self reported health improvement outcomes from residents supported by LiveWell	The integrated health improvement and stop smoking service, operating under the LiveWell banner, has now been in place since April 2013. In 2013/14 the service supported 495 Merton residents to stop smoking and delivered 970 self reported health improvement outcomes. Public Health are working closely with LiveWell and MVSC and have developed a network of 22 health champions who work within 11 voluntary sector organisations and a local GP practice with a focus on East Merton. These health champions increase awareness and the uptake of health services and won the Inclusion award in the Merton Compact Awards 2014 and were shortlisted in the Advancing Equality Awards category of the National Compact awards.	Public Health

3. Target resources towards the east of Merton where we know there are the biggest health inequalities.	Number of outcomes achieved as specified in successful PRG Funding Bid.	There have now been five rounds of the EMHWBF which has funded 34 groups, to a value of £190,019. In addition a further 6 projects were commissioned to deliver specific initiatives linked to the health champions programme. These additional projects were valued at £47,058; a total investment of £237,077. A final evaluation of the programme and its impact will be prepared for April 2015. The community fund was launched in 2014 and is now receiving donations. In January 2015 MVSC, in partnership with Public Health, launched Stop Start January, which asked residents to raise money for the community fund whilst making pledges e.g. stopping smoking or becoming more active. A street audit of the Pollards Hill area has been undertaken to get a greater understanding of the health challenges that the community face when looking to improve their health. This audit has realised 650 comments from the community and will be used to develop innovative ways to support local residents.	MVSC/Public Health
4. Ensure that health and other professionals deliver consistent health improvement messages and support as part of their day to day work.	Number of referrals from health and other professionals into integrated LiveWell/Stop Smoking service.	As part of a programme to support front line staff to deliver health messages (building on previous work where we trained all Fire fighters who work in Merton (just under 100) to stop smoking level one) we have trained 42 library staff to have a greater understanding of health improvement and the services that are available to support residents to lead healthy lifestyles. Following the success of the training, Public Health are commissioning a programme of training for frontline staff across the borough, within and outside the council, to increase their knowledge and skills in health promotion and act as health champions within their own workplaces and with the residents of Merton that they come into contact with. The programme will be delivered to a wide range of staff groups who have frequent access with the general public, in order to systematically embed health promotion and 'make every contact count'.	MCCG/Public Health
5. Engage businesses and employers to promote health through their services and support employees.	Number of LiveWell clinics targeting employees (hosted at a variety of venues).	Merton Council has recently received a Commitment Award under the London Healthy Workplace Charter Accreditation scheme, the first pan-London framework to support and recognise investment in staff health and wellbeing. This provides a framework for delivery of a workplace health programme to support Council staff. To support and encourage staff to choose the stairs over the lift, whilst the Merton Civic Centre's lifts are being refurbished, Public Health has invested in the Step Jockey programme. This evidence based programme encourages staff to keep track of their journeys and will be evaluated throughout the 6 month programme. Plans are in place to build on this internal success and support local businesses to work towards accreditation and improve the health of their staff. Public Health will commission an external organisation to support Micro, Small and Medium Enterprises (i.e. less than 250 staff) in the borough to become sustainably healthy workplaces, addressing the needs of employers and employees with regards to both mental and physical health.	Public Health

6.Ensure mental wellbeing is addressed through the development of all Health Improvement services	Number of services used checklist	The mental health needs assessment has been completed and signed off by the HWB in September 2014. Actions ensuing from the recommendations are being taken forward by the relevant lead agencies.	LBM/MCCG/Vol Sector
Outcome 2.2 : Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity			
Key actions	**Indicator/success measure**	**Progress to date**	**Lead**
1. Develop a multi-agency comprehensive Healthy Weight framework for Merton, (adults and children)	Proportion of adults classified as overweight and obese (PHOF 2.12)	Public health is working with Merton Clinical Commissioning Group (MCCG) to develop a healthy weight strategy and the associated pathways based on the best available evidence. This strategy has completed its consultation phase and is being finalised for a publication in March 2015. The baseline data for this indicator (PHOF 2.12) shows that 58.3% of Merton adult residents are overweight or obese. The England average is 63.8% and London is 57.3%.	Public Health
2. Increase options for personalised weight management support for overweight and obese adults	Three programmes commissioned	An independent review of the community dietetic service, provided by the Royal Marsden as part of the community contract, has been completed and has confirmed that this a clinical service that should not have transferred to Merton Council. Discussions on the responsibility for this being passed from Public health to MCCG are taking place. In partnership with MCCG, the commissioning of an integrated weight management service is underway. This integrated service will provide tier two and tier three weight management services for adults and a tier two service for children and young people. This service will be in place for May 2015.	Public Health
3. Promote	Number of	Building on previous success, where 22 Merton food retailers successfully signed up to the Healthy Catering	Consumer &

Healthier Food Choices	caterers signed up to HCC and other health related programmes.	Commitment (which recognises those retailers who wish to support their customers to make health choices) Public Health are working with Environmental health to develop a new programme of support to local businesses. This new programme includes the funding of a new Environmental Health Officer post to lead the initial engagement and ongoing support to businesses in Merton.	Business Protection
4.Increase in physical activity levels in adults	Increase proportion of adults meeting the recommended guidelines on physical activity by 0.5% year on year (150 minutes per week) (PHOF 2.13)	The baseline data for this indicator (PHOF 2.13a and 2.13b) shows that • the percentage of active adults in Merton is 62%, against a London average of 55.5% and an England average of 55.6%. • the percentage of inactive adults in Merton is 24.2%, against a London average of 28.4% and an England average of 28.9%. Public Health have recently invested in the MUGA at the Cannons Leisure Centre and two new outdoor gyms in the East of the borough. These gyms will be complimented with the development of as network of trained volunteers to promote them and support residents to use them safely and effectively.	Leisure and Culture Public Health
5.Promote a healthier environment which supports physical activity and healthy food choices	Link to priority 4	An application was submitted for Merton to be part a Food Flagship Borough and although unsuccessful, Merton was shortlisted and commended by the panel. This application will now be used as a focus for the creation of a borough-wide food network that will aim to bring together all organisations currently working to create a healthy and sustainable food environment in Merton, providing a forum for networking and support. This collaborative work will produce a shared vision amongst stakeholders, setting the direction for future work to equip individuals with the knowledge, skills and opportunities to make healthy food choices and establishing concrete actions to take this work forward.	Environment & Regen/Public Health
Outcome 2.3: Reduce the prevalence of people smoking			
Key actions	**Indicator/success measure**	**Progress to date**	**Lead**
1. Develop a multi-agency comprehensive Tobacco	Reduction in smoking prevalence in adults (over 18 years) by x% year on year	Although there is no framework for tobacco control in place, strong links have been made between public health and environment & regeneration which will build upon in the coming year. LBM has signed the Local Government Declaration on Tobacco Control, which aims to ensure tobacco control is part of mainstream public health work and was developed in response to the enormous and on-going damage smoking does to our communities. It is a commitment to take action and a statement about a local authority's dedication to protecting	Public Health/Environment& Regen

Control framework for Merton	(PHOF 2.14)	their local community from the harm caused by smoking.	
2.Reduce smoking among adults, and reduce smoking among target groups including routine and manual workers and unemployed	Increase in number of 4 week quits and increase in success rate to over 50% Increase in number of Routine and Manual workers accessing the NHS Stop smoking service and quitting smoking (Local)	The integrated health improvement and stop smoking service, operating under the LiveWell banner has now been in place since April 2013. To date the service has supported 495 Merton residents to stop smoking, with a success rate of 49%. One of the challenges facing the service going forward is the lack or numbers entering stop smoking services locally, with a knock on effect on 4 week quit dates. Local numbers accessing the local stop smoking service has reduced from 1,571 in 2009/10 to 991 in 2013/14. These figures reflect the national picture, with an estimated drop of 19% of residents accessing services. The baseline data for this indicator (PHOF 2.14) shows that smoking levels in Merton are low and that • the prevalence of smoking in Merton is 13.9%, against a London average of 17.3% and an England average of 18.4%. • the percentage of smoking by routine and manual groups in Merton is 16.5%, against a London average of 24.9% and an England average of 28.6%	Public Health/Provider
3.Reduction in number of illegal tobacco sales to underage people from retail premises	Delivery of test purchases at identified premises	A programme to identify and reduce underage sales has delivered 24 test purchases, with 1 illegal sale. Infringement reports are in progress and enforcement action will be taken where appropriate. Twenty further test purchases are planned for February 2015. Due to legislative changes and the need to secure Magistrates Court approval to undertake test purchase operations the target will not be met this year and is likely to be reduced next year. The requirement for RIPA and Test Purchasing is now being reviewed by Merton/Richmond's Legal Services A series of 'Do you Pass' training courses have been delivered to 27 individuals over the last year. This half day course is aimed at businesses that sell age restricted products such as alcohol, tobacco and knives and sets out the law, proxy sales, due diligence and refusals training.	Consumer & Business Protection
4.Enforce regulations on the display of tobacco products	100% inspection of premises	Inspection of 100% of large premises has been achieved, with advice and support provided to retailers to secure compliance. The ban will apply to small stores from April 2015.	Consumer & Business Protection
5.Explore opportunities to normalise smoke free	Programme for normalising smoke free environments	Current work plans only deal with smoke free premises which are subject to regulation under the Health Act 2006. Public Health will closely monitor activity elsewhere that seek to promote smoke free environments outside of the	Public Health/ Consumer & Business

environments beyond current legal requirements	agreed by partners.	regulations e.g. playgrounds.	Protection
Outcome 2.4: Promote sensible drinking, reduce alcohol related harm and harm from drug misuse (Link to Safer Merton Partnership)			
Key actions	**Indicator/success measure**	**Progress to date**	**Lead**
1. Reduce substance dependency, improve health and reduce health inequalities as a result of substance misuse (Link to Outcome 4.2)	Reduction in number of alcohol related hospital admissions to ensure it remains at or below current rate Increase number of Problematic Drug User's in effective treatment (target tbc). Increase percentage of people successfully completing treatment by x% (PHOF 2.15).	The baseline data for this indicator (PHOF 2.15i, 2.15ii and 2.18) shows that substance misuse services are working well and that • 502 (per 100,000 population) alcohol related admissions to hospital, compared to 554 in London and 637 in England. • 11.12% of opiate drug users leave drug treatment successfully and do not re-present in 6 months, compared to 9% in London and 7.8% in England. • 37.2% of non - opiate drug users that leave drug treatment successfully and do not re-present in 6 months The Integrated Substance Misuse and Alcohol service was re-commissioned successfully and started delivery in April 2014. This procurement exercise realised savings that will be reinvested into preventative services. Priorities going forward include • Review the provision of in patient detoxification for the borough with an intention to re base service provision more in the community to enable users to access services closer to home and more appropriate to their level of need • To continue to develop formal "commissioned" links to Primary care (GP's and Pharmacies) to commission Shared Care in the Community • To commission CJ related services in line with Transforming Rehabilitation (TR) /Integrated Offender Management (IOM) requirements (redefine Drug Intervention Programme (DIP) • Prepare evidence base for a re tendering of all structured services with a focus upon prevention as well as access to, through and out of (specialist) treatment • Ensure that locally commissioned T2 and 3 services have clear pathways for CJ clients requiring access as a result of the changes to community supervision from April 1st 2015 (Transforming Rehabilitation).	Public Health
2. Use available levers to minimise alcohol related harm	Delivery of test purchases Number of proxy sales pledges by businesses	A series of 'Do you Pass' training courses have been delivered to 27 individuals over the last year. This half day course is aimed at businesses that sell age restricted products such as alcohol, tobacco and knives and sets out the law, proxy sales, due diligence and refusals training. PH are working with licensing colleagues to understand how we can develop a joint approach to embed health concerns in licensing. To support this work and the DPH's responsibilities under the licensing act, Public health commissioned the 'Safe Sociable London Partnership' to provide customised tools to screen new license applications, identify the potential	Consumer & Business Protection Public Health

		impact if a particular license is approved and produce flow charts suggesting appropriate responses by the DPH. These tools are now being implemented for new license applications, Public Health has begun to make representations on license applications where there are areas of public health concern which fit with the licensing objectives, and a Responsible Authority group has been set up to support joint working and data sharing. Public Health Merton lead on feedback to the South London Public Health Alcohol Forum in respect of licensing and common issues and themes to help develop a consistent approach to dealing with licensing issues across the Southern sector Explore value and implementation of an approach to Healthier High Streets through the South London Public Health Alcohol Forum	
3. Ensure alcohol is integrated with wide health improvement programmes	Number of alcohol related health improvement outcomes via LiveWell	Public Health has commissioned Safer Sociable London Partnership to design and deliver a programme of Identification and Brief Advice (IBA) (already included in NHS Health Checks). This programme will be focused on a number of settings including GP practices, pharmacies and workplaces and will include training and resources (scratch cards) that can be used quickly and effectively to integrate alcohol to a wide range of services. The online system is now being tested for roll out shortly. Operating publicity campaign regarding safe drinking and responsible behaviour around alcohol co ordinated and delivered through Merton Libraries to form the basis of a wider year long information based campaign in respect of drinking and health Co ordinate approaches to drinking campaigns through the South London Public Health Alcohol Forum to ensure good practice and consistent approaches to information giving	Safer Merton/ Public Health
4. Promote a culture of sensible drinking and increase awareness of impact of alcohol consumption on health and wellbeing	Number of referrals to LiveWell via pilot projects Recommendations utilised in future commissioning intentions	A Merton Alcohol Strategy is in development, which will look at all aspects of alcohol including availability and prevention of harm. Throughout the process It has become apparent that a real appetite exists for tackling alcohol related harm in Merton; reflected in the strong interest and input from stakeholders and the community. Around 200 people were consulted, 89 people responded to a survey, 40 people were interviewed and 7 events were held which combined consultation and training. The latter had between 8 and 22 people signed up for each session. Feedback on the consultation alongside a draft strategy will take place in late January 2015. Public health are continuing to work with the implementation of IBA in a number of settings including GP's and Pharmacies Continue to seek engagement and commitment from Primary Care settings in respect of early identification IBA and referral to specialist services to assist with the development of care pathways We will continue to work with the South London Public Health Alcohol Forum to identify best practice and consistent costs to apply for IBA in GP settings to ensure a clear	Public Health
Outcome 2.5: Improve sexual health and access to services.			
Key actions	**Indicator/succ**	**Progress to date**	**Lead**

	ess measure		
1. Reduce late HIV diagnosis	Reduce the number of people diagnosed late for HIV (PHOF 3.4).	Between 2009 and 2011, 48% of HIV diagnoses in Merton were made at a late stage of infection (CD4 cell count <350 cells/mm3 within 3 months of diagnosis). Between 2011 and 2013 diagnoses at a late stage of infection have reduced to 39%. A pilot of HIV testing in GP practices in the east is in progress and two GP's have expressed an interest to date. HIV testing started in the CASH service in November 2013. A pilot of HIV testing in the Acute Medical Unit at St Helier hospital is underway.	Public Health
2. Increase access to contraception	Increase the access of full range of methods of contraception. (local) Increase access to Emergency Hormonal contraception in women aged 13-25 years. (local)	Between April 2013 – March 2014 the CASH service saw 6,439 attendances from Merton residents. • 4,780 of these patients were seen for contraceptive purposes • 1,488 were given condoms • 1,443 long acting reversible contraception and • 2,405 for oral contraception There are 16 Pharmacies in Merton who provide Emergency Hormonal Contraception (EHC). From April 2013 – March 2014 860 young women accessed emergency contraception from pharmacists in Merton. This is an increase from 2012/13 when compares 617 young women accessed.	Public Health
3. Achieve Chlamydia Screening Programme Public Health Outcomes Framework target (3.2)	Achieve the 2200 Chlamydia diagnostic rate* (per 100,000 aged 15-24 years) *this has now been changed to detection rate	In 2013 (latest data for whole calendar year from Public Health England) Merton achieved a diagnostic rate of 2,063 per 100,000 population aged 15-24 years, with 24.2% of the 15-24 year old population being screened and of those 8.5% testing positive. The total number of tests carried out was 5,311. From January-March 2014 the diagnostic rate achieved was 2136.40 and in April – June 2014 the rate was 1661.65.	Public Health

4. ALTERNATIVE OPTIONS

None for the purpose of this report.

5. CONSULTATIONS UNDERTAKEN OR PROPOSED

None for the purpose of this report.

6. TIMETABLE

None for the purpose of this report.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purposes of this report.

8. LEGAL AND STATUTORY IMPLICATIONS

None for the purpose of this report.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

None for the purpose of this report.

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.

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

None for the purpose of this report.

12 BACKGROUND PAPERS

None for the purpose of this report.

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Committee: Health and Wellbeing Board

Date: 27 January 2014

Wards: All Wards

Subject: Update on HWB Priority theme 4: Improving wellbeing, resilience and connectedness to the Partnership

Lead officer: Chris Lee, Director of Environment & Regeneration

Lead member: Councillor Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health

Forward Plan reference number: N/A

Contact Officer: Sara Williams, futureMerton Team

Recommendations:

That the Health and Wellbeing Board review and agree responses, from the Sustainable Communities and Transport Partnership, to the actions set out in the attached draft Health and Well Being Delivery Plan 2013/14 for Priority Theme 4: Improving wellbeing, resilience and connectedness.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To present an update on the Health and Well Being Strategy Delivery Plan 2014/15 for Priority theme 4: Improving wellbeing, resilience and connectedness to the Partnership.

1.2 The Partnership to set proposed targets for 2015/16.

2. DETAILS

2.1 The production of a full Health and Wellbeing Strategy and JSNA (Joint Strategic Needs Assessment) is a statutory duty for the Health and Wellbeing Board from April 2013. This first Strategy was written in January 2013 and covers 2013/14. A Strategy Refresh for 2015-18 is currently in draft.

2.2 The Delivery Plan is the working document that has been developed to set out how the Health and Wellbeing Strategy will be implemented through the four agreed priority themes between 2013 and 2014.

2.2 Each of the four priority themes was given a set of high level outcomes with further detailed plans for each outcome which is managed by a lead delivery group. This includes milestones and indicators/success measures, frequency of reporting/by when and a specified lead for each action.

2.3 The delivery plans were prepared as working plans by the lead delivery group for the priority themes as follows:

Priority 1: Giving every child a healthy start
Priority 2: Supporting people to improve their health and wellbeing
Priority 3: Enabling people to manage their own health as independently as possible
Priority 4: Improving Wellbeing, Resilience and Connectedness

2.4 The Sustainable Communities and Transport Partnership is the designated delivery group responsible for performance monitoring the implementation of the Delivery Plan for Priority 4, Improving wellbeing, resilience and connectedness.

2.5 As a delivery group it is required to report to the Health and Wellbeing Board on an annual basis. The Board is due to meet March 2015 for the completed Delivery Plan to be presented.

3. ALTERNATIVE OPTIONS

3.1 None for the purposes of this report.

4. CONSULTATION UNDERTAKEN OR PROPOSED

4.1 Lead officers were asked to complete the priority areas associated to their work areas.

5. TIMETABLE

5.1 The Delivery Plan is to be presented to the Health and Well Being Board March 2015.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 None for the purposes of this report-.

7. LEGAL AND STATUTORY IMPLICATIONS

7.1 None for the purposes of this report.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 None for the purposes of this report.

9. CRIME AND DISORDER IMPLICATIONS

9.1 None for the purposes of this report.

10. RISK AND HEALTH AND SAFETY IMPLICATIONS

10.1 None for the purposes of this report.

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

None for the purposes of this report.

BACKGROUND PAPERS

Merton's Joint Strategic Needs Assessment which can be found here:
http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm

Merton's final Health and Wellbeing Strategy 2013/14 found here:

http://www.merton.gov.uk/democratic_services/w-agendas/w-fpreports/1222.pdf

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Merton Health and Wellbeing Strategy

Delivery Plan 2013/14

Priority theme 4: Improving wellbeing, resilience and connectedness

Lead Delivery Partner: Sustainable Communities Partnership

Delivery Plan - Priority Theme 4: Improving Wellbeing, Resilience and Connectedness

Lead Delivery Partner: Sustainable Communities Partnership

Outcome	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
4.1 Reduce poverty and increase income through economic development	4.1.1. Reduction in the number of claimants of Job Seekers Allowance	FutureMerton Regeneration Investment and Renewal	Monthly reported figures from JCP (NOMIS)	3885 Total Merton claimants (Feb 2013) 1,906 Mitcham JCP claimants (April 2013)	Commitment is to reduce the Mitcham claimant count in the borough to 1,800 by 1st October 2013 and to 1700 by 31st March 2014	In Mitcham the claimant count is 1202 as of Nov 2014.	JSA claimants figures for Merton received for Nov 2014 is 2375 which equates to 1.7% of the working population and a decrease of 23.9% on a year earlier (SW)	A new Employment and Skills Action Plan is about to be launched and will continue to be managed through the Economic Well Being (EWG) group with the aim of supporting initiatives that continue to reduce unemployment in the borough.
	4.1.2. Children in poverty (PHOF 1.1)	Children Schools and Families				17.7%		
	4.1.3. Number of under 16's living in low income households	Family Poverty Group Allison Jones	Annual	19.7% (2009) London average 29.4% England average 21.9%	TBC- under discussion in the LBM Policy, Strategy and Partnerships Team	17.5%		

Outcome	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
4.2 Improve wellbeing through safer communities and community cohesion	4.2.1. KPI related to work place wellbeing (derived from staff survey / Kim Brown)	HR					The staff survey 2014 was conducted from Nov 2014 - Jan 2015. The information will be collated by Feb 2015. The Council has achieved commitment level for Workplace Health and wellbeing charter in Nov 2014 and is working toward the achievement level.	
	4.2.2. KPI derived from crime survey	Safer Merton	Annual	77% of residents where crime is a concern			Response rate from residents survey say crime is a concern	
	4.2.3. Percentage of residents who feel that people from different backgrounds get on well together (Kris Witherington)	Corporate Services	Annual	90% of residents			Respondents to 2013 Residents Survey feel that people from different backgrounds get on well together, with just 7% disagreeing with this statement.	89%
	4.2.4. How worried residents feel about crime, antisocial behaviour, drug users, drunkenness and rowdiness (Kris Witherington)	Corporate Services	Annual	50% Crime 44% ASB 41% drug users 33% drunken and rowdiness			Response rate from 2013 Residents Survey of "very worried / fairly worried" to the question "how worried are you about the following?" Crime = 50%, ASB = 44%, drugs = 33%, drunk & rowdy = 40%	Crime 50% ASB 42% Drugs 32% Drunk & Rowdy 41%

Outcome	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
4.3 Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing	4.3a.1. Percentage increase in the number of volunteers	MVSC					Neither MVSC nor VCM included this KPI. Will need to reconsider KPIs in the H&W strategy refresh (Hayley James, MVSC)	
	4.3a.2. Percentage of volunteers that have moved into employment	MVSC						
	4.3a.3. Number of new volunteers registered with Volunteer Centre Merton (VCM)	MVSC Jon Stone	Annual	1,385 April-Sept 2013	Target to be set by MVSC		- 2 volunteering recruitment campaigns – June and November - "Good Neighbours" – progress to engage neighbours with each other to support vulnerable adults reducing social isolation and loneliness - Developing volunteering networks in 3 primary schools - Dignity in Care – volunteering opportunities in local care homes - Developing a volunteering project to support adults with support needs access their interests	

							- Developing Neighbourhood Watch to be more active and effective (H James)	
	4.3a.4. Percentage of VCM volunteers with support needs (e.g. disabilities, mental health issues, young offenders, other vulnerabilities) who are in active placement	MVSC	Annual	70% adults; 75% young people April-Sept 2013			This is the percentage of supported adults/young people who have been in active volunteering placements for at least 12 weeks during this period. Due to their circumstances/health, some of these people stop volunteering for a time but then return to it for a second or third placement (H James).	
	4.3b.1. Total number of users of Merton's Leisure Centres	Leisure Services Christine Parsloe	Monthly					Proposed change indicator to one that we are now able to collect and have added into our Business Plan for 15/16. We are currently collecting historic annual data for baselines and will agree with GLL our monthly targets for monitoring.

	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
	4.3b.2. Green spaces- from Residents Survey	Doug Napier	November / annually	71% satisfied or very satisfied				73%
	KPI for 4.3a on volunteering derived from the volunteering strategy under MVSC (MVSC)	Sustainable Merton	Annual		Target to be set			

Outcome	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
4.4 More people make a positive contribution to their own wellbeing through access to learning and development of skills	4.4.1. Bridging the adult skills gap- Increased participation in adult education programmes among those living in disadvantaged wards	Economic Well Being Group (EWG) / Merton Adult Education (MAE)	Annual- academic year	4.4.1.a 36% of learners on qualification courses live in a disadvantaged ward 4.4.1.b 27% of learners on non-qualification courses in a disadvantaged ward				36% of learners on qualification courses live in a disadvantaged ward 27% of learners on non-qualification courses in a disadvantaged ward
	4.4.2. Employability- Percentage of participants that went into employment after attending an adult education course.	Economic Wellbeing Group (EWG) / MAE	Annual	11% Including self employment				11% Including self employment

	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
	4.4.3. No. of people that participated in the Demand-Led Pilot Scheme	Economic Well Being Group (EWG) / Grenfell Housing	Quarterly	New scheme, target currently 0	400 anticipated to attend over 12 months		To date the Demand lead pilot has engaged in excess of 200 learners who between them have completed approx. 550 qualifications with an achievement rate of 90%. Over 50 people have gained employment as a result of the programmes and support offered. The pilot has engaged with a range of local employers including Ocado, White Light, Home Instead, TNT, Capital Training and others.	Project completed in July 2014.
	4.4.4. No. of people engaged in the Routes2Work Programme	Circle Housing Merton Priory (CHMP)	Yearly	869 engaged 12/13	100		The R2W Programme has developed to include a regular jobs club in Mitcham and a new programme for construction skills resulting in the success of 112 people into employment and creation of 17 small businesses, including a catering company, landscape gardener and online clothing company.	

	High Level Outcome Measure and description	Lead	Frequency	Baseline	Target 2013/14	Status (RAG)	Comments	Proposed target 2015/16
4.5 Build a healthy environment including access to housing, local amenities and activities.	4.5.1. Number of applicants accepted as statutory homeless (PHOF 1.15 i & ii) (PHOF 1.15 i & ii)	Housing	Annual	In 2012/13, 222 households made a homeless application of which 98 were accepted as statutorily homeless	Target less than 222		In 2013-14, 286 households made a homeless application of which 103 were accepted as statutorily homeless. In the first 6 months of 2014-15, 176 households made a homelessness application, of which 66 were accepted. (A Chu	TBC
	4.5.2. Number of households living in temporary accommodation (should not exceed 100 at any point in time)	Housing	Annual	87 (2012-13)	Should not exceed 100		The target for 2014-15 is 'Number of households living in temporary accommodation (should not exceed 125 at any point in time). There were 128 households in TA at the end of November 2014 (A Chu).	TBC

	4.5.3. No.of cases where homelessness was prevented	Housing	Annual		500		Housing Advice intervention resolved 529 household homeless cases 2012-13 and 423 cases in the first 9 months of 2013-14 (A Chu)	550
	4.5.4. Increasing the number of businesses taking up the Healthier Catering Commitment (HCC) OR My Choice accreditation per annum	Andrew Bradley	Annual	14 HCC 4 My Choice (2012/13)	20 of HCC+MC		Part of Responsibility Deal	
	4.5.5. Number of betting shops/ gambling related businesses in the borough		Annual	40	To be agreed		As of 15 January 2015, there are 38 licenced betting shops/ gambling related businesses in the borough on Merton's Register of Gambling Premises.	
4.6 Improve community connectedness, improve independence and resilience of local communities	4.6.1. Percentage of residents who feel that people in the local area treat each other with respect and consideration (Kris Witherington)		Annual	92% net agree (2012 Survey p.118)	Maintain a minimum of 92% net agree		There is high agreement that people in the local area treat each other with respect and consideration (91%), and agreement is significantly higher among higher social grade respondents (AB=96%)	

Outcome 4.1: Reduce poverty and increase income through economic development				
Key actions	**Milestones**	**Indicator/success measure**	**Progress**	**Lead**
Prepare a refreshed Economic Development Strategy as part of the council's Growth Strategy that considers ways of reducing unemployment.	A refreshed Economic Development Strategy for 2012 to 2015 approved by Cabinet	Cabinet approved on 22nd October 2012	6 components to growth with focus on employment, inward investment , supporting town centres, industrial estates and business programmes	futureMerton
Create a Employment/Skills Programme including apprenticeships and volunteering opportunities that leads into employment.	Production of a two year Employment and Skills Action Plan to commence in January 2013. This should deliver the 6 priorities identified by the EWG including: 1. Increasing employer demand and take-up of apprenticeships 2. Employer engagement 3. Simplifying the employer offer 4. Supporting those furthest from the labour market 5. Co-ordination and joint funding 6.Developing and marketing a Merton offer to employers and young people	Employment and skills delivery and monitoring needs to be in partnership. The programme is to be agreed by the newly formed Economic Wellbeing Sub Group of the SCTP in January 2013.	Employment and Skills Programme was approved in January 2013 by Economic Wellbeing Subgroup, established in July 2012. Currently the EWG are preparing a refreshed Action Plan for January 2015 for the next two years.	Economic Well Being Sub Group

Outcome 4.2: Improve wellbeing through safer communities and community cohesion.				
Key actions	**Milestones**	**Indicator/success measure**	**Progress**	**Lead**
Deliver the annual Strategic Assessment by the Community Safety Partnership, which will identify major issues in the local area and inform allocation of resources and prioritisation of activities.	December 2013: Initial update of the scanning process brought to the Exec Board December – February 2014: Research, analysis and writing of the SA document (including the new victim, offender and location chapters. February 2014: Completion of Strategic Assessment and Matrix ready for presentation to the Exec Board. Priorities to be decided.		Work is on-going re the Strategic Assessment. The public consultation element has been completed, the findings of which will be fed into the analytical work for the document. The Assessment was completed February 2014 (Ian Callaghan) Reduction in all crime types except domestic violence where there has been an increase in reports	Safer Merton
Deliver the Partnership Plan to ensure delivery of services that meet local needs and reduce the volume of higher crime types.	February 2014: Responsible officers identified for the Partnership Plan. March 2014: Writing of P/ship Plan. April 2014: New P/ship Plan commences.		Work on the Partnership Plan cannot be started until the Strategic Assessment is completed. The Partnership Plan is scheduled for completion in March 2014, to commence in April 2014 (Ian Callaghan). Reduction and concern in all areas except for domestic violence	Safer Merton
Strategic action plan and local needs assessment, for drug and alcohol work, undertaken	Re commission drug treatment and substance misuse contract	Reduce concern about anti social behaviour and drug use in annual residence	Contact has been re-let and function transferred to public health.	Public Health / Safer Merton

and implemented, including reduce substance misuse related crime, anti-social behaviour and re-offending.		survey		
Outcome 4.3: Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing				
Key actions	**Milestones**	**Indicator/success measure**	**Progress**	**Lead**
Deliver the Merton Volunteering and community Action Strategy 2012 –2014	Delivery of key milestones in the strategy action plan.	Indicators and success measures contained in the strategy action plan		MVSC
Protect and enhance open space creating no net loss of open space & sporting facilities unless justified in accordance with the Development Plan and National Playing Field criteria.	Merton Open Space Study (MOSS) completed 2010 No real milestones but policy applied through planning applications and material consideration given to MOSS	No net loss of open space	No net loss of open space and contained with Sites and Policies DPD	Sustainable Communities
Finalise the Wandle Valley Regional Park boundary and to deliver projects that improve the green infrastructure within the park, enhance its biodiversity and improve opportunities for formal and informal recreation within the park.	Adopt Policies Map by June 2014 to establish boundary of the Wandle Valley Regional Park. Heritage Lottery Fund bid for £1.9m for Living Wandle Project - January 2013	Adoption of Policies Map Bid outcome known by June 2013 New projects delivered by partners, for example: accessibility improvements, signage, water vole habitats etc.	Public hearings held in January 2014. No changes made to the Wandle Valley Regional Park boundary. Adoption expected at the next Council meeting in summer 2014 (T Butler) Three major investment projects either recently completed or currently in progress, including completion of pedestrian bridge at Bewley Street and various other access, pedestrian and cycling improvements along the river course (D Napier).	Partnership led by the WVRP Trust.

Promote culture, sport, recreation and play by safeguarding the existing (and working with partners to deliver more) cultural, leisure, recreational and sporting facilities	Annual capital investment programme Merton Sports Pitch Strategy2011 Increase participation in sport, recreation, arts and cultural wellbeing activities Cultural Framework launch	No net loss of playgrounds, tennis courts, MUGA's Manage leisure centre contract No net loss of open space New programmes delivered for example: BMX track, new sports pitches and playgrounds Implementation of online leisure and cultural bookings Deliver Ride London inaugural event	Planned capital investment of £300k into improving the plant, machinery and built structures of leisure centres is on target for this year Leisure centre contract management is in place with quarterly meetings and we have initiated publishing a quarterly report on the website. BMX track is operating and a Merton Saints BMX Club has been established. We are at planning stage for two new floodlit MUGA's at Canons Leisure Centre. Online bookings and payment of Leisure and cultural activities and events is still rolling out, although there have been some technical problems and some financial technicalities which has delayed the timetable. Ride London event came through the borough on Sunday 4th August and many people lined the streets to cheer the riders on. Local volunteers helped people cross the road safely, whilst the businesses bin Wimbledon and Raynes Park created their own style of street parties keeping our residents and guests entertained. There were a number of complaints from some local people more affected by the event and we are working with the organisers and residents to try to overcome these in advance of a decision on the event coming through Merton in 2014. Merton's Culture & Sport Framework is in draft and following LSG consideration it is	Green Spaces L & C development

			now being shared with strategic and operational partners as well as non-departmental (C Parsloe) No changes overall. Several playground and green gym investments this year. Major new water play facility in Mitcham in the planning stages (D Napier)	
Outcome 4.4: More people make a positive contribution to their own wellbeing through access to learning and development of skills				
Key actions	**Milestones**	**Indicator/success measure**	**Progress**	**Lead**
Preparation of a Skills and Training Strategy and Action Plan	Skills and Training Action Plan ready by January 2013	Action Plan adopted by February 2013	Action Plan adopted and Priorities set to December 2014 – on target to achieve proposed outcomes. (A revised Action Plan will be ready for January 2015).	Economic Well Being Group
Creation of a Sustainable Communities and Transport Partnership sub-group that will be responsible for Economic Wellbeing	Group operating by November 2012	Creation of sub group of the Sustainable Communities and Transport Partnership	Economic Wellbeing Subgroup was created in July 2012. The Group has been successful in creating over 180 apprenticeship opportunities and achieved funding of £500k to support employment and skills activities.	Future Merton

Outcome 4.5: Build a healthy environment including access to housing, local amenities and activities				
Key actions	**Milestones**	**Indicator/success measure**	**Progress**	**Lead**
To deliver the housing sites identified within the Core Planning Strategy and Sites and Policies Plan and meeting the housing targets in the Core Strategy and London Plan (411 new homes across all tenures per year from March 2015 for the next ten years).	Publish housing trajectory annually to demonstrate delivery	411 new homes built per year (April-March) (previously 320 new homes per annum; target changed in March 2015)	440 new homes built in Merton between April 2013 and March 2014 (T Butler)	Future Merton
Ensure all new housing developments deliver affordable housing units or financial contributions in accordance with the Development Plan policies.	Publish monitoring report annually to demonstrate delivery	Number of planning appeals presented on this issue that are allowed by a planning inspector	Merton's Authority's monitoring report published November 2014 – no appeals dismissed on this issue(T Butler)	Future Merton

All new housing built to 'Lifetime Homes' Standards and 10% of all new housing designed to be wheelchair accessible, or easily adaptable for wheelchair users.	Publish monitoring report annually to demonstrate delivery	Number of planning appeals presented on this issue that are allowed by a planning inspector	Merton's Authority's monitoring report published November 2014 – no appeals dismissed on this issue (T Butler)	Future Merton
To continue to maintain below the national average retail and vacancy rate in all our town centres.	Survey town centres and publish results annually	% retail vacancy rate compared nationally	Each year retail vacancy rates are recorded in Merton's Authority Monitoring Report. This information is report in 2013/14. Wimbledon town centre = 5% Colliers Wood = 11% Mitcham town centre = 5% (reduction of 4% since 2012-13) Morden = 4.5%% (reduction of 3% since 2012/13) North Mitcham Local Centre = 2%(reduction of 5% since 2012/13) Motspur Park Local Centre = 13% Raynes Park local centre = 4% Arthur Road local centre = 3 % Wimbledon Village Local Centre = 7% (increase of 1% since 2012/13) The national vacancy average is 14% (2013/14) based on Local Data Company and Experian Goad. In the monitoring year all town and local centres are below this vacancy rate which means that Merton is faring better than the national average.	Future Merton

To have no net loss of employment land for which there is proven demand.	Publish monitoring report annually to demonstrate delivery	Number of planning appeals presented on this issue that are allowed by a planning inspector	Merton's Authority's monitoring report published November 2014 – illustrates on target with this issue (T Butler).	Future Merton
To establish and provide the appropriate amount of pitches for gypsies and travellers by means of the Sites and Policies Plan	Adopt Sites and Policies Plan by June 2014 to establish need for additional pitches	Examination report by independent planning inspector demonstrates satisfaction with the council's findings on this issue	Independent planning inspector agreed with the council that no need for additional pitches at present and that issue should be kept under review (first review from 2016))	Future Merton
Waste Plan Annual Monitoring Report targets	Identify and publish the gap between how many tonnes of waste should be managed within south London and how many tonnes are being managed in south London ("capacity gap")	Capacity gap = >500,000 tonnes	The South London Waste Plan area is currently managing 327,119 tonnes of waste. ● The targets for the relevant waste streams are 994,604 tonnes in 2011, 1,004,349 tonnes in 2016 and 1,017,427 tonnes in 2021. Therefore, 1st target has been missed. However there are currently seven planning permissions which could provide 495,480 tonnes of capacity. Therefore, with these planning permissions implemented and future schemes, the targets for 2016 and 2021 could be met.(T Butler)	Future Merton
Adopting the Council's Climate Change Strategy by 2013 and implementing its targets and actions	Adopt Strategy by end 2013	Actions set out in the proposed Strategy	Climate change strategy adopted June/July 2014	Future Merton

Outcome 4.6: Improve community connectedness, improve independence and resilience of local communities				
Key actions	**Milestones**	**Indicator/success measure**	**Progress**	**Lead**
Conduct development plan consultation exercises in accordance with Merton's Statement of Community Involvement.	January-February 2013	Examination report by independent planning inspector demonstrates satisfaction with the council's performance on this issue	All four of Merton's development plan consultations 2012-13 are compliant with Merton's Statement of Community Involvement (T Butler)	Future Merton
Carry out a presentation at all of the Merton Area Forums that express an interest on neighbourhood planning and the Localism Bill 2010.	Presentation delivered to Wimbledon June 2012. Presentations delivered to other forums that have requested this - annually	100% of requested presentations delivered	No other community forums have requested this though presentations delivered on request to community groups (T Butler)	Future Merton